NEPAL DEMOGRAPHIC AND HEALTH SURVEY 2001
WOMAN'S QUESTIONNAIRE

IDENTIFICATION

NAME AND CODE OF DISTRICT _____

NAME AND CODE OF VILLAGE/MUNICIPALITY _____

WARD NUMBER...

CLUSTER NUMBER...

HOUSEHOLD NUMBER ....

CITY=1/TOWN=2/COUNTRYSIDE=3...

NAME OF HOUSEHOLD HEAD _____

NAME AND LINE NUMBER OF WOMAN _____

INTERVIEWER VISITS

	1	2	3	FINAL VISIT
DATE				DAY
				MONTH
				YEAR 2 0
INTERVIEWER'S NAME				INT. CODE
RESULT*				RESULT
NEXT VISIT: DATE				TOTAL NO. OF VISITS
TIME				

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

LANGUAGE OF QUESTIONNAIRE: ENGLISH _____

LANGUAGE OF INTERVIEW *** _____

HOME LANGUAGE OF RESPONDENT*** _____

WAS A TRANSLATOR USED? (YES=1, NO=2) ....

5

*** LANGUAGE CODES: 1 NEPALI   2 BHOJPURI   3 MAITHILI   4 THARU   5 OTHER

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

INFORMED CONSENT

Hello. My name is _____ and I am working with the Ministry of Health. We are conducting a national survey about the health of women and children. We would very much appreciate your participation in this survey. I would like to ask you about your health (and the health of your children). This information will help the government to plan health services. The survey usually takes between 20 and 45 minutes to complete. Whatever information you provide will be kept strictly confidential and will not be shown to other persons.

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

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

Signature of interviewer: _____   Date: _____

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	HOUR .... ☐☐ MINUTES .... ☐☐	
101A	COLLECT ANY RELEVANT DOCUMENTS THAT MAY HAVE INFORMATION ON THE RESPONDENT'S AGE AND HER CHILDREN'S AGE AND IMMUNISATIONS.		
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)? IF LESS THAN ONE YEAR, RECORD '00' YEARS.	YEARS .... ☐☐ ALWAYS......................................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..........................9998	
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	⟶110
108	What is the highest grade you completed?	GRADE .... ☐☐	
109	CHECK 108: GRADE 5 ☐ GRADE 6 ☐ OR BELOW AND ABOVE		⟶113
110	Now I would like you to read out loud as much of this sentence as you can. SHOW CARD TO RESPONDENT. IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE: Can you read any part of the sentence to me?	CANNOT READ AT ALL ....1 ABLE TO READ ONLY PARTS OF SENTENCE..2 ABLE TO READ WHOLE SENTENCE......3 NO CARD WITH REQUIRED LANGUAGE_____4 (SPECIFY LANGUAGE)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
111	Have you ever participated in a literacy program or any other program that involves learning to read or write (not including primary school)?	YES ....1 NO 2	
112	CHECK 110: CODE '2', '3' OR '4' ☐ CIRCLED ▾ CODE '1' ☐ CIRCLED		⟶114
113	Do you usually read a newspaper or magazine at least once a week?	YES ....1 NO 2	
114	Do you usually listen to the radio every day?	YES ....1 NO 2	
115	Do you usually watch television at least once a week?	YES ....1 NO 2	
116	What is your religion?	HINDU ....1 BUDDHIST ....2 MUSLIM..3 CHRISTIAN ....4 OTHER_____ 6 (SPECIFY)	
117	What is your caste? WRITE CASTE IN SPACE PROVIDED. DO NOT FILL BOX. CODE WILL BE ENTERED BY FIELD EDITOR.	☐☐ _____ CASTE	
118	Are you currently married or are you widowed, divorced, or separated?	CURRENTLY MARRIED ....1 WIDOWED ....2 DIVORCED..3 SEPARATED...4	⟶124
119	Is your husband living with you now or is he staying elsewhere?	LIVING WITH HER ....1 STAYING ELSEWHERE 2	⟶121
120	How long has he been away without coming back? IF LESS THAN 1 MONTH, WRITE '00'.	MONTHS .... ☐☐ MORE THAN 2 YEARS.........................95 DOES NOT KNOW................................98	
121	RECORD THE HUSBAND'S NAME AND LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE. IF HE IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'.	NAME _____ LINE NO. .... ☐☐	
122	Does your husband have any other wives besides yourself?	YES ....1 NO 2	⟶124
123	How many other wives does he have?	NUMBER .... ☐☐ DON'T KNOW 98	⟶124
123A	Are you the first, second, ...wife?	RANK... ☐	
124	Have you been married only once, or more than once?	ONCE ....1 MORE THAN ONCE................................2	
125	How old were you when you (first) got married?	AGE .... ☐☐	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
126	CHECK 124: MARRIED ☐ MARRIED ☐ ONLY ONCE MORE THAN ONCE In what month and year did you start living with your husband? Now we will talk about your first husband. In what month and year did you start living with him?	MONTH .... ☐☐ DON'T KNOW MONTH .... 98 YEAR............................. ☐☐☐☐ DON'T KNOW YEAR......................... 9998 HAS NOT STARTED LIVING WITH HIM.................................... 9996	→201 →END
127	How old were you when you started living with him? PROMPT: At gauna?	AGE .... ☐☐	

Now I would like to ask about all the pregnancies you have had during your life. By this I mean all the children born to you, whether they were born alive or dead, whether they are still living or not, whether they live with you or somewhere else, and all the pregnancies which 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 ended before full term, but it is important that you tell us about all of them, so that we can develop programs to improve children's health.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
201	First I would like to ask about all the births you have had during your life. Have you ever given birth?	YES ....1 NO 2	—▸206
202	Do you have any sons or daughters to whom you have given birth who are now living with you?	YES ....1 NO 2	—▸204
203	How many sons live with you? And how many daughters live with you? IF NONE, RECORD '00'.	SONS AT HOME .... ☐☐ DAUGHTERS AT HOME.............. ☐☐	
204	Do you have any sons or daughters to whom you have given birth who are alive but do not live with you?	YES ....1 NO 2	—▸206
205	How many sons are alive but do not live with you? And how many daughters are alive but do not live with you? IF NONE, RECORD '00'.	SONS ELSEWHERE.................... ☐☐ DAUGHTERS ELSEWHERE .... ☐☐	
206	Have you ever given birth to a boy or girl who was born alive but later died? IF NO, PROBE: Any baby who cried or showed signs of life but 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................................. ☐☐ GIRLS DEAD................................ ☐☐	
208	Women sometimes have pregnancies that do not result in a live born child. That is, a pregnancy can end early, in a miscarriage or the child can be born dead. Have you ever had a pregnancy that did not end in a live birth?	YES ....1 NO 2	—▸210
209	How many pregnancies have you had that did not end in a live birth?	PREGNANCY LOSSES .... ☐☐	
210	SUM ANSWERS TO 203, 205, 207, AND 209 AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL .... ☐☐	
211	CHECK 210: Just to make sure that I have this right: you have had in TOTAL _____ pregnancies during your life. Is that correct? YES ☐　　　NO ☐ ➞ PROBE AND CORRECT 201-210 AS NECESSARY.		
212	CHECK 210: ONE OR MORE PREGNANCIES ☐　　　NO PREGNANCIES ☐ _____		—▸233

213	Now I would like to record all your pregnancies, whether born alive, born dead, or lost before birth. Start with the first pregnancy you had. RECORD ALL THE PREGNANCIES. RECORD TWINS AND TRIPLETS ON SEPARATE LINES.						
214	215	216	217	218	219	220	221
	Think back to the time of your first pregnancy. Was that a single or multiple pregnancy?	Was the baby born alive, born dead, or lost before birth?	Did that baby cry, move, or breathe when it was born?	What name was 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?	Is (NAME) still alive?
01	SING... 1 MULT.. 2	BORN ALIVE......................1 (SKIP TO 218) BORN DEAD......................2 LOST BEFORE BIRTH ......3 (SKIP TO 226)	YES..... 1 NO ...... 2 | 226	_____ (NAME)	BOY...1 GIRL..2	MONTH YEAR	YES..... 1 NO ...... 2 | 225
02	SING... 1 MULT.. 2	BORN ALIVE......................1 (SKIP TO 218) BORN DEAD......................2 LOST BEFORE BIRTH ......3 (SKIP TO 226)	YES..... 1 NO ...... 2 | 226	_____ (NAME)	BOY...1 GIRL..2	MONTH YEAR	YES..... 1 NO ...... 2 | 225
03	SING... 1 MULT.. 2	BORN ALIVE......................1 (SKIP TO 218) BORN DEAD......................2 LOST BEFORE BIRTH ......3 (SKIP TO 226)	YES..... 1 NO ...... 2 | 226	_____ (NAME)	BOY...1 GIRL..2	MONTH YEAR	YES..... 1 NO ...... 2 | 225
04	SING... 1 MULT.. 2	BORN ALIVE......................1 (SKIP TO 218) BORN DEAD......................2 LOST BEFORE BIRTH ......3 (SKIP TO 226)	YES..... 1 NO ...... 2 | 226	_____ (NAME)	BOY...1 GIRL..2	MONTH YEAR	YES..... 1 NO ...... 2 | 225
05	SING... 1 MULT.. 2	BORN ALIVE......................1 (SKIP TO 218) BORN DEAD......................2 LOST BEFORE BIRTH ......3 (SKIP TO 226)	YES..... 1 NO ...... 2 | 226	_____ (NAME)	BOY...1 GIRL..2	MONTH YEAR	YES..... 1 NO ...... 2 | 225
06	SING... 1 MULT.. 2	BORN ALIVE......................1 (SKIP TO 218) BORN DEAD......................2 LOST BEFORE BIRTH ......3 (SKIP TO 226)	YES..... 1 NO ...... 2 | 226	_____ (NAME)	BOY...1 GIRL..2	MONTH YEAR	YES..... 1 NO ...... 2 | 225
07	SING... 1 MULT.. 2	BORN ALIVE......................1 (SKIP TO 218) BORN DEAD......................2 LOST BEFORE BIRTH ......3 (SKIP TO 226)	YES..... 1 NO ...... 2 | 226	_____ (NAME)	BOY...1 GIRL..2	MONTH YEAR	YES..... 1 NO ...... 2 | 225
08	SING... 1 MULT.. 2	BORN ALIVE......................1 (SKIP TO 218) BORN DEAD......................2 LOST BEFORE BIRTH ......3 (SKIP TO 226)	YES..... 1 NO ...... 2 | 226	_____ (NAME)	BOY...1 GIRL..2	MONTH YEAR	YES..... 1 NO ...... 2 | 225

IF BORN ALIVE AND STILL LIVING			IF BORN ALIVE, BUT NOW DEAD	IF BORN DEAD OR LOST BEFORE BIRTH			
222 How old was (NAME) at his/her last birthday? RECORD AGE IN COM-PLETED YEARS.	223 Is (NAME) living with you?	224 RECORD HOUSEHOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD)	225 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 2 YEARS; OR YEARS.	226 In what month and year did this pregnancy end?	227 How many months did the pregnancy last? RECORD IN COMPLETED MONTHS.	228 Did you or someone else do anything to end this pregnancy?	229 Were there any other pregnancies between the previous pregnancy and this pregnancy?
01 AGE IN YEARS	YES ..... 1 NO 2	LINE NUMBER ↓ (NEXT PREGNANCY)	DAYS .... 1 MONTHS . 2 YEARS ..... 3 (NEXT PREGNANCY)	MONTH YEAR	MONTHS	YES .... 1 NO 2	
02 AGE IN YEARS	YES ..... 1 NO 2	LINE NUMBER ↓ (SKIP TO 229)	DAYS .... 1 MONTHS . 2 YEARS ..... 3 (SKIP TO 229)	MONTH YEAR	MONTHS	YES .... 1 NO 2	YES .... 1 NO 2
03 AGE IN YEARS	YES ..... 1 NO 2	LINE NUMBER ↓ (SKIP TO 229)	DAYS .... 1 MONTHS . 2 YEARS ..... 3 (SKIP TO 229)	MONTH YEAR	MONTHS	YES .... 1 NO 2	YES .... 1 NO 2
04 AGE IN YEARS	YES ..... 1 NO 2	LINE NUMBER ↓ (SKIP TO 229)	DAYS .... 1 MONTHS . 2 YEARS ..... 3 (SKIP TO 229)	MONTH YEAR	MONTHS	YES .... 1 NO 2	YES .... 1 NO 2
05 AGE IN YEARS	YES ..... 1 NO 2	LINE NUMBER ↓ (SKIP TO 229)	DAYS .... 1 MONTHS . 2 YEARS ..... 3 (SKIP TO 229)	MONTH YEAR	MONTHS	YES .... 1 NO 2	YES .... 1 NO 2
06 AGE IN YEARS	YES ..... 1 NO 2	LINE NUMBER ↓ (SKIP TO 229)	DAYS .... 1 MONTHS . 2 YEARS ..... 3 (SKIP TO 229)	MONTH YEAR	MONTHS	YES .... 1 NO 2	YES .... 1 NO 2
07 AGE IN YEARS	YES ..... 1 NO 2	LINE NUMBER ↓ (SKIP TO 229)	DAYS .... 1 MONTHS . 2 YEARS ..... 3 (SKIP TO 229)	MONTH YEAR	MONTHS	YES .... 1 NO 2	YES .... 1 NO 2
08 AGE IN YEARS	YES .... 1 NO 2	LINE NUMBER ↓ (SKIP TO 229)	DAYS .... 1 MONTHS ... 2 YEARS .... 3 (SKIP TO 229)	MONTH.. YEAR ..	MONTHS	YES .... 1 NO 2	YES .... 1 NO 2

213	Now I would like to record all your pregnancies, whether born alive, born dead, or lost before birth. Start with the first pregnancy you had.						
	RECORD ALL THE PREGNANCIES. RECORD TWINS AND TRIPLETS ON SEPARATE LINES.

214	215	216	217	218	219	220	221
	Think back to the time of your first pregnancy. Was that a single or multiple pregnancy?	Was the baby born alive, born dead, or lost before birth?	Did that baby cry, move, or breathe when it was born?	What name was 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?	Is (NAME) still alive?
09	SING ...1 MULT ..2	BORN ALIVE......................1 (SKIP TO 218)◄——┘ BORN DEAD......................2 LOST BEFORE BIRTH ......3 (SKIP TO 226)◄——┘	YES..... 1 NO ...... 2 ⌐ ▼ 226	_____ (NAME)	BOY...1 GIRL..2	MONTH ☐☐ YEAR ☐☐☐☐	YES..... 1 NO ...... 2 ⌐ ▼ 225
10	SING ...1 MULT ..2	BORN ALIVE......................1 (SKIP TO 218)◄——┘ BORN DEAD......................2 LOST BEFORE BIRTH ......3 (SKIP TO 226)◄——┘	YES..... 1 NO ...... 2 ⌐ ▼ 226	_____ (NAME)	BOY...1 GIRL..2	MONTH ☐☐ YEAR ☐☐☐☐	YES..... 1 NO ...... 2 ⌐ ▼ 225
11	SING ...1 MULT ..2	BORN ALIVE......................1 (SKIP TO 218)◄——┘ BORN DEAD......................2 LOST BEFORE BIRTH ......3 (SKIP TO 226)◄——┘	YES..... 1 NO ...... 2 ⌐ ▼ 226	_____ (NAME)	BOY...1 GIRL..2	MONTH ☐☐ YEAR ☐☐☐☐	YES..... 1 NO ...... 2 ⌐ ▼ 225
12	SING ...1 MULT ..2	BORN ALIVE......................1 (SKIP TO 218)◄——┘ BORN DEAD......................2 LOST BEFORE BIRTH ......3 (SKIP TO 226)◄——┘	YES..... 1 NO ...... 2 ⌐ ▼ 226	_____ (NAME)	BOY...1 GIRL..2	MONTH ☐☐ YEAR ☐☐☐☐	YES..... 1 NO ...... 2 ⌐ ▼ 225
13	SING ...1 MULT ..2	BORN ALIVE......................1 (SKIP TO 218)◄——┘ BORN DEAD......................2 LOST BEFORE BIRTH ......3 (SKIP TO 226)◄——┘	YES..... 1 NO ...... 2 ⌐ ▼ 226	_____ (NAME)	BOY...1 GIRL..2	MONTH ☐☐ YEAR ☐☐☐☐	YES..... 1 NO ...... 2 ⌐ ▼ 225
14	SING ...1 MULT ..2	BORN ALIVE......................1 (SKIP TO 218)◄——┘ BORN DEAD......................2 LOST BEFORE BIRTH ......3 (SKIP TO 226)◄——┘	YES..... 1 NO ...... 2 ⌐ ▼ 226	_____ (NAME)	BOY...1 GIRL..2	MONTH ☐☐ YEAR ☐☐☐☐	YES..... 1 NO ...... 2 ⌐ ▼ 225

	IF BORN ALIVE AND STILL LIVING			IF BORN ALIVE, BUT NOW DEAD	IF BORN DEAD OR LOST BEFORE BIRTH			
	222	223	224	225	226	227	228	229
	How old was (NAME) at his/her last birthday? RECORD IN COMPLETED YEARS.	Is (NAME) living with you?	RECORD HOUSEHOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD)	How old was (NAME) when he/she died? IF '1 YR', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN 2 YEARS; OR YEARS.	In what month and year did this pregnancy end?	How many months did the pregnancy last? RECORD IN COMPLETED MONTHS.	Did you or someone else do anything to end this pregnancy?	Were there any other pregnancies between the previous pregnancy and this pregnancy?
09	AGE IN YEARS ☐☐	YES .... 1 NO 2	LINE NUMBER ☐☐ ↓ (SKIP TO 229)	DAYS .... 1 ☐☐ MONTHS .2 ☐☐ YEARS .....3 ☐☐ (SKIP TO 229)	MONTH ☐☐ YEAR ☐☐☐☐	MONTHS ☐☐	YES .... 1 NO 2	YES .... 1 NO 2
10	AGE IN YEARS ☐☐	YES .... 1 NO 2	LINE NUMBER ☐☐ ↓ (SKIP TO 229)	DAYS .... 1 ☐☐ MONTHS .2 ☐☐ YEARS .....3 ☐☐ (SKIP TO 229)	MONTH ☐☐ YEAR ☐☐☐☐	MONTHS ☐☐	YES .... 1 NO 2	YES .... 1 NO 2
11	AGE IN YEARS ☐☐	YES .... 1 NO 2	LINE NUMBER ☐☐ ↓ (SKIP TO 229)	DAYS .... 1 ☐☐ MONTHS .2 ☐☐ YEARS .....3 ☐☐ (SKIP TO 229)	MONTH ☐☐ YEAR ☐☐☐☐	MONTHS ☐☐	YES .... 1 NO 2	YES .... 1 NO 2
12	AGE IN YEARS ☐☐	YES .... 1 NO 2	LINE NUMBER ☐☐ ↓ (SKIP TO 229)	DAYS .... 1 ☐☐ MONTHS .2 ☐☐ YEARS .....3 ☐☐ (SKIP TO 229)	MONTH ☐☐ YEAR ☐☐☐☐	MONTHS ☐☐	YES .... 1 NO 2	YES .... 1 NO 2
13	AGE IN YEARS ☐☐	YES .... 1 NO 2	LINE NUMBER ☐☐ ↓ (SKIP TO 229)	DAYS .... 1 ☐☐ MONTHS .2 ☐☐ YEARS .....3 ☐☐ (SKIP TO 229)	MONTH ☐☐ YEAR ☐☐☐☐	MONTHS ☐☐	YES .... 1 NO 2	YES .... 1 NO 2
14	AGE IN YEARS ☐☐	YES .... 1 NO 2	LINE NUMBER ☐☐ ↓ (SKIP TO 229)	DAYS .... 1 ☐☐ MONTHS .2 ☐☐ YEARS .....3 ☐☐ (SKIP TO 229)	MONTH ☐☐ YEAR ☐☐☐☐	MONTHS ☐☐	YES .... 1 NO 2	YES .... 1 NO 2

230	Have you had any pregnancy since the last pregnancy mentioned?	YES .... 1 NO 2

231	COMPARE 210 WITH NUMBER OF PREGNANCIES IN HISTORY ABOVE AND MARK:

NUMBERS ARE SAME ☐   NUMBERS ARE DIFFERENT ☐ → (PROBE AND RECONCILE)

CHECK: FOR EACH PREGNANCY: YEAR IS RECORDED IN 220 OR 226.

FOR EACH LIVING CHILD: CURRENT AGE IS RECORDED IN 222.

FOR EACH DEAD CHILD: AGE AT DEATH IS RECORDED IN 225.

FOR AGE AT DEATH 12 MONTHS OR 1 YR.: PROBE FOR EXACT NUMBER OF MONTHS.

232	CHECK 220 AND ENTER THE NUMBER OF LIVE BIRTHS SINCE BAISAKH 1, 2052. IF NONE, RECORD '0'.	☐

| NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
233	CHECK 118: CURRENTLY ☐ WIDOWED, ☐ MARRIED DIVORCED, ▼ SEPARATED		⟶ 237
234	Are you pregnant now?	YES ....1 NO ....2 UNSURE 8	⌐→237
235	How many months pregnant are you? RECORD NUMBER OF COMPLETED MONTHS.	MONTHS .... ☐☐	
236	At the time you became pregnant did you want to become pregnant <u>then</u>, did you want to wait until <u>later</u>, or did you <u>not want</u> to have any (more) children at all?	WANTED THEN ....1 WANTED TO WAIT LATER ....2 DID NOT WANT AT ALL 3	
237	When did your last menstrual period start? _____ (DATE, IF GIVEN)	DAYS AGO .... 1 ☐☐ WEEKS AGO....................... 2 ☐☐ MONTHS AGO .... 3 ☐☐ YEARS AGO .... 4 ☐☐ IN MENOPAUSE/ HAS HAD HYSTERECTOMY ....994 BEFORE LAST BIRTH ....995 NEVER MENSTRUATED......................996	
238	From one menstrual period to the next, is there a time when a woman is more likely to become pregnant if she has sexual relations?	YES ....1 NO ....2 DON'T KNOW 8	⌐→301
239	Is this time just before her period begins, during her period, right after her period has ended, or half way between two periods?	JUST BEFORE HER PERIOD BEGINS....1 DURING HER PERIOD ....2 RIGHT AFTER HER PERIOD HAS ENDED.......................3 HALF WAY BETWEEN PERIODS ....4 OTHER _____ 6 (SPECIFY) DON'T KNOW 8	

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

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

301	Which ways or methods have you heard about? FOR METHODS NOT MENTIONED SPONTANEOUSLY, ASK: Have you ever heard of (METHOD)?		302	Have you ever used (METHOD)?
01	FEMALE STERILIZATION Women can have an operation to avoid having any more children (also known as tubal ligation).	YES....1 NO....2		Have you ever had an operation to avoid having any more children? YES....1 NO....2
02	MALE STERILIZATION Men can have an operation to avoid having any more children (also known as vasectomy).	YES....1 NO....2		Have you ever had a partner who had an operation to avoid having any more children? YES....1 NO....2
03	PILL Women can take a pill every day to avoid becoming pregnant (example: Nilocon)	YES....1 NO....2		YES....1 NO....2
04	IUD Women can have a loop or coil placed inside them by a doctor or a nurse (example: Copper-T, Loop).	YES....1 NO....2		YES....1 NO....2
05	INJECTABLES Women can have an injection by a health provider which stops them from becoming pregnant for one or more months (example: Sangini/Depo Provera).	YES....1 NO....2		YES....1 NO....2
06	IMPLANTS Women can have several small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years (also known as NORPLANT).	YES....1 NO....2		YES....1 NO....2
07	CONDOM Men can put a rubber sheath on their penis before sexual intercourse (example: Daal).	YES....1 NO....2		YES....1 NO....2
08	FOAM OR JELLY Women can place a suppository, foaming tablets, jelly, or cream in their vagina before intercourse (example: Kamal).	YES....1 NO....2		YES....1 NO....2
09	RHYTHM OR PERIODIC ABSTINENCE Every month that a woman is sexually active she can avoid pregnancy by not having sexual intercourse on the days of the month she is most likely to get pregnant.	YES....1 NO....2		YES....1 NO....2
10	WITHDRAWAL Men can be careful and pull out before climax.	YES....1 NO....2		YES....1 NO....2
11	Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	YES....1 _____ (SPECIFY) _____ (SPECIFY) NO 2		YES....1 NO....2 YES....1 NO....2
303	CHECK 302: NOT A SINGLE "YES" (NEVER USED) AT LEAST ONE "YES" (EVER USED)			→306

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
304	Have you or your husband ever used anything or tried in any way to delay or avoid getting pregnant?	YES ....1 NO.. 2	—▸329
305	What have you used or done? CORRECT 302 AND 303 (AND 301 IF NECESSARY).		
306	Now I would like to ask you about the first time that you did something or used a method to avoid getting pregnant. How many living children did you have at that time, if any? IF NONE, RECORD 00'.	NUMBER OF CHILDREN ...... ☐☐	
307	CHECK 118: CURRENTLY MARRIED ☐⌐ WIDOWED, DIVORCED SEPARATED ☐_____ ▾		—▸401
308	CHECK 302 (01): WOMAN NOT STERILIZED ☐⌐ WOMAN STERILIZED ☐_____ ▾		—▸311A
309	CHECK 234: NOT PREGNANT OR UNSURE ☐⌐ PREGNANT ☐_____ ▾		—▸329
310	Are you or your husband currently doing something or using any method to delay or avoid getting pregnant?	YES ....1 NO.. 2	▸329
311 311A	Which method are you using? CIRCLE 'A' FOR FEMALE STERILIZATION. IF MORE THAN ONE METHOD MENTIONED, CIRCLE ALL METHODS MENTIONED. IF MORE THAN ONE METHOD MENTIONED, FOLLOW SKIP INSTRUCTION FOR HIGHEST METHOD ON LIST.	FEMALE STERILIZATION ....A MALE STERILIZATION............................ B PILL ....C IUD ....D INJECTABLES .... E IMPLANTS .... F CONDOM..G FOAM/JELLY .... H PERIODIC ABSTINENCE ....I WITHDRAWAL...J OTHER _____ X (SPECIFY)	▸316A

312	Where did the sterilization take place?
	
	 IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.
	
	 _____
	 (NAME OF PLACE)
	
	 IF BOTH CODE 'A' AND CODE 'B' ARE CIRCLED IN 311, ASK 312-317 ABOUT FEMALE STERILIZATION ONLY.
		GOVERNMENT SECTOR
		   GOVT. HOSPITAL/CLINIC 11
		   PRIMARY HEALTH CARE
		   CENTRE/HEALTH CENTRE 12
		   MOBILE CAMP 19
		
		   OTHER GOV'T _____ 16
		   (SPECIFY)
		
		 NON-GOV'T (NGO) SECTOR
		   FP ASSN. OF NEPAL.........................21
		   MARIE STOPES 22
		   ADRA..23
		   NEPAL RED CROSS.........................24
		
		   OTHER NGO _____ 26
		   (SPECIFY)
		
		 PRIVATE MEDICAL SECTOR
		   PRIVATE HOSPITAL/CLINIC,
		     NURSING HOME...........................31
		
		   OTHER PRIVATE_____ 36
		   (SPECIFY)
		
		 OTHER _____ 96
		   (SPECIFY)
		 DON'T KNOW 98	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
313	CHECK 311: CODE 'A' CIRCLED ☐ CODE 'A' NOT CIRCLED ☐ Before your sterilization operation, were you told that you would not be able to have any more children because of the operation? / Before the sterilization operation, was your husband told that he would not be able to have any more children because of the operation?	YES ....1 NO...2 DON'T KNOW 8	
314	Do you regret that you/your husband had the operation?	YES ....1 NO.. 2	→316
315	Why do you regret the operation?	RESPONDENT WANTS ANOTHER CHILD ....01 HUSBAND WANTS ANOTHER CHILD .02 SIDE EFFECTS ....03 MARITAL STATUS HAS CHANGED .....04 OPERATION FAILED.............................05 CHILD DIED ....06 OTHER _____ 96 (SPECIFY)	
316 316A	In what month and year was the sterilization performed? For how long have you been using (CURRENT METHOD) now without stopping? PROBE: In what month and year did you start using (CURRENT METHOD) continuously?	MONTH .... ☐☐ YEAR.................... ☐☐☐☐	
317	CHECK 316/316A: YEAR IS 2052 OR LATER ☐ YEAR IS 2051 OR EARLIER ☐ _____		→326
318	CHECK 311/311A: CIRCLE METHOD CODE: IF MORE THAN ONE METHOD CODE CIRCLED IN 311/311A, CIRCLE CODE FOR HIGHEST METHOD IN LIST.	FEMALE STERILIZATION ....01 MALE STERILIZATION.........................02 PILL..03 IUD ....04 INJECTABLES ....05 IMPLANTS ....06 CONDOM...07 FOAM, JELLY ....08 PERIODIC ABSTINENCE ....09 WITHDRAWAL.....................................10 OTHER METHOD 96	→321 →332 →332 →332 →332

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

319	Where did you obtain (CURRENT METHOD) when you started using it?
	
	IF SOURCE IS HOSPITAL, CLINIC, HEALTH CARE CENTER, OR FAMILY PLANNING CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.
	
	_____
	(NAME OF PLACE)
		GOVERNMENT SECTOR
		  GOVT. HOSPITAL/CLINIC 11
		  PRIMARY HEALTH CARE CENTRE/
		    HEALTH CENTRE 12
		  HEALTH POST 13
		  SUB-HEALTH POST 14
		  PHC OUTREACH CLINIC 15
		  FCHV 17
		  CONDOM BOX 18
		
		  OTHER GOV'T_____16
		               (SPECIFY)
		
		NON-GOV'T (NGO) SECTOR
		  FP ASSN. OF NEPAL.........................21
		  MARIE STOPES 22
		  ADRA 23
		  NEPAL RED CROSS..........................24
		
		  OTHER NGO_____26
		             (SPECIFY)
		
		PRIVATE MEDICAL SECTOR
		  PRIVATE HOSPITAL/CLINIC,
		    NURSING HOME...........................31
		  PHARMACY.......................................32
		
		  OTHER PRIVATE_____36
		            (SPECIFY)
		OTHER SOURCE
		  SHOP...41
		  FRIEND/RELATIVE 42
		
		OTHER _____ 96
		           (SPECIFY)	

320	CHECK 311/311A: CIRCLE METHOD CODE: IF MORE THAN ONE METHOD CODE CIRCLED IN 311/311A, CIRCLE CODE FOR HIGHEST METHOD IN LIST.	PILL...03 IUD ....04 INJECTABLES ....05 IMPLANTS ....06 CONDOM..07 FOAM, JELLY 08	 ⟶326 ⟶326
321	You obtained (CURRENT METHOD) from (SOURCE OF METHOD FROM 312 OR 319). At that time, were you told about side effects or problems you might have with the method?	YES ....1 NO 2	⟶323
322	Were you ever told by a health or family planning worker about side effects or problems you might have with the method?	YES ....1 NO 2	⟶324
323	Were you told what to do if you experienced side effects or problems?	YES ....1 NO 2	
324	CHECK 321: CODE '1' CODE '1' NOT CIRCLED CIRCLED When you obtained (CURRENT METHOD) from (SOURCE OF METHOD FROM 312 OR 319), At that time, were you told about were you told about other methods other methods of family planning of family planning which you could which you could use? use?	YES ....1 NO 2	⟶326
325	Were you ever told by a health or family planning worker about other methods of family planning that you could use?	YES ....1 NO 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
326	CHECK 311/311A: CIRCLE METHOD CODE:	FEMALE STERILIZATION ....01 MALE STERILIZATION........................02 PILL...03 IUD ....04 INJECTABLES ....05 IMPLANTS ....06 CONDOM..07 FOAM, JELLY ....08 PERIODIC ABSTINENCE.....................09 WITHDRAWAL......................................10 OTHER... 96	→332 →332 →332 →332 →332

327	Where did you obtain (CURRENT METHOD) the last time?
	
	IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.
	
	_____
	(NAME OF PLACE)
		GOVERNMENT SECTOR
		  GOVT. HOSPITAL/CLINIC 11
		  PRIMARY HEALTH CARE CENTRE/
		    HEALTH CENTRE 12
		  HEALTH POST 13
		  SUB-HEALTH POST 14
		  PHC OUTREACH CLINIC 15
		  FCHV 17
		  CONDOM BOX 18
		
		  OTHER GOV'T_____16
		            (SPECIFY)
		
		NON-GOV'T (NGO) SECTOR
		  FP ASSN. OF NEPAL.........................21
		  MARIE STOPES 22
		  ADRA..23
		  NEPAL RED CROSS..........................24
		
		  OTHER NGO_____26
		           (SPECIFY)
		
		PRIVATE MEDICAL SECTOR
		  PRIVATE HOSPITAL/CLINIC,
		    NURSING HOME...........................31
		  PHARMACY..32
		
		  OTHER PRIVATE_____36
		         (SPECIFY)
		OTHER SOURCE
		  SHOP..41
		  FRIEND/RELATIVE 42
		
		OTHER _____ 96
		        (SPECIFY)	

328	How long does it take you to travel from your house to this place?	MINUTES .... 1 ☐☐ HOURS .... 2 ☐☐ DOES NOT KNOW 998	→332
329	Do you know of a place where you can obtain a method of family planning?	YES ....1 NO.. 2	→332

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

330	Where is that?
	
	IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.
	
	_____
	(NAME OF PLACE)
	
	Any other place?
	
	RECORD ALL PLACES MENTIONED.
		GOVERNMENT SECTOR
		  GOVT. HOSPITAL/CLINIC .... A
		  PRIMARY HEALTH CARE CENTRE/
		    HEALTH CENTRE .... B
		  HEALTH POST C
		  SUB-HEALTH POST .... D
		  PHC OUTREACH CLINIC .... E
		  FCHV .... F
		  CONDOM BOX .... G
		
		  OTHER GOV'T_____H
		              (SPECIFY)
		
		NON-GOV'T (NGO) SECTOR
		  FP ASSN. OF NEPAL...........................I
		  MARIE STOPES .... J
		  ADRA .... K
		  NEPAL RED CROSS............................L
		
		  OTHER NGO_____M
		           (SPECIFY)
		
		PRIVATE MEDICAL SECTOR
		  PRIVATE HOSPITAL/CLINIC,
		    NURSING HOME.............................N
		  PHARMACY..O
		
		  OTHER PRIVATE_____P
		           (SPECIFY)
		OTHER SOURCE
		  SHOP...Q
		  FRIEND/RELATIVE ....R
		
		  OTHER _____ X
		          (SPECIFY)	

331	How long does it take you to travel from your house to the nearest place?	MINUTES .... 1 HOURS .... 2 DOES NOT KNOW 998	
332	In the last 12 months, were you visited by a health worker who talked to you about family planning?	YES ....1 NO 2	
333	In the last 12 months, have you visited a health facility for care for yourself (or your children)?	YES ....1 NO 2	——▸401
334	Did any staff member at the health facility speak to you about family planning methods?	YES ....1 NO 2	

401	CHECK 232:		
	ONE OR MORE BIRTHS SINCE BAISAKH 1, 2052 ▢ NO BIRTHS SINCE BAISAKH 1, 2052 ▢		→484

402	ENTER IN THE TABLE THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH SINCE BAISAKH 1, 2052 OR LATER. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 2 BIRTHS, USE LAST COLUMN OF ADDITIONAL QUESTIONNAIRES). Now I would like to ask you some questions about the health of all your children born in the last five years. (We will talk about each separately)

		LAST BIRTH	**NEXT-TO-LAST BIRTH**
403	LINE NUMBER FROM 214	LINE NUMBER .... ▢▢	LINE NUMBER .... ▢▢
404	FROM 218 AND 221	NAME _____ ALIVE ▢ DEAD ▢	NAME _____ ALIVE ▢ DEAD ▢

405	At the time you became pregnant with (NAME), did you want to become pregnant <u>then</u>, did you want to wait until <u>later</u>, or did you <u>not want</u> to have any (more) children at all?	THEN......................................1
		   (SKIP TO 407)◄———
		LATER 2
		NOT AT ALL 3
		   (SKIP TO 407)◄———
			THEN......................................1
			   (SKIP TO 422)◄———
			LATER 2
			NOT AT ALL 3
			   (SKIP TO 422)◄———

406	How much longer would you like to have waited?	MONTHS .... 1 ▢▢ YEARS .... 2 ▢▢ DON'T KNOW 998	MONTHS .... 1 ▢▢ YEARS...................... 2 ▢▢ DON'T KNOW..............................998

407	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/AUX.N.MIDWIFE .... B
		  HEALTH ASST/AUX.HEALTH
		   WORKER. C
		  MCH WORKER........................... D
		  VILLAGE HEALTH WORKER.... E
		
		OTHER PERSON
		  TRADITIONAL BIRTH
		   ATTENDANT.............................F
		
		OTHER _____ X
		     (SPECIFY)
		NO ONE .... Y
		   (SKIP TO 415)◄———	

408	How many months pregnant were you when you first received antenatal care for this pregnancy?	MONTHS .... ▢▢ DON'T KNOW 98	
409	How many times did you receive antenatal care during this pregnancy?	NO. OF TIMES .... ▢▢ DON'T KNOW 98	
410	CHECK 409: NUMBER OF TIMES RECEIVED ANTENATAL CARE	ONCE ▢ MORE THAN ONCE OR DK ▢ (SKIP TO 412)	

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
411	How many months pregnant were you the last time you received antenatal care?	MONTHS .... [ ][ ] DON'T KNOW 98	
412	During this pregnancy, were any of the following done at least once? Were you weighed? Was your height measured? Was your blood pressure measured? Did you give a urine sample? Did you give a blood sample?	YES NO WEIGHT .... 1 2 HEIGHT .... 1 2 BLOOD PRESSURE .... 1 2 URINE SAMPLE.............. 1 2 BLOOD SAMPLE 1 2	
413	Were you told about the signs of pregnancy complications?	YES ....1 NO ....2 (SKIP TO 415)◄————┤ DON'T KNOW 8	
414	Were you told where to go if you had these complications?	YES ....1 NO ....2 DON'T KNOW 8	
415	During this pregnancy, were you given an injection in the arm to prevent the baby from getting tetanus, that is, convulsions after birth?	YES ....1 NO ....2 (SKIP TO 417)◄————┤ DON'T KNOW 8	
416	During this pregnancy, how many times did you get this injection?	TIMES.................................... [ ] DON'T KNOW 8	
417	During this pregnancy, were you given or did you buy any iron/folic acid tablets? SHOW IRON FOLATE TABLETS.	YES ....1 NO ....2 (SKIP TO 419)◄————┤ DON'T KNOW 8	
418	During the whole pregnancy, for how many days did you take the tablets ? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER OF DAYS.	NUMBER OF DAYS.................... [ ][ ][ ] DON'T KNOW 998	
419	During this pregnancy, did you have difficulty with your vision during the daylight?	YES ....1 NO ....2 DON'T KNOW 8	
420	During this pregnancy, did you suffer from night blindness [USE LOCAL TERM]?	YES ....1 NO ....2 DON'T KNOW 8	
421	During this pregnancy, did you eat less than usual, about the same or more than you ate before you got pregnant?	LESS THAN USUAL........................1 ABOUT THE SAME........................2 MORE THAN USUAL ....3 DON'T KNOW 8	
422	When (NAME) was born, was he/she: very large, larger than average, average, smaller than average, or very small?	VERY LARGE.................................1 LARGER THAN AVERAGE.............2 AVERAGE ....3 SMALLER THAN AVERAGE..........4 VERY SMALL ....5 DON'T KNOW 8	VERY LARGE.................................1 LARGER THAN AVERAGE.............2 AVERAGE ....3 SMALLER THAN AVERAGE..........4 VERY SMALL ....5 DON'T KNOW..................................8

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____

423	Who assisted with the delivery of (NAME)?
	
	Anyone else?
	
	PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS ASSISTING.
		HEALTH PROFESSIONAL
		  DOCTOR.....................................A
		  NURSE/AUX.N.MIDWIFE .... B
		  HEALTH ASST/AUX.HEALTH
		   WORKER. C
		  MCH WORKER............................ D
		  VILLAGE HEALTH WORKER.... E
		
		OTHER PERSON
		  TRADITIONAL BIRTH
		   ATTENDANT.............................F
		  RELATIVES/FRIENDS................. G
		
		OTHER _____ X
		        (SPECIFY)
		NO ONE .... Y
			HEALTH PROFESSIONAL
			  DOCTOR.....................................A
			  NURSE/AUX.N.MIDWIFE .... B
			  HEALTH ASST/AUX.HEALTH
			   WORKER................................... C
			  MCH WORKER............................ D
			  VILLAGE HEALTH WORKER.... E
			
			OTHER PERSON
			  TRADITIONAL BIRTH
			   ATTENDANT.............................F
			  RELATIVES/FRIENDS................. G
			
			OTHER _____ X
			        (SPECIFY)
			NO ONE.. Y

424	Where did you give birth to (NAME)?	HOME
		  YOUR HOME 11
		     (SKIP TO 426)◄———┤
		  OTHER HOME 12
		
		GOVERNMENT SECTOR
		  GOVT. HOSPITAL......................21
		  PRIMARY HEALTH CARE CEN 22
		  HEALTH OR SUB-HLTH POST 23
		  OTHER GOV'T_____ 26
		       (SPECIFY)
		
		NON-GOV'T (NGO) SECTOR
		  UMN/RED CROSS HOSPITAL .31
		  OTHER NGO _____ 36
		       (SPECIFY)
		
		PRIVATE MEDICAL SECTOR
		  PRIVATE HOSPITAL./NURSING
		   HOME...................................41
		  OTHER PRIVATE_____ 46
		       (SPECIFY)
		
		OTHER _____ 96
		       (SPECIFY) ┤
		  (SKIP TO 426)◄———┘
			HOME
			  YOUR HOME............................11
			     (SKIP TO 426)◄———┤
			  OTHER HOME 12
			
			GOVERNMENT SECTOR
			  GOVT. HOSPITAL......................21
			  PRIMARY HEALTH CARE CEN.22
			  HEALTH OR SUB-HLTH POST 23
			  OTHER GOV'T_____ 26
			       (SPECIFY)
			
			NON-GOV'T (NGO) SECTOR
			  UMN/RED CROSS HOSPITAL .31
			  OTHER NGO _____ 36
			       (SPECIFY)
			
			PRIVATE MEDICAL SECTOR
			  PRIVATE HOSPITAL./NURSING
			   HOME...................................41
			  OTHER PRIVATE_____ 46
			       (SPECIFY)
			
			OTHER _____ 96
			       (SPECIFY) ┤
			  (SKIP TO 426)◄———┘

425	Was (NAME) delivered by caesarian section?	YES 1
		    (SKIP TO 431)◄———┤
		NO 2
			YES..1
			    (SKIP TO 433)◄———┤
			NO 2

426	Was a special safe delivery kit used? SHOW SAFE DELIVERY KIT MARKETED BY CRS.	YES ....1 NO ....2 DOES NOT KNOW..........................8	YES..1 NO ....2 DOES NOT KNOW..........................8
427	After (NAME) was born, did a health professional or a traditional birth attendant check on your health?	YES ....1 NO ....2 (SKIP TO 431)◄———┘	YES..1 NO 2
428	How many days or weeks after the delivery did the first check take place? RECORD '00' DAYS IF SAME DAY.	DAYS AFTER DEL .... 1 ☐☐ WEEKS AFTER DEL. 2 ☐☐ DON'T KNOW 998	

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
429	Who checked on your health at that time? PROBE FOR MOST QUALIFIED PERSON.	HEALTH PROFESSIONAL 　DOCTOR....................................11 　NURSE/AUX.N.MIDWIFE ....12 　HEALTH ASST/AUX.HEALTH 　　WORKER. ....13 　MCH WORKER..........................14 　VILLAGE HEALTH WORKER...15 OTHER PERSON 　TRADITIONAL BIRTH 　　ATTENDANT...........................21 OTHER _____ 96 　　　　(SPECIFY)	
430	Where did this first check take place?	HOME 　YOUR HOME ....11 　OTHER HOME ....12 GOVERNMENT SECTOR 　GOVT. HOSPITAL......................21 　PRIMARY HEALTH CARE CEN 22 　HEALTH OR SUB-HLTH POST 23 　OTHER GOV'T_____ 26 　　　　(SPECIFY) NON-GOV'T (NGO) SECTOR 　UMN/RED CROSS HOSPITAL .31 　OTHER NGO _____ 36 　　　　(SPECIFY) PRIVATE MEDICAL SECTOR 　PRIVATE HOSPITAL./NURSING 　　HOME....................................41 　OTHER PRIVATE_____ 46 　　　　(SPECIFY) OTHER _____ 96 　　　　(SPECIFY)	
431	In the first two months after delivery, did you receive a vitamin A dose like this? SHOW CAPSULE.	YES ....1 NO 2	
432	Has your period returned since the birth of (NAME)?	YES ....1 　　(SKIP TO 434)◄———┘ NO ....2 　　(SKIP TO 435)◄———┘	
433	Did your period return between the birth of (NAME) and your next pregnancy?		YES..1 NO ....2 　　(SKIP TO 437)◄———┘
434	For how many months after the birth of (NAME) did you not have a period?	MONTHS .... ☐☐ DON'T KNOW 98	MONTHS .... ☐☐ DON'T KNOW...............................98
435	CHECK 234: RESPONDENT PREGNANT?	NOT ☐　　PREGNANT ☐ PREG-　　OR UNSURE NANT ▾　(SKIP TO 437) ◄——┘	
436	Have you resumed sexual relations since the birth of (NAME)?	YES ....1 NO ....2 　　(SKIP TO 438)◄———┘	
437	For how many months after the birth of (NAME) did you not have sexual relations?	MONTHS .... ☐☐ DON'T KNOW 98	MONTHS .... ☐☐ DON'T KNOW...............................98
438	Did you ever breastfeed (NAME)?	YES ....1 NO ....2 　　(SKIP TO 446)◄———┘	YES..1 NO ....2 　　(SKIP TO 446)◄———┘

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
439	How long after birth did you first put (NAME) to the breast? IF LESS THAN 1 HOUR, RECORD 00' HOURS. IF LESS THAN 24 HOURS, RECORD HOURS. OTHERWISE, RECORD DAYS.	IMMEDIATELY ....000 HOURS..................... 1 DAYS........................ 2	IMMEDIATELY ....000 HOURS..................... 1 DAYS........................ 2
440	Did you give (NAME) the yellow milk from the breast or did you squeeze it out and throw it away before you first put (NAME) to the breast?	GAVE YELLOW MILK ....1 SQUEEZED AND DISCARDED 2	GAVE YELLOW MILK ....1 SQUEEZED AND DISCARDED 2
441	In the first three days after delivery, before your milk began flowing regularly, was (NAME) given anything to drink other than breast milk?	YES ....1 NO ....2 (SKIP TO 443)◄⎯⎯⎯⎯	YES..1 NO ....2 (SKIP TO 443)◄⎯⎯⎯⎯
442	What was given to (NAME) to drink before your milk began flowing regularly? PROBE: Anything else? RECORD ALL MENTIONED.	MILK OTHER THAN BREASTMILK A PLAIN WATER .... B SUGAR OR HONEY WATER......... C GHEE .... D OTHER _____ X (SPECIFY)	MILK OTHER THAN BREASTMILK A PLAIN WATER .... B SUGAR OR HONEY WATER......... C GHEE .... D OTHER _____ X (SPECIFY)
443	CHECK 404: CHILD ALIVE?	ALIVE ☐ DEAD ☐ ▼ (SKIP TO 445) ◄⎯	ALIVE ☐ DEAD ☐ ▼ (SKIP TO 445) ◄⎯
444	Are you still breastfeeding (NAME)?	YES ....1 (SKIP TO 447)◄⎯⎯⎯⎯ NO 2	YES..1 (SKIP TO 447)◄⎯⎯⎯⎯ NO 2
445	For how many months did you breastfeed (NAME)?	MONTHS .... DON'T KNOW 98	MONTHS .... DON'T KNOW...............................98
446	CHECK 404: CHILD ALIVE?	ALIVE ☐ DEAD ☐ ▼ (GO BACK TO 405 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 452) (SKIP TO 449)	ALIVE ☐ DEAD ☐ ▼ (GO BACK TO 405 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 452) (SKIP TO 449)
447	How many times did you breastfeed last night between sunset and sunrise? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER.	NUMBER OF NIGHTTIME FEEDINGS	NUMBER OF NIGHTTIME FEEDINGS
448	How many times did you breastfeed yesterday during the daylight hours? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER.	NUMBER OF DAYLIGHT FEEDINGS .	NUMBER OF DAYLIGHT FEEDINGS .
449	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
449A	Was sugar added to any of the foods or liquids (NAME) ate yesterday?	YES ....1 NO ....2 DON'T KNOW 8	YES..1 NO ....2 DON'T KNOW.................................8
450	How many times did (NAME) eat solid, semi-solid or soft foods other than liquids yesterday during the day or at night? IF 7 OR MORE TIMES, RECORD 7.	NUMBER OF TIMES .... DON'T KNOW 8	NUMBER OF TIMES .... DON'T KNOW.................................8

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
451		GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 452.	GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 452.

452	ENTER IN THE TABLE THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH SINCE BAISAKH 1, 2052 OR LATER. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 2 BIRTHS, USE LAST COLUMN OF ADDITIONAL QUESTIONNAIRES).	

453		LAST BIRTH	NEXT-TO-LAST BIRTH
	LINE NUMBER FROM 214	LINE NUMBER .... ☐☐	LINE NUMBER .... ☐☐

454	FROM 218 AND 221	NAME _____ ALIVE ☐ DEAD ☐ (GO TO 454 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 481)	NAME _____ ALIVE ☐ DEAD ☐ (GO TO 454 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 481)

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

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

457	(1) COPY VACCINATION DATE FOR EACH VACCINE FROM THE CARD. (2) WRITE '44' IN 'DAY' COLUMN IF CARD SHOWS THAT A VACCINATION WAS GIVEN, BUT NO DATE IS RECORDED. BCG POLIO 0 (POLIO GIVEN AT BIRTH) POLIO 1 POLIO 2 POLIO 3 DPT 1 DPT 2 DPT 3 MEASLES	DAY MONTH YEAR BCG ...... P0 .... P1 .... P2 .... P3 .... D1 .... D2 .... D3 .... MEA	DAY MONTH YEAR BCG ...... P0 .... P1 .... P2 .... P3 .... D1 .... D2 .... D3 .... MEA ......

458	Has (NAME) received any vaccinations that are not recorded on this card, including vaccinations received in a national immunization day campaign? RECORD 'YES' ONLY IF RESPONDENT MENTIONS BCG, POLIO 0-3, DPT 1-3, AND/OR MEASLES VACCINE(S).	YES... 1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 457) (SKIP TO 461)◄——— NO... 2 (SKIP TO 461)◄——— DON'T KNOW... 8	YES... 1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 457) (SKIP TO 461)◄——— NO... 2 (SKIP TO 461)◄——— DON'T KNOW... 8

459	Did (NAME) ever receive any vaccinations to prevent him/her from getting diseases, including vaccinations received in a national immunization day campaign?	YES... 1 NO... 2 (SKIP TO 463)◄——— DON'T KNOW... 8	YES... 1 NO... 2 (SKIP TO 463)◄——— DON'T KNOW... 8

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
460	Please tell me if (NAME) received any of the following vaccinations:		
460A	A BCG vaccination against tuberculosis, that is, an injection in the upper arm that usually causes a scar?	YES .... 1 NO... 2 DON'T KNOW 8	YES .... 1 NO... 2 DON'T KNOW 8
460B	Polio vaccine, that is, drops in the mouth?	YES .... 1 NO... 2 (SKIP TO 460E)◄————┤ DON'T KNOW 8	YES .... 1 NO... 2 (SKIP TO 460E)◄————┤ DON'T KNOW 8
460C	When was the first polio vaccine received, just after birth or later?	JUST AFTER BIRTH...................... 1 LATER... 2	JUST AFTER BIRTH...................... 1 LATER... 2
460D	How many times was the polio vaccine received?	NUMBER OF TIMES................. ☐	NUMBER OF TIMES................. ☐
460E	DPT vaccination, that is, an injection given in the thigh, sometimes at the same time as polio drops?	YES .... 1 NO... 2 (SKIP TO 460G)◄————┤ DON'T KNOW 8	YES .... 1 NO... 2 (SKIP TO 460G)◄————┤ DON'T KNOW 8
460F	How many times?	NUMBER OF TIMES................. ☐	NUMBER OF TIMES................. ☐
460G	An injection to prevent measles?	YES .... 1 NO... 2 DON'T KNOW 8	YES .... 1 NO... 2 DON'T KNOW 8
461	Were any of the vaccinations (NAME) received during the last two years given as a part of a national immunization day campaign?	YES .... 1 NO... 2 (SKIP TO 463)◄————┤ DON'T KNOW 8	YES .... 1 NO... 2 (SKIP TO 463)◄————┤ DON'T KNOW 8
462	At which national immunization day campaigns did (NAME) receive vaccinations? RECORD ALL MENTIONED.	MAGH 2057 .... A MANGSIR 2057 .... B POUSH 2056 .... C MANGSIR 2056 .... D	MAGH 2057..................................... A MANGSIR 2057............................... B POUSH 2056................................... C MANGSIR 2056.............................. D
463	Do you remember the recent vitamin A capsule distribution? IF NO, ASK: Does anyone in the household remember the event? SPEAK TO THAT PERSON.	YES .... 1 NO... 2 (SKIP TO 466)◄————┤ DON'T KNOW 8	YES .... 1 NO... 2 (SKIP TO 466)◄————┤ DON'T KNOW 8
464	Did (NAME) receive a vitamin A capsule during the event in (Kartik/Baisakh)? IF INTERVIEW IS BEFORE BAISAKH, ASK ABOUT KARTIK. IF INTERVIEW AFTER BAISAKH, ASK ABOUT BAISAKH.	YES .... 1 NO... 2 (SKIP TO 466)◄————┤ DON'T KNOW 8	YES .... 1 NO... 2 (SKIP TO 466)◄————┤ DON'T KNOW 8

465	Please tell me what happened when you took (NAME) for vitamin A?
	SHOW CAPSULE. IF MENTIONS SPONTANEOUSLY, CIRCLE CODE '1'. FOR ALL NOT MENTIONED, PROBE, AND CIRCLE '2' IF YES AND '8' IF NO OR DK.
		YES YES NO
		                SPN PR DK
		RED CAPSULE................. 1 2 8
		CAPSULE WAS CUT........ 1 2 8
		CHILD'S NAME WRITTEN 1 2 8
		CENTRAL SITE 1 2 8
			YES YES NO
			                SPN PR DK
			RED CAPSULE 1 2 8
			CAPSULE WAS CUT 1 2 8
			CHILD'S NAME WRITTEN 1 2 8
			CENTRAL SITE................. 1 2 8

466	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
467	Has (NAME) had an illness with a cough at any time in the last 2 weeks?	YES .... 1 NO... 2 (SKIP TO 469)◄————┤ DON'T KNOW 8	YES .... 1 NO... 2 (SKIP TO 469)◄————┤ DON'T KNOW 8

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
468	When (NAME) had 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

469	CHECK 466 AND 467:
	
	FEVER OR COUGH?
		"YES" IN 466 OR 467 OTHER ☐
		
		☐
		            (SKIP TO 472)
			"YES" IN 466 OR 467 OTHER ☐
			
			☐
			            (SKIP TO 472)

470	Did you seek advice or treatment for the fever/cough?	YES 1
		NO... 2
		      (SKIP TO 472)◄———
			YES 1
			NO... 2
			      (SKIP TO 472)◄———

471	Where did you seek advice or treatment?
	
	Anywhere else?
	
	RECORD ALL MENTIONED.
		GOVERNMENT SECTOR
		  GOVT. HOSPITAL/CLINIC .... A
		  PRIM.HEALTH CARE CENTRE . B
		  HEALTH POST/SUB-H.POST C
		  PHCC OUTREACH CLINIC ....D
		  FCHV .... E
		  OTHER GOV'T_____ F
		             (SPECIFY)
		NON-GOV'T (NGO) SECTOR
		  UMN/RED CROSS.....................G
		  OTHER NGO_____ H
		           (SPECIFY)
		
		PRIVATE MEDICAL SECTOR
		  PRIVATE HOSPITAL I
		  CLINIC/NURSING HOME ....J
		  PHARMACY................................K
		  OTHER PRIVATE_____ L
		           (SPECIFY)
		OTHER SOURCE
		  SHOP .... M
		  TRAD. PRACTITIONER..............N
		
		OTHER _____ X
		         (SPECIFY)
			GOVERNMENT SECTOR
			  GOVT. HOSPITAL/CLINIC..........A
			  PRIM.HEALTH CARE CENTRE .B
			  HEALTH POST/SUB-H.POST C
			  PHCC OUTREACH CLINIC ....D
			  FCHV ....E
			  OTHER GOV'T_____ F
			             (SPECIFY)
			NON-GOV'T (NGO) SECTOR
			  UMN/RED CROSS.....................G
			  OTHER NGO_____ H
			           (SPECIFY)
			
			PRIVATE MEDICAL SECTOR
			  PRIVATE HOSPITAL I
			  CLINIC/NURSING HOME ....J
			  PHARMACY................................K
			  OTHER PRIVATE_____ L
			           (SPECIFY)
			OTHER SOURCE
			  SHOP .... M
			  TRAD. PRACTITIONER..............N
			
			OTHER _____ X
			         (SPECIFY)

472	Has (NAME) had diarrhea in the last 2 weeks?	YES 1
		NO... 2
		    (SKIP TO 480)◄———┤
		DON'T KNOW 8
			YES 1
			NO... 2
			    (SKIP TO 480)◄———┤
			DON'T KNOW 8

473	Now I would like to know how much (NAME) was offered to drink during the diarrhea. Was he/she offered less than usual to drink, about the same amount, or more than usual to drink?	LESS THAN USUAL .... 1 ABOUT THE SAME .... 2 MORE THAN USUAL...................... 3 NOTHING TO DRINK...................... 4 DON'T KNOW 8	LESS THAN USUAL .... 1 ABOUT THE SAME........................ 2 MORE THAN USUAL...................... 3 NOTHING TO DRINK...................... 4 DON'T KNOW 8
474	When (NAME) had diarrhea, was he/she offered less than usual to eat, about the same amount, more than usual, or nothing to eat?	LESS THAN USUAL .... 1 ABOUT THE SAME .... 2 MORE THAN USUAL...................... 3 STOPPED FOOD............................ 4 NEVER GAVE FOOD..................... 5 DON'T KNOW 8	LESS THAN USUAL .... 1 ABOUT THE SAME........................ 2 MORE THAN USUAL...................... 3 STOPPED FOOD............................ 4 NEVER GAVE FOOD..................... 5 DON'T KNOW 8
475	Was he/she 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

476	Was anything (else) given to treat the diarrhea?	YES 1
		NO... 2
		    (SKIP TO 478)◄———┤
		DON'T KNOW 8
			YES 1
			NO... 2
			    (SKIP TO 478)◄———┤
			DON'T KNOW 8

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____

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

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

479	Where did you seek advice or treatment?
	
	Anywhere else?
	
	RECORD ALL MENTIONED.
		GOVERNMENT SECTOR
		    GOVT. HOSPITAL/CLINIC ....A
		    PRIM.HEALTH CARE CENTRE .B
		    HEALTH POST/SUB-H.POST C
		    PHCC OUTREACH CLINIC ....D
		    FCHV ....E
		    OTHER GOV'T_____ F
		                (SPECIFY)
		NON-GOV'T (NGO) SECTOR
		    UMN/RED CROSS.....................G
		    OTHER NGO_____ H
		                (SPECIFY)
		
		PRIVATE MEDICAL SECTOR
		    PRIVATE HOSPITAL I
		    CLINIC/NURSING HOME ....J
		    PHARMACY ....K
		    OTHER PRIVATE_____ L
		                (SPECIFY)
		OTHER SOURCE
		    SHOP .... M
		    TRAD. PRACTITIONER..............N
		
		OTHER _____ X
		         (SPECIFY)
			GOVERNMENT SECTOR
			    GOVT. HOSPITAL/CLINIC..........A
			    PRIM.HEALTH CARE CENTRE .B
			    HEALTH POST/SUB-H.POST C
			    PHCC OUTREACH CLINIC ....D
			    FCHV...E
			    OTHER GOV'T_____ F
			                (SPECIFY)
			NON-GOV'T (NGO) SECTOR
			    UMN/RED CROSS.....................G
			    OTHER NGO_____ H
			                (SPECIFY)
			
			PRIVATE MEDICAL SECTOR
			    PRIVATE HOSPITAL I
			    CLINIC/NURSING HOME ....J
			    PHARMACY ....K
			    OTHER PRIVATE_____ L
			                (SPECIFY)
			OTHER SOURCE
			    SHOP .... M
			    TRAD. PRACTITIONER..............N
			
			OTHER _____ X
			         (SPECIFY)

480		GO BACK TO 454 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 481.	GO BACK TO 454 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 481.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
481	CHECK 220 AND 223: NUMBER OF CHILDREN BORN SINCE BAISAKH 1, 2052 AND LIVING WITH HER ONE OR MORE ☐ NONE ☐ _____		→484
482	What usually happens with your (youngest) child's stools when he/she does not use any toilet facility?	ALWAYS USE TOILET/LATRINE ....01 THROW IN THE TOILET/LATRINE ....02 THROW OUTSIDE THE DWELLING......03 THROW OUTSIDE THE YARD...............04 BURY IN THE YARD..............................05 RINSE AWAY..06 USE DIAPERS ....07 NOT DISPOSED OF ....08 OTHER _____ 96 (SPECIFY)	
483	CHECK 475, ALL COLUMNS: NO CHILD RECEIVED FLUID FROM ORS PACKET OR Q.475 NOT ASKED ☐ ANY CHILD RECEIVED FLUID FROM ORS PACKET ☐ _____		→486
484	Have you ever heard of a special product called Jeevan Jal or Navajeevan you can get for the treatment of diarrhea?	YES ....1 NO...2	→486
485	Have you ever seen a packet like these? SHOW PACKET OF JEEVAN JAL, OTHER TYPES OF ORS.	YES ....1 NO...2	
486	CHECK 223: HAS ONE OR MORE CHILDREN LIVING WITH HER ☐ HAS NO CHILDREN LIVING WITH HER ☐ _____		→488
487	When (your child/one of your children) is seriously ill, can you decide by yourself whether the child should be taken for medical treatment? IF SAYS NO CHILD EVER ILL, ASK: If (your child/one of your children) became seriously ill, could you decide by yourself whether the child should be taken for medical treatment?	YES ....1 NO...2 DEPENDS...3	

NO.	QUESTIONS AND FILTERS	BIG PROBLEM	SMALL PROBLEM	NOT A PROBLEM	SKIP
488	Now I would like to ask you some questions about medical care for you yourself. Many different factors can prevent women from getting medical advice or treatment for themselves. When you are sick and want to get medical advice or treatment, is each of the following a big problem, a small problem, or not problem for you				
	Knowing where to go.	1	2	3	
	Getting permission to go.	1	2	3	
	Getting money needed for treatment.	1	2	3	
	The distance to the health facility.	1	2	3	
	Having to take transport.	1	2	3	
	Not wanting to go alone.	1	2	3	
	Concern that there may not be a female health provider.	1	2	3	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES		SKIP
489	CHECK 220 AND 223: HAS AT LEAST 1 CHILD BORN SINCE BAISAKH 1, 2054 AND LIVING WITH HER ▢ ▾ DOES NOT HAVE ANY CHILD BORN SINCE BAISAKH 1, 2054 LIVING WITH HER ▢_____ RECORD NAME OF YOUNGEST CHILD LIVING WITH HER AND CONTINUE TO 490 NAME _____			→493

490	Now I would like to ask you about liquids [NAME FROM Q.489] drank over the last seven days, including yesterday. How many <u>days</u> during last seven days did [NAME] drink each of the following? FOR EACH ITEM GIVEN AT LEAST ONCE IN LAST SEVEN DAYS, ASK: In total, how many <u>times</u> yesterday during the day or at night did [NAME] drink [ITEM]?	LAST 7 DAYS NUMBER OF DAYS	YESTERDAY/ LAST NIGHT NUMBER OF TIMES	
	a Plain water?	a ▢	a ▢	
	b Any milk, other than breastmilk, such as cow milk, mohi, tinned or powdered milk or infant formula?	b ▢	b ▢	
	c Any other liquids such as ghee, honey, tea, soup, rice water? IF 7 OR MORE TIMES, RECORD '7'. IF DON'T KNOW, RECORD '8'.	c ▢	c ▢	

491	Now I would like to ask you about the types of foods [NAME FROM Q.489] ate over the last seven days, including yesterday. How many <u>days</u> during last seven days did [NAME] eat each of the following foods, either separately or combined with other food? FOR EACH ITEM GIVEN AT LEAST ONCE IN LAST SEVEN DAYS, BEFORE PROCEEDING TO THE NEXT ITEM, ASK: In total, how many <u>times</u> yesterday during the day or at night did [NAME] eat [ITEM]?	LAST 7 DAYS NUMBER OF DAYS	YESTERDAY/ LAST NIGHT NUMBER OF TIMES	
	a Any food made from grains, like rice, millet, sorghum, maize, wheat, or porridge?	a ▢	a ▢	
	b Pumpkin, carrots, papaya, or mango?	b ▢	b ▢	
	c Food made from roots or tubers, like potatoes, yams, tapioca?	c ▢	c ▢	
	d Any green leafy vegetables?	d ▢	d ▢	
	e Any other fruits and vegetables, like bananas, apples, guava, green beans, amala, orange, tomatoes?	e ▢	e ▢	
	f Meat, poultry, fish, liver, or eggs?	f ▢	f ▢	
	g Any food made from legumes, like daal, peanuts, beans?	g ▢	g ▢	
	h Cheese or yogurt?	h ▢	h ▢	
	i Any food made with ghee, oil, fat, or butter? IF 7 OR MORE TIMES, RECORD '7'. IF DON'T KNOW, RECORD '8'.	i ▢	i ▢	

| 492 | The last time you fed your child(ren), did you wash your hands immediately before feeding (him/her/them)? | YES 1
NO.. 2
NEVER FED CHILD(REN)................................. 3 | | |

| 493 | Do you smoke cigarettes or bidis or tobacco? | YES, CIGARETTES/BIDIS................................ A
YES, PIPE .... B
YES, OTHER TOBACCO.................................... C
NO.. Y | | |

| 494 | CHECK 493:
    CODE 'A' CIRCLED ▢ ▾   CODE 'A' NOT CIRCLED ▢_____ | | | →501 |

| 495 | In the last 24 hours, how many cigarettes/bidis did you smoke? | CIGARETTES/BIDIS........................... ▢▢ | | |

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501	CHECK 118: CURRENTLY MARRIED ☐ WIDOWED, DIVORCED, SEPARATED ☐ _____		—▸514
502	CHECK 311/311A: NEITHER STERILIZED ☐ HE OR SHE STERILIZED ☐ _____		—▸514

503	CHECK 234:
	
	NOT PREGNANT OR UNSURE ☐ PREGNANT ☐
	
	Now I have some questions about the future.
	Would you like to have (a/another) child, or would you prefer not to have any (more) children? Now I have some questions about the future.
	After the child you are expecting now, would you like to have another child, or would you prefer not to have any more children?
		HAVE (A/ANOTHER) CHILD 1
		NO MORE/NONE 2
		SAYS SHE CAN T GET PREGNANT 3
		UNDECIDED/DON'T KNOW
		    AND PREGNANT 4
		UNDECIDED/DON'T KNOW
		    AND NOT PREGNANT OR UNSURE ... 5
			
			—▸505
			—▸514
			
			—▸511
			
			—▸509

504	CHECK 234: NOT PREGNANT OR UNSURE ☐ PREGNANT ☐ How long would you like to wait from now before the birth of (a/another) child? After the birth of the child you are expecting now, how long would you like to wait before the birth of another child?	MONTHS .... 1 ☐☐ YEARS .... 2 ☐☐ SOON/NOW .... 993 SAYS SHE CAN'T GET PREGNANT .... 994 OTHER _____ 996 (SPECIFY) DON'T KNOW 998	 —▸510 —▸514 ▸510
505	CHECK 234: NOT PREGNANT OR UNSURE ☐ PREGNANT ☐ _____		—▸511
506	CHECK 310: USING A METHOD? NOT ASKED ☐ NOT CURRENTLY USING ☐ CURRENTLY USING ☐ _____		—▸509
507	CHECK 504: NOT ASKED ☐ 24 MONTHS OR MORE OR 02 OR MORE YEARS ☐ 23 MONTHS OR LESS OR LESS THAN 02 YEARS ☐ _____		—▸511

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

508	CHECK 503:
	
	WANTS A/ANOTHER CHILD ☐ WANTS NO (MORE) CHILDREN ☐
	
	You have said that you do not want (a/another) child soon, but you are not using any method to avoid pregnancy.
	Can you tell me why? / You have said that you do not want any (more) children, but you are not using any method to avoid pregnancy.
	Can you tell me why?
	
	PROBE: Any other reason?
	
	RECORD ALL MENTIONED.
		FERTILITY-RELATED REASONS
		    NOT HAVING SEX...................................B
		    INFREQUENT SEX...............................C
		    MENOPAUSAL/HYSTERECTOMY.......D
		    SUBFECUND/INFECUND.....................E
		    POSTPARTUM AMENORRHEIC..........F
		    BREASTFEEDING.................................G
		    FATALISTIC...H
		
		OPPOSITION TO USE
		    RESPONDENT OPPOSED.....................I
		    HUSBAND OPPOSED............................J
		    OTHERS OPPOSED...............................K
		    RELIGIOUS PROHIBITION....................L
		
		LACK OF KNOWLEDGE
		    KNOWS NO METHOD...........................M
		    KNOWS NO SOURCE...........................N
		
		METHOD-RELATED REASONS
		    HEALTH CONCERNS............................O
		    FEAR OF SIDE EFFECTS.....................P
		    LACK OF ACCESS/TOO FAR..............Q
		    COST TOO MUCH.................................R
		    INCONVENIENT TO USE......................S
		    INTERFERES WITH BODY S
		        NATURAL PROCESSES....................T
		
		OTHER _____ X
		         (SPECIFY)
		DON'T KNOW..Z	

509	In the next few weeks, if you discovered that you were pregnant, would that be a big problem, a small problem, or no problem for you?	BIG PROBLEM..1 SMALL PROBLEM ....2 NO PROBLEM...3 SAYS SHE CAN'T GET PREGNANT........4	
510	CHECK 310: USING A METHOD? NOT ASKED ☐ NOT CURRENTLY USING ☐ CURRENTLY USING ☐ _____		→514
511	Do you think you will use a method to delay or avoid pregnancy at any time in the future?	YES...1 NO ....2 DON'T KNOW...8	↱→513
512	Which method would you prefer to use?	FEMALE STERILIZATION.......................01 MALE STERILIZATION ....02 PILL ....03 IUD ....04 INJECTABLES ....05 IMPLANTS...06 CONDOM ....07 FOAM, JELLY..08 PERIODIC ABSTINENCE ....09 WITHDRAWAL ....10 OTHER _____ 96 (SPECIFY) UNSURE 98	→514

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

513	What is the main reason that you think you will not use a method at any time in the future?	FERTILITY-RELATED REASONS
		   INFREQUENT SEX/NO SEX 22
		   MENOPAUSAL/HYSTERECTOMY...... 23
		   SUBFECUND/INFECUND 24
		   WANTS AS MANY CHILDREN AS
		      POSSIBLE 26
		
		OPPOSITION TO USE
		   RESPONDENT OPPOSED.................. 31
		   HUSBAND OPPOSED 32
		   OTHERS OPPOSED............................ 33
		   RELIGIOUS PROHIBITION.................. 34
		
		LACK OF KNOWLEDGE
		   KNOWS NO METHOD......................... 41
		   KNOWS NO SOURCE 42
		
		METHOD-RELATED REASONS
		   HEALTH CONCERNS........................... 51
		   FEAR OF SIDE EFFECTS 52
		   LACK OF ACCESS/TOO FAR 53
		   COST TOO MUCH 54
		   INCONVENIENT TO USE 55
		   INTERFERES WITH BODY S NORMAL
		      PROCESSES.................................... 56
		
		OTHER _____ 96
		        (SPECIFY)
		DON'T KNOW.. 98	

514	CHECK 221: HAS LIVING CHILDREN ☐ NO LIVING CHILDREN ☐ If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be? If you could choose exactly the number of children to have in your whole life, how many would that be? PROBE FOR A NUMERIC RESPONSE.	NUMBER .... ☐☐ OTHER _____ 96 (SPECIFY)	→516
515	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?	BOYS GIRLS EITHER NUMBER .... ☐☐ ☐☐ ☐☐ OTHER _____ 96 (SPECIFY)	
516	Would you say that you approve or disapprove of couples using a method to avoid getting pregnant?	APPROVE .... 1 DISAPPROVE .... 2 DON'T KNOW/UNSURE 3	

517	In the last few months have you heard about family planning:
	
	      On the radio?
	      On the television?
	      In a newspaper or magazine?
	      In street drama?
		YES NO
		RADIO 1 2
		TELEVISION 1 2
		NEWSPAPER OR MAGAZINE 1 2
		STREET DRAMA 1 2	

518	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 Kuradani Gareko Chhoto Radio Natak?	YES NO JANA SWASTHA........................... 1 2 GHANTI HERI DRAMA.................. 1 2 GHANTI HERI SONG.................... 1 2 SHRIMAN SHRIMATILE 1 2	
519	In the last few months, have you discussed the practice of family planning with your friends, neighbors, or relatives?	YES.. 1 NO 2	→521

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
520	With whom? Anyone else? RECORD ALL MENTIONED.	HUSBAND ....A MOTHER ....B FATHER ....C SISTER(S)... D BROTHER(S) ....E DAUGHTER...F SON... G MOTHER-IN-LAW .... H FRIENDS/NEIGHBORS ....I OTHER _____ X (SPECIFY)	

521	CHECK 118:
	
	    CURRENTLY WIDOWED,
	    MARRIED □ DIVORCED,
	       ▼ SEPARATED □ _____
			—▶528

522	CHECK 311/311A:
	
	    ANY CODE NO CODE
	    CIRCLED □ CIRCLED □ _____
	      ▼
			—▶524

523	You have told me that you are currently using contraception. Would you say that using contraception is mainly your decision, mainly your husband's decision, or did you both decide together?	MAINLY RESPONDENT ....1 MAINLY HUSBAND...................................2 JOINT DECISION ....3 OTHER _____ 6 (SPECIFY)	
524	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	
525	How often have you talked to your husband about family planning in the past year?	NEVER ....1 ONCE OR TWICE ....2 MORE OFTEN...3	

526	CHECK 311/311A:
	
	    NEITHER HE OR SHE
	    STERILIZED □ STERILIZED □ _____
	      ▼
			—▶528

527	Do you think your husband/partner 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	

528	Husbands and wives do not always agree on everything. Please tell me if you think a wife is justified in refusing to have sex with her husband when:
	
	    She is tired or not in the mood?
	    She has recently given birth?
	    She knows her husband has sex with other women?
	    She knows her husband has a sexually transmitted disease?
		YES NO DK
		TIRED/MOOD........................1 2 8
		RECENT BIRTH 1 2 8
		OTHER WOMEN....................1 2 8
		HAS STD 1 2 8	

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	CHECK 118: CURRENTLY MARRIED ☐　　WIDOWED, DIVORCED, SEPARATED ☐ _____		—▸603
602	How old was your husband on his last birthday?	AGE IN COMPLETED YEARS ☐☐	
603	Did your (last) husband ever attend school?	YES ....1 NO 2	—▸605
604	What was the highest grade he completed?	GRADE.................................. ☐☐ DON'T KNOW 98	
605	CHECK 601: CURRENTLY MARRIED ☐　　FORMERLY MARRIED ☐ What is your husband's occupation?　What was your (last) husband's occupation? That is, what kind of work does he　That is, what kind of work did he mainly do?　mainly do?	☐☐ _____ _____ _____	
606	Aside from your own housework, are you currently working?	YES ....1 NO 2	—▸609
607	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	—▸609
608	Have you done any work in the last 12 months?	YES ....1 NO 2	—▸618
609	What is your occupation, that is, what kind of work do you mainly do?	☐☐ _____ _____ _____	
610	CHECK 609: WORKS IN AGRICULTURE ☐　　DOES NOT WORK IN AGRICULTURE ☐ _____		—▸612
611	Do you work mainly on your own land or on family land, or do you work on land that you rent from someone else, or do you work on someone else's land?	OWN LAND/FAMILY LAND ....1 RENTED LAND/TENANCY.......................2 SOMEONE ELSE'S LAND 3	
612	Are you self-employed, employed by someone else, or do you do this work for a member of your family?	SELF-EMPLOYED ....1 BY SOMEONE ELSE ....2 FOR FAMILY MEMBER 3	
613	Do you usually work at home or away from home?	HOME...1 AWAY FROM HOME 2	
614	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	
615	Are you paid in cash or kind for this work or are you not paid at all?	CASH ONLY...1 CASH AND KIND ....2 IN KIND ONLY ....3 NOT PAID 4	⅃▸618

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

616	Who mainly decides how the money you earn will be used?	RESPONDENT 1
		HUSBAND..2
		RESPONDENT AND HUSBAND
		   JOINTLY...3
		SOMEONE ELSE 4
		RESPONDENT AND SOMEONE ELSE
		   JOINTLY...5	

617	On average, how much of your household's expenditures do your earnings pay for: 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 NONE, HER INCOME IS ALL SAVED. 6	
618	Do you own any land, either by yourself or jointly with someone else?	YES, OWNS ALONE.................................1 YES, OWNS JOINTLY ....2 NO 3	→620
619	If you ever needed to, could you sell the land without anyone else's permission?	YES ....1 NO ....2 NOT SURE/DOES NOT KNOW...............8	
620	Do you own any livestock, such as goats or cows, either by yourself or jointly with someone else?	YES, OWNS ALONE.................................1 YES, OWNS JOINTLY ....2 NO 3	→622
621	If you ever needed to, could you sell the animals without anyone else's permission?	YES ....1 NO ....2 NOT SURE/DOES NOT KNOW...............8	
622	Have you yourself ever taken a loan to start or expand a business?	YES ....1 NO 2	→624
623	How did you pay back the loan?	NOT YET PAID BACK..............................1 SOMEONE ELSE PAID FOR HER ....2 PROFITS FROM BUSINESS ....3 SOLD ASSETS TO PAY LOAN ....4 OTHER _____ 6 (SPECIFY)	

624	Who in your family usually has the final say on the following decisions:	RESPONDENT = 1 HUSBAND = 2 RESPONDENT & HUSBAND JOINTLY = 3 SOMEONE ELSE = 4 RESPONDENT & SOMEONE ELSE JOINTLY = 5 DECISION NOT MADE/NOT APPLICABLE = 6					
	Your own health care?	1	2	3	4	5	6
	Making large household purchases?	1	2	3	4	5	6
	Making household purchases for daily needs?	1	2	3	4	5	6
	Visits to family, friends, or relatives?	1	2	3	4	5	6
	What food should be cooked each day?	1	2	3	4	5	6

625	Sometimes a husband is annoyed or angered by things which his wife does. In your opinion, is a husband justified in hitting or beating his wife in the following situations:		YES	NO	DK
	If she goes out without telling him?	GOES OUT	1	2	8
	If she neglects the children?	NEGL. CHILDREN	1	2	8
	If she argues with him?	ARGUES	1	2	8
	If she refuses to have sex with him?	REFUSES SEX	1	2	8
	If she burns the food?	BURNS FOOD	1	2	8

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
701	Now I would like to talk about something else. Have you ever heard of an illness called AIDS?	YES ....1 NO 2	→708
702	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	⌐ ⌐→706

703	What can a person do?
	
	Anything else?
	
	RECORD ALL MENTIONED.
		ABSTAIN FROM SEX .... A
		USE CONDOMS .... B
		LIMIT SEX TO ONE PARTNER/STAY
		   FAITHFUL TO ONE PARTNER C
		LIMIT NUMBER OF SEX PARTNERS ..... D
		AVOID SEX WITH PROSTITUTES .... E
		AVOID SEX WITH PERSONS WHO
		   HAVE MANY PARTNERS......................F
		AVOID SEX WITH HOMOSEXUALS .... G
		AVOID SEX WITH PERSONS WHO
		   INJECT DRUGS INTRAVENOUSLY ... H
		AVOID BLOOD TRANSFUSIONS..............I
		AVOID INJECTIONS ....J
		AVOID KISSING...................................... K
		AVOID MOSQUITO BITES L
		SEEK PROTECTION FROM
		   TRADITIONAL HEALER ....M
		AVOID SHARING RAZORS/BLADES...... N
		AVOID SEX WITH SOMEONE
		   WHO HAS AIDS ....O
		
		OTHER _____ X
		         (SPECIFY)
		OTHER _____ Y
		         (SPECIFY)
		
		DON'T KNOW ....Z	

704	Can people protect themselves from getting the AIDS virus by having just one sex partner who has no other partners?	YES ....1 NO ....2 DON'T KNOW 8	
705	Can people protect themselves from getting the AIDS virus by using a condom every time they have sex?	YES ....1 NO ....2 DON'T KNOW 8	
706	Is it possible for a healthy-looking person to have the AIDS virus?	YES ....1 NO ....2 DON'T KNOW 8	
707	Can the virus that causes AIDS be transmitted from a mother to a child?	YES ....1 NO ....2 DON'T KNOW 8	
708	CHECK 118 AND 701: CURRENTLY ⎍ CURRENTLY ⎍ WIDOWED, ⎍ MARRIED AND MARRIED AND DOES DIVORCED, SEPARATED KNOWS AIDS ▾ NOT KNOW AIDS ▾ (SKIP TO 710)		→716
709	Have you ever talked about ways to prevent getting the virus that causes AIDS with your husband?	YES ....1 NO 2	
710	Now I need to ask you some questions about sexual activity in order to gain a better understanding of some family life issues. How old were you when you first had sexual intercourse?	NEVER ....00 AGE IN YEARS .... ☐☐ FIRST TIME WHEN STARTED LIVING WITH FIRST HUSBAND 96	→713

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
711	When was the last time you had sexual intercourse? RECORD 'YEARS AGO' ONLY IF LAST INTERCOURSE WAS ONE OR MORE YEARS AGO.	DAYS AGO .... 1 WEEKS AGO..................... 2 MONTHS AGO .... 3 YEARS AGO 4	──▸713
712	The last time you had sexual intercourse, was a condom used?	YES .... 1 NO 2	
713	Do you know of a place where one can get condoms?	YES .... 1 NO 2	──▸716

714	Where is that?
	
	IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.
	
	_____
	(NAME OF PLACE)
	
	Any other place?
	
	(RECORD ALL MENTIONED)
		GOVERNMENT SECTOR
		  GOVT. HOSPITAL/CLINIC...................A
		  PRIMARY HEALTH CARE CENTRE/
		     HEALTH CENTRE ....B
		  HEALTH POST C
		  SUB-HEALTH POST.......................... D
		  PHC OUTREACH CLINIC....................E
		  FCHV...F
		  CONDOM BOX .... G
		
		  OTHER GOV'T_____H
		         (SPECIFY)
		
		NON-GOV'T (NGO) SECTOR
		  FP ASSN. OF NEPAL I
		  MARIE STOPES ....J
		  ADRA ....K
		  NEPAL RED CROSS L
		
		  OTHER NGO_____M
		        (SPECIFY)
		
		PRIVATE MEDICAL SECTOR
		  PRIVATE HOSPITAL/CLINIC,
		    NURSING HOME .... N
		  PHARMACY .... O
		
		  OTHER PRIVATE_____P
		        (SPECIFY)
		OTHER SOURCE
		  SHOP .... Q
		  FRIEND/RELATIVE............................. R
		
		OTHER _____ X
		      (SPECIFY)	

715	If you wanted to, could you yourself get a condom?	YES .... 1 NO .... 2 DON'T KNOW/UNSURE 8	
716	RECORD THE TIME.	HOUR .... MINUTES	

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<u>INTERVIEWER'S OBSERVATIONS</u>

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

_____

_____

_____

_____

_____

COMMENTS ON SPECIFIC QUESTIONS:

_____

_____

_____

_____

_____

ANY OTHER COMMENTS:

_____

_____

_____

_____

_____

<u>EDITOR'S OBSERVATIONS</u>

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NAME OF THE EDITOR:_____   DATE: _____

<u>SUPERVISOR'S OBSERVATIONS</u>

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NAME OF SUPERVISOR:_____   DATE:_____

SENTENCES FOR LITERACY TEST

1. Parents love their children.

2. Farming is hard work.

3. The child is reading a book.

4. Children should go to school.

5. Boys and girls are equal.