NEPAL DEMOGRAPHIC AND HEALTH SURVEY 2006
HOUSEHOLD QUESTIONNAIRE

IDENTIFICATION

NAME AND CODE OF DISTRICT _____

NAME AND CODE OF VILLAGE/MUNICIPALITY _____

WARD NUMBER . . . .

CLUSTER NUMBER . . . .

HOUSEHOLD NUMBER . . . .

CITY/TOWN/RURAL . . . .
(CITY=1, TOWN=2, RURAL=3)

NAME OF HOUSEHOLD HEAD _____

NAME OF RESPONDENT _____

HOUSEHOLD SELECTED FOR MALE SURVEY (YES=1; NO=2)

ALTITUDE . . . .

INTERVIEWER VISITS

	1	2	3	FINAL VISIT	
DATE	_____	_____	_____	DAY	
				MONTH	
				YEAR	2 0 6
INTERVIEWER'S NAME	_____	_____	_____	INT. NUMBER	
RESULT*	_____	_____	_____	RESULT	
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS	
TIME	_____	_____			

*RESULT CODES:
1 COMPLETED
2 NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT
3 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME
4 POSTPONED
5 REFUSED
6 DWELLING VACANT OR ADDRESS NOT A DWELLING
7 DWELLING DESTROYED
8 DWELLING NOT FOUND
9 OTHER _____
(SPECIFY)

TOTAL PERSONS IN HOUSEHOLD

TOTAL ELIGIBLE WOMEN

TOTAL ELIGIBLE MEN

LINE NO. OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE

LANGUAGE OF QUESTIONNAIRE   ENGLISH _____ 5

LANGUAGE OF INTERVIEW   _____

NATIVE LANGUAGE OF RESPONDENT   _____

TRANSLATOR USED (YES=1; NO=2) . . . .

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

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

Introduction and Consent

Hello. My name is _____ and I am working with the MINISTRY OF HEALTH AND POPULATION.
 We are conducting a national survey about various health issues. We would very much appreciate your participation in this survey.
The survey usually takes between 20 and 30 minutes to complete.

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

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

Signature of interviewer: _____   Date: _____

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

HOUSEHOLD SCHEDULE

								IF AGE 10 OR OLDER			
LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	MARITAL STATUS	ELIGIBILITY		
	Please give me the names of the persons who usually live in your household and guests of the household who stayed here last night, starting with the head of the household. AFTER LISTING THE NAMES AND RECORDING THE RELATIONSHIP AND SEX FOR EACH PERSON, ASK QUESTIONS 2A-2C TO BE SURE THAT THE LISTING IS COMPLETE. THEN ASK APPROPRIATE QUESTIONS IN COLUMNS 5-23 FOR EACH PERSON.	What is the relationship of (NAME) to the head of the household? SEE CODES BELOW.	Is (NAME) male or female?	Does (NAME) usually live here?	Did (NAME) stay here last night?	How old is (NAME)?	What is (NAME'S) current marital status? 1 = CURRENTLY MARRIED 2 = MARRIED, BUT GAUNA NOT PERFORMED 3 = DIVORCED/ SEPARATED 4 = WIDOWED 5 = NEVER- MARRIED 8 = DON'T KNOW	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49	CIRCLE LINE NUMBER OF ALL MEN AGE 15-59	CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-5
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
			M F	Y N	Y N	IN YEARS				
01			1 2	1 2	1 2			01	01	01
02			1 2	1 2	1 2			02	02	02
03			1 2	1 2	1 2			03	03	03
04			1 2	1 2	1 2			04	04	04
05			1 2	1 2	1 2			05	05	05
06			1 2	1 2	1 2			06	06	06
07			1 2	1 2	1 2			07	07	07
08			1 2	1 2	1 2			08	08	08
09			1 2	1 2	1 2			09	09	09
10			1 2	1 2	1 2			10	10	10

CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD

01 = HEAD
02 = WIFE OR HUSBAND
03 = SON OR DAUGHTER
04 = SON-IN-LAW OR DAUGHTER-IN-LAW
05 = GRANDCHILD
06 = PARENT
07 = PARENT-IN-LAW

08 = BROTHER OR SISTER
09 = BROTHER-IN-LAW OR SISTER-IN-LAW
10 = NIECE/NEPHEW
11 = CO-WIFE
12 = OTHER RELATIVE
13 = ADOPTED/FOSTER/STEPCHILD
14 = NOT RELATED
98 = DON'T KNOW

			IF AGE 10 OR OLDER		

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	MARITAL STATUS	ELIGIBILITY		
	Please give me the names of the persons who usually live in your household and guests of the household who stayed here last night, starting with the head of the household. AFTER LISTING THE NAMES AND RECORDING THE RELATIONSHIP AND SEX FOR EACH PERSON, ASK QUESTIONS 2A-2C TO BE SURE THAT THE LISTING IS COMPLETE. THEN ASK APPROPRIATE QUESTIONS IN COLUMNS 5-23 FOR EACH PERSON.	What is the relationship of (NAME) to the head of the household? SEE CODES BELOW.	Is (NAME) male or female?	Does (NAME) usually live here?	Did (NAME) stay here last night?	How old is (NAME)?	What is (NAME'S) current marital status? 1 = CURRENTLY MARRIED 2 = MARRIED, BUT GAUNA NOT PERFORMED 3 = DIVORCED/ SEPARATED 4 = WIDOWED 5 = NEVER-MARRIED 8 = DON'T KNOW	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49	CIRCLE LINE NUMBER OF ALL MEN AGE 15-59	CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-5
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
			M F 1 2	Y N 1 2	Y N 1 2	IN YEARS				
11			1 2	1 2	1 2			11	11	11
12			1 2	1 2	1 2			12	12	12
13			1 2	1 2	1 2			13	13	13
14			1 2	1 2	1 2			14	14	14
15			1 2	1 2	1 2			15	15	15
16			1 2	1 2	1 2			16	16	16
17			1 2	1 2	1 2			17	17	17
18			1 2	1 2	1 2			18	18	18
19			1 2	1 2	1 2			19	19	19
20			1 2	1 2	1 2			20	20	20

TICK HERE IF CONTINUATION SHEET USED ☐

(2A) Just to make sure that I have a complete listing. Are there any other persons such as small children or infants that we have not listed? YES ☐ → ADD TO TABLE   NO ☐

2B) Are there any other people who may not be members of your family, such as domestic servants, lodgers, or friends who usually live here YES ☐ → ADD TO TABLE   NO ☐

2C) Are there any guests or temporary visitors staying here, or anyone else who stayed here last night, who have not been listed? YES ☐ → ADD TO TABLE   NO ☐

CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD

01 = HEAD
02 = WIFE OR HUSBAND
03 = SON OR DAUGHTER
04 = SON-IN-LAW OR DAUGHTER-IN-LAW
05 = GRANDCHILD
06 = PARENT
07 = PARENT-IN-LAW
08 = BROTHER OR SISTER
09 = BROTHER-IN-LAW OR SISTER-IN-LAW
10 = NIECE/NEPHEW
11 = CO-WIFE
12 = OTHER RELATIVE
13 = ADOPTED/FOSTER/ STEPCHILD
14 = NOT RELATED
98 = DON'T KNOW

HH 4

	IF AGE 0-17 YEARS				IF AGE 3 YEARS OR OLDER			IF AGE 3-24 YEARS				IF AGE 0-4 YEARS
LINE NO.	SURVIVORSHIP AND RESIDENCE OF BIOLOGICAL PARENTS				EVER ATTENDED SCHOOL			CURRENT/RECENT SCHOOL ATTENDANCE				BIRTH REGIS-TRATION
	Is (NAME)'s natural mother alive?	Does (NAME)'s natural mother usually live in this household or was she a guest last night? IF YES: What is her name? RECORD MOTHER'S LINE NUMBER. IF NO, RECORD '00'.	Is (NAME)'s natural father alive?	Does (NAME)'s natural father usually live in this household or was he a guest last night? IF YES: What is his name? RECORD FATHER'S LINE NUMBER. IF NO, RECORD '00'.	Has (NAME) ever attended school?	Has (NAME) ever partici-pated in a literacy program or any other program that in-volves learning to read and write (not including primary school)?	What is the highest grade (NAME) has completed? SEE CODES BELOW.	Did (NAME) attend school at any time during the 2061 - 2062 (2062/63) year?	During this/that school year, what grade [is/was] (NAME) attending? SEE CODES BELOW.	Did (NAME) attend school at any time during the previous school year, that is, 2060 - 2061 (2061/62)?	During that school year, what grade did (NAME) attend? SEE CODES BELOW.	Does (NAME) have a birth certificate? IF NO, PROBE: Has (NAME)'s birth ever been registered with the VDC/municipality? 1 = HAS CERTIFICATE 2 = REGISTERED 3 = NEITHER 8 = DON'T KNOW
(12)	(13)	(14)	(15)	(16)	(17)	(17A)	(18)	(19)	(20)	(21)	(22)	(23)
01	Y 1 N 2 DK 8 ↓ GO TO 15	☐☐	Y 1 N 2 DK 8 ↓ GO TO 17	☐☐	Y 1 N 2 ↓ GO TO 18	Y 1 N 2 ↓ GO TO 23	GRADE ☐☐	Y 1 N 2 ↓ GO TO 21	GRADE ☐☐	Y 1 N 2 ↓ GO TO 23	GRADE ☐☐	☐
02	1 2 8 ↓ GO TO 15	☐☐	1 2 8 ↓ GO TO 17	☐☐	1 2 ↓ GO TO 18	1 2 ↓ GO TO 23	☐☐	1 2 ↓ GO TO 21	☐☐	1 2 ↓ GO TO 23	☐☐	☐
03	1 2 8 ↓ GO TO 15	☐☐	1 2 8 ↓ GO TO 17	☐☐	1 2 ↓ GO TO 18	1 2 ↓ GO TO 23	☐☐	1 2 ↓ GO TO 21	☐☐	1 2 ↓ GO TO 23	☐☐	☐
04	1 2 8 ↓ GO TO 15	☐☐	1 2 8 ↓ GO TO 17	☐☐	1 2 ↓ GO TO 18	1 2 ↓ GO TO 23	☐☐	1 2 ↓ GO TO 21	☐☐	1 2 ↓ GO TO 23	☐☐	☐
05	1 2 8 ↓ GO TO 15	☐☐	1 2 8 ↓ GO TO 17	☐☐	1 2 ↓ GO TO 18	1 2 ↓ GO TO 23	☐☐	1 2 ↓ GO TO 21	☐☐	1 2 ↓ GO TO 23	☐☐	☐
06	1 2 8 ↓ GO TO 15	☐☐	1 2 8 ↓ GO TO 17	☐☐	1 2 ↓ GO TO 18	1 2 ↓ GO TO 23	☐☐	1 2 ↓ GO TO 21	☐☐	1 2 ↓ GO TO 23	☐☐	☐
07	1 2 8 ↓ GO TO 15	☐☐	1 2 8 ↓ GO TO 17	☐☐	1 2 ↓ GO TO 18	1 2 ↓ GO TO 23	☐☐	1 2 ↓ GO TO 21	☐☐	1 2 ↓ GO TO 23	☐☐	☐
08	1 2 8 ↓ GO TO 15	☐☐	1 2 8 ↓ GO TO 17	☐☐	1 2 ↓ GO TO 18	1 2 ↓ GO TO 23	☐☐	1 2 ↓ GO TO 21	☐☐	1 2 ↓ GO TO 23	☐☐	☐
09	1 2 8 ↓ GO TO 15	☐☐	1 2 8 ↓ GO TO 17	☐☐	1 2 ↓ GO TO 18	1 2 ↓ GO TO 23	☐☐	1 2 ↓ GO TO 21	☐☐	1 2 ↓ GO TO 23	☐☐	☐
10	1 2 8 ↓ GO TO 15	☐☐	1 2 8 ↓ GO TO 17	☐☐	1 2 ↓ GO TO 18	1 2 ↓ GO TO 23	☐☐	1 2 ↓ GO TO 21	☐☐	1 2 ↓ GO TO 23	☐☐	☐

CODES FOR Qs. 18, 20 AND 22: EDUCATION

00 = LESS THAN 1 YEAR COMPLETED (USE '00' FOR Q. 18 ONLY. THIS CODE IS NOT ALLOWED FOR QS. 20 AND 22)
01-09 = GRADE 1 - GRADE 9

GRADE
10 = COMPLETED SLC
11 = GRADE 11
12 = GRADE 12
13 = BACHELOR'S NOT COMPLETE
14 = BACHELOR'S COMPLETE/HIGHER

94 = SCHOOL BASED PRE-PRIMARY CENTERS
95 = INFORMAL PRESCHOOL
98 = DON'T KNOW

HH 5

	IF AGE 0-17 YEARS				IF AGE 3 YEARS OR OLDER			IF AGE 3-24 YEARS				IF AGE 0-4 YEARS
LINE NO.	SURVIVORSHIP AND RESIDENCE OF BIOLOGICAL PARENTS				EVER ATTENDED SCHOOL			CURRENT/RECENT SCHOOL ATTENDANCE				BIRTH REGIS-TRATION
	Is (NAME)'s natural mother alive?	Does (NAME)'s natural mother usually live in this household or was she a guest last night? IF YES: What is her name? RECORD MOTHER'S LINE NUMBER. IF NO, RECORD '00'.	Is (NAME)'s natural father alive?	Does (NAME)'s natural father usually live in this household or was he a guest last night? IF YES: What is his name? RECORD FATHER'S LINE NUMBER. IF NO, RECORD '00'.	Has (NAME) ever attended school?	Has (NAME) ever partici-pated in a literacy program or any other program that in-volves learning to read and write (not including primary school)?	What is the highest grade (NAME) has completed? SEE CODES BELOW.	Did (NAME) attend school at any time during the 2061 - 2062 (2062/63) year?	During this/that school year, what grade [is/was] (NAME) attending? SEE CODES BELOW.	Did (NAME) attend school at any time during the previous school year, that is, 2060 - 2061 (2061/62)?	During that school year, what grade did (NAME) attend? SEE CODES BELOW.	Does (NAME) have a birth certificate? IF NO, PROBE: Has (NAME)'s birth ever been registered with the VDC/ municipality? 1 = HAS CERTIFICATE 2 = REGISTERED 3 = NEITHER 8 = DON'T KNOW
(12)	(13)	(14)	(15)	(16)	(17)	(17A)	(18)	(19)		(21)	(22)	(23)
11	Y N DK 1 2 — 8 GO TO 15		Y N DK 1 2 — 8 GO TO 17	DK	Y N 1 2 GO TO 18	Y N 1 — 2 GO TO 23	GRADE	Y N 1 2 GO TO 21	GRADE	Y N 1 2 GO TO 23	GRADE	
12	1 2 — 8 GO TO 15		1 2 — 8 GO TO 17		1 2 GO TO 18	1 — 2 GO TO 23		1 2 GO TO 21		1 2 GO TO 23		
13	1 2 — 8 GO TO 15		1 2 — 8 GO TO 17		1 2 GO TO 18	1 — 2 GO TO 23		1 2 GO TO 21		1 2 GO TO 23		
14	1 2 — 8 GO TO 15		1 2 — 8 GO TO 17		1 2 GO TO 18	1 — 2 GO TO 23		1 2 GO TO 21		1 2 GO TO 23		
15	1 2 — 8 GO TO 15		1 2 — 8 GO TO 17		1 2 GO TO 18	1 — 2 GO TO 23		1 2 GO TO 21		1 2 GO TO 23		
16	1 2 — 8 GO TO 15		1 2 — 8 GO TO 17		1 2 GO TO 18	1 — 2		1 2 GO TO 21		1 2 GO TO 23		
17	1 2 — 8 GO TO 15		1 2 — 8 GO TO 17		1 2 GO TO 18	1 — 2 GO TO 23		1 2 GO TO 21		1 2 GO TO 23		
18	1 2 — 8 GO TO 15		1 2 — 8 GO TO 17		1 2 GO TO 18	1 — 2 GO TO 23		1 2 GO TO 21		1 2 GO TO 23		
19	1 2 — 8 GO TO 15		1 2 — 8 GO TO 17		1 2 GO TO 18	1 — 2 GO TO 23		1 2 GO TO 21		1 2 GO TO 23		
20	1 2 — 8 GO TO 15		1 2 — 8 GO TO 17		1 2 GO TO 18	1 — 2 GO TO 23		1 2 GO TO 21		1 2 GO TO 23		

CODES FOR Qs. 18, 20, AND 22: EDUCATION

GRADE

00 = LESS THAN 1 YEAR COMPLETED (USE '00' FOR Q. 18 ONLY. THIS CODE IS NOT ALLOWED FOR QS. 20 AND 22)
01-09 = GRADE 1 - GRADE 9
10 = COMPLETED SLC
11 = GRADE 11
12 = GRADE 12
13 = BACHELOR'S NOT COMPLETE
14 = BACHELOR'S COMPLETE/HIGHER
94 = SCHOOL BASED PRE-PRIMARY CENTERS
95 = INFORMAL PRESCHOOL
98 = DON'T KNOW

MIGRATION

| 24 | Now I would like to ask you some questions about family members of the head of the household who lived here anytime in the last 12 months but who are now away.

Are there any member of (his/her) family who lived here in the last 12 months but who are now away? | YES 1
NO 2
DON'T KNOW ..... 8 →→ 101 | | |

				IF AGE 15 AND ABOVE					
LINE NO.	MIGRANTS	AGE	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	MARITAL STATUS	EVER ATTENDED SCHOOL		MONTHS AWAY	PLACE TRAVELLED
	Please give me the names of the persons who are living outside of this household?	How old is (NAME)?	What is the relationship of (NAME) to the head of the household? SEE CODES BELOW.	Is (NAME) male or female?	What is (NAME'S) current marital status? 1 = CURRENTLY MARRIED 2 = MARRIED, BUT GAUNA NOT PERFORMED 3 = DIVORCED/ SEPARATED 4 = WIDOWED 5 = NEVER-MARRIED 8 = DON'T KNOW	Has (NAME) ever attended school?	What is the highest grade (NAME) has completed? SEE CODES BELOW.	How many months has (NAME) been away in total in the last 12 months?	Where has (NAME) travelled in the last 12 months? PROMPT: Anywhere else? CIRCLE ALL PLACES MENTIONED. IF 'INDIA' ASK FOR NAME OF CITY AND STATE; IF OTHER THAN INDIA OR NEPAL CIRCLE CODE C AND WRITE NAME OF COUNTRY.
(25)	(26)	(27)	(28)	(29)	(30)	(31)	(32)	(33)	(34)
01		IN YEARS		M F 1 2		Y N 1 2 ↓ GO TO 33	GRADE	MONTH	NEPAL .... A INDIA B (SPECIFY CITY/STATE) OTHER X (SPECIFY COUNTRY) DON'T KNOW ... ... Z
02		IN YEARS		M F 1 2		Y N 1 2 ↓ GO TO 33	GRADE		NEPAL .... A INDIA B (SPECIFY CITY/STATE) OTHER X (SPECIFY COUNTRY) DON'T KNOW ... ... Z
03		IN YEARS		M F 1 2		Y N 1 2 ↓ GO TO 33	GRADE		NEPAL .... A INDIA B (SPECIFY CITY/STATE) OTHER X (SPECIFY COUNTRY) DON'T KNOW ... ... Z
04		IN YEARS		M F 1 2		Y N 1 2 ↓ GO TO 33	GRADE		NEPAL .... A INDIA B (SPECIFY CITY/STATE) OTHER X (SPECIFY COUNTRY) DON'T KNOW ... ... Z
05		IN YEARS		M F 1 2		Y N 1 2 ↓ GO TO 33	GRADE		NEPAL .... A INDIA B (SPECIFY CITY/STATE) OTHER X (SPECIFY COUNTRY) DON'T KNOW ... ... Z

Q.34A TOTAL NUMBER OF MIGRANTS

TICK HERE IF CONTINUATION SHEET USED

CODES FOR Q. 28: RELATIONSHIP TO HEAD OF HOUSEHOLD

01 = HEAD
02 = WIFE OR HUSBAND
03 = SON OR DAUGHTER
04 = SON-IN-LAW OR DAUGHTER-IN-LAW
05 = GRANDCHILD
06 = PARENT
07 = PARENT-IN-LAW
08 = BROTHER OR SISTER
09 = BROTHER-IN-LAW OR SISTER-IN-LAW
10 = NIECE/NEPHEW
11 = CO-WIFE
12 = OTHER RELATIVE
13 = ADOPTED/FOSTER/ STEPCHILD
14 = NOT RELATED
98 = DON'T KNOW

CODES FOR Q.32: GRADE COMPLETED

00 = LESS THAN 1 YEAR COMPLET
01-09 = GRADE 1 - GRADE 9
10 = COMPLETED SLC
11 = INTERMEDIATE NOT COMPLETE
12 = INTERMEDIATE COMPLETE
13 = BACHELOR'S NOT COMPLETE
14 = BACHELOR'S COMPLETE/HIGHER
96 = NON-FORMAL EDUCATION
98 = DON'T KNOW

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

101	What is the main source of drinking water for members of your household?	PIPED WATER
		   PIPED INTO HOUSE 11
		   PIPED TO YARD/PLOT .... 12 → 106
		   PUBLIC TAP/STANDPIPE 13
		TUBE WELL OR BOREHOLE 21
		DUG WELL
		   PROTECTED WELL .... 31 → 103
		   UNPROTECTED WELL 32
		WATER FROM SPRING
		   PROTECTED SPRING 41
		   UNPROTECTED SPRING 42
		RAINWATER .... 51 → 106
		TANKER TRUCK 61
		SURFACE WATER (RIVER/DAM/
		   LAKE/POND/STREAM/CANAL/
		   IRRIGATION CANAL) .... 71 → 103
		   STONE TAP/DHARA 81
		BOTTLED WATER 91
		
		OTHER _____ 96 → 103
		         (SPECIFY)	

102	What is the main source of water used by your household for other purposes such as cooking and handwashing?	PIPED WATER
		   PIPED INTO HOUSE 11
		   PIPED TO YARD/PLOT .... 12 → 106
		   PUBLIC TAP/STANDPIPE 13
		TUBE WELL OR BOREHOLE 21
		DUG WELL
		   PROTECTED WELL 31
		   UNPROTECTED WELL 32
		WATER FROM SPRING
		   PROTECTED SPRING 41
		   UNPROTECTED SPRING 42
		RAINWATER .... 51 → 106
		TANKER TRUCK 61
		SURFACE WATER (RIVER/DAM/
		   LAKE/POND/STREAM/CANAL/
		   IRRIGATION CANAL) 71
		   STONE TAP/DHARA 81
		
		OTHER _____ 96
		         (SPECIFY)	

103	Where is that water source located?	IN OWN HOUSE .... 1 IN OWN YARD/PLOT .... 2 → 106 ELSEWHERE 3	
104	How long does it take to go there, get water, and come back?	MINUTES .... [ ][ ][ ] ON PREMISES .... 996 → 106 DON'T KNOW 998	

105	Who usually goes to this source to fetch the water for your household?	ADULT WOMAN 1
		ADULT MAN 2
		FEMALE CHILD
		   UNDER 15 YEARS OLD 3
		MALE CHILD
		   UNDER 15 YEARS OLD 4
		
		OTHER _____ 6
		         (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
106	Do you do anything to the water to make it safer to drink?	YES .... 1 NO .... 2 DON'T KNOW 8	→ 108

107	What do you usually do to make the water safer to drink?
	
	 Anything else?
	
	 RECORD ALL MENTIONED.
		BOIL .... A
		 ADD BLEACH/CHLORINE/
		    PIYUSH/WATERGUARD .... B
		 STRAIN THROUGH A CLOTH C
		 USE WATER FILTER (CERAMIC/
		    SAND/COMPOSITE/ETC.) .... D
		 SOLAR DISINFECTION .... E
		 LET IT STAND AND SETTLE .... F
		
		 OTHER _____ X
		             (SPECIFY)
		 DON'T KNOW .... Z	

108	What kind of toilet facility do members of your household usually use?
	
	 IF NECESSARY OBSERVE.
		FLUSH OR POUR FLUSH TOILET
		   FLUSH TO PIPED SEWER
		     SYSTEM 11
		   FLUSH TO SEPTIC TANK 12
		   FLUSH TO PIT LATRINE 13
		   FLUSH TO SOMEWHERE ELSE ... 14
		   FLUSH, DON'T KNOW WHERE ... 15
		 PIT LATRINE
		   VENTILATED IMPROVED
		     PIT LATRINE 21
		   PIT LATRINE WITH SLAB 22
		   PIT LATRINE WITHOUT SLAB/
		     OPEN PIT 23
		 COMPOSTING TOILET 31
		 BUCKET TOILET 41
		 NO FACILITY/BUSH/FIELD 51
		
		 OTHER _____ 96
		            (SPECIFY)
			→ 111

109	Do you share this toilet facility with other households?	YES .... 1 NO 2	→ 111
110	How many households use this toilet facility?	NO. OF HOUSEHOLDS IF LESS THAN 10 .... 0 [ ] 10 OR MORE HOUSEHOLDS .... 95 DON'T KNOW 98	
111	Does your household have: Electricity? A radio? A television? A mobile telephone? A non-mobile telephone? A refrigerator? A table? A chair? A bed? A sofa? A cupboard? A computer? A watch/clock? A fan? A dhiki/janto?	YES NO ELECTRICITY .... 1 2 RADIO .... 1 2 TELEVISION .... 1 2 MOBILE TELEPHONE ...... 1 2 NON-MOBILE TELEPHONE . 1 2 REFRIGERATOR .... 1 2 TABLE ... . 1 2 CHAIR .... 1 2 BED .... 1 2 SOFA .... 1 2 CUPBOARD .... 1 2 COMPUTER ... . 1 2 CLOCK .... 1 2 FAN .... 1 2 DHIKI/JANTO 1 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

112	What type of fuel does your household mainly use for cooking?	ELECTRICITY 01
		LPG 02
		NATURAL GAS 03
		BIOGAS 04
		KEROSENE 05
		COAL, LIGNITE 06
		CHARCOAL 07
		WOOD 08
		STRAW/SHRUBS/GRASS 09
		AGRICULTURAL CROP 10
		ANIMAL DUNG 11
		
		NO FOOD COOKED
		   IN HOUSEHOLD 95
		
		OTHER _____ 96
		           (SPECIFY)
			→ 115
			
			→ 117

113	In this household, is food cooked on an open fire, a stove, or a chulo?
	
	        PROBE FOR TYPE.
		OPEN FIRE 1
		STOVE 2
		CHULO 3
		
		OTHER _____ 6
		           (SPECIFY)	

114	Does this (fire/stove/chulo/other) have a chimney, a hood, or neither of these?	CHIMNEY .... 1 HOOD .... 2 NEITHER 3	
115	Is the cooking usually done in the house, in a separate building, or outdoors?	IN THE HOUSE .... 1 IN A SEPARATE BUILDING .... 2 OUTDOORS .... 3 OTHER _____ 6 (SPECIFY)	→ 117
116	Do you have a separate room which is used as a kitchen?	YES .... 1 NO 2	

117	MAIN MATERIAL OF THE FLOOR.
	
	        RECORD OBSERVATION.
		NATURAL FLOOR
		   EARTH/MUD 11
		   DUNG 12
		RUDIMENTARY FLOOR
		   WOOD PLANKS 21
		   PALM/BAMBOO 22
		FINISHED FLOOR
		   PARQUET OR POLISHED
		      WOOD 31
		   VINYL OR ASPHALT STRIPS 32
		   CERAMIC TILES 33
		   CEMENT 34
		   CARPET 35
		
		OTHER _____ 96
		           (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

118	MAIN MATERIAL OF THE ROOF.
	
	RECORD OBSERVATION.
		NATURAL ROOFING
		  NO ROOF 11
		  THATCH/STRAW 12
		RUDIMENTARY ROOFING
		  RUSTIC MAT 21
		  BAMBOO 22
		  WOOD PLANKS 23
		  CARDBOARD 24
		FINISHED ROOFING
		  GALVANIZED SHEET 31
		  WOOD 32
		  ASBESTOS 33
		  CERAMIC TILES/SLATE 34
		  CEMENT 35
		  ROOFING SHINGLES 36
		
		OTHER _____ 96
		         (SPECIFY)	

119	MAIN MATERIAL OF THE EXTERIOR WALLS.
	
	RECORD OBSERVATION.
		NATURAL WALLS
		  NO WALLS 11
		  CANE/PALM/TRUNKS 12
		  MUD/SAND 13
		RUDIMENTARY WALLS
		  BAMBOO WITH MUD 21
		  STONE WITH MUD 22
		  PLYWOOD 23
		  CARDBOARD 24
		  REUSED WOOD 25
		FINISHED WALLS
		  CEMENT 31
		  STONE WITH LIME/CEMENT 32
		  BRICKS 33
		  CEMENT BLOCKS 34
		  WOOD PLANKS 35
		
		OTHER _____ 96
		         (SPECIFY)	

120	How many rooms in this household are used for sleeping?	ROOMS . . . . ☐☐	
121	Does any member of this household own: A bicycle/rickshaw? A motorcycle or motor scooter? A tempo? An animal-drawn cart? A car or truck?	YES NO BICYCLE/RICKSHAW . . . . 1 2 MOTORCYCLE/SCOOTER . . . 1 2 TEMPO . . . . 1 2 ANIMAL-DRAWN CART . . . . . . 1 2 CAR/TRUCK 1 2	
122	Does any member of this household own any agricultural land?	YES . . . . 1 NO 2	→ 124

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
123	How many bighas/ropani of agricultural land do members of this household own? CIRCLE '1' FOR BIGHAS AND '2' FOR ROPANI	BIGHAS .... 1 ROPANI .... 2 99 OR MORE BIGHAS/ROPANI ...... 995 DON'T KNOW 998	
124	Does this household own any livestock, herds, other farm animals, or poultry?	YES .... 1 NO 2	→ 126

125	How many of the following animals does this household own?
	IF NONE, ENTER '00'.
	IF MORE THAN 95, ENTER '95'.
	IF UNKNOWN, ENTER '98'.
	
	    Buffalo
	
	    Milk cows or bulls?
	
	    Horses, donkeys, or mules?
	
	    Goats?
	
	    Sheep?
	
	    Chickens?
	
	    Ducks?
	
	    Pigs
	
	    Yaks?
		BUFFALO ....
		
		COWS/BULLS ....
		
		HORSES/DONKEYS/MULES ...
		
		GOATS ....
		
		SHEEP ....
		
		CHICKENS ....
		
		DUCKS ....
		
		PIGS ....
		
		YAKS	

126	Does any member of this household have a bank /cooperative/or other savings account?	YES .... 1 NO 2	
127	Does your household have any mosquito nets that can be used while sleeping?	YES .... 1 NO 2	→ 201
128	How many mosquito nets does your household have? IF 7 OR MORE NETS, RECORD '7'.	NUMBER OF NETS	

201	CHECK COLUMN 11. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE CHILDREN 0-5 YEARS IN QUESTION 202. IF MORE THAN SIX CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S).			
		CHILD 1	CHILD 2	CHILD 3
202	LINE NUMBER (COLUMN 11) NAME (COLUMN 2)	LINE NUMBER . . . NAME _____	LINE NUMBER . . . NAME _____	LINE NUMBER . . . NAME _____
203	What is (NAME'S) birth date? IF MOTHER INTERVIEWED, COPY MONTH AND YEAR FROM PREGNANCY HISTORY AND ASK DAY; IF MOTHER NOT INTERVIEWED, ASK DAY, MONTH AND YEAR.	DAY . . . . MONTH . . . . . YEAR	DAY . . . . MONTH . . . . . YEAR	DAY . . . . MONTH . . . . . YEAR
204	CHECK 203: CHILD BORN IN BAISAKH 2057 OR LATER?	YES . . . . 1 NO . . . . 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE, GO TO 215)	YES . . . . 1 NO . . . . 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE, GO TO 215)	YES . . . . 1 NO . . . . 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE, GO TO 215)
205	WEIGHT IN KILOGRAMS	KG. . . . ☐☐.☐	KG. . . . ☐☐.☐	KG. . . . ☐☐.☐
206	HEIGHT IN CENTIMETERS	CM. ☐☐☐.☐	CM. ☐☐☐.☐	CM. ☐☐☐.☐
207	MEASURED LYING DOWN OR STANDING UP?	LYING DOWN . . . . 1 STANDING UP 2	LYING DOWN . . . . 1 STANDING UP 2	LYING DOWN . . . . 1 STANDING UP 2
208	RESULT OF WEIGHT AND HEIGHT MEASUREMENT	MEASURED . . . . 1 NOT PRESENT . . . . . 2 REFUSED . . . . 3 OTHER 6	MEASURED . . . . 1 NOT PRESENT . . . . . 2 REFUSED . . . . 3 OTHER 6	MEASURED . . . . 1 NOT PRESENT . . . . . 2 REFUSED . . . . 3 OTHER 6
209	CHECK 203: IS CHILD AGE 0-5 MONTHS, I.E., WAS CHILD BORN IN MONTH OF INTERVIEW OR FIVE PREVIOUS MONTHS?	0-5 MONTHS . . . . 1 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE, GO TO 215) OLDER 2	0-5 MONTHS . . . . 1 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE, GO TO 215) OLDER 2	0-5 MONTHS . . . . 1 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE, GO TO 215) OLDER 2
210	LINE NUMBER OF PARENT/OTHER ADULT RESPONSIBLE FOR THE CHILD (COLUMN 1) RECORD '00' IF NOT LISTED.	LINE NUMBER . . .	LINE NUMBER . . .	LINE NUMBER . . .
211	READ CONSENT STATEMENT TO PARENT/OTHER ADULT RESPONSIBLE FOR CHILD. CIRCLE CODE AND SIGN.	GRANTED 1 _____ (SIGN) REFUSED . . . . 2 (IF REFUSED, GO TO 213)	GRANTED 1 _____ (SIGN) REFUSED . . . . 2 (IF REFUSED, GO TO 213)	GRANTED 1 _____ (SIGN) REFUSED . . . . 2 (IF REFUSED, GO TO 213)
212	RECORD HEMOGLOBIN LEVEL HERE AND IN THE ANEMIA PAMPHLET.	G/DL . ☐☐.☐	G/DL . ☐☐.☐	G/DL . ☐☐.☐
213	RECORD RESULT CODE OF HEMOGLOBIN MEASUREMENT	MEASURED . . . . 1 NOT PRESENT . . . . . 2 REFUSED . . . . 3 OTHER 6	MEASURED . . . . 1 NOT PRESENT . . . . . 2 REFUSED . . . . 3 OTHER 6	MEASURED . . . . 1 NOT PRESENT . . . . . 2 REFUSED . . . . 3 OTHER 6
214		GO BACK TO 203 IN NEXT COLUMN IN THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF THE ADDITIONAL QUESTIONNAIRE(S); IF NO MORE CHILDREN, GO TO 215.		

CONSENT STATEMENT FOR ANEMIA FOR CHILDREN

As part of this survey, we are asking people all over the country to take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia.

We request that all children born in 2057 or later aged at least 6 months participate in the anemia testing part of this survey and give a few drops of blood from a finger. The equipment used in taking the blood is clean and completely safe. It has never been used before and will be thrown away after each test.

The blood will be tested for anemia immediately, and the result told to you right away. The result will be kept confidential.

Do you have any questions?

You can say yes to the test, or you can say no. It is up to you to decide.
Will you allow (NAME(S) OF CHILD(REN) to participate in the anemia test?

		CHILD 4	CHILD 5	CHILD 6
202	LINE NUMBER FROM COLUMN 11 NAME FROM COLUMN 2	LINE NUMBER ... ☐☐ NAME _____	LINE NUMBER ... ☐☐ NAME _____	LINE NUMBER ... ☐☐ NAME _____
203	What is (NAME'S) birth date? IF MOTHER INTERVIEWED, COPY MONTH AND YEAR FROM PREGNANCY HISTORY AND ASK DAY; IF MOTHER NOT INTERVIEWED, ASK DAY, MONTH AND YEAR.	DAY .... ☐☐ MONTH ..... ☐☐ YEAR ☐☐☐☐	DAY .... ☐☐ MONTH ..... ☐☐ YEAR ☐☐☐☐	DAY .... ☐☐ MONTH ..... ☐☐ YEAR ☐☐☐☐
204	CHECK 203: CHILD BORN IN BAISAKH 2057 OR LATER	YES .... 1 NO .... 2 (GO TO 203 FOR NEXT CHILD OR, IF NO ← MORE, GO TO 215)	YES .... 1 NO .... 2 (GO TO 203 FOR NEXT CHILD OR, IF NO ← MORE, GO TO 215)	YES .... 1 NO .... 2 (GO TO 203 FOR NEXT CHILD OR, IF NO ← MORE, GO TO 215)
205	WEIGHT IN KILOGRAMS	KG. ... ☐☐.☐	KG. ... ☐☐.☐	KG. ... ☐☐.☐
206	HEIGHT IN CENTIMETERS	CM. ☐☐☐.☐	CM. ☐☐☐.☐	CM. ☐☐☐.☐
207	MEASURED LYING DOWN OR STANDING UP?	LYING DOWN .... 1 STANDING UP 2	LYING DOWN .... 1 STANDING UP 2	LYING DOWN .... 1 STANDING UP 2
208	RESULT OF WEIGHT AND HEIGHT MEASUREMENT	MEASURED .... 1 NOT PRESENT ..... 2 REFUSED .... 3 OTHER 6	MEASURED .... 1 NOT PRESENT ..... 2 REFUSED .... 3 OTHER 6	MEASURED .... 1 NOT PRESENT ..... 2 REFUSED .... 3 OTHER 6
209	CHECK 203: IS CHILD AGE 0-5 MONTHS, I.E., WAS CHILD BORN IN MONTH OF INTERVIEW OR FIVE PREVIOUS MONTHS?	0-5 MONTHS .... 1 (GO TO 203 FOR NEXT CHILD OR, IF NO ← MORE, GO TO 215) OLDER 2	0-5 MONTHS .... 1 (GO TO 203 FOR NEXT CHILD OR, IF NO ← MORE, GO TO 215) OLDER 2	0-5 MONTHS .... 1 (GO TO 203 FOR NEXT CHILD OR, IF NO ← MORE, GO TO 215) OLDER 2
210	LINE NUMBER OF PARENT/OTHER ADULT RESPONSIBLE FOR THE CHILD (COLUMN 1) RECORD '00' IF NOT LISTED.	LINE NUMBER ... ☐☐	LINE NUMBER ... ☐☐	LINE NUMBER ... ☐☐
211	READ CONSENT STATEMENT TO PARENT/OTHER ADULT RESPONSIBLE FOR CHILD. CIRCLE CODE AND SIGN.	GRANTED 1 ____(SIGN)____ ← REFUSED .... 2 (IF REFUSED, GO TO 213)	GRANTED 1 ____(SIGN)____ ← REFUSED .... 2 (IF REFUSED, GO TO 213)	GRANTED 1 ____(SIGN)____ ← REFUSED .... 2 (IF REFUSED, GO TO 213)
212	RECORD HEMOGLOBIN LEVEL HERE AND IN THE ANEMIA PAMPHLET.	G/DL .☐☐.☐	G/DL .☐☐.☐	G/DL .☐☐.☐
213	RECORD RESULT CODE OF HEMOGLOBIN MEASUREMENT	MEASURED .... 1 NOT PRESENT ..... 2 REFUSED .... 3 OTHER 6	MEASURED .... 1 NOT PRESENT ..... 2 REFUSED .... 3 OTHER 6	MEASURED .... 1 NOT PRESENT ..... 2 REFUSED .... 3 OTHER 6
214		GO BACK TO 203 IN NEXT COLUMN IN THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF ADDITIONAL QUESTIONNAIRE(S); IF NO MORE CHILDREN, GO TO 215.		

TICK HERE IF CONTINUED IN ANOTHER QUESTIONNAIRE. ☐

215	CHECK COLUMN 9. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE WOMEN IN 216. IF THERE ARE MORE THAN THREE WOMEN, USE ADDITIONAL QUESTIONNAIRE(S). A FINAL OUTCOME FOR THE ANEMIA TEST PROCEDURE MUST BE RECORDED IN 228.		
		WOMAN 1	WOMAN 2	WOMAN 3

		WOMAN 1	WOMAN 2	WOMAN 3
216	LINE NUMBER (COLUMN 9) NAME (COLUMN 2)	LINE NUMBER .... [ ][ ] NAME _____	LINE NUMBER .... [ ][ ] NAME _____	LINE NUMBER .... [ ][ ] NAME _____
217	WEIGHT IN KILOGRAMS	KG. .... [ ][ ][ ].[ ]	KG. ...... [ ][ ][ ].[ ]	KG. ...... [ ][ ][ ].[ ]
218	HEIGHT IN CENTIMETERS	CM. .... [ ][ ][ ].[ ]	CM. ...... [ ][ ][ ].[ ]	CM. ...... [ ][ ][ ].[ ]
219	RESULT OF WEIGHT AND HEIGHT MEASUREMENT	MEASURED .... 1 NOT PRESENT .... 2 REFUSED .... 3 OTHER 6	MEASURED .... 1 NOT PRESENT .... 2 REFUSED .... 3 OTHER 6	MEASURED .... 1 NOT PRESENT .... 2 REFUSED .... 3 OTHER 6
220	AGE: CHECK COLUMN 7.	15-17 YEARS .... 1 18-49 YEARS .... 2 (GO TO 223) ↵	15-17 YEARS .... 1 18-49 YEARS .... 2 (GO TO 223) ↵	15-17 YEARS .... 1 18-49 YEARS .... 2 (GO TO 223) ↵
221	MARITAL STATUS: CHECK COLUMN 8.	CODE 2 AND 5 (NOT IN UNION/ GAUNA NOT PERF.) .... 1 OTHER .... 2 (GO TO 223) ↵	CODE 2 AND 5 (NOT IN UNION/ GAUNA NOT PERF.) .... 1 OTHER .... 2 (GO TO 223) ↵	CODE 2 AND 5 (NOT IN UNION/ GAUNA NOT PERF.) .... 1 OTHER .... 2 (GO TO 223) ↵
222	RECORD LINE NUMBER OF PARENT/OTHER ADULT RESPON-SIBLE FOR ADOLESCENT. RECORD '00' IF NOT LISTED.	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT . [ ][ ]	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT . [ ][ ]	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT . [ ][ ]
223	READ ANEMIA TEST CONSENT STATEMENT. FOR NEVER-IN-UNION/ NO GAUNA WOMEN AGE 15-17, ASK CONSENT FROM PARENT/OTHER ADULT IDENTIFIED IN 222 BEFORE ASKING RESPON-DENT'S CONSENT.	GRANTED .... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED .... 2 RESPONDENT REFUSED .... 3 _____ (SIGN) (IF REFUSED, GO TO 228).	GRANTED .... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED .... 2 RESPONDENT REFUSED .... 3 _____ (SIGN) (IF REFUSED, GO TO 228).	GRANTED .... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED .... 2 RESPONDENT REFUSED .... 3 _____ (SIGN) (IF REFUSED, GO TO 228).

CONSENT STATEMENT FOR ANEMIA TEST

READ CONSENT STATEMENT TO EACH RESPONDENT. CIRCLE CODE '1' IN 223 IF RESPONDENT CONSENTS TO THE ANEMIA TEST AND CODE '3' IF SHE REFUSES.

FOR NEVER-IN-UNION/NO GAUNA WOMEN AGE 15-17, ASK CONSENT FROM THE PARENT OR OTHER ADULT IDENTIFIED AS RESPONSIBLE FOR THE ADOLESCENT (SEE 222) BEFORE ASKING THE ADOLESCENT FOR HER CONSENT. CIRCLE CODE '2' IN 223 IF THE PARENT (OTHER ADULT) REFUSES. CONDUCT THE TEST ONLY IF BOTH THE PARENT (OTHER ADULT) AND THE ADOLESCENT CONSENT.

As part of this survey, we are asking people all over the country to take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia.

For the anemia testing, we will need a few drops of blood from a finger. The equipment used in taking the blood is clean and completely safe. It has never been used before and will be thrown away after each test.

The blood will be tested for anemia immediately, and the result told to you right away. The result will be kept confidential.

Do you have any questions?

You can say yes to the test, or you can say no. It is up to you to decide. Will you (allow NAME OF ADOLESCENT to) take the anemia test?

		WOMAN 1	WOMAN 2	WOMAN 3
224	LINE NUMBER (COLUMN 9) NAME (COLUMN 2)	LINE NUMBER . . . . ☐☐ NAME _____	LINE NUMBER . . . . ☐☐ NAME _____	LINE NUMBER . . . . ☐☐ NAME _____
225	PREGNANCY STATUS: CHECK 236 IN WOMAN'S QUESTIONNAIRE OR ASK: Are you pregnant?	YES . . . . 1 NO . . . . 2 DK 8	YES . . . . 1 NO . . . . 2 DK 8	YES . . . . 1 NO . . . . 2 DK 8
226	CHECK 223 AND PREPARE EQUIPMENT AND SUPPLIES FOR THE ANEMIA TEST FOR WHICH CONSENT HAS BEEN OBTAINED AND PROCEED WITH THE TEST(S). A FINAL OUTCOME FOR THE THE ANEMIA TEST PROCEDURE MUST BE RECORDED IN 228 FOR EACH ELIGIBLE WOMAN EVEN IF SHE WAS NOT PRESENT, REFUSED, OR COULD NOT BE TESTED FOR SOME OTHER REASON.			
227	RECORD HEMO-GLOBIN LEVEL HERE AND IN ANEMIA PAMPHLET.	G/DL . . . . ☐☐.☐	G/DL . . . . ☐☐.☐	G/DL . . . . ☐☐.☐
228	RECORD RESULT CODE OF HEMO-GLOBIN MEASURE-MENT	MEASURED . . . . 1 NOT PRESENT . . . . 2 REFUSED . . . . 3 OTHER 6	MEASURED . . . . 1 NOT PRESENT . . . . 2 REFUSED . . . . 3 OTHER 6	MEASURED . . . . 1 NOT PRESENT . . . . 2 REFUSED . . . . 3 OTHER 6

The cutoff point for anemia should be adjusted as follows depending on the altitude measurements noted on the cover page of the Household Questionnaire: Minimum Hemoglobin Level for Anemia:

Altitude of the Place	Severe	Moderate	Mild (non-pregnant)	Mild (pregnant)	Not anemic (non-pregnant)	Not anemic (pregnant)
Less than 1000 metres:	<7.0 g/dl	7.0-9.9	10.0-11.9	10.0-10.9	12.0>	11.0>
1000 metres – 1499 metre:	7.1 g/dl	7.2-10.1	10.2-12.1	10.2-11.1	12.2>	11.2>
1500 metres – 1999 metres:	7.4 g/dl	7.5-10.4	10.5-12.4	10.5-11.4	12.5>	11.5>
2000 metres – 2499 metres:	7.7 g/dl	7.8-10.7	10.8-12.7	10.8-11.7	12.8>	11.8>
2500 metres – 2999 metres:	8.2 g/dl	8.3-11.2	11.3-13.2	11.3-12.2	13.3>	12.3>
3000 metres – 3499 metres:	8.8 g/dl	8.9-11.8	11.9-13.8	11.9-12.8	13.9>	12.9>
3500 metres – 3999 metres:	9.6 g/dl	9.7-12.6	12.7-14.6	12.7-13.6	14.7>	13.7>

NEPAL DEMOGRAPHIC AND HEALTH SURVEY 2006
WOMAN'S QUESTIONNAIRE

IDENTIFICATION

NAME AND CODE OF DISTRICT

NAME AND CODE OF VILLAGE/MUNICIPALITY

WARD NUMBER ....

CLUSTER NUMBER ....

HOUSEHOLD NUMBER ....

CITY/TOWN/RURAL ....
(CITY=1, TOWN=2, RURAL=3)

NAME AND LINE NUMBER OF WOMAN

NAME OF HOUSEHOLD HEAD

WOMAN ELIGIBLE FOR VERBAL AUTOPSY QUESTIONNAIRE (YES=1; NO=2)

INTERVIEWER VISITS

	1	2	3	FINAL VISIT	
DATE				DAY	
				MONTH	
				YEAR	2 0 6
INTERVIEWER'S NAME				INT. NUMBER	
RESULT*				RESULT	
NEXT VISIT: DATE				TOTAL NUMBER OF VISITS	
TIME					

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

NUMBER OF STILLBIRTHS

NUMBER OF NEONATAL DEATHS

NUMBER OF CHILD DEATHS

LANGUAGE OF QUESTIONNAIRE   ENGLISH

LANGUAGE OF INTERVIEW

NATIVE LANGUAGE OF RESPONDENT

TRANSLATOR USED (YES=1; NO=2)   ....

5

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

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

INTRODUCTION AND CONSENT

INFORMED CONSENT

Hello. My name is _____ and I am working with the MINISTRY OF HEALTH AND POPULATION. We are conducting a national survey that asks women (and men) about various health issues. We would very much appreciate your participation in this survey. This information will help the government to plan health services. The survey usually takes about 1 hour 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 if we should come to any question you don't want to answer, just let me know and I will go on to the next question; or you can stop the interview at any time. However, we hope 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	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	⟶ 104
103	Just before you moved here, did you live in a city, in a town, or in the countryside?	CITY . . . . 1 TOWN . . . . 2 COUNTRYSIDE 3	
104	Have you travelled away from your home community at any time in the last 12 months?	YES . . . . 1 NO 2	⟶ 107
105	How many months in total have you been away in the last 12 months? IF LESS THAN 1 MONTH RECORD '00'.	NUMBER OF MONTHS . . . . . . ☐☐	

106	Where have you travelled in the last 12 months?
	PROBE: Anywhere else?
	
	RECORD ALL PLACES MENTIONED.
	
	IF INDIA, WRITE NAME OF STATE/CITY. IF OTHER THAN INDIA AND NEPAL, WRITE NAME OF THE COUNTRY.
		NEPAL . . . . A
		
		INDIA _____ B
		        (SPECIFY CITY/STATE)
		
		OTHER _____ X
		        (SPECIFY COUNTRY)	

107	In what month and year were you born?	MONTH . . . . ☐☐ DON'T KNOW MONTH . . . . 98 YEAR . . . . ☐☐☐☐ DON'T KNOW YEAR 9998	
108	How old were you at your last birthday? COMPARE AND CORRECT 107 AND/OR 108 IF INCONSISTENT.	AGE IN COMPLETED YEARS ☐☐	
109	Have you ever attended school?	YES . . . . 1 NO 2	⟶ 112

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
110	What is the highest grade you completed?	GRADE	
111	CHECK 110: GRADE 5 ☐ GRADE 6 ☐ OR LOWER OR HIGHER		→ 115
112	Now I would like you to read this sentence to me. SHOW CARD TO RESPONDENT. IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE: Can you read any part of the sentence to me?	CANNOT READ AT ALL . . . . 1 ABLE TO READ ONLY PARTS OF 　SENTENCE . . . . 2 ABLE TO READ WHOLE SENTENCE. . 3 NO CARD WITH REQUIRED 　LANGUAGE _____ 4 　　　　(SPECIFY LANGUAGE) BLIND/VISUALLY IMPAIRED 5	
113	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	
114	CHECK 112: CODE '2', '3' ☐ CODE '1' OR '5' ☐ OR '4'　　　CIRCLED CIRCLED		→ 116
115	Do you read a newspaper or magazine almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY . . . . 1 AT LEAST ONCE A WEEK . . . . 2 LESS THAN ONCE A WEEK . . . . 3 NOT AT ALL 4	
116	Do you listen to the radio almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY . . . . 1 AT LEAST ONCE A WEEK . . . . 2 LESS THAN ONCE A WEEK . . . . 3 NOT AT ALL 4	
117	Do you watch television almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY . . . . 1 AT LEAST ONCE A WEEK . . . . 2 LESS THAN ONCE A WEEK . . . . 3 NOT AT ALL 4	
118	What is your religion?	HINDU　　　　　　　　　　　　1 BUDDHIST . . . . 2 MUSLIM . . . . 3 KIRAT . . . . 4 CHRISTIAN . . . . 5 OTHER _____ 6 　　　　　(SPECIFY)(SPECIFY)	
119	What is your caste/ethnicity? WRITE CASTE/ETHNICITY ON LINE PROVIDED. LEAVE BOX BLANK. CODE WILL BE FILLED BY FIELD EDITOR.	_____ (CASTE/ETHNICITY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
201	Now I would like to ask you about all the pregnancies that 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 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 ended before full term, but it is important that you tell us about all of them, so that the government can develop programs to improve children's health.		
202	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	→ 207
203	Do you have any sons or daughters to whom you have given birth who are now living with you?	YES . . . . 1 NO 2	→ 205
204	How many sons live with you? And how many daughters live with you? IF NONE, RECORD '00'.	SONS AT HOME . . . . DAUGHTERS AT HOME	
205	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	→ 207
206	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 .	
207	Have you ever given birth to a boy or girl who was born alive but later died? IF NO, PROBE: Any baby who cried or showed signs of life but did not survive?	YES . . . . 1 NO 2	→ 209
208	How many boys have died? And how many girls have died? IF NONE, RECORD '00'.	BOYS DEAD . . . . GIRLS DEAD	
209	Women sometimes have pregnancies that do not result in a live born child. That is, a pregnancy can end 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	→ 211
210	How many pregnancies have you had that did not end in a live birth?	PREGNANCY LOSSES	
211	SUM ANSWERS TO 204, 206, 208 AND 210 AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL	
212	CHECK 211: 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 202-211 AS NECESSARY.		
213	CHECK 211: ONE OR MORE PREGNANCIES ☐ NO PREGNANCIES ☐		→ 236

214	Now I would like to record all your pregnancies, whether born alive, born dead, or lost before full term, starting with the first one you had.
	RECORD ALL THE PREGNANCIES IN 216. RECORD TWINS AND TRIPLETS ON SEPARATE LINES.
	(IF THERE ARE MORE THAN 10 PREGNANCIES, USE AN ADDITIONAL QUESTIONNAIRE STARTING WITH THE SECOND ROW).

215	216	217	218	219	220	221	222	223 IF BORN ALIVE AND STILL LIVING:	224	225
	Think back to your first pregnancy. Was that a single or multiple pregnancy?	Was the baby born alive, born dead, or lost before full term birth?	Did that baby cry, move, or breathe when it was born?	What name was given to the child?	Is (NAME) a boy or a girl?	In what month and year was name born?	Is (NAME) still alive?	How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS.	Is (NAME) living with you?	RECORD HOUSE-HOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSE-HOLD).
01	SING ... 1 MULT ... 2	BORN ALIVE .... 1 (SKIP TO 219)◄─┘ BORN DEAD .... 2 LOST BEFORE FULL TERM .... 3 (SKIP TO 228)◄─┘	YES .. 1 NO ... 2 ↓ 228	_____ NAME	BOY ... 1 GIRL ... 2	MONTH ☐☐ YEAR ☐☐☐☐	YES .. 1 NO ... 2 ↓ 226	AGE IN YEARS ☐☐	YES ... 1 NO 2	LINE NUMBER ☐☐ ↓ (NEXT PREGNANCY)
02	SING 1 MULT 2	BORN ALIVE .... 1 (SKIP TO 219)◄─┘ BORN DEAD .... 2 LOST BEFORE FULL TERM .... 3 (SKIP TO 228)◄─┘	YES .. 1 NO ... 2 ↓ 228	_____ NAME	BOY ... 1 GIRL ... 2	MONTH ☐☐ YEAR ☐☐☐☐	YES .. 1 NO ... 2 ↓ 226	AGE IN YEARS ☐☐	YES ... 1 NO 2	LINE NUMBER ☐☐ ↓ (SKIP TO 231)
03	SING 1 MULT 2	BORN ALIVE .... 1 (SKIP TO 219)◄─┘ BORN DEAD .... 2 LOST BEFORE FULL TERM .... 3 (SKIP TO 228)◄─┘	YES .. 1 NO ... 2 ↓ 228	_____ NAME	BOY ... 1 GIRL ... 2	MONTH ☐☐ YEAR ☐☐☐☐	YES .. 1 NO ... 2 ↓ 226	AGE IN YEARS ☐☐	YES ... 1 NO 2	LINE NUMBER ☐☐ ↓ (SKIP TO 231)
04	SING 1 MULT 2	BORN ALIVE .... 1 (SKIP TO 219)◄─┘ BORN DEAD .... 2 LOST BEFORE FULL TERM .... 3 (SKIP TO 228)◄─┘	YES .. 1 NO ... 2 ↓ 228	_____ NAME	BOY ... 1 GIRL ... 2	MONTH ☐☐ YEAR ☐☐☐☐	YES .. 1 NO ... 2 ↓ 226	AGE IN YEARS ☐☐	YES ... 1 NO 2	LINE NUMBER ☐☐ ↓ (SKIP TO 231)
05	SING 1 MULT 2	BORN ALIVE .... 1 (SKIP TO 219)◄─┘ BORN DEAD .... 2 LOST BEFORE FULL TERM .... 3 (SKIP TO 228)◄─┘	YES .. 1 NO ... 2 ↓ 228	_____ NAME	BOY ... 1 GIRL ... 2	MONTH ☐☐ YEAR ☐☐☐☐	YES .. 1 NO ... 2 ↓ 226	AGE IN YEARS ☐☐	YES ... 1 NO 2	LINE NUMBER ☐☐ ↓ (SKIP TO 231)
06	SING 1 MULT 2	BORN ALIVE .... 1 (SKIP TO 219)◄─┘ BORN DEAD .... 2 LOST BEFORE FULL TERM .... 3 (SKIP TO 228)◄─┘	YES .. 1 NO ... 2 ↓ 228	_____ NAME	BOY ... 1 GIRL ... 2	MONTH ☐☐ YEAR ☐☐☐☐	YES .. 1 NO ... 2 ↓ 226	AGE IN YEARS ☐☐	YES ... 1 NO 2	LINE NUMBER ☐☐ ↓ (SKIP TO 231)

226	226A	227	228	229	230	231
	IF BORN ALIVE BUT NOW DEAD			IF BORN DEAD OR LOST BEFORE BIRTH		
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.	IF AGE AT DEATH IS REPORTED AS 5 YEARS OR LESS PROBE FOR EXACT NUMBER OF MONTHS AT DEATH FOR AGE AT DEATH MORE THAN 5 YEARS FOLLOW SKIP AS SHOWN	In what month and year did (NAME) die?	In what month and year did this pregnancy end?	How many months did this pregnancy last? RECORD IN COMPLETED MONTHS.	Did you or someone else do something to end this pregnancy?	Were there any other pregnancies between the previous pregnancy and this pregnancy?
DAYS . . . 1 ☐☐ MONTHS 2 ☐☐ (SKIP TO 227) YEARS . . 3 ☐☐	MONTH ☐☐ (NEXT PREGNANCY)	MONTH ☐☐ YEAR ☐☐☐☐ (NEXT PREGNANCY)	MONTH ☐☐ YEAR ☐☐☐☐	MONTHS ☐☐	YES . . . 1 NO 2	
DAYS . . . 1 ☐☐ MONTHS 2 ☐☐ (SKIP TO 227) YEARS . . 3 ☐☐	MONTH ☐☐ (SKIP TO 231)	MONTH ☐☐ YEAR ☐☐☐☐ (SKIP TO 231)	MONTH ☐☐ YEAR ☐☐☐☐	MONTHS ☐☐	YES . . . 1 NO 2	YES . . . . 1 ADD ↵ PREG. NO . . . . . 2 NEXT ↵ PREG.
DAYS . . . 1 ☐☐ MONTHS 2 ☐☐ (SKIP TO 227) YEARS . . 3 ☐☐	MONTH ☐☐ (SKIP TO 231)	MONTH ☐☐ YEAR ☐☐☐☐ (SKIP TO 231)	MONTH ☐☐ YEAR ☐☐☐☐	MONTHS ☐☐	YES . . . 1 NO 2	YES . . . . 1 ADD ↵ PREG. NO . . . . . 2 NEXT ↵ PREG.
DAYS . . . 1 ☐☐ MONTHS 2 ☐☐ (SKIP TO 227) YEARS . . 3 ☐☐	MONTH ☐☐ (SKIP TO 231)	MONTH ☐☐ YEAR ☐☐☐☐ (SKIP TO 231)	MONTH ☐☐ YEAR ☐☐☐☐	MONTHS ☐☐	YES . . . 1 NO 2	YES . . . . 1 ADD ↵ PREG. NO . . . . . 2 NEXT ↵ PREG.
DAYS . . . 1 ☐☐ MONTHS 2 ☐☐ (SKIP TO 227) YEARS . . 3 ☐☐	MONTH ☐☐ (SKIP TO 231)	MONTH ☐☐ YEAR ☐☐☐☐ (SKIP TO 231)	MONTH ☐☐ YEAR ☐☐☐☐	MONTHS ☐☐	YES . . . 1 NO 2	YES . . . . 1 ADD ↵ PREG. NO . . . . . 2 NEXT ↵ PREG.
DAYS . . . 1 ☐☐ MONTHS 2 ☐☐ (SKIP TO 227) YEARS . . 3 ☐☐	MONTH ☐☐ (SKIP TO 231)	MONTH ☐☐ YEAR ☐☐☐☐ (SKIP TO 231)	MONTH ☐☐ YEAR ☐☐☐☐	MONTHS ☐☐	YES . . . 1 NO 2	YES . . . . 1 ADD ↵ PREG. NO . . . . . 2 NEXT ↵ PREG.

215	216	217	218	219	220	221	222	223	224	225
								IF BORN ALIVE AND STILL LIVING:		
	Think back to 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 the child?	Is (NAME) a boy or a girl?	In what month and year was name born?	Is (NAME) still alive?	How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS.	Is (NAME) living with you?	RECORD HOUSEHOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD).
07	SING 1 MULT 2	BORN ALIVE .... 1 SKIP TO 219) ← BORN DEAD .... 2 LOST BEFORE FULL TERM .... 3 (SKIP TO 228) ←	YES .. 1 NO ... 2 ↓ 228	_____ NAME	BOY ... 1 GIRL ... 2	MONTH ☐☐ YEAR ☐☐☐☐	YES .. 1 NO ... 2 ↓ 226	AGE IN YEARS ☐☐	YES ... 1 NO 2	LINE NUMBER ☐☐ ↓ (SKIP TO 231)
08	SING 1 MULT 2	BORN ALIVE .... 1 SKIP TO 219) ← BORN DEAD .... 2 LOST BEFORE FULL TERM .... 3 (SKIP TO 228) ←	YES .. 1 NO ... 2 ↓ 228	_____ NAME	BOY ... 1 GIRL ... 2	MONTH ☐☐ YEAR ☐☐☐☐	YES .. 1 NO ... 2 ↓ 226	AGE IN YEARS ☐☐	YES ... 1 NO 2	LINE NUMBER ☐☐ ↓ (SKIP TO 231)
09	SING 1 MULT 2	BORN ALIVE .... 1 SKIP TO 219) ← BORN DEAD .... 2 LOST BEFORE FULL TERM .... 3 (SKIP TO 228) ←	YES .. 1 NO ... 2 ↓ 228	_____ NAME	BOY ... 1 GIRL ... 2	MONTH ☐☐ YEAR ☐☐☐☐	YES .. 1 NO ... 2 ↓ 226	AGE IN YEARS ☐☐	YES ... 1 NO 2	LINE NUMBER ☐☐ ↓ (SKIP TO 231)
10	SING 1 MULT 2	BORN ALIVE .... 1 SKIP TO 219) ← BORN DEAD .... 2 LOST BEFORE FULL TERM .... 3 (SKIP TO 228) ←	YES .. 1 NO ... 2 ↓ 228	_____ NAME	BOY ... 1 GIRL ... 2	MONTH ☐☐ YEAR ☐☐☐☐	YES .. 1 NO ... 2 ↓ 226	AGE IN YEARS ☐☐	YES ... 1 NO 2	LINE NUMBER ☐☐ ↓ (SKIP TO 231)

232	Have you had any pregnancy since the last pregnancy mentioned? IF YES, RECORD PREGNANCY(S) IN TABLE.	YES .... 1 NO 2

233	COMPARE 211 WITH NUMBER OF PREGNANCIES IN HISTORY ABOVE AND MARK: NUMBERS ARE SAME ☐ ↓ NUMBERS ARE DIFFERENT ☐ → (PROBE AND RECONCILE) CHECK: FOR EACH PREGNANCY: YEAR OF IS RECORDED IN 221, 227 AND 228. FOR EACH BIRTH SINCE BAISAKH 2057: MONTH AND YEAR OF BIRTH ARE RECORDED. FOR EACH LIVING CHILD: CURRENT AGE IS RECORDED IN 223. FOR EACH DEAD CHILD: AGE AT DEATH IS RECORDED IN 226. FOR AGE AT DEATH 12 MONTHS OR 1 YEAR: PROBE TO DETERMINE EXACT	☐ ☐ ☐ ☐ ☐
233A	CHECK 228 AND 229 AND ENTER THE NUMBER OF STILLBIRTHS IN 2057 OR LATER AND THE PREGNANCY LASTED FOR 7 MONTHS OR MORE. IF NONE, RECORD '0'.	☐
233B	CHECK 226, 226A AND 227 AND ENTER THE NUMBER OF DEATHS AT AGE 0-59 MONTHS IN 2057 OR LATER. IF NONE, RECORD '0'.	☐
233C	CHECK 233A AND 233B. IF ONE OR MORE READ THE FOLLOWING STATEMENT: We would like to get more information on the circumstances around the deaths of young children so that the government can provide services to help reduce these deaths. We would like to come back and talk with you about your child(ren's) death. Is this okay?	☐
234	CHECK 221 AND ENTER THE NUMBER OF BIRTHS IN 2057 OR LATER. IF NONE, RECORD '0'.	☐

226	226A IF BORN ALIVE BUT NOW DEAD	227	228 IF BORN DEAD OR LOST BEFORE BIRTH	229	230	231
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.	IF AGE AT DEATH IS REPORTED AS 5 YEARS OR LESS PROBE FOR EXACT NUMBER OF MONTHS AT DEATH FOR AGE AT DEATH MORE THAN 5 YEARS FOLLOW SKIP AS SHOWN	In what month and year did (NAME) die?	In what month and year did this pregnancy end?	How many months did this pregnancy last? RECORD IN COMPLETED MONTHS.	Did you or someone else do something to end this pregnancy?	Were there any other pregnancies between the previous pregnancy and this pregnancy?
DAYS . . . 1 ☐☐ MONTHS 2 ☐☐ (SKIP TO 227) YEARS . . 3 ☐☐	MONTH ☐☐ (SKIP TO 231)	MONTH ☐☐ YEAR ☐☐☐☐ (SKIP TO 231)	MONTH ☐☐ YEAR ☐☐☐☐	MONTHS ☐☐	YES . . . 1 NO 2	YES . . . . 1 ADD ⏎ PREG. NO . . . . . 2 NEXT ⏎ PREG.
DAYS . . . 1 ☐☐ MONTHS 2 ☐☐ (SKIP TO 227) YEARS . . 3 ☐☐	MONTH ☐☐ (SKIP TO 231)	MONTH ☐☐ YEAR ☐☐☐☐ (SKIP TO 231)	MONTH ☐☐ YEAR ☐☐☐☐	MONTHS ☐☐	YES . . . 1 NO 2	YES . . . . 1 ADD ⏎ PREG. NO . . . . . 2 NEXT ⏎ PREG.
DAYS . . . 1 ☐☐ MONTHS 2 ☐☐ (SKIP TO 227) YEARS . . 3 ☐☐	MONTH ☐☐ (SKIP TO 231)	MONTH ☐☐ YEAR ☐☐☐☐ (SKIP TO 231)	MONTH ☐☐ YEAR ☐☐☐☐	MONTHS ☐☐	YES . . . 1 NO 2	YES . . . . 1 ADD ⏎ PREG. NO . . . . . 2 NEXT ⏎ PREG.
DAYS . . . 1 ☐☐ MONTHS 2 ☐☐ (SKIP TO 227) YEARS . . 3 ☐☐	MONTH ☐☐ (SKIP TO 231)	MONTH ☐☐ YEAR ☐☐☐☐ (SKIP TO 231)	MONTH ☐☐ YEAR ☐☐☐☐	MONTHS ☐☐	YES . . . 1 NO 2	YES . . . . 1 ADD ⏎ PREG. NO . . . . . 2 NEXT ⏎ PREG.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
235	FOR EACH BIRTH SINCE BAISAKH 2057, ENTER 'B' IN THE MONTH OF BIRTH IN THE CALENDAR. WRITE THE NAME OF THE CHILD TO THE RIGHT OF THE 'B' CODE. FOR EACH BIRTH, ASK THE NUMBER OF MONTHS THE PREGNANCY LASTED AND RECORD 'P' IN EACH OF THE PRECEDING MONTHS ACCORDING TO THE DURATION OF PREGNANCY. (NOTE: THE NUMBER OF 'P's MUST BE ONE LESS THAN THE NUMBER OF MONTHS THAT THE PREGNANCY LASTED.) CHECK 228 FOR EACH PREGNANCY THAT DID NOT END IN A LIFE BIRTH. CHECK 230. IF YES (CODE '1' CIRCLED), ENTER 'A' FOR ABORTION OR 'T' (IF CODE '2' CIRCLED) FOR MISCARRIAGE OR STILLBIRTH, IN CALENDAR IN THE MONTH THAT THE PREGNANCY TERMINATED AND 'P' FOR THE REMAINING NUMBER OF COMPLETED MONTHS OF PREGNANCY.		
236	Are you pregnant now?	YES . . . . 1 NO . . . . 2 UNSURE 8	→ 238A
237	How many months pregnant are you? RECORD NUMBER OF COMPLETED MONTHS. ENTER 'P's IN THE CALENDAR, BEGINNING WITH THE MONTH OF INTERVIEW AND FOR THE TOTAL NUMBER OF COMPLETED MONTHS.	MONTHS . . . . ☐☐	
238	At the time you became pregnant, did you want to become pregnant <u>then</u>, did you want to wait until <u>later</u>, or did you <u>not want</u> to have any (more) children at all?	THEN . . . . 1 LATER . . . . 2 NOT AT ALL 3	
238A	CHECK 228: WOMAN HAVING ☐ WOMAN NOT HAVING ☐ MISCARRIAGE/ABORTION MISCARRIAGE/ABORTION		→ 239
238B	Did you suffer any complications from your last miscarriage/abortion?	YES . . . . 1 NO 2	
238C	Did you have your uterus cleaned at a health facility?	YES . . . . 1 NO 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
239	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	
240	From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant if she has sexual relations?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	→ 241A

241	Is this time just before her period begins, during her period, right after her period has ended, or halfway between two periods?	JUST BEFORE HER PERIOD
		  BEGINS 1
		DURING HER PERIOD 2
		RIGHT AFTER HER
		  PERIOD HAS ENDED 3
		HALFWAY BETWEEN
		  TWO PERIODS 4
		
		OTHER _____ 6
		          (SPECIFY)
		DON'T KNOW 8	

241A	Is abortion legal in Nepal?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
241B	Do you know of a place where a woman can go to get an abortion?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	→ 301

241C	Where is that?
	
	Any other place?
	
	PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S).
	
	IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.
	
	_____
	(NAME OF PLACE(S))
		PUBLIC SECTOR
		  GOVT. HOSPITAL/CLINIC . . . . A
		  PHC CENTER . . . . B
		  HEALTH POST C
		  SUB-HEALTH POST . . . . D
		  PHC OUTREACH . . . . E
		  FCHV . . . . F
		
		  OTHER GOVT. _____ G
		          (SPECIFY)
		
		NON-GOVT. (NGO) SECTOR
		  FPAN . . . . H
		  MARIE STOPES I
		  ADRA . . . . J
		  NEPAL RED CROSS . . . . K
		  UMN L
		
		  OTHER NGO _____ M
		          (SPECIFY)
		
		PRIVATE MEDICAL SECTOR
		  PRIVATE HOSPITAL/CLINIC . . . . . . N
		  NURSING HOME . . . . O
		  PHARMACY . . . . P
		  PRIVATE DOCTOR . . . . Q
		
		  OTHER PRIVATE
		    MEDICAL_____ R
		          (SPECIFY)
		
		OTHER SOURCE
		  TBA . . . . S
		
		OTHER _____ X
		          (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
301	What is your current marital status?	CURRENTLY MARRIED .... 1 MARRIED, GAUNA NOT 　　PERFORMED　　2 WIDOWED .... 3 DIVORCED .... 4 SEPARATED .... 5 NEVER MARRIED 6	→ 305 → 307 → 312
302	Are you living with your husband now or is he staying elsewhere?	LIVING WITH HUSBAND .... 1 STAYING ELSEWHERE 2	→ 304
303	For how long have you and your husband not been living together? IF LESS THAN 1 YEAR, RECORD MONTHS, OTHERWISE RECORD IN COMPLETED YEARS.	MONTHS .... 1 YEARS 2	
304	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.	
305	Besides yourself, does your husband have other wives?	YES .... 1 NO .... 2 DON'T KNOW 8	→ 307
306	How many other wives does your husband have?	NUMBER OF OTHER WIVES DON'T KNOW 98	
307	Have you been married only once or more than once?	ONLY ONCE .... 1 MORE THAN ONCE 2	→ 308A
308	In what month and year did you get married?	MONTH	
308A	Now I would like to ask about when you married your first husband. In what month and year was that?	DON'T KNOW MONTH .... 98 YEAR .... DON'T KNOW YEAR 9998	→ 310
309	How old were you when you (first) got married?	AGE	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
310	CHECK 307: MARRIED ☐ MARRIED ☐ ONLY ONCE MORE THAN ONCE In what month and year did you start living with your husband? Now I would like to ask about when you started living with your first husband. In what month and year was that?	MONTH .... ☐☐ DON'T KNOW MONTH .... 98 YEAR .... ☐☐☐☐ DON'T KNOW YEAR .... 9998 HAS NOT STARTED LIVING WITH HIM 9996	→ 312 → 312
311	How old were you when you first started living with him? PROMPT: At gauna?	AGE .... ☐☐	
312	CHECK FOR THE PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.		
313	Now I need to ask you some questions about sexual activity in order to gain a better understanding of some important life issues. How old were you when you had sexual intercourse for the very first time?	NEVER HAD SEXUAL INTERCOURSE .... 00 AGE IN YEARS .... ☐☐ FIRST TIME WHEN STARTED LIVING WITH (FIRST) HUSBAND 95	 → 314 → 314
313A	Do you intend to wait until you get married or until gauna has taken place to have sexual intercourse for the first time?	YES .... 1 NO .... 2 DON'T KNOW/UNSURE 8	

314	Now I would like to talk about family planning - the various ways or methods that a couple can use to delay or avoid a pregnancy. Which ways or methods have you heard about? FOR METHODS NOT MENTIONED SPONTANEOUSLY, ASK: Have you ever heard of (METHOD)? CIRCLE CODE 1 IN 314 FOR EACH METHOD MENTIONED SPONTANEOUSLY. THEN PROCEED DOWN COLUMN 314, READING THE NAME AND DESCRIPTION OF EACH METHOD NOT MENTIONED SPONTANEOUSLY. CIRCLE CODE 1 IF METHOD IS RECOGNIZED, AND CODE 2 IF NOT RECOGNIZED. PERFORM THE CHECK IN 315. IF '00' IS NOT CIRCLED IN 313, THEN, FOR EACH METHOD WITH CODE 1 CIRCLED IN 314, ASK 316.		316 Have you ever used (METHOD)?
01	FEMALE STERILIZATION Women can have an operation to avoid having any more children.	YES . . . . 1 NO 2	Have you ever had an operation to avoid having any more children? YES . . . . 1 NO 2
02	MALE STERILIZATION Men can have an operation to avoid having any more children.	YES . . . . 1 NO 2	Have you ever had a partner who had an operation to avoid having any more children? YES . . . . 1 NO 2
03	PILL Women can take a pill every day to avoid becoming pregnant.	YES . . . . 1 NO 2	YES . . . . 1 NO 2
04	IUD Women can have a loop or coil placed inside them by a doctor or a nurse.	YES . . . . 1 NO 2	YES . . . . 1 NO 2
05	INJECTABLES Women can have an injection by a health provider that stops them from becoming pregnant for one or more months.	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.	YES . . . . 1 NO 2	YES . . . . 1 NO 2
07	CONDOM Men can put a rubber sheath on their penis before sexual intercourse.	YES . . . . 1 NO 2	YES . . . . 1 NO 2
08	RHYTHM METHOD 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
09	WITHDRAWAL Men can be careful and pull out before climax.	YES . . . . 1 NO 2	YES . . . . 1 NO 2
10	EMERGENCY CONTRACEPTION As an emergency measure after unprotected sexual intercourse, women can take special pills at any time within three days to prevent pregnancy.	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
315	CHECK 313: CODE 'OO' CIRCLED CODE 'OO' NOT CIRCLED SKIP TO 319 GO TO 316 FOR KNOWN METHODS		
317	CHECK 316: NOT A SINGLE AT LEAST ONE "YES" "YES" (NEVER USED) (EVER USED)		→ 321

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
318	Have you ever used anything or tried in any way to delay or avoid getting pregnant?	YES . . . . 1 NO 2	→ 320
319	ENTER '0' IN THE CALENDAR IN EACH BLANK MONTH.		→ 345
320	What have you used or done? CORRECT 316 AND 317 (AND 314 IF NECESSARY).		
321	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 . . . ☐☐	
322	CHECK 316 (01): WOMAN NOT STERILIZED ☐↓ WOMAN STERILIZED ☐		→ 325A
323	CHECK 236: NOT PREGNANT OR UNSURE ☐↓ PREGNANT ☐		→ 334
324	Are you currently doing something or using any method to delay or avoid getting pregnant?	YES . . . . 1 NO 2	→ 334
325 325A	Which method are you using? CIRCLE ALL MENTIONED. IF MORE THAN ONE METHOD MENTIONED, FOLLOW SKIP INSTRUCTION FOR HIGHEST METHOD ON LIST. CIRCLE 'A' FOR FEMALE STERILIZATION.	FEMALE STERILIZATION . . . . A MALE STERILIZATION . . . . B PILL . . . . C IUD . . . . D INJECTABLES . . . . E IMPLANTS . . . . F CONDOM . . . . G DIAPHRAGM . . . . I FOAM/JELLY . . . . J RHYTHM METHOD . . . . L WITHDRAWAL . . . . M OTHER _____ X (SPECIFY)	→ 331A
326	The last time you obtained (HIGHEST METHOD ON LIST IN 325), how much did you pay in total, including the cost of the method and any consultation you may have had?	COST . . . . ☐☐☐☐ FREE . . . . 9995 DON'T KNOW 9998	
326A	CHECK 325/325A: WOMAN/MAN STERILIZED ☐↓ (CODE 'A' OR 'B' CIRCLED) WOMAN/MAN NOT STERILIZED ☐ (CODE 'A' OR 'B' NOT CIRCLED)		→ 331A

327	In what facility did the sterilization take place?
	PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.
	
	IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.
	
	_____
	        (NAME OF PLACE)
		PUBLIC SECTOR
		  GOVT. HOSPITAL/CLINIC 11
		  PHC CENTER 12
		  MOBILE CLINIC 13
		
		  OTHER GOVT. _____ 16
		                    (SPECIFY)
		
		NON-GOVT (NGO) SECTOR
		  FPAN 21
		  MARIE STOPES 22
		  ADRA 23
		  NEPAL RED CROSS 24
		  UMN 25
		
		  OTHER NGO _____ 26
		                    (SPECIFY)
		PRIVATE MEDICAL SECTOR
		  PRIVATE HOSPITAL/CLINIC/
		    NURSING HOME 31
		  OTHER PRIVATE
		    MEDICAL_____ 36
		                    (SPECIFY)
		  OTHER _____ 96
		                    (SPECIFY)
		  DON'T KNOW . 98	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

328 CHECK 325/325A:

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/partner told that he would not be able to have any (more) children because of the operation?

YES 1
NO 2
DON'T KNOW 8

---

329 Do you regret that you/your husband had the operation?

YES 1
NO . . . . 2 → 331

---

330 Why do you regret the operation?

RESPONDENT WANTS ANOTHER
  CHILD 1
HUSBAND WANTS ANOTHER
  CHILD 2
SIDE EFFECTS 3
MARITAL STATUS HAS CHANGED . 4
OPERATION FAILED 5
CHILD DIED 7

OTHER _____ 6
                    (SPECIFY)

---

331 In what month and year was the sterilization performed?

331A Since what month and year have you been using (CURRENT METHOD) without stopping?

PROBE: For how long have you been using (CURRENT METHOD) now without stopping?

MONTH . . . . [ ][ ]

YEAR . . . . [ ][ ][ ][ ]

---

332 CHECK 331/331A, 221 AND 228:

ANY BIRTH OR PREGNANCY TERMINATION AFTER MONTH AND YEAR OF START OF USE OF CONTRACEPTION IN 331/331A   YES [ ]   NO [ ]

GO BACK TO 331/331A, PROBE AND RECORD MONTH AND YEAR AT START OF CONTINUOUS USE OF CURRENT METHOD (MUST BE AFTER LAST BIRTH OR PREGNANCY TERMINATION).

---

333 CHECK 331/331A:

YEAR IS 2057 OR LATER [ ]	YEAR IS 2056 OR EARLIER [ ]

ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN THE CALENDAR AND IN EACH MONTH BACK TO THE DATE STARTED USING.

ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN THE CALENDAR AND EACH MONTH BACK TO BAISAKH 2057.

THEN CONTINUE WITH 334.   THEN SKIP TO ————————→ 343

---

334 I would like to ask you some questions about the times you or your partner may have used a method to avoid getting pregnant during the last few years.

USE CALENDAR TO PROBE FOR EARLIER PERIODS OF USE AND NONUSE, STARTING WITH MOST RECENT USE, BACK TO BAISAKH 2057.
USE NAMES OF CHILDREN, DATES OF BIRTH, AND PERIODS OF PREGNANCY AS REFERENCE POINTS.

ENTER METHOD USE CODE OR '0' FOR NONUSE IN EACH BLANK MONTH.

  ILLUSTRATIVE QUESTIONS:
    * When was the last time you used a method? Which method was that?
    * When did you start using that method? How long after the birth of (NAME)?
    * How long did you use the method then?

---

335 CHECK 325/325A:

CIRCLE METHOD CODE:

IF MORE THAN ONE METHOD CODE CIRCLED IN 325/325A, CIRCLE CODE FOR HIGHEST METHOD IN LIST.

NO CODE CIRCLED . . . . 00 → 345
FEMALE STERILIZATION . . . . 01 → 338
MALE STERILIZATION . . . . 02 → 347
PILL 03
IUD 04
INJECTABLES 05
IMPLANTS 06
CONDOM 07
DIAPHRAGM 09
FOAM/JELLY 10
RHYTHM METHOD . . . . 12 → 336A
WITHDRAWAL . . . . 13 → 347
OTHER METHOD . . . . 96 → 347

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

336	Where did you obtain (CURRENT METHOD) when you started using it?	PUBLIC SECTOR
		  GOVT. HOSPITAL/CLINIC 11
		  PHC CENTER 12
		  HEALTH POST 13
		  SUB-HEALTH POST 14
		  PHC OUTREACH 15	

336A	Where did you learn to use the rhythm method?	MOBILE CLINIC 17
		  FCHV 18
		  CONDOM BOX 19
		
		  OTHER GOVT. _____ 16
		            (SPECIFY)	

	IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER, OR CLINIC, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.	NON-GOVT. (NGO) SECTOR
		  FPAN 21
		  MARIE STOPES 22
		  ADRA 23
		  NEPAL RED CROSS 24
		  UMN 25
		
		  OTHER NGO. _____ 26
		            (SPECIFY)	

	_____
	(NAME OF PLACE(S))
		PRIVATE MEDICAL SECTOR
		  PRIVATE HOSPITAL/CLINIC/
		    NURSING HOME 31
		  PHARMACY 32
		  OTHER PRIVATE
		    MEDICAL_____ 36
		        (SPECIFY)
		
		OTHER SOURCE
		  SHOP 41
		  FRIEND/RELATIVE 42
		
		OTHER _____ 96
		      (SPECIFY)	

337	CHECK 325/325A: CIRCLE METHOD CODE: IF MORE THAN ONE METHOD CODE CIRCLED IN 325/325A, CIRCLE CODE FOR HIGHEST METHOD IN LIST.	PILL .... 03 IUD .... 04 INJECTABLES .... 05 IMPLANTS .... 06 CONDOM .... 07 DIAPHRAGM .... 09 FOAM/JELLY .... 10 RHYTHM METHOD 12	 → 344 → 341 → 341 → 347
338	You obtained (CURRENT METHOD FROM 335) from (SOURCE OF METHOD FROM 327 OR 336) in (DATE FROM 331/331A). At that time, wereyou told about side effects or problems you might have with the method?	YES .... 1 NO 2	→ 340
339	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	→ 341
340	Were you told what to do if you experienced side effects or problems?	YES .... 1 NO 2	

341	CHECK 338:
	
	CODE '1' CODE '1'
	CIRCLED NOT
	                  CIRCLED
	
	At that time, were you told When you obtained (CURRENT
	about other methods of family METHOD FROM 335) from
	planning that you could use? (SOURCE OF METHOD
	                  FROM 327 OR 336)
	                  were you told about other
	                  methods of family planning
	                  that you could use?
		YES 1
		NO 2
			→ 343

342	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
343	CHECK 325/325A: CIRCLE METHOD CODE: IF MORE THAN ONE METHOD CODE CIRCLED IN 325/325A, CIRCLE CODE FOR HIGHEST METHOD IN LIST.	FEMALE STERILIZATION .... 01 MALE STERILIZATION .... 02 PILL .... 03 IUD .... 04 INJECTABLES .... 05 IMPLANTS .... 06 CONDOM .... 07 DIAPHRAGM .... 09 FOAM/JELLY .... 10 RHYTHM METHOD .... 12 WITHDRAWAL .... 13 OTHER METHOD 96	→ 347 → 347

344	Where did you obtain (CURRENT METHOD) the last time?
	
	PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.
	
	IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.
	
	_____
	(NAME OF PLACE)
		PUBLIC SECTOR
		  GOVT. HOSPITAL/CLINIC 11
		  PHC CENTER 12
		  HEALTH POST 13
		  SUB-HEALTH POST 14
		  PHC OUTREACH 15
		  MOBILE CLINIC 17
		  FCHV 18
		  CONDOM BOX 19
		
		  OTHER GOVT. _____ 16
		                (SPECIFY)
		NON-GOVT. (NGO) SECTOR
		  FPAN 21
		  MARIE STOPES 22
		  ADRA 23
		  NEPAL RED CROSS 24
		  UMN 25
		
		  OTHER NGO. _____ 26
		                (SPECIFY)
		PRIVATE MEDICAL SECTOR
		  PRIVATE HOSPITAL/CLINIC/
		    NURSING HOME 31
		  PHARMACY 32
		  PRIVATE DOCTOR 33
		  OTHER PRIVATE
		    MEDICAL_____ 36
		                (SPECIFY)
		OTHER SOURCE
		  SHOP 41
		  FRIEND/RELATIVE 42
		
		OTHER _____ 96
		                (SPECIFY)	

344A	How long did it take you to travel from your house to this place?	MINUTES .... 1 ☐☐ HOURS .... 2 ☐☐ DON'T KNOW 998	→ 347
345	Do you know of a place where you can obtain a method of family planning?	YES .... 1 NO 2	→ 347

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

346	Where is that?
	
	Any other place?
	
	PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S).
	
	IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.
	
	_____
	(NAME OF PLACE(S))
		PUBLIC SECTOR
		  GOVT. HOSPITAL/CLINIC ...... A
		  PHC CENTER .... B
		  HEALTH POST C
		  SUB-HEALTH POST .... D
		  PHC OUTREACH .... E
		  MOBILE CLINIC .... F
		  FCHV .... G
		  CONDOM BOX .... H
		  OTHER GOVT. _____ I
		              (SPECIFY)
		NON-GOVT. (NGO) SECTOR
		  FPAN .... J
		  MARIE STOPES .... K
		  ADRA L
		  NEPAL RED CROSS .... M
		  UMN .... N
		  OTHER NGO. _____ O
		              (SPECIFY)
		PRIVATE MEDICAL SECTOR
		  PRIVATE HOSPITAL/CLINIC/
		    NURSING HOME .... P
		  PHARMACY .... Q
		  PRIVATE DOCTOR .... R
		  OTHER PRIVATE
		    MEDICAL_____ S
		             (SPECIFY)
		OTHER SOURCE
		  SHOP .... T
		  FRIEND/RELATIVE .... U
		OTHER _____ X
		         (SPECIFY)	

347	In the last 12 months, were you visited by a fieldworker who talked to you about family planning?	YES .... 1 NO 2	
348	In the last 12 months, have you visited a health facility for care for yourself (or your children)?	YES .... 1 NO 2	→ 401
349	Did any staff member at the health facility speak to you about family planning methods?	YES .... 1 NO 2	

401	CHECK 234:		
	ONE OR MORE BIRTHS IN 2057 OR LATER ☐ ↓	NO BIRTHS IN 2057 OR LATER ☐ → 548	

402	CHECK 221: ENTER IN THE TABLE THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 2057 OR LATER. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 3 BIRTHS, USE LAST 2 COLUMNS OF ADDITIONAL QUESTIONNAIRES). 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	SECOND-FROM-LAST BIRTH
403	LINE NUMBER FROM 215	LINE NO. ☐☐	LINE NO. ☐☐	LINE NO. ☐☐
404	FROM 219 AND 222	NAME _____ LIVING ☐↓ DEAD ☐↓	NAME _____ LIVING ☐↓ DEAD ☐↓	NAME _____ LIVING ☐↓ DEAD ☐↓
405	At the time you became pregnant with (NAME), did you want to become pregnant then, did you want to wait until later, or did you not want 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 414)← LATER . . . . 2 NOT AT ALL . . . . . . 3 (SKIP TO 414)←	THEN . . . . 1 (SKIP TO 414)← LATER . . . . 2 NOT AT ALL . . . . . . 3 (SKIP TO 414)←
406	How much longer would you have liked to wait?	MONTHS . .1 ☐☐ YEARS . .2 ☐☐ DON'T KNOW . . . 998	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 TO IDENTIFY EACH TYPE OF PERSON AND RECORD ALL MENTIONED.
		HEALTH PERSONNEL
		   DOCTOR . . . . A
		   NURSE/MIDWIFE B
		   HEALTH ASST./
		      HLTH. WKR . C
		   MCH WORKER . D
		   VHW . . . . E
		
		 OTHER PERSON
		   TRADITIONAL BIRTH
		      ATTENDANT . F
		   FCHV . . . . G
		
		   OTHER_____X
		        (SPECIFY)
		 NO ONE . . . . Y
		   (SKIP TO 413A)←		

407A	CHECK 407:	☐ FCHV NOT FCHV ☐ CIRCLED CIRCLED ↓ (SKIP TO 408) ←		
407B	Did you discuss your pregnancy with an FCHV?	YES . . . . 1 NO 2		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____

408	Where did you receive antenatal care for this pregnancy?
	
	Anywhere else?
	
	PROBE TO IDENTIFY TYPE(S) OF SOURCE(S) AND CIRCLE THE APPROPRIATE CODE(S).
	
	IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE THE NAME OF THE PLACE.
	
	_____
	(NAME OF PLACE(S))
		HOME
		  YOUR HOME . . . A
		  OTHER HOME . . . B
		
		GOVT. SECTOR
		  GOVT. HOSPITAL C
		  PHC CENTER . D
		  HEALTH POST . E
		  SUB-HEALTH . F
		  PHC OUTREACH G
		  OTHER GOVT.
		  _____ H
		    (SPECIFY)
		
		NON-GOVT. (NGO)
		  UMN/RED CROSS
		    HOSPITAL . . . I
		  OTHER NGO
		  _____ J
		    (SPECIFY)
		PRIVATE MED. SECTOR
		  PVT. HOSPITAL/
		    CLINIC/NURSING
		    HOME . . . . K
		  OTHER PRIVATE
		  MED. _____ L
		    (SPECIFY)
		
		OTHER _____ X
		    (SPECIFY)

409	How many months pregnant were you when you first received antenatal care for this pregnancy?	MONTHS . . . ☐☐ DON'T KNOW 98
410	How many times did you receive antenatal care during this pregnancy?	NUMBER OF TIMES . ☐☐ DON'T KNOW 98
411	As part of your antenatal care during this pregnancy, were any of the following done at least once? Were you weighed? Was your blood pressure measured? Did you give a urine sample? Did you give a blood sample?	YES NO WEIGHT . . . 1 2 BP . . . . 1 2 URINE . . . . . . 1 2 BLOOD . . . 1 2
412	During (any of) your antenatal care visit(s), were you advised to use a skilled birth attendant?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8
412A	During (any of) your antenatal care visit(s), were you told about the signs of pregnancy complications?	YES . . . . 1 NO . . . . 2 (SKIP TO 413B) ←——┤ DON'T KNOW 8

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____		
413	Were you told where to go if you had any of these complications?	YES . . . . 1 NO . . . . 2 DON'T KNOW . . . . . . 8 (SKIP TO 413B) ◄—		
413A	Did you discuss your pregnancy with an FCHV?	YES . . . . 1 NO 2		
413B	What kind of preparation did you make beforehand for the delivery of (NAME)? Anything else? CIRCLE ALL MENTIONED	SAVED MONEY . . . . A ARRANGED FOR TRANSPORT . . . . . . B FOUND BLOOD DONOR . . . . C CONTACTED HLTH WKR TO HELP WITH DELIVERY . . . . . . D BOUGHT SAFE DELIVERY KIT. . . . . E OTHER _____ X (SPECIFY) NO PREPARATION . . . . . . Y		
414	During this pregnancy, were you given an injection in the arm to prevent you and the baby from getting tetanus?	YES . . . . 1 NO . . . . 2 (SKIP TO 416) ◄— DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 421) ◄— DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 421) ◄— DON'T KNOW 8
415	During this pregnancy, how many times did you get this tetanus injection? IF MORE THAN 7, WRITE '7'.	TIMES . . . . ☐ DON'T KNOW 8	TIMES . . . . ☐ DON'T KNOW 8	TIMES . . . . ☐ DON'T KNOW 8
416	During this pregnancy, were you given or did you buy any iron/folic acid tablets? SHOW TABLETS.	YES . . . . 1 NO . . . . 2 (SKIP TO 418) ◄— DON'T KNOW 8		
417	During the whole pregnancy, for how many days did you take the tablets? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER OF DAYS.	DAYS . ☐☐☐ DON'T KNOW . . . 998		
418	During this pregnancy, did you take any drug for intestinal worms?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8		
419	During this pregnancy, did you have difficulty with your vision during daylight?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8		
420	During this pregnancy, did you suffer from night blindness (ratandho) [USE LOCAL TERM]?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8		
421	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	VERY LARGE . . . . . . 1 LARGER THAN AVERAGE . . . . . . 2 AVERAGE . . . . 3 SMALLER THAN AVERAGE . . . . . . 4 VERY SMALL . . . . . . 5 DON'T KNOW 8
422	Was (NAME) weighed at birth?	YES . . . . 1 NO . . . . 2 (SKIP TO 424) ◄— DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 424) ◄— DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 424) ◄— DON'T KNOW 8

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
423	How much did (NAME) weigh? RECORD WEIGHT IN KILOGRAMS FROM HEALTH CARD, IF AVAILABLE.	KG FROM CARD 1 [ ] . [ ] KG FROM RECALL 2 [ ] . [ ] DON'T KNOW . 99.8	KG FROM CARD 1 [ ] . [ ] KG FROM RECALL 2 [ ] . [ ] DON'T KNOW . 99.8	KG FROM CARD 1 [ ] . [ ] KG FROM RECALL 2 [ ] . [ ] DON'T KNOW . 99.8

424	Who assisted with the delivery of (NAME)?
	
	Anyone else?
	
	PROBE FOR THE TYPE(S) OF PERSON(S) AND RECORD ALL MENTIONED.
	
	IF RESPONDENT SAYS NO ONE ASSISTED, PROBE TO DETERMINE WHETHER ANY ADULTS WERE PRESENT AT THE DELIVERY.
		HEALTH PERSONNEL
		  DOCTOR ...... A
		  NURSE/MIDWIFE . B
		  HEALTH ASST./
		    HLTH. WRK..... C
		OTHER PERSON
		  TRADITIONAL BIRTH
		    ATTENDANT .. D
		  FCHV .... E
		  RELATIVE/FRIEND F
		  OTHER
		    _____ X
		    (SPECIFY)
		NO ONE .... Y
			HEALTH PERSONNEL
			  DOCTOR ...... A
			  NURSE/MIDWIFE . B
			  HEALTH ASST./
			    HLTH. WRK..... C
			OTHER PERSON
			  TRADITIONAL BIRTH
			    ATTENDANT .. D
			  FCHV .... E
			  RELATIVE/FRIEND .F
			  OTHER
			    _____ X
			    (SPECIFY)
			NO ONE .... Y
				HEALTH PERSONNEL
				  DOCTOR ...... A
				  NURSE/MIDWIFE . B
				  HEALTH ASST./
				    HLTH. WRK..... C
				OTHER PERSON
				  TRADITIONAL BIRTH
				    ATTENDANT .. D
				  FCHV .... E
				  RELATIVE/FRIEND F
				  OTHER
				    _____ X
				    (SPECIFY)
				NO ONE .... Y

425	Where did you give birth to (NAME)?
	
	PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.
	
	IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE THE NAME OF THE PLACE.
	
	_____
	(NAME OF PLACE)
		HOME
		  YOUR HOME ... 11
		    (SKIP TO 432) ←
		  OTHER HOME ... 12
		
		GOVT. SECTOR
		  GOVT. HOSPITAL 21
		  PHC CENTER 22
		  HEALTH POST 23
		  SUB-HEALTH
		    POST 24
		  OTHER GOVT.
		    _____ 26
		    (SPECIFY)
		
		NON-GOVT. SECTOR
		  UMN/RED CROSS 31
		  OTHER GOVT.
		    _____ 36
		    (SPECIFY)
		
		PRIVATE MED. SECTOR
		  PVT. HOSPITAL/
		    CLINIC 41
		  OTHER PRIVATE
		    MED. ____ 46
		    (SPECIFY)
		
		OTHER _____ 96
		    (SPECIFY)
		(SKIP TO 432) ←
			HOME
			  YOUR HOME ... 11
			    (SKIP TO 433) ←
			  OTHER HOME ... 12
			
			GOVT. SECTOR
			  GOVT. HOSPITAL 21
			  PHC CENTER 22
			  HEALTH POST 23
			  SUB-HEALTH
			    POST 24
			  OTHER GOVT.
			    _____ 26
			    (SPECIFY)
			
			NON-GOVT. SECTOR
			  UMN/RED CROSS 31
			  OTHER GOVT.
			    _____ 36
			    (SPECIFY)
			
			PRIVATE MED. SECTOR
			  PVT. HOSPITAL/
			    CLINIC 31
			  OTHER PRIVATE
			    MED. ____ 36
			    (SPECIFY)
			
			OTHER _____ 96
			    (SPECIFY)
			(SKIP TO 433) ←
				HOME
				  YOUR HOME ... 11
				    (SKIP TO 433) ←
				  OTHER HOME ... 12
				
				GOVT. SECTOR
				  GOVT. HOSPITAL 21
				  PHC CENTER 22
				  HEALTH POST 23
				  SUB-HEALTH
				    POST 24
				  OTHER GOVT.
				    _____ 26
				    (SPECIFY)
				
				NON-GOVT. SECTOR
				  UMN/RED CROSS 31
				  OTHER GOVT.
				    _____ 36
				    (SPECIFY)
				
				PRIVATE MED. SECTOR
				  PVT. HOSPITAL/
				    CLINIC 31
				  OTHER PRIVATE
				    MED. ____ 36
				    (SPECIFY)
				
				OTHER _____ 96
				    (SPECIFY)
				(SKIP TO 433) ←

425A	Did you receive a blood transfusion at this facility when (NAME) was born?	YES .... 1 NO 2	YES .... 1 NO 2	YES .... 1 NO 2
426	How long after (NAME) was delivered did you stay there? IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS 1 [ ][ ] DAYS 2 [ ][ ] WEEKS 3 [ ][ ] DON'T KNOW . 998	HOURS 1 [ ][ ] DAYS 2 [ ][ ] WEEKS 3 [ ][ ] DON'T KNOW ... 998	HOURS 1 [ ][ ] DAYS 2 [ ][ ] WEEKS 3 [ ][ ] DON'T KNOW ... 998

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
427	Was (NAME) delivered by caesarean section?	YES . . . . . . 1 NO 2	YES . . . . 1 NO 2	YES . . . . 1 NO 2
428	Before you were discharged after (NAME) was born, did any health care provider check on your health?	YES . . . . 1 NO . . . . 2 (SKIP TO 431)◄———	YES . . . . 1 (SKIP TO 444) ◄┘ NO 2	YES . . . . 1 (SKIP TO 444) ◄┘ NO 2
429	How long after delivery did the first check take place? IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS 1 DAYS 2 WEEKS 3 DON'T KNOW . . . 998		

430	Who checked on your health at that time?
	
	PROBE FOR MOST QUALIFIED PERSON.
		HEALTH PERSONNEL
		  DOCTOR . . . . 11┐
		  NURSE/MIDWIFE 12─
		  HEALTH ASST./
		    AHW . . . . . . 13─
		  MCH WORKER ... 14─
		  VHW . . . . 15─
		
		OTHER PERSON
		  TRADITIONAL BIRTH
		    ATTENDANT . 21─
		
		OTHER _____ 96─
		  (SPECIFY)
		  (SKIP TO 431A) ◄———		

431	After you were discharged, did any health care provider or a traditional birth attendant check on your health?	YES . . . . 1 (SKIP TO 434)◄———┘ NO . . . . 2 (SKIP TO 442)◄———┘	YES . . . . 1 (SKIP TO 444) ◄——┘ NO 2	YES . . . . 1 (SKIP TO 444) ◄——┘ NO 2
431A	As part of your postnatal care, were you examined for pelvic discharge or normal involution of the uterus or abnomality of the lochia or bleeding?	YES . . . . 1 (SKIP TO 442)◄———┘ NO . . . . 2 (SKIP TO 442)◄———┘		

432	Why didn't you deliver in a health facility?
	
	PROBE: Any other reason?
	
	RECORD ALL MENTIONED.
		COST TOO MUCH . . A
		FACILITY NOT OPEN . B
		TOO FAR/ NO TRANS-
		  PORTATION C
		DON'T TRUST
		  FACILITY/POOR
		  QUALITY SERVICE D
		NO FEMALE PROVID-
		  ER AT FACILITY . . E
		HUSBAND/FAMILY
		  DID NOT ALLOW . . F
		SECURITY
		  CONCERNS . . . G
		NOT NECESSARY . . H
		NOT CUSTOMARY . . I
		OTHER _____
		      (SPECIFY) X		

432A	Was a special safe delivery kit used? SHOW SAFE DELIVERY KIT MARKETED BY CRS	YES . . . . 1 (SKIP TO 432C)◄———┘ NO . . . . 2 DON'T KNOW . . . 8		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____

432B	When (NAME) was born, what instrument was used to cut the umblical cord?	NEW/BOILED
		  BLADE 1
		USED BLADE ... 2
		KNIFE 3
		HASIYA 4
		KHUKURI 5
		SCISSORS 7
		OTHER 6
		   (SPECIFY)
		DON'T KNOW ... 8		

432C	Was anything placed on the stump after the umblical cord was cut?	YES .... 1 NO .... 2 DON'T KNOW ... 8		
432D	Was (NAME) dried before the placenta was delivered?	YES .... 1 NO .... 2 DON'T KNOW ... 8		
432E	Was (NAME) wrapped in cloth before the placenta was delivered?	YES .... 1 NO .... 2 DON'T KNOW ... 8		
432F	How long after delivery was (NAME) bathed for the first time? IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS 1 ☐☐ DAYS 2 ☐☐ WEEKS 3 ☐☐ DON'T KNOW ... 998		
433	After (NAME) was born, did any health care provider or a traditional birth attendant check on your health?	YES .... 1 NO .... 2 (SKIP TO 438) ←┘	YES .... 1 NO 2	YES .... 1 NO 2
434	How long after delivery did the first check take place? IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS 1 ☐☐ DAYS 2 ☐☐ WEEKS 3 ☐☐ DON'T KNOW ... 998		

435	Who checked on your health at that time?
	
	PROBE FOR MOST QUALIFIED PERSON.
		HEALTH PERSONNEL
		  DOCTOR 11
		  NURSE/MIDWIFE 12
		  HEALTH ASST./
		    AHW 13
		  MCH WORKER ... 14
		  VHW 15
		
		OTHER PERSON
		  TRADITIONAL BIRTH
		    ATTENDANT . 21
		
		OTHER _____ 96
		   (SPECIFY)		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____

436	Where did this first check take place?
	
	PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.
	
	IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE THE NAME OF THE PLACE.
	
	_____
	(NAME OF PLACE)
		HOME
		  YOUR HOME . . . 11
		  OTHER HOME . . . 12
		
		GOVT. SECTOR
		  GOVT. HOSPITAL 21
		  PHC CENTER 22
		  HEALTH POST 23
		  SUB-HEALTH 24
		  PHC OUTREACH 25
		  OTHER GOVT.
		  _____ 26
		    (SPECIFY)
		
		NON-GOVT. SECTOR
		  UMN/RED CROSS 31
		  OTHER GOVT.
		  _____ 36
		    (SPECIFY)
		
		PRIVATE MED. SECTOR
		  PVT. HOSPITAL/
		    CLINIC 41
		  OTHER PRIVATE
		    MED._____ 46
		      (SPECIFY)
		
		OTHER_____ 96
		    (SPECIFY)		

436A	As part of your postnatal care, were you examined for pelvic discharge or normal involution of the uterus or abnomality of the lochia or bleeding?	YES . . . . 1 NO 2		
437	CHECK 431:	YES NOT ASKED ☐ ☐ (SKIP TO 442)		
438	In the two months after (NAME) was born, did any health care provider or a traditional birth attendant check on his/her health?	YES . . . . 1 NO . . . . 2 (SKIP TO 442) ←— DON'T KNOW 8		
439	How many hours, days or weeks after the birth of (NAME) did the first check take place? IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.	HRS AFTER BIRTH . . 1 DAYS AFTER BIRTH . . 2 WKS AFTER BIRTH . . 3 DON'T KNOW . . . 998		

440	Who checked on (NAME)'s health at that time?
	
	PROBE FOR MOST QUALIFIED PERSON.
		HEALTH PERSONNEL
		  DOCTOR 11
		  NURSE/MIDWIFE 12
		  HEALTH ASST./
		    AHW 13
		  MCH WORKER ... 14
		  VHW 15
		
		OTHER PERSON
		  TRADITIONAL BIRTH
		    ATTENDANT . 21
		
		OTHER_____ 96
		    (SPECIFY)		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____

441	Where did this first check of (NAME) take place?
	
	PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.
	
	IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE THE NAME OF THE PLACE.
	
	_____
	(NAME OF PLACE)
		HOME
		  YOUR HOME ... 11
		  OTHER HOME ... 12
		
		GOVT. SECTOR
		  GOVT. HOSPITAL 21
		  PHC CENTER 22
		  HEALTH POST 23
		  SUB-HEALTH 24
		  PHC OUTREACH 25
		  OTHER GOVT.
		  _____ 26
		  (SPECIFY)
		
		NON-GOVT. SECTOR
		  UMN/RED CROSS 31
		  OTHER GOVT.
		  _____ 36
		  (SPECIFY)
		
		PRIVATE MED. SECTOR
		  PVT. HOSPITAL/
		    CLINIC 41
		  OTHER PRIVATE
		    MED._____ 46
		    (SPECIFY)
		
		OTHER _____ 96
		  (SPECIFY)		

442	In the first two months after delivery, did you receive a vitamin A dose (like this/any of these)? SHOW COMMON TYPES OF AMPULES/CAPSULES/SYRUPS.	YES . . . . 1 NO . . . . 2 DON'T KNOW 8		
442A	After delivery were you given or did you buy any iron/folic acid tablets? SHOW TABLETS.	YES . . . . 1 NO . . . . 2 (SKIP TO 443) ←┐ DON'T KNOW 8		
442B	After delivery, for how many days did you take the tablets? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER OF DAYS.	DAYS . [ ][ ] DON'T KNOW . . . 98		

443	Has your menstrual period returned since the birth of (NAME)?	YES 1
		  (SKIP TO 445) ←┘
		NO 2
		  (SKIP TO 446) ←┘		

444	Did your period return between the birth of (NAME) and your next pregnancy?		YES 1
			NO 2
			  (SKIP TO 448) ←┘
				YES 1
				NO 2
				  (SKIP TO 448) ←┘

445	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	MONTHS . . . [ ][ ] DON'T KNOW 98

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
446	CHECK 236: IS RESPONDENT PREGNANT?	NOT ☐ PREGNANT PREG- OR ☐ NANT UNSURE (SKIP TO 448) ←		
447	Have you begun to have sexual intercourse again since the birth of (NAME)?	YES . . . . 1 NO . . . . 2 (SKIP TO 449) ←		
448	For how many months after the birth of (NAME) did you <u>not</u> have sexual intercourse?	MONTHS . . . ☐☐ DON'T KNOW 98	MONTHS . . . ☐☐ DON'T KNOW 98	MONTHS . . . ☐☐ DON'T KNOW 98
449	Did you ever breastfeed (NAME)?	YES . . . . 1 NO . . . . 2 (SKIP TO 456) ←	YES . . . . 1 NO . . . . 2 (SKIP TO 456) ←	YES . . . . 1 NO . . . . 2 (SKIP TO 456) ←
450	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 ☐☐		
451	In the first three days after delivery, was (NAME) given anything to drink other than breast milk?	YES . . . . 1 NO . . . . 2 (SKIP TO 453) ←		
452	What was (NAME) given to drink? Anything else? RECORD ALL LIQUIDS MENTIONED.	MILK (OTHER THAN BREAST MILK) . A PLAIN WATER . . . B SUGAR OR GLU- COSE WATER . . . C GRIPE WATER . . . D SUGAR-SALT-WATER SOLUTION . . . . . . E FRUIT JUICE . . . . . . F INFANT FORMULA . G TEA/INFUSIONS . . . H HONEY . . . . I OTHER _____ X (SPECIFY)		
453	CHECK 404: IS CHILD LIVING?	LIVING ☐ DEAD ☐ (SKIP TO 455) ←		
454	Are you still breastfeeding (NAME)?	YES . . . . 1 (SKIP TO 457) ← NO 2		
455	For how many months did you breastfeed (NAME)?	MONTHS . . . ☐☐ DON'T KNOW . . . 98	MONTHS . . . ☐☐ STILL BF . . . . 95 DON'T KNOW . . . 98	MONTHS . . . ☐☐ STILL BF . . . . 95 DON'T KNOW . . . 98

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
456	CHECK 404: IS CHILD LIVING?	LIVING DEAD (GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO (SKIP TO 459) TO 501)	LIVING DEAD (GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO (SKIP TO 459) TO 501)	LIVING DEAD (GO BACK TO 405 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE (SKIP TO 459) BIRTHS, GO TO 501)
457	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 . ☐☐		
458	How many times did you breastfeed yesterday during the daylight hours? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER.	NUMBER OF DAYLIGHT FEEDINGS . ☐☐		
459	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	YES . . . . 1 NO . . . . 2 DON'T KNOW 8
460		GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501.	GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501.	GO BACK TO 405 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 501.

501	ENTER IN THE TABLE THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 2057 OR LATER. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 3 BIRTHS, USE LAST 2 COLUMNS OF ADDITIONAL QUESTIONNAIRES).

502	LINE NUMBER FROM 215	**LAST BIRTH** LINE NUMBER .... ☐☐	**NEXT-TO-LAST BIRTH** LINE NUMBER .... ☐☐	**SECOND-FROM-LAST BIRTH** LINE NUMBER .... ☐☐
503	FROM 219 AND 222	NAME _____ LIVING ☐ DEAD ☐ (GO TO 503 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 545)	NAME _____ LIVING ☐ DEAD ☐ (GO TO 503 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 545)	NAME _____ LIVING ☐ DEAD ☐ (GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE, OR IF NO MORE BIRTHS, GO TO 545)
504	Do you have a card where (NAME'S) vaccinations are written down? IF YES: May I see it please?	YES, SEEN .... 1 (SKIP TO 506) ←┘ YES, NOT SEEN .... 2 (SKIP TO 508) ←┘ NO CARD 3	YES, SEEN .... 1 (SKIP TO 506) ←┘ YES, NOT SEEN .... 2 (SKIP TO 508) ←┘ NO CARD 3	YES, SEEN .... 1 (SKIP TO 506) ←┘ YES, NOT SEEN .... 2 (SKIP TO 508) ←┘ NO CARD 3
505	Did you ever have a vaccination card for (NAME)?	YES .... 1 (SKIP TO 508) ←—— NO 2	YES .... 1 (SKIP TO 508) ←—— NO 2	YES .... 1 (SKIP TO 508) ←—— NO 2

506	(1) COPY VACCINATION DATE FOR EACH VACCINE FROM THE CARD. (2) WRITE '44' IN 'DAY' COLUMN IF CARD SHOWS THAT A VACCINATION WAS GIVEN, BUT NO DATE IS RECORDED. (3) IF HEP. B IS GIVEN IN COMBINATION WITH DPT, RECORD SEPARATELY FOR BOTH DPT AND HEP. B.

	LAST BIRTH			NEXT-TO-LAST BIRTH			SECOND-FROM-LAST BIRTH		
	DAY	MONTH	YEAR	DAY	MONTH	YEAR	DAY	MONTH	YEAR
BCG				BCG			BCG		
POLIO 1				P1			P1		
POLIO 2				P2			P2		
POLIO 3				P3			P3		
DPT 1				D1			D1		
DPT 2				D2			D2		
DPT 3				D3			D3		
HEP. B 1				H1			H1		
HEP. B 2				H2			H2		
HEP. B 3				H3			H3		
MEASLES				MEA			MEA		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
507	Has (NAME) received any vaccinations that are not recorded on this card, including vaccinations received in a national immunization day campaign? RECORD 'YES' ONLY IF RESPONDENT MENTIONS BCG, POLIO 0-3, DPT 1-3, HEP. B 1-3 AND/OR MEASLES VACCINES.	YES . . . . 1 (PROBE FOR ←┐ VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 506) ┐ (SKIP TO 510) ←┘ NO . . . . 2 (SKIP TO 510) ←┤ DON'T KNOW 3	YES . . . . 1 (PROBE FOR ←┐ VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 506) ┐ (SKIP TO 510) ←┘ NO . . . . 2 (SKIP TO 510) ←┤ DON'T KNOW 3	YES . . . . 1 (PROBE FOR ←┐ VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 506) ┐ (SKIP TO 510) ←┘ NO . . . . 2 (SKIP TO 510) ←┤ DON'T KNOW 3
508	Did (NAME) ever receive any vaccinations to prevent him/her from getting diseases, including vaccinations received in a national immunization campaign?	YES . . . . 1 NO . . . . 2 (SKIP TO 512) ←┤ DON'T KNOW 3	YES . . . . 1 NO . . . . 2 (SKIP TO 512) ←┤ DON'T KNOW 3	YES . . . . 1 NO . . . . 2 (SKIP TO 512) ←┤ DON'T KNOW 3
509	Please tell me if (NAME) received any of the following vaccinations:			
509A	A BCG vaccination against tuberculosis, that is, an injection in the right arm that usually causes a scar?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8
509B	Polio vaccine, that is, drops in the mouth?	YES . . . . 1 NO . . . . 2 (SKIP TO 509D) ←┤ DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 509D) ←┤ DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 509D) ←┤ DON'T KNOW 8
509C	How many times was the polio vaccine received?	NUMBER OF TIMES . . . . . . ☐	NUMBER OF TIMES . . . . . . ☐	NUMBER OF TIMES . . . . . . ☐
509D	A DPT vaccination, that is, an injection given in the left thigh, sometimes given at the same time as polio drops?	YES . . . . 1 NO . . . . 2 (SKIP TO 509F) ←┤ DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 509F) ←┤ DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 509F) ←┤ DON'T KNOW 8
509E	How many times was a DPT vaccination received?	NUMBER OF TIMES . . . . . . ☐	NUMBER OF TIMES . . . . . . ☐	NUMBER OF TIMES . . . . . . ☐
509F	A HEP.B vaccination, that is, an injection given in the right thigh, sometimes given at the same time as DPT?	YES . . . . 1 NO . . . . 2 (SKIP TO 509H) ←┤ DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 509H) ←┤ DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 509H) ←┤ DON'T KNOW 8
509G	How many times was a HEP.B vaccination received?	NUMBER OF TIMES . . . . . . ☐	NUMBER OF TIMES . . . . . . ☐	NUMBER OF TIMES . . . . . . ☐
509H	A measles injection, that is, a shot in the arm at the age of 9 months or older, to prevent him/her from getting measles?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8
510	Were any of the vaccinations (NAME) received during the last two years given as part of a national immunization day campaign?	YES . . . . 1 NO . . . . 2┐ NO VACCINATION IN THE LAST 2 YRS. 3┤ DON'T KNOW . . . 8 ┤ (SKIP TO 512) ←┘	YES . . . . 1 NO . . . . 2┐ NO VACCINATION IN THE LAST 2 YRS. 3┤ DON'T KNOW . . . 8 ┤ (SKIP TO 512) ←┘	YES . . . . 1 NO . . . . 2┐ NO VACCINATION IN THE LAST 2 YRS. 3┤ DON'T KNOW . . . 8 ┤ (SKIP TO 512) ←┘

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
511	At which national immunization day campaigns did (NAME) receive the polio vaccinations? RECORD ALL CAMPAIGNS MENTIONED.	MARG 2061 ...... A PAUSH 2061 ...... B MOP-UP .... C NOT GIVEN ...... D	MARG 2061 ...... A PAUSH 2061 ...... B MOP-UP .... C NOT GIVEN ...... D	MARG 2061 ...... A PAUSH 2061 ...... B MOP-UP .... C NOT GIVEN ...... D
511A	At which national immunization day campaigns did (NAME) receive the measles injections? RECORD ALL CAMPAIGNS MENTIONED.	ASWIN 2061 ...... A PAUSH 2061 ...... B CHAITRA 2061 ... C NOT GIVEN ...... D	ASWIN 2061 ...... A PAUSH 2061 ...... B CHAITRA 2061 ... C NOT GIVEN ...... D	ASWIN 2061 ...... A PAUSH 2061 ...... B CHAITRA 2061 ... C NOT GIVEN ...... D
512	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 515) ←┤ DON'T KNOW 8	YES .... 1 NO .... 2 (SKIP TO 515) ←┤ DON'T KNOW 8	YES .... 1 NO .... 2 (SKIP TO 515) ←┤ DON'T KNOW 8
513	Did (NAME) receive a vitamin A capsule during the event in Kartik/Baisakh? IF THE INTERVIEW IS BEFORE BAISAKH, ASK ABOUT KARTIK. IF THE INTERVIEW IS AFTER BAISAKH, ASK ABOUT BAISAKH.	YES .... 1 NO .... 2 (SKIP TO 515) ←┤ DON'T KNOW 8	YES .... 1 NO .... 2 (SKIP TO 515) ←┤ DON'T KNOW 8	YES .... 1 NO .... 2 (SKIP TO 515) ←┤ DON'T KNOW 8

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

515	Has (NAME) taken any drug for intestinal worms in the last six months (including any deworming tablet given during the vitamin A distribution?)	YES .... 1 NO .... 2 DON'T KNOW 8	YES .... 1 NO .... 2 DON'T KNOW 8	YES .... 1 NO .... 2 DON'T KNOW 8
516	Has (NAME) had diarrhea in the last 2 weeks?	YES .... 1 NO .... 2 (SKIP TO 529) ←┤ DON'T KNOW 8	YES .... 1 NO .... 2 (SKIP TO 529) ←┤ DON'T KNOW 8	YES .... 1 NO .... 2 (SKIP TO 529) ←┤ DON'T KNOW 8
517	Was there any blood in the stools?	YES .... 1 NO .... 2 DON'T KNOW 8	YES .... 1 NO .... 2 DON'T KNOW 8	YES .... 1 NO .... 2 DON'T KNOW 8

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NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
518	Now I would like to know how much (NAME) was given to drink during the diarrhea (including breastmilk). Was he/she given less than usual to drink, about the same amount, or more than usual to drink? IF LESS, PROBE: Was he/she given much less than usual to drink or somewhat less?	MUCH LESS ...... 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE .... 4 NOTHING TO DRINK 5 DON'T KNOW 8	MUCH LESS ...... 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE .... 4 NOTHING TO DRINK 5 DON'T KNOW 8	MUCH LESS ...... 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE .... 4 NOTHING TO DRINK 5 DON'T KNOW 8
519	When (NAME) had diarrhea, was he/she given less than usual to eat, about the same amount, more than usual, or nothing to eat? IF LESS, PROBE: Was he/she given much less than usual to eat or somewhat less?	MUCH LESS ...... 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE .... 4 STOPPED FOOD . 5 NEVER GAVE FOOD 6 DON'T KNOW 8	MUCH LESS ...... 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE .... 4 STOPPED FOOD . 5 NEVER GAVE FOOD 6 DON'T KNOW 8	MUCH LESS ...... 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE .... 4 STOPPED FOOD . 5 NEVER GAVE FOOD 6 DON'T KNOW 8
520	Did you seek advice or treatment for the diarrhea from any source?	YES .... 1 NO .... 2 (SKIP TO 524A)←	YES .... 1 NO .... 2 (SKIP TO 524A) ←	YES .... 1 NO .... 2 (SKIP TO 524A)←

521	Where did you seek advice or treatment?
	
	Anywhere else?
	
	PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S).
	
	IF UNABLE TO DETERMINE
	
	IF A HOSPITAL, HEALTH CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE THE NAME OF THE PLACE.
	
	_____
	(NAME OF PLACE(S))
		GOVT. SECTOR
		  GOVT HOSPITAL/
		    CLINIC A
		  PHC CENTER B
		  HEALTH POST C
		  SUB-HTH POST D
		  PHC OUTREACH
		    CLINIC E
		  FCHV F
		  OTHER GOVT.
		  _____ G
		    (SPECIFY)
		NON-GOVT. (NGO) SECT.
		  UMN/RED CROSS H
		  OTHER NGO.
		  _____ I
		    (SPECIFY)
		PRIVATE MED. SECTOR
		  PVT. HOSPITAL J
		  CLINIC/NURSING
		    HOME K
		  PHARMACY ... L
		  OTHER PRIVATE
		  MED._____ M
		    (SPECIFY)
		OTHER SOURCE
		  SHOP .... N
		  TRADITIONAL
		    PRACTITIONER O
		OTHER _____ X
		  (SPECIFY)
			GOVT. SECTOR
			  GOVT HOSPITAL/
			    CLINIC A
			  PHC CENTER B
			  HEALTH POST C
			  SUB-HTH POST D
			  PHC OUTREACH
			    CLINIC E
			  FCHV F
			  OTHER GOVT.
			  _____ G
			    (SPECIFY)
			NON-GOVT. (NGO) SECT.
			  UMN/RED CROSS H
			  OTHER NGO.
			  _____ I
			    (SPECIFY)
			PRIVATE MED. SECTOR
			  PVT. HOSPITAL J
			  CLINIC/NURSING
			    HOME K
			  PHARMACY ... L
			  OTHER PRIVATE
			  MED._____ M
			    (SPECIFY)
			OTHER SOURCE
			  SHOP .... N
			  TRADITIONAL
			    PRACTITIONER O
			OTHER _____ X
			  (SPECIFY)
				GOVT. SECTOR
				  GOVT HOSPITAL/
				    CLINIC A
				  PHC CENTER B
				  HEALTH POST C
				  SUB-HTH POST D
				  PHC OUTREACH
				    CLINIC E
				  FCHV F
				  OTHER GOVT.
				  _____ G
				    (SPECIFY)
				NON-GOVT. (NGO) SECT.
				  UMN/RED CROSS H
				  OTHER NGO.
				  _____ I
				    (SPECIFY)
				PRIVATE MED. SECTOR
				  PVT. HOSPITAL J
				  CLINIC/NURSING
				    HOME K
				  PHARMACY ... L
				  OTHER PRIVATE
				  MED._____ M
				    (SPECIFY)
				OTHER SOURCE
				  SHOP .... N
				  TRADITIONAL
				    PRACTITIONER O
				OTHER _____ X
				  (SPECIFY)

521A	CHECK 521:	☐ FCHV ☐ NOT FCHV CIRCLED CIRCLED ↓ (SKIP TO 521C)←	☐ FCHV ☐ NOT FCHV CIRCLED CIRCLED ↓ (SKIP TO 521C)←	☐ FCHV ☐ NOT FCHV CIRCLED CIRCLED ↓ (SKIP TO 521C)←
521B	Did you seek advice or treatment from an FCHV?	YES .... 1 NO 2	YES .... 1 NO 2	YES .... 1 NO 2

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
521C	CHECK 521:	☐ PHARM. ☐ PHARM. NOT CIRCLED CIRCLED ↓ (SKIP TO 522) ←	☐ PHARM. ☐ PHARM. NOT CIRCLED CIRCLED ↓ (SKIP TO 522) ←	☐ PHARM. ☐ PHARM. NOT CIRCLED CIRCLED ↓ (SKIP TO 522) ←

521D	At the pharmacy:
	a. Was (NAME) examined?
	b. Did you get advice on type
	   of medication to buy?
	c. Did you know exactly what
	   medication to buy and only
	   went there to buy it?
		YES NO DK
		1 2 8
		
		1 2 8
		
		1 2 8
			YES NO DK
			1 2 8
			
			1 2 8
			
			1 2 8
				YES NO DK
				1 2 8
				
				1 2 8
				
				1 2 8

522	CHECK 521:	TWO OR ONLY ☐ MORE ONE ☐ CODES CODE CIRCLED CIRCLED ↓ (SKIP TO 524) ←	TWO OR ONLY ☐ MORE ONE ☐ CODES CODE CIRCLED CIRCLED ↓ (SKIP TO 524) ←	TWO OR ONLY ☐ MORE ONE ☐ CODES CODE CIRCLED CIRCLED ↓ (SKIP TO 524) ←
523	Where did you first seek advice or treatment? USE LETTER CODE FROM 521.	FIRST PLACE . . . ☐	FIRST PLACE . . . ☐	FIRST PLACE . . . ☐
524	How many days after the diarrhea began did you first seek advice or treatment for (NAME)? IF THE SAME DAY, RECORD '00'.	DAYS . . . . . . ☐☐ (SKIP TO 525) ←	DAYS . . . . . . ☐☐ (SKIP TO 525) ←	DAYS . . . . . . ☐☐ (SKIP TO 525) ←
524A	Did you seek advice or treatment from an FCHV?	YES . . . . 1 NO 2	YES . . . . 1 NO 2	YES . . . . 1 NO 2
525	Does (NAME) still have diarrhea?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8
526	Was he/she given a fluid made from a special packet such as Jeevan Jal/Navajeevan to drink?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8
527	Was anything (else) given to treat the diarrhea?	YES . . . . 1 NO . . . . 2 (SKIP TO 529) ← DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 529) ← DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 529) ← DON'T KNOW 8

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____

528	What (else) was given to treat the diarrhea?
	
	Anything else?
	
	RECORD ALL TREATMENTS GIVEN.
		PILL OR SYRUP
		  ANTIBIOTIC . . . . . . A
		  ANTIMOTILITY . B
		  ZINC C
		  OTHER (NOT ANTI-
		    BIOTIC, ANTI-
		    MOTILITY, OR
		    ZINC) . . . . D
		  UNKNOWN PILL
		    OR SYRUP . . . E
		
		INJECTION
		  ANTIBIOTIC . . . . . . F
		  NON-ANTIBIOTIC . G
		  UNKNOWN
		    INJECTION . . . H
		
		(IV) INTRAVENOUS . I
		
		HOME REMEDY/
		  HERBAL MED-
		  ICINE . . . . J
		
		OTHER _____ X
		    (SPECIFY)
			PILL OR SYRUP
			  ANTIBIOTIC . . . . . . A
			  ANTIMOTILITY . B
			  ZINC C
			  OTHER (NOT ANTI-
			    BIOTIC, ANTI-
			    MOTILITY, OR
			    ZINC) . . . . D
			  UNKNOWN PILL
			    OR SYRUP . . . E
			
			INJECTION
			  ANTIBIOTIC . . . . . . F
			  NON-ANTIBIOTIC . G
			  UNKNOWN
			    INJECTION . . . H
			
			(IV) INTRAVENOUS . I
			
			HOME REMEDY/
			  HERBAL MED-
			  ICINE . . . . J
			
			OTHER _____ X
			    (SPECIFY)
				PILL OR SYRUP
				  ANTIBIOTIC . . . . . . A
				  ANTIMOTILITY . B
				  ZINC C
				  OTHER (NOT ANTI-
				    BIOTIC, ANTI-
				    MOTILITY, OR
				    ZINC) . . . . D
				  UNKNOWN PILL
				    OR SYRUP . . . E
				
				INJECTION
				  ANTIBIOTIC . . . . . . F
				  NON-ANTIBIOTIC . G
				  UNKNOWN
				    INJECTION . . . H
				
				(IV) INTRAVENOUS . I
				
				HOME REMEDY/
				  HERBAL MED-
				  ICINE . . . . J
				
				OTHER _____ X
				    (SPECIFY)

529	Has (NAME) been ill with a fever at any time in the last 2 weeks?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8

530	Has (NAME) had an illness with a cough at any time in the last 2 weeks?	YES 1
		NO 2
		  (SKIP TO 533) ◄─┤
		DON'T KNOW 8
			YES 1
			NO 2
			  (SKIP TO 533) ◄─┤
			DON'T KNOW 8
				YES 1
				NO 2
				  (SKIP TO 533) ◄─┤
				DON'T KNOW 8

531	When (NAME) had an illness with a cough, did he/she breathe faster than usual with short, rapid breaths or have difficulty breathing?	YES 1
		NO 2
		  (SKIP TO 534) ◄─┤
		DON'T KNOW 8
			YES 1
			NO 2
			  (SKIP TO 534) ◄─┤
			DON'T KNOW 8
				YES 1
				NO 2
				  (SKIP TO 534) ◄─┤
				DON'T KNOW 8

532	Was the fast or difficult breathing due to a problem in the chest or to a blocked or runny nose?	CHEST ONLY . . . 1 ┐
		NOSE ONLY . . . . . . 2 ┤
		BOTH . . . . 3 ┤
		OTHER _____ 6 ┤
		  (SPECIFY)
		DON'T KNOW . . . . . . 8 ┘
		  (SKIP TO 534) ◄──┘
			CHEST ONLY . . . 1 ┐
			NOSE ONLY . . . . . . 2 ┤
			BOTH . . . . 3 ┤
			OTHER _____ 6 ┤
			  (SPECIFY)
			DON'T KNOW . . . . . . 8 ┘
			  (SKIP TO 534) ◄──┘
				CHEST ONLY . . . 1 ┐
				NOSE ONLY . . . . . . 2 ┤
				BOTH . . . . 3 ┤
				OTHER _____ 6 ┤
				  (SPECIFY)
				DON'T KNOW . . . . . . 8 ┘
				  (SKIP TO 534) ◄──┘

533	CHECK 529:
	
	HAD FEVER?
		YES NO OR DK
		└─┐ □
		           ↓
		      (GO BACK TO
		      503 IN NEXT
		      COLUMN; OR,
		      IF NO MORE
		      BIRTHS, GO
		      TO 545)
		↓
			YES NO OR DK
			└─┐ □
			           ↓
			      (GO BACK TO
			      503 IN NEXT
			      COLUMN; OR,
			      IF NO MORE
			      BIRTHS, GO
			      TO 545)
			↓
				YES NO OR DK
				└─┐ □
				           ↓
				      (GO BACK TO 503 IN
				      NEXT-TO-LAST
				      COLUMN OF NEW
				      QUESTIONNAIRE
				      OR IF NO MORE
				      BIRTHS, GO TO 545)
				↓

534	Now I would like to know how much (NAME) was given to drink (including breastmilk) during the illness with a (fever/cough). Was he/she given less than usual to drink, about the same amount, or more than usual to drink? IF LESS, PROBE: Was he/she given much less than usual to drink or somewhat less?	MUCH LESS . . . . . . 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE . . . . 4 NOTHING TO DRINK 5 DON'T KNOW 8	MUCH LESS . . . . . . 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE . . . . 4 NOTHING TO DRINK 5 DON'T KNOW 8	MUCH LESS . . . . . . 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE . . . . 4 NOTHING TO DRINK 5 DON'T KNOW 8

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
535	When (NAME) had a (fever/cough), was he/she given less than usual to eat, about the same amount, more than usual, or nothing to eat? IF LESS, PROBE: Was he/she given much less than usual to eat or somewhat less?	MUCH LESS ...... 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE .... 4 STOPPED FOOD . 5 NEVER GAVE FOOD 6 DON'T KNOW 8	MUCH LESS ...... 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE .... 4 STOPPED FOOD . 5 NEVER GAVE FOOD 6 DON'T KNOW 8	MUCH LESS ...... 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE .... 4 STOPPED FOOD . 5 NEVER GAVE FOOD 6 DON'T KNOW 8
536	Did you seek advice or treatment for the illness from any source?	YES .... 1 NO .... 2 (SKIP TO 540A)◄──┘	YES .... 1 NO .... 2 (SKIP TO 540A)◄──┘	YES .... 1 NO .... 2 (SKIP TO 540A)◄──┘
537	Where did you seek advice or treatment? Anywhere else? PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S). IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE THE NAME OF THE PLACE. _____ (NAME OF PLACE(S))	GOVT. SECTOR GOVT HOSPITAL/ CLINIC .... A PHC CENTER ... B HEALTH POST ... C SUB-HTH POST . D PHC OUTREACH E FCHV .... F OTHER GOVT. _____ G (SPECIFY) NON-GOVT. (NGO) SECT. UMN/RED CROSS H OTHER GOVT. _____ I (SPECIFY) PRIVATE MED. SECTOR PVT. HOSPITAL J CLINIC/NURSING HOME K PHARMACY ... L OTHER PRIVATE MED. ____ M (SPECIFY) OTHER SOURCE SHOP .... N TRADITIONAL PRACTITIONER O OTHER ____ X (SPECIFY)	GOVT. SECTOR GOVT HOSPITAL/ CLINIC .... A PHC CENTER ... B HEALTH POST ... C SUB-HTH POST . D PHC OUTREACH E FCHV .... F OTHER GOVT. _____ G (SPECIFY) NON-GOVT. (NGO) SECT. UMN/RED CROSS H OTHER GOVT. _____ I (SPECIFY) PRIVATE MED. SECTOR PVT. HOSPITAL J CLINIC/NURSING HOME K PHARMACY ... L OTHER PRIVATE MED. ____ M (SPECIFY) OTHER SOURCE SHOP .... N TRADITIONAL PRACTITIONER O OTHER ____ X (SPECIFY)	GOVT. SECTOR GOVT HOSPITAL/ CLINIC .... A PHC CENTER ... B HEALTH POST ... C SUB-HTH POST . D PHC OUTREACH E FCHV .... F OTHER GOVT. _____ G (SPECIFY) NON-GOVT. (NGO) SECT. UMN/RED CROSS H OTHER GOVT. _____ I (SPECIFY) PRIVATE MED. SECTOR PVT. HOSPITAL J CLINIC/NURSING HOME K PHARMACY ... L OTHER PRIVATE MED. ____ M (SPECIFY) OTHER SOURCE SHOP .... N TRADITIONAL PRACTITIONER O OTHER ____ X (SPECIFY)
537A	CHECK 537:	FCHV NOT / FCHV CIRCLED / CIRCLED (SKIP TO 537C)◄──	FCHV NOT / FCHV CIRCLED / CIRCLED (SKIP TO 537C)◄──	FCHV NOT / FCHV CIRCLED / CIRCLED (SKIP TO 537C)◄──
537B	Did you seek advice or treatment from an FCHV?	YES .... 1 NO 2	YES .... 1 NO 2	YES .... 1 NO 2
537C	CHECK 537:	PHARM. PHARM. NOT CIRCLED CIRCLED (SKIP TO 538)◄──	PHARM. PHARM. NOT CIRCLED CIRCLED (SKIP TO 538)◄──	PHARM. PHARM. NOT CIRCLED CIRCLED (SKIP TO 538)◄──
537D	At the pharmacy: a. Was (NAME) examined? b. Did you get advice on type of medication to buy? c. Did you know exactly what medication to buy and only went there to buy it?	YES NO DK 1 2 8 1 2 8 1 2 8	YES NO DK 1 2 8 1 2 8 1 2 8	YES NO DK 1 2 8 1 2 8 1 2 8

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
538	CHECK 537:	TWO OR ☐ ONLY ☐ MORE ONE CODES CODE CIRCLED CIRCLED ↓ (SKIP TO 540) ←	TWO OR ☐ ONLY ☐ MORE ONE CODES CODE CIRCLED CIRCLED ↓ (SKIP TO 540) ←	TWO OR ☐ ONLY ☐ MORE ONE CODES CODE CIRCLED CIRCLED ↓ (SKIP TO 540) ←
539	Where did you first seek advice or treatment? USE LETTER CODE FROM 537.	FIRST PLACE . . . ☐	FIRST PLACE . . . ☐	FIRST PLACE . . . ☐
540	How many days after the illness began did you first seek advice or treatment for (NAME)? IF THE SAME DAY, RECORD '00'.	DAYS . . . . . . ☐☐ (SKIP TO 541) ←	DAYS . . . . . . ☐☐ (SKIP TO 541) ←	DAYS . . . . . . ☐☐ (SKIP TO 541) ←
540A	Did you seek advice or treatment from an FCHV?	YES . . . . 1 NO 2	YES . . . . 1 NO 2	YES . . . . 1 NO 2
541	Is (NAME) still sick with a (fever/cough)?	FEVER ONLY . . . . . . 1 COUGH ONLY . . . 2 BOTH FEVER AND COUGH . . . . 3 NO, NEITHER . . . . . . 4 DON'T KNOW . . . 8	FEVER ONLY . . . . . . 1 COUGH ONLY . . . 2 BOTH FEVER AND COUGH . . . . 3 NO, NEITHER . . . . . . 4 DON'T KNOW . . . 8	FEVER ONLY . . . . . . 1 COUGH ONLY . . . 2 BOTH FEVER AND COUGH . . . . 3 NO, NEITHER . . . . . . 4 DON'T KNOW . . . 8
542	At any time during the illness, did (NAME) take any drugs for the illness?	YES . . . . 1 NO . . . . 2 (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 545) DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 545) DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (GO BACK TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE OR IF NO MORE BIRTHS, GO TO 545)
543	What drugs did (NAME) take? Any other drugs? RECORD ALL MENTIONED.	ANTIMALARIAL DRUGS CHLOROQUINE A PRIMAQUINE . . . B QUININE . . . . . . C OTHER D (SPECIFY) ANTIBIOTIC DRUGS COTRIMOXAZOLE E AMOXYCILLIN . F CIPROFLOXACIN G PROCAINE PENICILLIN INJECTION . H OTHER DRUGS PARACETAMOL . I IBUPROFEN . . . J COUGH SYRUP K OTHER X (SPECIFY) DON'T KNOW . . . . . . Z	ANTIMALARIAL DRUGS CHLOROQUINE A PRIMAQUINE . . . B QUININE . . . . . . C OTHER D (SPECIFY) ANTIBIOTIC DRUGS COTRIMOXAZOLE E AMOXYCILLIN . F CIPROFLOXACIN G PROCAINE PENICILLIN INJECTION . H OTHER DRUGS PARACETAMOL . I IBUPROFEN . . . J COUGH SYRUP K OTHER X (SPECIFY) DON'T KNOW . . . . . . Z	ANTIMALARIAL DRUGS CHLOROQUINE A PRIMAQUINE . . . B QUININE . . . . . . C OTHER D (SPECIFY) ANTIBIOTIC DRUGS COTRIMOXAZOLE E AMOXYCILLIN . F CIPROFLOXACIN G PROCAINE PENICILLIN INJECTION . H OTHER DRUGS PARACETAMOL . I IBUPROFEN . . . J COUGH SYRUP K OTHER X (SPECIFY) DON'T KNOW . . . . . . Z
544		GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 545.	GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 545.	(GO BACK TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE OR IF NO MORE BIRTHS, GO TO 545)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
545	CHECK 221 AND 224, ALL ROWS: NUMBER OF CHILDREN BORN IN 2057 OR LATER LIVING WITH THE RESPONDENT ONE OR MORE ☐ NONE ☐		→ 548

546	The last time (NAME OF YOUNGEST CHILD) passed stools, what was done to dispose of the stools?	CHILD USED TOILET OR LATRINE . . . 01
		PUT/RINSED
		  INTO TOILET OR LATRINE 02
		PUT/RINSED
		  INTO DRAIN OR DITCH 03
		THROWN INTO GARBAGE 04
		BURIED 05
		LEFT IN THE OPEN 06
		OTHER _____ 96
		           (SPECIFY)	

547	CHECK 526, ALL COLUMNS: NO CHILD RECEIVED ☐ ANY CHILD JEEVAN JAL OR RECEIVED ☐ NAVAJEEVAN JEEVAN JAL OR OR OTHER ORS NAVAJEEVAN OR NOT ASKED OR OTHER ORS		→ 549
548	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	→ 549
548A	Have you ever seen a packet like this? SHOW PACKET OF JEEVAN JAL OR NAVAJEEVAN OR OTHER TYPES OF ORS.	YES . . . . 1 NO 2	
549	CHECK 221 AND 224, ALL ROWS: HAS AT LEAST ONE CHILD DOES NOT HAVE ANY CHILDREN BORN IN 2059 OR LATER ☐ BORN IN 2059 OR LATER ☐ AND LIVING WITH HER AND LIVING WITH HER RECORD NAME OF YOUNGEST CHILD LIVING WITH HER (AND CONTINUE WITH 550) _____ (NAME)		→ 601
550	Now I would like to ask you about liquids or foods (NAME FROM 549) had yesterday during the day or at night. Did (NAME FROM 549) (drink/eat): YES NO DK Plain water? Commercially produced infant formula such as Lactogen? Any fortified baby food such as Cerelac, Nestum, Champion? Any (other) porridge or gruel, such as Lito, Sarbottam Pitho?	YES NO DK PLAIN WATER . . . . 1 2 8 FORMULA . . . . 1 2 8 BABY CEREAL . . . . 1 2 8 OTHER PORRIDGE/GRUEL. . 1 2 8	

NO.	QUESTIONS AND FILTERS		CODING CATEGORIES		SKIP

NO.	QUESTIONS AND FILTERS		CHILD	MOTHER	SKIP
551	Now I would like to ask you about (other) liquids or foods that (NAME FROM 549)/you may have had yesterday during the day or at night. I am interested in whether your child/you had the item even if it was combined with other foods.				
			CHILD	MOTHER	
	Did (NAME FROM 549)/you drink (eat):		YES NO DK	YES NO DK	
	a. Milk such as tinned, powdered, or fresh animal milk?	a	1 2 8	1 2 8	
	b Tea or coffee?	b	1 2 8	1 2 8	
	c. Any other liquids?	c	1 2 8	1 2 8	
	d. Any food such as roti or porridge, made from grains, like rice, millet, wheat, maize, buckwheat or barley ?	d	1 2 8	1 2 8	
	e. Pumpkin, carrots, squash or sweet potatoes (shakharkhanda) that are yellow or orange inside?	e	1 2 8	1 2 8	
	f. White potatoes, white yams, colocasia, or any other foods made from roots?	f	1 2 8	1 2 8	
	g. Any dark green, leafy vegetables such as colocasia leaves, spinach, amaranth leaves, mustard leaves, swiss chard?	g	1 2 8	1 2 8	
	h. Ripe mangoes, papayas, apricot, persimmom?	h	1 2 8	1 2 8	
	i. Any other fruits or vegetables such as banana, apple, guava, amala, orange, tomatoes?	i	1 2 8	1 2 8	
	j. Liver, kidney, heart or other organ meats?	j	1 2 8	1 2 8	
	k. Chicken, goat, lamb, buffalo, pork, duck or any other meat?	k	1 2 8	1 2 8	
	l. Eggs?	l	1 2 8	1 2 8	
	m. Fresh or dried fish or shellfish?	m	1 2 8	1 2 8	
	n. Any foods made from beans, peas, lentils (daal) or nuts?	n	1 2 8	1 2 8	
	o. Cheese, yogurt or other milk products?	o	1 2 8	1 2 8	
	p. Any ghee, oil, fats, or butter, or foods made with any of these?	p	1 2 8	1 2 8	
	q. Any sugary foods such as chocolates, sweets, candies, pastries, cakes, or biscuits?	q	1 2 8	1 2 8	
	r. Any other solid or semi-solid food?	r	1 2 8	1 2 8	

552	CHECK 550 (LAST 2 CATEGORIES: BABY CEREALS OR OTHER PORRIDGE/GRUEL) AND 551 (CATEGORIES d THROUGH r FOR CHILD):	
	AT LEAST ONE "YES" ☐ NOT A SINGLE "YES" ☐	→ 601

553	How many times did (NAME FROM 549) eat solid, semisolid, or soft foods yesterday during the day or at night?	NUMBER OF TIMES . . . . ☐	
	IF 7 OR MORE TIMES, RECORD '7'.	DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	CHECK 313: HAS NOT HAD SEXUAL INTERCOURSE ☐ (313 = 00) ☐ HAS HAD SEXUAL INTERCOURSE		→ 617
	READ TO RESPONDENTS Now I need to ask you some more questions about relationships and sexual life. Once again, let me assure you that your answers are completely confidential. If we should come to any question that you don't want to answer, just let me know and I will skip to the next question.		
602	CHECK 108: 15-24 ☐ 25-49 ☐ YEARS OLD YEARS OLD		→ 606
603	How old was the person you first had sexual intercourse with?	AGE OF PARTNER .... ☐☐ DON'T KNOW 98	→ 604A
604	Would you say this person was ten or more years older than you?	YES .... 1 NO .... 2 DON'T KNOW 8	

604A	What was this person's relationship to you?	HUSBAND 01
		LIVE-IN PARTNER 02
		BOYFRIEND NOT LIVING
		  WITH RESPONDENT 03
		RELATIVE 04
		CASUAL
		  ACQUAINTANCE 05
		SEX WORKER 06
		OTHER _____ 96
		          (SPECIFY)	

605	The first time you had sexual intercourse, was a condom used?	YES .... 1 NO .... 2 DON'T KNOW/DON'T REMEMBER ... 8	
606	When was the last time you had sexual intercourse? IF LESS THAN 12 MONTHS, ANSWER MUST BE RECORDED IN DAYS, WEEKS, OR MONTHS AGO. IF 12 MONTHS OR MORE, ANSWER MUST BE RECORDED IN YEARS AGO.	DAYS AGO .... 1 ☐☐ WEEKS AGO .... 2 ☐☐ MONTHS AGO .... 3 ☐☐ YEARS AGO .... 4 ☐☐	→ 608 → 617

NO.	QUESTIONS AND FILTERS	LAST SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER
607	When was the last time you had sexual intercourse with this other person?		DAYS AGO . . . . . 1 ☐☐ WEEKS AGO . . . . 2 ☐☐ MONTHS AGO . . . 3 ☐☐
608	The last time you had sexual intercourse (with this other person), was a condom used?	YES . . . . 1 NO . . . . 2 (SKIP TO 610) ◄─┘	YES . . . . 1 NO . . . . 2 (SKIP TO 610) ◄─┘
609	Did you use a condom every time you had sexual intercourse with this person in the last 12 months?	YES . . . . 1 NO 2	YES . . . . 1 NO 2

610	What was this person's relationship to you?	HUSBAND 01
		(SKIP TO 615) ◄─┐
		LIVE-IN PARTNER 02
		BOYFRIEND NOT LIVING
		  WITH RESPONDENT 03
		RELATIVE 04
		CASUAL
		  ACQUAINTANCE 05
		SEX WORKER CLIENT 06
		OTHER _____ 96
		(SPECIFY)
			HUSBAND 01
			(SKIP TO 616) ◄─┐
			LIVE-IN PARTNER 02
			BOYFRIEND NOT LIVING
			  WITH RESPONDENT 03
			RELATIVE 04
			CASUAL
			  ACQUAINTANCE 05
			SEX WORKER CLIENT 06
			OTHER _____ 96
			(SPECIFY)

611	For how long (have you had/did you have) a sexual relationship with this person? IF ONLY HAD SEXUAL RELATIONS WITH THIS PERSON ONCE, RECORD '01' DAYS.	DAYS . . . . 1 ☐☐ MONTHS . . . . 2 ☐☐ YEARS . . . . 3 ☐☐	DAYS . . . . 1 ☐☐ MONTHS . . . . 2 ☐☐ YEARS . . . . 3 ☐☐
612	CHECK 108:	15-24 YEARS 25-49 ┌─ OLD YEARS ─┐ │ OLD ▼ (SKIP TO 615) ◄─┘	15-24 YEARS 25-49 ┌─ OLD YEARS ─┐ │ OLD ▼ (SKIP TO 616) ◄─┘
613	How old is this person?	AGE OF PARTNER . . . . ☐☐ (SKIP TO 615) ◄─┘ DON'T KNOW 98	AGE OF PARTNER . . . . ☐☐ (SKIP TO 616) ◄─┘ DON'T KNOW 98
614	Would you say this person is ten or more years older than you?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8
615	Apart from this person, have you had sexual intercourse with any other person in the last 12 months?	YES . . . . 1 (GO BACK TO 607 ◄─┘ IN NEXT COLUMN) NO . . . . 2 (SKIP TO 617) ◄─┘	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
616	In total, with how many different people have you had sexual intercourse in the last 12 months? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.	NUMBER OF PARTNERS IN LAST 12 MONTHS . . . . . . ☐☐ DON'T KNOW 98	
617	Do you know of a place where a person can get condoms?	YES . . . . 1 NO 2	→ 701

618	Where is that?
	
	Any other place?
	
	IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTRE, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL SECTOR, WRITE THE NAME OF THE PLACE(S).
	
	_____
	(NAME OF PLACE(S))
	
	RECORD ALL SOURCES MENTIONED.
		PUBLIC SECTOR
		  GOVT. HOSPITAL/CLINIC . . . . . . A
		  PHC CE. . . . . B
		  HEALTH POST C
		  SUB-HEALTH POST . . . . D
		  PHC OUTREACH . . . . E
		  MOBILE CLINIC . . . . F
		  FCHV . . . . G
		
		  OTHER GOVT. _____ H
		                       (SPECIFY)
		
		NON-GOVT. (NGO) SECTOR
		  FPAN I
		  MARIE STOPES . . . . J
		  ADRA . . . . K
		  NEPAL RED CROSS L
		  UMN . . . . M
		
		  OTHER NGO. _____ N
		                       (SPECIFY)
		PRIVATE MEDICAL SECTOR
		  PRIVATE HOSPITAL/CLINIC/ . . .
		     NURSING HOME O
		  PHARMACY . . . . P
		  OTHER PRIVATE
		     MEDICAL_____ Q
		                       (SPECIFY)
		
		OTHER SOURCE
		  SHOP . . . . R
		  FRIEND/RELATIVE . . . . S
		
		OTHER _____ T
		                       (SPECIFY)
		OTHER _____ X
		                       (SPECIFY)	

619	If you wanted to, could you yourself get a condom?	YES . . . . 1 NO . . . . 2 DON'T KNOW/UNSURE 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

701 CHECK 301:

NEVER MARRIED ☐ ──────────────────────────────→ 713

WIDOWED/DIVORCED/SEPARATED

OTHER ☐
(CODE 1 AND 2) ↓

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702 CHECK 325/325A:

CODE 'A' OR CODE 'B' ☐ ──────────────────────────→ 713
CIRCLED

OTHER ☐
↓

---

703 CHECK 236:

NOT PREGNANT ☐   PREGNANT ☐
OR UNSURE ↓   ↓

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 ──→ 705

SAYS SHE CAN'T GET PREGNANT . . . 3 ──→ 713

UNDECIDED/DON'T KNOW:

  AND PREGNANT . . . . 4 ──→ 710

  AND NOT PREGNANT

    OR UNSURE . . . . 5 ──→ 709

---

704 CHECK 236:

NOT PREGNANT ☐   PREGNANT ☐
OR UNSURE ↓   ↓

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 ──→ 709

SAYS SHE CAN'T GET PREGNANT 994 ──→ 713

AFTER GAUNA 995

OTHER _____ 996 ──→ 709
           (SPECIFY)

DON'T KNOW 998

---

705 CHECK 236:

NOT PREGNANT ☐   PREGNANT ☐ ──────────────────→ 709
OR UNSURE ↓

---

706 CHECK 324: USING A CONTRACEPTIVE METHOD?

NOT ☐   NOT ☐   CURRENTLY ☐ ──────────→ 713
ASKED ↓   CURRENTLY   USING
          USING ↓

---

707 CHECK 704:

NOT ☐   24 OR MORE MONTHS ☐   00-23 MONTHS ☐ ──→ 710
ASKED ↓   OR 02 OR MORE YEARS ↓   OR 00-01 YEAR

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

708 CHECK 703:

WANTS TO HAVE A/ANOTHER CHILD ☐	WANTS NO MORE/ NONE ☐

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 are not using a method?

Any other reason?

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 you are not using a method?

Any other reason?

RECORD ALL REASONS MENTIONED.

FERTILITY-RELATED REASONS
NOT HAVING SEX . . . . B
INFREQUENT SEX C
MENOPAUSAL/HYSTERECTOMY . D
SUBFECUND/INFECUND . . . . E
POSTPARTUM AMENORRHEIC . . . F
BREASTFEEDING . . . . G
FATALISTIC/UP TO GOD . . . . 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
COSTS TOO MUCH . . . . R
INCONVENIENT TO USE . . . . S
INTERFERES WITH BODY'S
   NORMAL PROCESSES . . . . T
DON'T LIKE EXISTING METHODS . . U

OTHER _____ X
        (SPECIFY)
DON'T KNOW . . . . Z

---

709 CHECK 324: USING A CONTRACEPTIVE METHOD?

NOT ASKED ☐	NO, NOT CURRENTLY USING ☐	YES, CURRENTLY USING ☐	→ 713

---

710 Do you think you will use a contraceptive method to delay or avoid pregnancy at any time in the future?

YES 1
NO . . . . 2 → 712
DON'T KNOW . . . . 8 → 713

---

711 Which contraceptive method would you prefer to use?

FEMALE STERILIZATION 01
MALE STERILIZATION 02
PILL 03
IUD/LOOP 04
INJECTABLES 05
IMPLANTS 06
CONDOM 07
FEMALE CONDOM 08
DIAPHRAGM 09
FOAM/JELLY 10
RHYTHM METHOD 11
WITHDRAWAL 12

OTHER _____ 96
        (SPECIFY)
UNSURE 98

→ 713

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

712	What is the main reason that you think you will not use a contraceptive method at any time in the future?	FERTILITY-RELATED REASONS
		 INFREQUENT SEX/NO SEX 11
		 MENOPAUSAL/HYSTERECTOMY 12
		 SUBFECUND/INFECUND 13
		 FATALISTIC 14
		 WANTS AS MANY CHILDREN AS
		  POSSIBLE 15
		
		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
		 COSTS TOO MUCH 44
		 INCONVENIENT TO USE 45
		 INTERFERES WITH BODY'S
		  NORMAL PROCESSES 46
		
		OTHER _____ 96
		          (SPECIFY)
		DON'T KNOW 98	

713	CHECK 222: 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.	NONE .... 00 NUMBER .... ☐☐ OTHER _____ 96 (SPECIFY)	→ 715 → 715
714	How many of these children would you like to be boys, how many would you like to be girls and for how many would the sex not matter?	BOYS GIRLS EITHER NUMBER ☐☐ ☐☐ ☐☐ OTHER _____ 96 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
715	In the last few months have you heard or seen any message about family planning:	YES NO	
	a. On the radio?	RADIO 1 2	
	b. On the television?	TELEVISION 1 2	
	c. In a newspaper, magazine or brochure?	NEWSPAPER/MAG./BROCH. . . . 1 2	
	d. On a poster, hoarding board or billboard?	POSTER/HBOARD 1 2	
	e. Street dramas?	STREET DRAMAS 1 2	
716	CHECK 301: CURRENTLY MARRIED ☐ OTHER ☐		→ 801
717	CHECK 325/325A: CODE 'B' OR 'G' OR 'M' CIRCLED ☐ NO CODE CIRCLED ☐ OTHER ☐		→ 719 → 719A
718	Does your husband know that you are using a method of family planning?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
719	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 (SPECIFY)_____ 6	
719A	Now I want to ask you about your husband's views on family planning. Do you think your husband approves or disapproves of couples using a method to avoid pregnancy?	APPROVES . . . . 1 DISAPPROVES . . . . 2 DON'T KNOW 8	
719B	How often have you talked to your husband about family planning in the past year?	NEVER . . . . 1 ONCE OR TWICE . . . . 2 MORE OFTEN 3	
720	CHECK 325/325A: CODE 'A' OR CODE 'B' CIRCLED ☐ OTHER ☐		→ 801
721	Does your husband want 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	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
801	CHECK 301: CURRENTLY MARRIED/ ☐ NEVER MARRIED ☐ OTHER ☐		→ 806 → 803
802	How old was your husband on his last birthday?	AGE IN COMPLETED YEARS ☐☐	
803	Did your (last) husband ever attend school?	YES . . . . 1 NO 2	→ 805
804	What was the highest grade he completed?	GRADE . . . . ☐☐ DON'T KNOW 98	
805	CHECK 801: CURRENTLY MARRIED ☐ OTHER ☐ What is your husband's occupation? That is, what kind of work does he mainly do? What was your (last) husband's occupation? That is, what kind of work did he mainly do?	☐☐ _____ _____ _____	
806	Aside from your own housework, have you done any work in the last seven days?	YES . . . . 1 NO 2	→ 810
807	As you know, some women take up jobs for which they are paid in cash or kind. Others sell things, have a small business or work on the family farm or in the family business. In the last seven days, have you done any of these things or any other work?	YES . . . . 1 NO 2	→ 810
808	Although you did not work in the last seven days, do you have any job or business from which you were absent for leave, illness, vacation, maternity leave or any other such reason?	YES . . . . 1 NO 2	→ 810
809	Have you done any work in the last 12 months?	YES . . . . 1 NO 2	→ 817
810	What is your occupation, that is, what kind of work do you mainly do?	☐☐ _____ _____ _____	
811	CHECK 810: WORKS IN AGRICULTURE ☐ DOES NOT WORK IN AGRICULTURE ☐		→813
812	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 . . . . 1 FAMILY LAND . . . . 2 RENTED LAND . . . . 3 SOMEONE ELSE'S LAND 4	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
813	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	
814	Do you usually work at home or away from home?	HOME . . . . 1 AWAY 2	
815	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	
816	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	
817	CHECK 301: CURRENTLY MARRIED ☐ OTHER ☐		→ 822
818	CHECK 816: CODE 1 OR 2 CIRCLED ☐ OTHER ☐		→ 821

819	Who usually decides how the money that you earn will be used: you, your husband, or you and your husband jointly?	RESPONDENT 1
		HUSBAND 2
		RESPONDENT AND
		   HUSBAND JOINTLY 3
		OTHER _____ 6
		                SPECIFY	

820	Would you say that the money that you earn is more than what your husband earns, less than what he earns, or about the same?	MORE THAN HIM . . . . 1 LESS THAN HIM . . . . 2 ABOUT THE SAME . . . . 3 HUSBAND DOESN'T BRING IN ANY MONEY . . . . 4 DON'T KNOW 8	→ 822

821	Who usually decides how your husband's earnings will be used: you, your husband, or you and your husband jointly?	RESPONDENT 1
		HUSBAND 2
		RESPONDENT AND
		   HUSBAND JOINTLY . . . 3
		HUSBAND HAS
		   NO EARNINGS 4
		OTHER _____ 6
		                SPECIFY	

822	Who usually makes decisions about health care for yourself?	SELF	HUS-BAND	BOTH	SOME-ONE ELSE	OTHER	SKIP
		1	2	3	4	6	
823	Who usually makes decisions about making major household purchases?	1	2	3	4	6	
824	Who usually makes decisions about making purchases for daily household needs?	1	2	3	4	6	
825	Who usually makes decisions about visits to your family or relatives?	1	2	3	4	6	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP
826	PRESENCE OF OTHERS AT THIS POINT (PRESENT AND LISTENING, PRESENT BUT NOT LISTENING, OR NOT PRESENT)	PRES./ LISTEN.	PRES./ NOT LISTEN.	NOT PRES.	
		CHILDREN < 10 1	2	3	
		HUSBAND 1	2	3	
		OTHER MALES 1	2	3	
		OTHER FEMALES ... 1	2	3	
827	Sometimes a husband is annoyed or angered by things that his wife does. In your opinion, is a husband justified in hitting or beating his wife in the following situations:	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
901	Now I would like to talk about something else. Have you ever heard of an illness called AIDS?	YES .... 1 NO 2	→ 915
902	Can people reduce their chance of getting the AIDS virus by having just one uninfected sex partner who has sexual intercourse with no other partners?	YES .... 1 NO .... 2 DON'T KNOW 8	
903	Can people get the AIDS virus from mosquito bites?	YES .... 1 NO .... 2 DON'T KNOW 8	
904	Can people reduce their chance of getting the AIDS virus by using a condom every time they have sex?	YES .... 1 NO .... 2 DON'T KNOW 8	
905	Can people get the AIDS virus by sharing food with a person who has AIDS?	YES .... 1 NO .... 2 DON'T KNOW 8	
906	Can people reduce their chance of getting the AIDS virus by not having sexual intercourse at all?	YES .... 1 NO .... 2 DON'T KNOW 8	
907	Can people get the AIDS virus by touching someone who has AIDS?	YES .... 1 NO .... 2 DON'T KNOW 8	
908	Is it possible for a healthy-looking person to have the AIDS virus?	YES .... 1 NO .... 2 DON'T KNOW 8	
908A	Have you ever been tested to see if you have the AIDS virus?	YES .... 1 NO .... 2 DON'T KNOW 8	→ 909
908B	Did you test positive for the AIDS virus?	YES .... 1 NO .... 2 DON'T KNOW 8	
909	Do you know of a place where people can go to get tested for the AIDS virus?	YES .... 1 NO 2	→ 911

910	Where is that?
	
	Any other place?
	
	PROBE TO IDENTIFY EACH TYPE OF SOURCE AND
	CIRCLE THE APPROPRIATE CODE(S).
	
	IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER
	VCT CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL,
	WRITE THE NAME OF THE PLACE.
	
	_____
	(NAME OF PLACE(S))
		GOVT. SECTOR
		  GOVERNMENT HOSPITAL .... A
		  VCT CENTER .... B
		
		  OTHER GOVT. _____ C
		          (SPECIFY)
		
		NON-GOVT. SECTOR
		  FPAN .... D
		  AMDA .... E
		  INF .... F
		  NEPAL RED CROSS .... G
		
		  OTHER GOVT. _____ H
		         (SPECIFY)
		
		PRIVATE MEDICAL SECTOR
		  PRIVATE HOSPITAL/CLINIC/
		    PRIVATE DOCTOR I
		
		  OTHER PRIVATE
		    MEDICAL _____ J
		        (SPECIFY)
		
		OTHER _____ X
		     (SPECIFY)	

911	Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had the AIDS virus?	YES .... 1 NO .... 2 DON'T KNOW 8	
912	If a member of your family got infected with the AIDS virus, would you want it to remain a secret or not?	YES, REMAIN A SECRET .... 1 NO .... 2 DK/NOT SURE/DEPENDS 8	
913	If a member of your family became sick with AIDS, would you be willing to care for her or him in your own household?	YES .... 1 NO .... 2 DK/NOT SURE/DEPENDS 8	
914	In your opinion, if a female teacher has the AIDS virus but is not sick, should she be allowed to continue teaching in the school?	SHOULD BE ALLOWED .... 1 SHOULD NOT BE ALLOWED .... 2 DK/NOT SURE/DEPENDS 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
915	CHECK 901: HEARD ABOUT ☐ AIDS NOT HEARD ☐ ABOUT AIDS Apart from AIDS, have you heard about other infections that can be transmitted through sexual contact? Have you heard about infections that can be transmitted through sexual contact?	YES .... 1 NO 2	
916	CHECK 313: HAS HAD SEXUAL ☐ INTERCOURSE HAS NOT HAD SEXUAL ☐ INTERCOURSE		→ 924
917	CHECK 915: HEARD ABOUT OTHER SEXUALLY TRANSMITTED INFECTIONS? YES ☐ NO ☐		→ 919
918	Now I would like to ask you some questions about your health in the last 12 months. During the last 12 months, have you had a disease which you got through sexual contact?	YES .... 1 NO .... 2 DON'T KNOW 8	
919	Sometimes women experience a bad smelling abnormal genital discharge. During the last 12 months, have you had a bad smelling abnormal genital discharge?	YES .... 1 NO .... 2 DON'T KNOW 8	
920	Sometimes women have a genital sore or ulcer. During the last 12 months, have you had a genital sore or ulcer?	YES .... 1 NO .... 2 DON'T KNOW 8	
921	CHECK 918, 919, AND 920: HAS HAD AN ☐ INFECTION (ANY 'YES') HAS NOT HAD AN ☐ INFECTION OR DOES NOT KNOW		→ 924
922	The last time you had (PROBLEM FROM 918/919/920), did you seek any kind of advice or treatment?	YES .... 1 NO 2	→ 924

923	Where did you go?
	
	Any other place?
	
	PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S).
	
	IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER VCT CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.
	
	(NAME OF PLACE(S))
		GOVT. SECTOR
		  GOVERNMENT HOSPITAL .... A
		  PRIMARY HEALTH CARE .... B
		  HEALTH POST C
		  SUB-HEALTH POST .... D
		  PHC OUTREACH . E
		  FAMILY PLANNING CLINIC ... F
		  MOBILE CLINIC .... G
		  FIELDWORKER .... H
		
		  OTHER GOVT. _____ I
		      (SPECIFY)
		
		NON-GOVT. SECTOR
		  FPAN .... J
		  AMDA .... K
		  INF L
		  NEPAL RED CROSS .... M
		  UMN .... N
		  OTHER NON-GOVT. _____ O
		      (SPECIFY)
		
		PRIVATE MEDICAL SECTOR
		  PRIVATE HOSPITAL/CLINIC/
		    PRIVATE DOCTOR .... P
		  OTHER PRIVATE
		    MEDICAL _____ Q
		      (SPECIFY)
		
		OTHER SOURCE
		  OTHER _____ X
		      (SPECIFY)	

924	If a wife knows her husband has a disease that she can get during sexual intercourse, is she justified in refusing to have sex with him?	YES .... 1 NO .... 2 DON'T KNOW 8	
925	Is a wife justified in refusing to have sex with her husband when she is tired or not in the mood?	YES .... 1 NO .... 2 DON'T KNOW 8	
926	Is a wife justified in refusing to have sex with her husband when she knows her husband has sex with other women?	YES .... 1 NO .... 2 DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1001	Have you ever heard of an illness called tuberculosis or TB?	YES . . . . 1 NO 2	→ 1005A

1002	How does tuberculosis spread from one person to another?
	
	PROBE: Any other ways?
	
	RECORD ALL MENTIONED.
		THROUGH THE AIR WHEN
		    COUGHING OR SNEEZING . . . . A
		THROUGH SHARING UTENSILS . . . . . . B
		THROUGH TOUCHING A PERSON
		    WITH TB C
		THROUGH FOOD . . . . D
		THROUGH SEXUAL CONTACT . . . . . . E
		THROUGH MOSQUITO BITES . . . . F
		THROUGH SPIT . . . . G
		
		OTHER _____ X
		            (SPECIFY)
		DON'T KNOW . . . . Z	

1003	Can tuberculosis be cured?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
1004	If a member of your family got tuberculosis, would you want it to remain a secret or not?	YES, REMAIN A SECRET . . . . 1 NO . . . . 2 DON'T KNOW/NOT SURE/ DEPENDS 8	
1005A	Do you have a tetanus injection card (s)? IF YES: May I see it please?	YES, SEEN . . . . 1 YES, NOT SEEN . . . . 2 NO CARD 3	→ 1005C

1005B	(1) COPY VACCINATION DATE FOR EACH VACCINE FROM
	        THE CARD(S).
	(2) WRITE '44' IN 'DAY' COLUMN IF CARD SHOWS THAT A
	        VACCINATION WAS GIVEN, BUT NO DATE IS RECORDED.
		DAY MONTH YEAR
		TT1
		TT2
		TT3
		TT4
		TT5
			→ 1005E

1005C	CHECK 414:
	    HAS NOT RECEIVED HAS RECEIVED
	    TETANUS INJECTION TETANUS INJECTION
	        OR NOT ASKED
			→ 1005E

1005D	Have you ever received a tetanus injection?	YES . . . . 1 NO 2	→ 1005F
1005E	How many tetanus injections have you received in your lifetime?	NUMBER . . . . DON'T KNOW 98	

1005F	CHECK 213:
	    ONE OR MORE NO BIRTHS
	        BIRTHS
			→ 1006

1005G	Have you ever experienced signs of uterine prolapse (Patheghar Khasne/ Ang Khasne)?	YES . . . . 1 NO 2	
1006	Do you currently smoke cigarettes?	YES . . . . 1 NO 2	→ 1008

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1007	In the last 24 hours, how many cigarettes did you smoke?	CIGARETTES .... ☐☐	
1008	Do you currently smoke or use any other type of tobacco?	YES .... 1 NO 2	→ 1010
1009	What (other) type of tobacco do you currently smoke or use? RECORD ALL MENTIONED.	PIPE .... A CHEWING TOBACCO .... B SNUFF .... C OTHER _____ X (SPECIFY)	

1010	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 or not?		BIG PROB-LEM	NOT A BIG PROB-LEM
	Getting permission to go?	PERMISSION TO GO ...	1	2
	Getting money needed for treatment?	GETTING MONEY	1	2
	The distance to the health facility?	DISTANCE	1	2
	Having to take transport?	TAKING TRANSPORT ...	1	2
	Not wanting to go alone?	GO ALONE	1	2
	Concern about security?	SECURITY	1	2
	Concern that there may not be a female health provider?	NO FEMALE PROV. ...	1	2
	Concern that there may not be any health provider?	NO PROVIDER ...	1	2
	Concern that there may be no drugs available?	NO DRUGS ...	1	2

1010A	In the last few months have you heard or seen the following programs on the radio and/or television:		YES	NO
	Jana Swastha Radio Karyakram?	JANA SWASTHA	1	2
	Sewa Nai Dharma Ho?	SEWA NAI DHARMA	1	2
	Gyan Nai Shakti Ho?	GYAN NAI SHAKTI	1	2
	Hamro Swastha Radio Karyakram?	HAMRO SWASTHA ...	1	2
	Jeevan Chakra?	JEEVAN CHAKRA	1	2
	Teli-Swastha Karyakram?	TELI-SWASTHA	1	2
	Ek Apaas Ka Kura?	EK APAAS KA KURA ...	1	2
	Sathi Sanga Manka Kura?	SATHI SANGA MANKA .	1	2
	Desh Pardesh?	DESH PARDESH	1	2

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1011	Did you use soap for any purpose yesterday?	YES . . . . 1 NO 2	→ 1101
1012	For what purpose did you use soap? Any other purpose? RECORD ALL MENTIONED.	HANDWASHING . . . . A WASHING OWN BODY . . . . B WASHING CHILD'S HANDS . . . . C WASHING CHILD'S BODY . . . . D WASHING CLOTHES . . . . E OTHER X	
1013	CHECK 1012: CODE 'A' ☐ CODE 'A' ☐ CIRCLED ↓ NOT CIRCLED		→ 1101
1014	How many times did you wash your hands with soap yesterday? IF MORE THAN 7 TIMES, RECORD '7.'	TIMES . . . . ☐ DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES					SKIP
1101	Now I would like to ask you some questions about your brothers and sisters, that is, all of the children born to your natural mother, including those who are living with you, those living elsewhere and those who have died. How many children did your mother give birth to, including you?	NUMBER OF BIRTHS TO NATURAL MOTHER					
1102	CHECK 1101: TWO OR MORE BIRTHS ☐ ONLY ONE BIRTH ☐ (RESPONDENT ONLY)						→1114
1103	How many of these births did your mother have before you were born?	NUMBER OF PRECEDING BIRTHS					

NO.	QUESTIONS AND FILTERS	(1)	(2)	(3)	(4)	(5)	(6)
1104	What was the name given to your oldest (next oldest) brother or sister?	_____	_____	_____	_____	_____	_____
1105	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
1106	Is (NAME) still alive?	YES . . . 1 NO . . . 2 GO TO 1108 DK . . . 8 GO TO (2)	YES . . . 1 NO . . . 2 GO TO 1108 DK . . . 8 GO TO (3)	YES . . . 1 NO . . . 2 GO TO 1108 DK . . . 8 GO TO (4)	YES . . . 1 NO . . . 2 GO TO 1108 DK . . . 8 GO TO (5)	YES . . . 1 NO . . . 2 GO TO 1108 DK . . . 8 GO TO (6)	YES . . . 1 NO . . . 2 GO TO 1108 DK . . . 8 GO TO (7)
1107	How old is (NAME)?	☐☐ GO TO (2)	☐☐ GO TO (3)	☐☐ GO TO (4)	☐☐ GO TO (5)	☐☐ GO TO (6)	☐☐ GO TO (7)
1108	How many years ago did (NAME) die?	☐☐	☐☐	☐☐	☐☐	☐☐	☐☐
1109	How old was (NAME) when he/she died?	☐☐ IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (2)	☐☐ IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (3)	☐☐ IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (4)	☐☐ IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (5)	☐☐ IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (6)	☐☐ IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (7)
1110	Was (NAME) pregnant when she died?	YES . . . 1 GO TO 1113 NO . . . 2	YES . . . 1 GO TO 1113 NO . . . 2	YES . . . 1 GO TO 1113 NO . . . 2	YES . . . 1 GO TO 1113 NO . . . 2	YES . . . 1 GO TO 1113 NO . . . 2	YES . . . 1 GO TO 1113 NO . . . 2
1111	Did (NAME) die during childbirth?	YES . . . 1 GO TO 1113 NO . . . 2	YES . . . 1 GO TO 1113 NO . . . 2	YES . . . 1 GO TO 1113 NO . . . 2	YES . . . 1 GO TO 1113 NO . . . 2	YES . . . 1 GO TO1113 NO . . . 2	YES . . . 1 GO TO 1113 NO . . . 2
1112	Did (NAME) die within two months after the end of a 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
1113	How many live born children did (NAME) give birth to during her lifetime (before this pregnancy)?	☐☐	☐☐	☐☐	☐☐	☐☐	☐☐

IF NO MORE BROTHERS OR SISTERS, GO TO 1114.

1104	What was the name given to your oldest (next oldest) brother or sister?	(7) _____	(8) _____	(9) _____	(10) _____	(11) _____	(12) _____
1105	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
1106	Is (NAME) still alive?	YES . . . 1 NO . . . 2 GO TO 1108 DK . . . 8 GO TO (8)	YES . . . 1 NO . . . 2 GO TO 1108 DK . . . 8 GO TO (9)	YES . . . 1 NO . . . 2 GO TO 1108 DK . . . 8 GO TO (10)	YES . . . 1 NO . . . 2 GO TO 1108 DK . . . 8 GO TO (11)	YES . . . 1 NO . . . 2 GO TO 1108 DK . . . 8 GO TO (12)	YES . . . 1 NO . . . 2 GO TO 1108 DK . . . 8 GO TO (13)
1107	How old is (NAME)?	☐☐ GO TO (8)	☐☐ GO TO (9)	☐☐ GO TO (10)	☐☐ GO TO (11)	☐☐ GO TO (12)	☐☐ GO TO (13)
1108	How many years ago did (NAME) die?	☐☐	☐☐	☐☐	☐☐	☐☐	☐☐
1109	How old was (NAME) when he/she died?	☐☐ IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [8]	☐☐ IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (9)	☐☐ IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (10)	☐☐ IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (11)	☐☐ IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (12)	☐☐ IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (13)
1110	Was (NAME) pregnant when she died?	YES . . . 1 GO TO 1113 NO . . . 2	YES . . . 1 GO TO 1113 NO . . . 2	YES . . . 1 GO TO 1113 NO . . . 2	YES . . . 1 GO TO 1113 NO . . . 2	YES . . . 1 GO TO 1113 NO . . . 2	YES . . . 1 GO TO 1113 NO . . . 2
1111	Did (NAME) die during childbirth?	YES . . . 1 GO TO 1113 NO . . . 2	YES . . . 1 GO TO 1113 NO . . . 2	YES . . . 1 GO TO 1113 NO . . . 2	YES . . . 1 GO TO 1113 NO . . . 2	YES . . . 1 GO TO 1113 NO . . . 2	YES . . . 1 GO TO 1113 NO . . . 2
1112	Did (NAME) die within two months after the end of a 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
1113	How many live born children did (NAME) give birth to during her lifetime (before this pregnancy)?	☐☐	☐☐	☐☐	☐☐	☐☐	☐☐

IF NO MORE BROTHERS OR SISTERS, GO TO 1114.

1114	RECORD THE TIME.	HOUR . . . . ☐☐ MINUTES . . . . ☐☐

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

_____

_____

_____

_____

_____

_____

COMMENTS ON SPECIFIC QUESTIONS:

_____

_____

_____

_____

_____

ANY OTHER COMMENTS:

_____

_____

_____

_____

_____

SUPERVISOR'S OBSERVATIONS

_____

_____

_____

_____

_____

_____

_____

NAME OF SUPERVISOR: _____ DATE: _____

EDITOR'S OBSERVATIONS

_____

_____

_____

_____

_____

NAME OF EDITOR: _____ DATE: _____

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

INFORMATION TO BE CODED FOR EACH COLUMN

    BIRTHS, PREGNANCIES, CONTRACEPTIVE USE **
  B   BIRTHS
  P   PREGNANCIES
  A   INDUCED ABORTIONS
  T   STILLBIRTHS/MISCARRIAGE

  0   NO METHOD
  1   FEMALE STERILIZATION
  2   MALE STERILIZATION
  3   PILL
  4   IUD
  5   INJECTABLES
  6   IMPLANTS
  7   CONDOM
  9   DIAPHRAGM
  J   FOAM OR JELLY
  L   RHYTHM METHOD
  M   WITHDRAWAL
  X   OTHER _____
            (SPECIFY)

	12	CHAITRA	01	
	11	FALGUN	02	
	10	MAGH	03	
	09	POUSH	04	
2	08	MANGSIR	05	
0	07	KARTIK	06	
6	06	ASHWIN	07	
3	05	BHADRA	08	
	04	SRAWAN	09	
	03	ASHAR	10	
	02	JAISTHA	11	
	01	BAISHAK	12	
	12	CHAITRA	13	
	11	FALGUN	14	
	10	MAGH	15	
	09	POUSH	16	
2	08	MANGSIR	17	
0	07	KARTIK	18	
6	06	ASHWIN	19	
2	05	BHADRA	20	
	04	SRAWAN	21	
	03	ASHAR	22	
	02	JAISTHA	23	
	01	BAISHAK	24	
	12	CHAITRA	25	
	11	FALGUN	26	
	10	MAGH	27	
	09	POUSH	28	
	08	MANGSIR	29	
2	07	KARTIK	30	
0	06	ASHWIN	31	
6	05	BHADRA	32	
1	04	SRAWAN	33	
	03	ASHAR	34	
	02	JAISTHA	35	
	01	BAISHAK	36	
	12	CHAITRA	37	
	11	FALGUN	38	
	10	MAGH	39	
	09	POUSH	40	
2	08	MANGSIR	41	
0	07	KARTIK	42	
6	06	ASHWIN	43	
0	05	BHADRA	44	
	04	SRAWAN	45	
	03	ASHAR	46	
	02	JAISTHA	47	
	01	BAISHAK	48	
	12	CHAITRA	49	
	11	FALGUN	50	
	10	MAGH	51	
	09	POUSH	52	
2	08	MANGSIR	53	
0	07	KARTIK	54	
5	06	ASHWIN	55	
9	05	BHADRA	56	
	04	SRAWAN	57	
	03	ASHAR	58	
	02	JAISTHA	59	
	01	BAISHAK	60	
	12	CHAITRA	61	
	11	FALGUN	62	
	10	MAGH	63	
	09	POUSH	64	
2	08	MANGSIR	65	
0	07	KARTIK	66	
5	06	ASHWIN	67	
8	05	BHADRA	68	
	04	SRAWAN	69	
	03	ASHAR	70	
	02	JAISTHA	71	
	01	BAISHAK	72	
	12	CHAITRA	73	
	11	FALGUN	74	
	10	MAGH	75	
	09	POUSH	76	
2	08	MANGSIR	77	
0	07	KARTIK	78	
5	06	ASHWIN	79	
7	05	BHADRA	80	
	04	SRAWAN	81	
	03	ASHAR	82	
	02	JAISTHA	83	
	01	BAISHAK	84	

NEPAL DEMOGRAPHIC AND HEALTH SURVEY 2006
MAN'S QUESTIONNAIRE

IDENTIFICATION

NAME AND CODE OF DISTRICT _____

NAME AND CODE OF VILLAGE/MUNICIPALITY _____

WARD NUMBER . . . .

CLUSTER NUMBER . . . .

HOUSEHOLD NUMBER . . . .

CITY/TOWN/RURAL . . . .
(CITY=1, TOWN=2, RURAL=3)

NAME AND LINE NUMBER OF MAN _____

NAME OF HOUSEHOLD HEAD _____

INTERVIEWER VISITS

	1	2	3	FINAL VISIT	
DATE	_____	_____	_____	DAY	
				MONTH	
				YEAR	2 0 6
INTERVIEWER'S NAME	_____	_____	_____	INT. NUMBER	
RESULT*	_____	_____	_____	RESULT	
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS	
TIME	_____	_____			

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

LANGUAGE OF QUESTIONNAIRE   ENGLISH _____   5

LANGUAGE OF INTERVIEW   _____

NATIVE LANGUAGE OF RESPONDENT   _____

TRANSLATOR USED (YES=1; NO=2)   . . . .

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

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

INTRODUCTION AND CONSENT

INFORMED CONSENT

Hello. My name is _____ and I am working with the MINISTRY OF HEALTH AND
POPULATION. We areconducting a national survey to ask men and women about various health issues. We would very much
appreciate your participation in this survey. This information will help the government to plan health services. The survey usually
takes about 30 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 if we should come to any question you don't want to answer, just let me know and
I will go on to the next question; or you can stop the interview at any time. However, we hope 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	
102	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	→ 104
103	Just before you moved here, did you live in a city, in a town, or in the countryside?	CITY . . . . 1 TOWN . . . . 2 COUNTRYSIDE 3	
104	Have you travelled away from your home community at any time in the last 12 months?	YES . . . . 1 NO 2	→ 107
105	How many months in total have you been away in the last 12 months? IF LESS THAN 1 MONTH RECORD '00'.	NUMBER OF MONTHS	
106	Where have you travelled in the last 12 months? PROBE: Anywhere else? RECORD ALL PLACES MENTIONED.	NEPAL . . . . A INDIA _____ B (SPECIFY CITY/STATE) OTHER _____ X (SPECIFY COUNTRY)	
107	In what month and year were you born?	MONTH . . . . DON'T KNOW MONTH . . . . 98 YEAR . . . . DON'T KNOW YEAR 9998	
108	How old were you at your last birthday? COMPARE AND CORRECT 107 AND/OR 108 IF INCONSISTENT.	AGE IN COMPLETED YEARS	
109	Have you ever attended school?	YES . . . . 1 NO 2	→ 112
110	What is the highest grade you completed?	GRADE	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
111	CHECK 110: GRADE 5 ☐ GRADE 6 ☐ OR LOWER OR HIGHER		→ 115

112	Now I would like you to read this sentence to me.
	
	SHOW CARD TO RESPONDENT.
	
	IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE: Can you read any part of the sentence to me?
		CANNOT READ AT ALL 1
		ABLE TO READ ONLY PARTS OF
		   SENTENCE 2
		ABLE TO READ WHOLE SENTENCE. . 3
		NO CARD WITH REQUIRED
		   LANGUAGE _____ 4
		         (SPECIFY LANGUAGE)
		BLIND/VISUALLY IMPAIRED 5	

113	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	
114	CHECK 112: CODE '2', '3' CODE '1' OR '5' ☐ OR '4' ☐ CIRCLED CIRCLED		→ 116
115	Do you read a newspaper or magazine almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY . . . . 1 AT LEAST ONCE A WEEK . . . . 2 LESS THAN ONCE A WEEK . . . . 3 NOT AT ALL 4	
116	Do you listen to the radio almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY . . . . 1 AT LEAST ONCE A WEEK . . . . 2 LESS THAN ONCE A WEEK . . . . 3 NOT AT ALL 4	
117	Do you watch television almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY . . . . 1 AT LEAST ONCE A WEEK . . . . 2 LESS THAN ONCE A WEEK . . . . 3 NOT AT ALL 4	
118	What is your religion?	HINDU 1 BUDDHIST . . . . 2 MUSLIM . . . . 3 KIRAT . . . . 4 CHRISTIAN . . . . 5 OTHER _____ 6 (SPECIFY)	
119	What is your caste/ethnicity? WRITE CASTE/ETHNICITY ON LINE PROVIDED. LEAVE BOX BLANK. CODE WILL BE FILLED BY FIELD EDITOR.	☐☐ _____ (CASTE/ETHNICITY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
201	Now I would like to ask about any children you have had during your life. I am interested in all of the children that are biologically yours, even if they are not legally yours or do not have your last name. Have you ever fathered any children with any woman?	YES .... 1 NO .... 2 DON'T KNOW 8	→ 206
202	Do you have any sons or daughters that you have fathered 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 that you have fathered 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 fathered a son or a daughter who was born alive but later died? IF NO, PROBE: Any baby who cried or showed signs of life but did not survive?	YES .... 1 NO .... 2 DON'T KNOW 8	→ 208
207	How many boys have died? And how many girls have died? IF NONE, RECORD '00'.	BOYS DEAD .... ☐☐ GIRLS DEAD .... ☐☐	
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL CHILDREN .... ☐☐	
209	CHECK 208: HAS HAD MORE THAN ONE CHILD ☐ HAS HAD ONLY ONE CHILD ☐ → 212 HAS NOT HAD ANY CHILDREN ☐ → 301		
210	Did all of the children you have fathered have the same biological mother?	YES .... 1 NO 2	→ 212
211	In all, how many women have you fathered children with?	NUMBER OF WOMEN .... ☐☐	
212	How old were you when your (first) child was born?	AGE IN YEARS .... ☐☐	
212A	CHECK 203 AND 205: AT LEAST ONE LIVING CHILD ☐ NO LIVING CHILDREN ☐ → 301		
213	How many years old is your (youngest) child?	AGE IN YEARS .... ☐☐	
214	CHECK 213: (YOUNGEST) CHILD IS AGE 0-3 YEARS ☐ OTHER ☐ → 301		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
215	What is the name of your (youngest) child? WRITE NAME OF (YOUNGEST) CHILD _____ (NAME OF (YOUNGEST) CHILD)		
216	When (NAME)'s mother was pregnant with (NAME) did she have any antenatal check-ups?	YES . . . . 1 NO . . . . 2 DON'T KNOW 3	→ 218
217	Were you ever present during any antenatal check-up?	PRESENT . . . . 1 NOT PRESENT 2	
217A	Were you ever told what to do if (NAME)'s mother had any pregnancy complication?	YES . . . . 1 NO 2	
217B	At any time during the pregnancy did any health provider or health worker speak to you about:	YES NO	
	a. The importance of delivering the baby in a hospital or health facility?	DELIVERY ADVICE 1 2	
	b. The importance of proper nutrition for the mother during pregnancy?	NUTRITION ADVICE 1 2	
	c. Family planning or delaying your next child?	FAMILY PLANNING 1 2	
218	Was (NAME) born in a hospital or health facility?	HOSPITAL/HEALTH FACILITY . . . . . . 1 OTHER 2	→ 219A

219	What was the main reason why (NAME)'s mother did not deliver in a hospital or health facility?	COST TOO MUCH 01
		FACILITY CLOSED 02
		TOO FAR/NO TRANSPORTATION . . 03
		DON'T TRUST FACILITY/POOR
		   QUALITY SERVICE 04
		NO FEMALE PROVIDER 05
		NOT THE FIRST CHILD 06
		SECURITY CONCERNS 07
		CHILD'S MOTHER DID NOT
		   THINK IT WAS NECESSARY 08
		HE DID NOT THINK
		  IT WAS NECESSARY 09
		FAMILY DID NOT THINK IT WAS
		    NECESSARY 10
		
		OTHER_____ 96
		             (SPECIFY)
		DON"T KNOW 98	

219A	What kind of preparation did you make beforehand for the delivery of (NAME)?
	
	   Anything else?
	
	   CIRCLE ALL MENTIONED
		SAVED MONE` . . . . A
		ARRANGED FOR TRANSPORT B
		FOUND BLOOD DONOR C
		CONTACTED HLTH WORKER
		   TO HELP WITH DELIVERY . . . . D
		BOUGHT SAFE DELIVERY KIT . . . . E
		
		OTHER_____ X
		            (SPECIFY)
		NO PREPARATION . . . . Y	

220	When a child has diarrhea, how much should he or she be given to drink: more than usual, the same amount as usual, less than usual, or should he or she not be given anything to drink at all?	MORE THAN USUAL . . . . 1 ABOUT THE SAME . . . . 2 LESS THAN USUAL . . . . 3 NOTHING TO DRINK . . . . 4 DON'T KNOW 8	

301	Now I would like to talk about family planning - the various ways or methods that a couple can use to delay or avoid a pregnancy Which ways or methods have you heard about? FOR METHODS NOT MENTIONED SPONTANEOUSLY, ASK: Have you ever heard of (METHOD)? 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.		302 Have you ever used (METHOD)?
01	FEMALE STERILIZATION Women can have an operation to avoid having any more children.	YES . . . . 1 NO . . . . 2⌐	
02	MALE STERILIZATION Men can have an operation to avoid having any more children.	YES . . . . 1 NO . . . . 2⌐	Have you ever had an operation to avoid having any more children? YES . . . . 1 NO 2
03	PILL Women can take a pill every day to avoid becoming pregnant.	YES . . . . 1 NO . . . . 2⌐	
04	IUD Women can have a loop or coil placed inside them by a doctor or a nurse.	YES . . . . 1 NO . . . . 2⌐	
05	INJECTABLES Women can have an injection by a health provider that stops them from becoming pregnant for one or more months.	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.	YES . . . . 1 NO . . . . 2⌐	
07	CONDOM Men can put a rubber sheath on their penis before sexual intercourse.	YES . . . . 1 NO . . . . 2⌐	YES . . . . 1 NO 2
08	RHYTHM METHOD 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
09	WITHDRAWAL Men can be careful and pull out before climax.	YES . . . . 1 NO . . . . 2⌐	YES . . . . 1 NO 2
10	EMERGENCY CONTRACEPTION Women can take pills up to three days after sexual intercourse to avoid becoming pregnant.	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	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
303	CHECK 302 (02) RESPONDENT IS STERILIZED YES ☐ NO ☐		→ 310

304	Now I would like to talk about when you were sterilized.
	
	In what facility did the sterilization take place?
	PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.
	
	IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.
	
	_____
	(NAME OF PLACE)
		PUBLIC SECTOR
		  GOVT. HOSPITAL 11
		  PHC CENTER 12
		  MOBILE CLINIC 13
		
		  OTHER PUBLIC 16
		          (SPECIFY)
		
		NON-GOVT (NGO) SECTOR
		  FPAN 21
		  MARIE STOPES 22
		  ADRA 23
		  NEPAL RED CROSS 24
		  UMN 25
		  OTHER NGO _____ 26
		          (SPECIFY)
		
		PRIVATE MEDICAL SECTOR
		  PRIVATE HOSPITAL/CLINIC
		    NURSING HOME 31
		  OTHER PRIVATE
		    MEDICAL_____ 36
		          (SPECIFY)
		
		OTHER _____ 96
		          (SPECIFY)
		DON'T KNOW 98	

305	In what month and year was the sterilization performed?	MONTH . . . . ☐☐ YEAR . . . . ☐☐☐☐	
306	How much did you pay in total for the sterilization, including any consultation you may have had?	COST ☐☐☐☐ FREE . . . . 9995 DON'T KNOW 9998	
307	Before your sterilization operation, were you told that you would not be able to have any (more) children because of the operation?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
308	Do you regret that you had the operation?	YES . . . . 1 NO 2	→ 310

309	Why do you regret the operation?	RESPONDENT WANTS ANOTHER
		  CHILD 1
		WIFE WANTS ANOTHER
		  CHILD 2
		SIDE EFFECTS 3
		MARITAL STATUS HAS CHANGED . 4
		OPERATION FAILED 5
		CHILD DIED 7
		
		OTHER _____ 6
		          (SPECIFY)	

310	In the last few months have you heard or seen any message about family planning: a. On the radio? b. On the television? c. In a newspaper, magazine or brochure? d. On a poster or billboard? e. Street drama?	YES NO RADIO . . . . 1 2 TELEVISION . . . . 1 2 NEWSPAPER OR MAGAZINE 1 2 POSTER/BILLBOARD . . . . 1 2 STREET DRAMAS 1 2	
311	In the last few months, have you discussed the practice of family planning with a health worker or health professional?	YES . . . . 1 NO 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
312	Now I would like to ask you about a woman's risk of pregnancy. From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant if she has sexual relations?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	⌐→ 314
313	Is this time just before her period begins, during her period, right after her period has ended, or halfway between two periods?	JUST BEFORE HER 　PERIOD BEGINS　. . . . . 1 DURING HER PERIOD　. . . . . 2 RIGHT AFTER HER 　PERIOD HAS ENDED　. . . . . 3 HALFWAY BETWEEN 　TWO PERIODS　. . . . . 4 OTHER＿＿＿＿＿＿＿＿＿＿ 6 　　　　　(SPECIFY) DON'T KNOW 8	
314	Do you think that a woman who is breastfeeding her baby can become pregnant?	YES . . . . 1 NO . . . . 2 DEPENDS　. 3 DON'T KNOW 8	
315	I will now read you some statements about contraception. Please tell me if you agree or disagree with each one. a)　Contraception is women's business and a man should not have to worry about it. b)　Women who use contraception may become promiscuous. c)　Being sterilized for a man is the same as castration.	DIS- 　　　　　AGREE　AGREE　DK CONTRACEPTION 　WOMAN'S BUSINESS .　1　　2　　8 WOMAN MAY BECOME 　PROMISCUOUS　. . .　1　　2　　8 CASTRATION . . . .　1　　2　　8	
316	CHECK 301 (07) KNOWS MALE CONDOM 　　YES ⌐┐　　　　　　　NO ⌐┐ →→→→→→→→→→→→→→→→		401
317	Do you know of a place where a person can get condoms?	YES . . . . 1 NO 2	→401
318	Where is that? Any other place? PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE ＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿ 　　　　(NAME OF PLACE(S))	PUBLIC SECTOR 　GOVT. HOSPITAL/CLINIC　. . . . . . . A 　PHC CENTER　　　　. . . . . . . B 　HEALTH POST　　　　. . . . . . . C 　SUB-HEALTH PO . . . . D 　PHC OUTREACH . . . . E 　MOBILE CLINIC　. . . . . F 　FCHV　. . . . . G 　OTHER PUBLIC＿＿＿＿＿＿ H 　　　　　　(SPECIFY) NON-GOVT. (NGO) SECTOR 　FPAN　. . . . . I 　MARIE STOPES　. . . . . J 　ADRA　. . . . . K 　NEPAL RED CROSS　. . . . . L 　UMN　. . . . . M 　OTHER NGO.＿＿＿＿＿＿ N 　　　　　　(SPECIFY) PRIVATE MEDICAL SECTOR 　PRIVATE HOSPITAL/CLINIC 　　NURSING HOME . . . . O 　PHARMACY　. . . . . P 　OTHER PRIVATE 　　MEDICAL　. . . . . Q 　　　　　　(SPECIFY) OTHER SOURCE 　SHOP . . . . R 　FRIENDS/RELATIVES . . . . S OTHER＿＿＿＿＿＿＿＿ T 　　　　　(SPECIFY) OTHER＿＿＿＿＿＿＿＿ X 　　　　　(SPECIFY)	
319	If you wanted to, could you yourself get a condom?	YES . . . . 1 NO 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
401	What is your current marital status?	CURRENTLY MARRIED .... 1 MARRIED, GAUNA NOT PERFORMED 2 WIDOWED .... 3 DIVORCED .... 4 SEPARATED .... 5 NEVER MARRIED 6	→ 407 → 414
402	Do you currently have one wife or more than one wife? IF ONLY ONE WIFE, RECORD '01' . IF MORE THAN ONE, ASK: How many wives do you currently have?	NUMBER OF WIVES .... ☐☐	

403	WRITE THE LINE NUMBERS FROM THE HOUSEHOLD QUESTIONNAIRE FOR EACH WIFE. IF A WIFE IS NOT LISTED IN THE HOUSEHOLD SCHEDULE, RECORD '00' IN THE LINE NUMBER BOXES. THE NUMBER OF LINES FILLED IN MUST BE EQUAL TO THE NUMBER OF WIVES. (IF RESPONDENT HAS MORE THAN FOUR WIVES, USE ADDITIONAL QUESTIONNAIRE(S).)
	
	CHECK 402:
	
	ONLY ONE ☐ MORE THAN ☐
	WIFE ↓ ONE WIFE ↓
	
	Please tell me the name Please tell me the name of
	of your wife. each of your wives,
	                            starting with the one you
	                            married with first.
	
	WIFE
	NUMBER NAME
	
	1 _____
	
	2 _____
	
	3 _____
	
	4 _____
		LINE NUMBER
		IN
		HOUSEHOLD
		SCHEDULE
		
		☐☐
		
		☐☐
		
		☐☐
		
		☐☐	

404	Are you living with your wife/wives now, or is she/are they staying elsewhere?	LIVING WITH WIFE/AT LEAST ONE WIFE .... 1 NOT LIVING WITH WIFE/ANY WIVES 2	→ 406
405	For how long have you not been living with your wife/ any of your wives? IF LESS THAN 1 YEAR, RECORD MONTHS; OTHERWISE RECORD COMPLETED YEARS.	MONTHS .... 1 ☐☐ YEARS .... 2 ☐☐	

M-9

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
406	CHECK 402: ONLY ONE ☐ MORE THAN ONE ☐ WIFE WIFE Have you ever been married Have you ever been married to any woman other than to any other woman in your current wife? addition to those you have told me about?	YES . . . . 1 NO 2	408
407	Have you been married once or more than once?	ONCE . . . . 1 MORE THAN ONCE 2	409 409A
408	CHECK 402 AND 406: 402=01 AND ☐ OTHER ☐ 406='2'		409A
409 409A	In what month and year did you get married? Now I would like to ask about when you married your first wife. In what month and year was that?	MONTH . . . . ☐☐ DON'T KNOW MONTH . . . . 98 YEAR . . . . ☐☐☐☐ DON'T KNOW YEAR 9998	411
410	How old were you when you first got married?	AGE . . . . ☐☐	
411	CHECK 401: MARRIED, GAUNA NOT PERFORMED ☐ OTHER ☐		414
412	CHECK 402 AND 406 AND, IF 402 AND 406 NOT ASKED, CHECK 407: MARRIED ONLY MARRIED ONCE (402=01 AND ☐ MORE THAN ONCE ☐ 406='2') OR (402>01 OR 406='1') (407='1') OR (407='2') In what month and year Now I would like to ask about did you start living with when you started living with your wife? your first wife. In what month and year was that?	MONTH . . . . ☐☐ DON'T KNOW MONTH . . . . 98 YEAR . . . . ☐☐☐☐ DON'T KNOW YEAR 9998	415
413	How old were you when you first started living with her?	AGE . . . . ☐☐	415

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
414	CHECK FOR THE PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY. Now I need to ask you some questions about sexual life in order to gain a better understanding of some important life issues. Let me assure you again that your answers are completely confidential and will not be told to anyone. If you do not want to answer, just let me know and I will skip to the next question. Have you ever had sexual intercourse?	YES . . . . 1 NO 2	 → 416
415	CHECK FOR THE PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY. (Now I need to ask you some questions about sexual life in order to gain a better understanding of some important life issues. Let me assure you again that your answers are completely confidential and will not be told to anyone. If you do not want to answer, just let me know and I will skip to the next question.) How old were you when you had sexual intercourse for the very first time?	NEVER HAD SEXUAL INTERCOURSE . . . . 00 AGE IN YEARS . . . . [ ][ ] FIRST TIME WHEN STARTED LIVING WITH (FIRST) WIFE 95	→ 417 → 418 → 418

416	CHECK 401:
	      NEVER OTHER [ ]
	    MARRIED/GAUNA [ ]
	      NOT PERFORMED
			→ 501

417	Do you intend to wait until you get married/after gauna to have sexual intercourse for the first time?	YES . . . . 1 NO . . . . 2 DON'T KNOW/UNSURE 8	→ 501
418	The first time you had sexual intercourse, was a condom used?	YES . . . . 1 NO 2	

418A	What was this person's relationship to you?
	
	   IF GIRLFRIEND:
	   Were you living together as if
	     married?
	   IF YES, CIRCLE '02'.
	   IF NO, CIRCLE '03'.
		WIFE 01
		LIVE-IN PARTNER 02
		GIRLFRIEND NOT LIVING
		   WITH RESPONDENT 03
		RELATIVE 04
		CASUAL
		   ACQUAINTANCE 05
		SEX WORKER 06
		OTHER _____ 96
		           (SPECIFY)	

419	When was the last time you had sexual intercourse? IF LESS THAN 12 MONTHS, ANSWER MUST BE RECORDED IN DAYS, WEEKS, OR MONTHS. IF 12 MONTHS (ONE YEAR) OR MORE, ANSWER MUST BE RECORDED IN YEARS.	DAYS AGO . . . . 1 [ ][ ] WEEKS AGO . . . . 2 [ ][ ] MONTHS AGO . . . . 3 [ ][ ] YEARS AGO . . . . 4 [ ][ ]	 → 422 → 435

		LAST SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER	THIRD-TO-LAST SEXUAL PARTNER
421	When was the last time you had sexual intercourse with this person?		DAYS AGO . 1 ☐☐ WEEKS AGO . 2 ☐☐ MONTHS AGO . 3 ☐☐	DAYS AGO . 1 ☐☐ WEEKS AGO . 2 ☐☐ MONTHS AGO . 3 ☐☐
422	The last time you had sexual intercourse (with this second/third person), was a condom used?	YES . . . . 1 NO . . . . 2 (SKIP TO 424)◄—	YES . . . . 1 NO . . . . 2 (SKIP TO 424)◄—	YES . . . . 1 NO . . . . 2 (SKIP TO 424)◄—
423	Did you use a condom every time you had sexual intercourse with this person in the last 12 months?	YES . . . . 1 NO 2	YES . . . . 1 NO 2	YES . . . . 1 NO 2
424	What was this (second/third) person's relationship to you? IF GIRLFRIEND: Were you living together as if married? IF YES, CIRCLE '02'. IF NO, CIRCLE '03'.	WIFE . . . . 01 (SKIP TO 428)◄— LIVE-IN PARTNER . 02 GIRLFRIEND NOT LIVING WITH RESPONDENT . 03 RELATIVE . . . . 04 CASUAL ACQUAINTANCE . . 05 PROSTITUTE . . . . . 06 OTHER _____ 96 (SPECIFY)	WIFE . . . . 01 (SKIP TO 428)◄— LIVE-IN PARTNER . 02 GIRLFRIEND NOT LIVING WITH RESPONDENT . 03 RELATIVE . . . . 04 CASUAL ACQUAINTANCE . . 05 PROSTITUTE . . . . . 06 OTHER _____ 96 (SPECIFY)	WIFE . . . . 01 (SKIP TO 429)◄— LIVE-IN PARTNER . 02 GIRLFRIEND NOT LIVING WITH RESPONDENT . 03 RELATIVE . . . . 04 CASUAL ACQUAINTANCE . . 05 PROSTITUTE . . . . . 06 OTHER _____ 96 (SPECIFY)
425	For how long (have you had/did you have) a sexual relationship with this (second/third) person? IF ONLY HAD SEXUAL RELATIONS WITH THIS PERSON ONCE, RECORD '01' DAYS.	DAYS . 1 ☐☐ MONTHS 2 ☐☐ YEARS 3 ☐☐	DAYS . 1 ☐☐ MONTHS 2 ☐☐ YEARS 3 ☐☐	DAYS . 1 ☐☐ MONTHS 2 ☐☐ YEARS 3 ☐☐
426	The last time you had sexual intercourse with this (second/third) person, did you or this person drink alcohol?	YES . . . . 1 NO . . . . 2 (SKIP TO 428)◄—	YES . . . . 1 NO . . . . 2 (SKIP TO 428)◄—	YES . . . . 1 NO . . . . 2 (SKIP TO 429)◄—
427	Were you or your partner drunk at that time? IF YES: Who was drunk?	RESPONDENT ONLY 1 PARTNER ONLY . . . 2 RESPONDENT AND PARTNER BOTH . 3 NEITHER 4	RESPONDENT ONLY 1 PARTNER ONLY . . . 2 RESPONDENT AND PARTNER BOTH . 3 NEITHER 4	RESPONDENT ONLY 1 PARTNER ONLY . . . 2 RESPONDENT AND PARTNER BOTH . 3 NEITHER 4
428	Apart from [this person/these two people], have you had sexual intercourse with any other person in the last 12 months?	YES . . . . 1 (GO BACK TO 421 IN NEXT COLUMN) NO . . . . 2 (SKIP TO 432)◄—	YES . . . . 1 (GO BACK TO 421 IN NEXT COLUMN) NO . . . . 2 (SKIP TO 432)◄—	
429	In total, with how many different people have you had sexual intercourse in the last 12 months? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF PARTNERS IS GREATER THAN 95, WRITE '95.'			NUMBER OF PARTNERS LAST 12 MONTHS . . . ☐☐ DON'T KNOW . . . 98

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
430	CHECK 424 (ALL COLUMNS): AT LEAST ONE PARTNER NO PARTNERS IS PROSTITUTE ☐ ARE PROSTITUTES ☐		→ 432

431	CHECK 422 AND 424 (ALL COLUMNS):
	
	              CONDOM USED WITH ☐
	              EVERY PROSTITUTE
	
	OTHER ☐
			→ 434
			
			→ 435

432	In the last 12 months, did you pay anyone in exchange for having sexual intercourse?	YES .... 1 NO 2	→ 435
433	The last time you paid someone in exchange for having sexual intercourse, was a condom used?	YES .... 1 NO 2	→ 435
434	Was a condom used during sexual intercourse every time you paid someone in exchange for having sexual intercourse in the last 12 months?	YES .... 1 NO .... 2 DK 8	
435	In total, with how many different people have you had sexual intercourse in your lifetime? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF PARTNERS IS GREATER THAN 95, WRITE '95.'	NUMBER OF PARTNERS IN LIFETIME .... ☐☐ DON'T KNOW 98	
436	CHECK 422, MOST RECENT PARTNER (FIRST COLUMN): CONDOM ☐ NO CONDOM USED USED ☐ OR NOT ASKED		→ 442
437	You told me that a condom was used the last time you had sex. May I see the package of condoms you were using at that time? RECORD NAME OF BRAND IF PACKAGE SEEN.	PACKAGE SEEN .... 1 BRAND NAME _____ ☐☐ (SPECIFY) DOES NOT HAVE/NOT SEEN 2	→ 438A
438	Do you know the brand name of the condom used at that time? RECORD NAME OF BRAND.	BRAND NAME _____ ☐☐ (SPECIFY) DON'T KNOW 98	
438A	Which condom brand do you use regularly?	DHAAL .... 1 PANTHER .... 2 NUMBER 1 .... 3 JODI .... 4 OTHER _____ 6 (SPECIFY)	
439	How many condoms did you get the last time?	NUMBER OF CONDOMS .... ☐☐☐ DON'T KNOW 998	
439A	How many of the condoms you got last time did you use?	NUMBER OF CONDOMS USED ... ☐☐☐ DON'T KNOW 998	
440	The last time you obtained the condoms, how much did you pay in total, including the cost of the method and any consultation you may have had?	COST .... ☐☐☐ FREE .... 995 DON'T KNOW 998	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
441	From where did you obtain the condom the last time? PROBE TO IDENTIFY TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE. (NAME OF PLACE)	PUBLIC SECTOR 　GOVERNMENT HOSPITAL .... 11 　PHC CENTER .... 12 　HEALTH POST .... 13 　SUB-HEALTH POST .... 14 　PHC OUTREACH ....15 　MOBILE CLINIC .... 17 　FCHV .... 18 　CONDOM BOX ....19 　OTHER GOVT. 16 　　　　　(SPECIFY) NON-GOVT. (NGO) SECTOR 　FPAN .... 21 　MARIE STOPES .... 22 　ADRA .... 23 　NEPAL RED CROSS .... 24 　UMN .... 25 　OTHER NGO. 26 　　　　　(SPECIFY) PRIVATE MEDICAL SECTOR 　PRIVATE HOSPITAL/CLINIC 　　NURSING HOME .... 31 　PHARMACY .... 32 　OTHER PRIVATE 　　MEDICAL 36 　　　　　(SPECIFY) OTHER SOURCE 　SHOP .... 41 　FRIENDS/RELATIVES .... 42 　OTHER 46 　　　　　(SPECIFY)	
442	CHECK 302 (02): RESPONDENT EVER STERILIZED 　　NO ☐　　　　　YES ☐		→ 501
443	The last time you had sex did you or your partner use any method (other than a condom) to avoid or prevent a pregnancy?	YES .... 1 NO .... 2 DON'T KNOW 8	→ 501
444	What method did you or your partner use? PROBE: Did you use any other method to prevent pregnancy? RECORD ALL MENTIONED.	FEMALE STERILIZATION .... A PILL .... B IUD .... C INJECTABLES .... D IMPLANTS .... E FEMALE CONDOM .... F DIAPHRAGM .... G FOAM/JELLY .... H RHYTHM METHOD .... I WITHDRAWAL .... J OTHER _____ X 　　　　　(SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501	CHECK 401: CURRENTLY MARRIED OTHER ☐ GAUNA NOT PERFORMED ☐		→506 →504
502	CHECK 302(02): EVER STERILIZED? NO ☐ YES ☐		→506
503	CHECK 402: HAS ONE WIFE ☐ HAS MORE THAN ONE WIFE ☐ Is your wife currently pregnant? Are any of your wives currently pregnant?	YES . . . . 1 NO . . . . 2 UNSURE/DON'T KNOW 8	
504	CHECK 503: NO WIFE PREGNANT OR UNSURE QUESTION NOT ASKED ☐ WIFE(WIVES) 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(ren) you and your (wife(wives) are expecting now, would you like to have another child, or would you prefer not to have any more children?	HAVE (A/ANOTHER) CHILD . . . . 1 NO MORE/NONE . . . . 2 COUPLE INFECUND . . . . 3 WIFE (WIVES) STERILIZED . . . . 4 UNDECIDED/DON'T KNOW 5	506
505	CHECK 503: NO WIFE PREGNANT OR UNSURE ☐ WIFE(WIVES) 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 COUPLE INFECUND . . . . 994 AFTER GAUNA . . . . 995 OTHER _____ 996 (SPECIFY) DON'T KNOW 998	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
506	CHECK 203 AND 205: 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.	NONE . . . . 00 NUMBER . . . . ☐☐ OTHER _____ 96 (SPECIFY)	→ 601 → 601
507	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)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	Have you done any work in the last seven days?	YES . . . . 1 NO 2	→ 604
602	Although you did not work in the last seven days, do you have any job or business from which you were absent for leave, illness, vacation, or any other such reason?	YES . . . . 1 NO 2	→ 604
603	Have you done any work in the last 12 months?	YES . . . . 1 NO 2	→ 613
604	What is your occupation, that is, what kind of work do you mainly do?		
605	CHECK 604: WORKS IN ☐ DOES NOT WORK ☐ AGRICULTURE IN AGRICULTURE ↓		→ 607
606	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 . . . . 1 FAMILY LAND . . . . 2 RENTED LAND . . . . 3 SOMEONE ELSE'S LAND 4	
607	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	
608	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	
609	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	
610	CHECK 402: ONE OR MORE ☐ QUESTION ☐ WIVES NOT ASKED ↓		→ 613
611	CHECK 609: CODE 1 OR 2 ☐ OTHER ☐ CIRCLED ↓		→ 613

612	Who decides how the money you earn will be used: mainly you, mainly your (wife/wives), or you and your (wife/wives) jointly?	RESPONDENT 1
		WIFE(WIVES) 2
		RESPONDENT AND WIFE (WIVES)
		   JOINTLY 3
		OTHER _____ 6
		           SPECIFY	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES				SKIP
613	In a couple, who do you think should have the greater say in each of the following decisions: the husband, the wife or both equally:	HUSB-AND	WIFE	BOTH EQUALLY	DON'T KNOW/ DEPENDS	
	a) making large household purchases?	a) 1	2	3	8	
	b) making small daily household purchases?	b) 1	2	3	8	
	c) deciding when to visit the wife's family or relatives?	c) 1	2	3	8	
	d) deciding what to do with the money she earns for her work?	d) 1	2	3	8	
	e) deciding how many children to have?	e) 1	2	3	8	
614	I will now read you some statements about pregnancy. Please tell me if you agree or disagree with them.		AGREE	DIS-AGREE	DK	
	a) Childbearing is a woman's concern and there is no need for the father to get involved.	CHILDBEARING WOMAN'S CONCERN	1	2	8	
	b) It is crucial for the mother's and child's health that a woman have assistance from a doctor or nurse at delivery.	DOCTOR/NURSE'S ASSISTANCE CRUCIAL	1	2	8	
615	Sometimes a husband is annoyed or angered by things that his wife does. In your opinion, is a husband justified in hitting or beating his wife in the following situations:		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	
616	Do you think that if a woman refuses to have sex with her husband when he wants her to, he has the right to…		YES	NO	DON'T KNOW/ DEPENDS	
	a) Get angry and reprimand her?	a)	1	2	8	
	b) Refuse to give her money or other means of support?	b)	1	2	8	
	c) Use force and have sex with her even if she doesn't want to?	c)	1	2	8	
	d) Go ahead and have sex with another woman?	d)	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	→ 715
702	Can people reduce their chances of getting the AIDS virus by having just one uninfected sex partner who has sexual intercourse with no other partners?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
703	Can people get the AIDS virus from mosquito bites?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
704	Can people reduce their chance of getting the AIDS virus by using a condom every time they have sex?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
705	Can people get the AIDS virus by sharing food with a person who has AIDS?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
706	Can people reduce their chance of getting the AIDS virus by not having sexual intercourse at all?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
707	Can people get the AIDS virus by touching someone who has AIDS?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
708	Is it possible for a healthy-looking person to have the AIDS virus?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
709	Do you know of a place where people can go to get tested for the AIDS virus?	YES . . . . 1 NO 2	→ 711

710	Where is that?
	
	Any other place?
	
	PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S).
	
	IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER VCT CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.
	
	_____
	(NAME OF PLACE(S))
		GOVT. SECTOR
		  GOVERNMENT HOSPITAL . . . . . . A
		  VCT CENTER . . . . B
		
		  OTHER GOVT. _____ C
		            (SPECIFY)
		
		NON-GOVT. SECTOR
		  FPAN . . . . D
		  AMDA . . . . E
		  INF . . . . F
		  NEPAL RED CROSS . . . . G
		
		  OTHER GOVT. _____ H
		            (SPECIFY)
		
		PRIVATE MEDICAL SECTOR
		  PRIVATE HOSPITAL/CLINIC/
		    PRIVATE DOCTOR I
		
		  OTHER PRIVATE
		    MEDICAL _____ J
		           (SPECIFY)
		
		OTHER _____ X
		       (SPECIFY)	

711	Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had the AIDS virus?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
712	If a member of your family got infected with the AIDS virus, would you want it to remain a secret or not?	YES, REMAIN A SECRET . . . . 1 NO . . . . 2 DK/NOT SURE/DEPENDS 8	
713	If a member of your family became sick with AIDS, would you be willing to care for her or him in your own household?	YES . . . . 1 NO . . . . 2 DK/NOT SURE/DEPENDS 8	
714	In your opinion, if a female teacher has the AIDS virus but is not sick, should she be allowed to continue teaching in the school?	SHOULD BE ALLOWED . . . . 1 SHOULD NOT BE ALLOWED . . . . 2 DK/NOT SURE/DEPENDS 8	
715	CHECK 701: HEARD ABOUT ☐ NOT HEARD ☐ AIDS ABOUT AIDS Apart from AIDS, have Have you heard about infections you heard about other that can be transmitted through infections that can be sexual contact? transmitted through sexual contact?	YES . . . . 1 NO 2	
716	CHECK 414 AND 415: HAS HAD SEXUAL ☐ HAS NOT HAD SEXUAL ☐ INTERCOURSE ↓ INTERCOURSE		→ 724
717	CHECK 715: HEARD ABOUT OTHER SEXUALLY TRANSMITTED INFECTIONS? YES ☐ NO ☐		→ 719
718	Now I would like to ask you some questions about your health in the last 12 months. During the last 12 months, have you had a disease which you got through sexual contact?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
719	Sometimes men experience an abnormal discharge from their penis. During the last 12 months, have you had an abnormal discharge from your penis?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
720	Sometimes men have a sore or ulcer near their penis. During the last 12 months, have you had a sore or ulcer near your penis?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
721	CHECK 718, 719, AND 720: HAS HAD AN INFECTION (ANY 'YES') ↓ HAS NOT HAD AN INFECTION OR DOES NOT KNOW		→ 724
722	The last time you had (PROBLEM FROM 736/737/738), did you seek any kind of advice or treatment?	YES .... 1 NO 2	→ 724
723	Where did you go? Any other place? PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S). IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER VCT CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE(S))	GOVT. SECTOR 　GOVERNMENT HOSPITAL .... A 　PRIMARY HEALTH CARE .... B 　HEALTH POST .... C 　SUB-HEALTH POST .... D 　PHC OUTREACH .... E 　FAMILY PLANNING CLINIC ... F 　MOBILE CLINIC .... G 　FIELDWORKER .... H 　OTHER GOVT. _____ I 　　　　　　　(SPECIFY) NON-GOVT. SECTOR 　FPAN .... J 　AMDA .... K 　INF .... L 　NEPAL RED CROSS .... M 　UMN .... N 　OTHER NON-GOVT. ____ O 　　　　　　　(SPECIFY) PRIVATE MEDICAL SECTOR 　PRIVATE HOSPITAL/CLINIC/ 　　PRIVATE DOCTOR .... P 　OTHER PRIVATE 　　MEDICAL _____ Q 　　　　　　(SPECIFY) 　OTHER _____ X 　　　　　　(SPECIFY)	
724	If a wife knows her husband has a disease that she can get during sexual intercourse, is she justified in refusing to have sex with him?	YES .... 1 NO .... 2 DON'T KNOW 8	
725	Is a wife justified in refusing to have sex with her husband when she is tired or not in the mood?	YES .... 1 NO .... 2 DON'T KNOW 8	
726	Is a wife justified in refusing to have sex with her husband when she knows her husband has sex with other women?	YES .... 1 NO .... 2 DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
801	Have you ever heard of an illness called tuberculosis or TB?	YES .... 1 NO 2	→ 805

802	How does tuberculosis spread from one person to another?
	
	 PROBE: Any other ways?
	
	 RECORD ALL MENTIONED.
		THROUGH THE AIR WHEN
		   COUGHING OR SNEEZING .... A
		 THROUGH SHARING UTENSILS ...... B
		 THROUGH TOUCHING A PERSON
		   WITH TB C
		 THROUGH FOOD .... D
		 THROUGH SEXUAL CONTACT ...... E
		 THROUGH MOSQUITO BITES .... F
		 THROUGH SPIT .... G
		 OTHER _____ X
		             (SPECIFY)
		 DON'T KNOW .... Z	

803	Can tuberculosis be cured?	YES .... 1 NO .... 2 DON'T KNOW 8	
804	If a member of your family got tuberculosis, would you want it to remain a secret or not?	YES, REMAIN A SECRET .... 1 NO .... 2 DON'T KNOW/NOT SURE/ DEPENDS 8	
805	Do you currently smoke cigarettes?	YES .... 1 NO 2	→ 807
806	In the last 24 hours, how many cigarettes did you smoke?	CIGARETTES .... ☐☐	
807	Do you currently smoke or use any other type of tobacco?	YES .... 1 NO 2	→ 809
808	What (other) type of tobacco do you currently smoke or use? RECORD ALL MENTIONED.	PIPE .... A CHEWING TOBACCO .... B SNUFF .... C OTHER _____ X (SPECIFY)	
809	In the last few months have you heard or seen the following programs on the radio and/or television: YES NO Jana Swastha Radio Karyakram? JANA SWASTHA ...... 1 2 Sewa Nai Dharma Ho? SEWA NAI DHARMA ... 1 2 Gyan Nai Shakti Ho? GYAN NAI SHAKTI ...... 1 2 Hamro Swastha Radio Karyakram? HAMRO SWASTHA ... 1 2 Jeevan Chakra? JEEVAN CHAKRA ...... 1 2 Teli-Swastha Karyakram? TELI-SWASTHA .... 1 2 Ek Apaas Ka Kura? EK APAAS KA KURA ... 1 2 Sathi Sanga Manka Kura? SATHI SANGA MANKA . 1 2 Desh Pardesh? DESH PARDESH 1 2		
810	RECORD THE TIME.	HOUR .... ☐☐ MINUTES .... ☐☐	

<u>INTERVIEWER'S OBSERVATIONS</u>

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

_____
_____
_____
_____
_____
_____

COMMENTS ON SPECIFIC QUESTIONS:

_____
_____
_____
_____
_____
_____

ANY OTHER COMMENTS:

_____
_____
_____
_____
_____

<u>SUPERVISOR'S OBSERVATIONS</u>

_____
_____
_____
_____
_____
_____
_____

NAME OF SUPERVISOR: _____ DATE: _____

<u>EDITOR'S OBSERVATIONS</u>

_____
_____
_____
_____
_____

NAME OF EDITOR: _____ DATE: _____

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	CHECK ___: CASE 1 ☐ CASE 2 ☐		→ 101
101	CHECK ___: CASE 1 ☐ CASE 2 ☐		
101	CHECK ___: CASE 1 ☐ CASE 2 ☐ CASE 3 ☐		→ 101
101		MONTHS . . . . 1 ☐☐ YEARS . . . . 2 ☐☐	→ 101 → 101
101	QUESTION	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	→ 101
101	QUESTION	. . . . 01 . . . . 02 . . . . 03 . . . . 04 . . . . 05 . . . . 06 . . . . 07 . . . . 08 . . . . 09 . . . . 10 . . . . 11 . . . . 12 . . . . 13 OTHER _____ 96 (SPECIFY) UNSURE 98	→ 101

NEPAL DEMOGRAPHIC AND HEALTH SURVEY 2005
VERBAL AUTOPSY MODULE INTO CAUSES OF UNDER-FIVE DEATHS

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 AND LINE NUMBER OF MAIN RESPONDENT _____	
NAME OF HOUSEHOLD HEAD _____	☐☐

INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY ☐☐ MONTH ☐☐ YEAR 2 0 6 ☐☐ INT. CODE ☐☐
INTERVIEWER'S NAME	_____	_____	_____	RESULT ☐
RESULT*	_____	_____	_____	
NEXT VISIT: DATE	_____	_____		TOTAL NO. OF VISITS ☐
TIME	_____	_____		

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

LANGUAGE	
LANGUAGE OF QUESTIONNAIRE: ENGLISH _____	5
LANGUAGE OF INTERVIEW ** _____	☐
HOME LANGUAGE OF RESPONDENT** _____	☐
WAS A TRANSLATOR USED? (YES=1, NO=2)	☐
** LANGUAGE CODES: 1 NEPALI 2 BHOJPURI 3 MAITHILI 4 THARU 5 OTHER	

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

INFORMED CONSENT

IDEALLY THE MOTHER SHOULD BE THE RESPONDENT. IF THE MOTHER IS NOT AVAILABLE, AN ADULT MEMBER WHO HAS THE BEST KNOWLEDGE ABOUT THE CIRCUMSTANCES AROUND THE CHILD'S DEATH SHOULD BE INTERVIEWED.

Hello. My name is _____ and I am working with the MINISTRY OF HEALTH AND POPULATION. We are conducting a national survey that asks women (and men) about various health issues. We would very much appreciate your participation in this survey. I would like to ask you about your (one of your) child(ren) who is no longer alive. I will ask you about the circumstances around the illness that led to the death. 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 if we should come to any question that is difficult for you to answer, just let me know and I will go on to the next question, or you can stop the interview at any time. However, we hope 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 .... ☐☐	
102	CHECK WOMAN'S QUESTIONNAIRE: Qs.226, 226A, 227, 228 AND 229: ONE OR MORE DEATHS TO CHILDREN UNDER FIVE YEARS OR ONE OR MORE STILLBIRTHS SINCE BAISAKH 2057. USE A SEPARATE QUESTIONNAIRE TO RECORD INFORMATION FOR EACH UNDER-FIVE DEATH OR STILLBIRTH. RECORD INFORMATION ON THE LAST, NEXT-TO-LAST, ETC. UNDER-FIVE DEATH/STILLBIRTH IN THIS SEQUENCE UNTIL ALL INFORMATION IS COLLECTED. BEFORE YOU BEGIN THE INTERVIEW COLLECT ANY RELEVANT DOCUMENTS THAT MAY HAVE INFORMATION ON THE CHILD'S (CHILDREN'S) DEATH OR THE MOTHER'S HEALTH.		
103	COPY DOWN NAME AND LINE NUMBER OF CHILD FOR WHOM INFORMATION IS BEING COLLECTED FROM INDIVIDUAL QUESTIONNAIRE. IF BABY NOT NAMED OR IF STILLBIRTH WRITE 'BABY'. Now I would like to ask you some questions about (NAME).	NAME OF CHILD (Q.219)_____ LINE NUMBER FROM Q.215 ☐☐	
104	Are there any other persons in this household who will also be able to provide information about (NAME)?	YES ....1 NO 2	⟶ 201
105	Please may I speak to them as well? NOTE: IT IS OKAY TO INTERVIEW MORE THAN ONE PERSON IF THEY HAVE INTIMATE KNOWLEDGE OF THE CIRCUMSTANCES SURROUNDING THE DEATH OF THE CHILD. HOWEVER, LIMIT THE NUMBER OF RESPONDENTS TO 2-3. IF THERE ARE CONFLICTING RESPONSES, DISCUSS TO REACH A CONSENSUS.	YES ....1 NO 2	⟶ 201

106 FOR EACH ADDITIONAL RESPONDENT PROBE AND FILL IN THE FOLLOWING INFORMATION.

RESP. NO.	RELATIONSHIP TO CHILD*	WITH MOTHER DURING HER PREGNANCY?**		WITH MOTHER DURING HER DELIVERY?**		WITH CHILD DURING THE ILLNESS?		WITH CHILD AT TIME OF DEATH?	
		YES	NO	YES	NO	YES	NO	YES	NO
1	☐☐	1	2	1	2	1	2	1	2
2	☐☐	1	2	1	2	1	2	1	2
3	☐☐	1	2	1	2	1	2	1	2

NOTE: * RELATIONSHIP CODE   ** REQUIRED FOR STILLBIRTH AND NEONATAL DEATHS ONLY.
FATHER =2   UNCLE = 6
GRANDMOTHER = 3   OTHER MALE (SPECIFY_____) = 7
GRANDFATHER = 4   OTHER FEMALE (SPECIFY_____) = 8

SECTION 2. DELIVERY CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

201	Where did you give birth to (NAME)?
	
	FOR DELIVERIES AT HOSPITAL OR HEALTH FACILITY, RECORD FACILITY NAME AND ADDRESS:
	
	_____
	_____
	_____
	_____
		HOME
		   YOUR HOME 11
		   OTHER HOME 12
		
		GOVERNMENT SECTOR
		   GOVT. HOSPITAL...............................21
		   PRIMARY HEALTH CARE CEN 22
		   HEALTH POST...................................23
		   SUB-HEALTH POST 24
		
		   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)	

202	Who assisted with the delivery of (NAME)?
	
	Anyone else?
	
	PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS ASSISTING.
	IF NURSE/MIDWIFE IN THE COMMUNITY, RECORD HER NAME AND ADDRESS:
	
	_____
	_____
	_____
		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	

203	Was the delivery:
	    Spontaneous without any assistance?
	    Assisted with manipulation with hands?
	    Instrumental (vacuum or forceps)?
	    Failed instrumental and Caesarian section?
	    Caesarian section alone?
		SPONTANEOUS 1
		ASSISTED...2
		INSTRUMENTAL.......................................3
		FAILED INSTRUMENTAL 4
		C-SECTION ALONE.................................5
		DON'T KNOW 8	

204	Was the delivery:
	    Spontaneous without medication?
	    Induced with medicine?
	    Augmented with medicine?
		SPONTANEOUS 1
		INDUCED 2
		AUGMENTED WITH MEDICINE...............3
		DON'T KNOW 8	

205	CHECK WOMAN'S QUESTIONNAIRE Q.216. IF SINGLE BIRTH CIRCLE CODE '1'. IF MULTIPLE BIRTH ASK: Was this the first, second, or later in the birth order?	SINGLE BIRTH..1 FIRST ....2 SECOND ....3 THIRD OR MORE ....4 DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
206	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	
207	Was (NAME) weighed at the time of delivery?	YES ....1 NO ....2 DON'T KNOW 8	→209
208	What was (NAME'S) weight at the time of delivery? RECORD WEIGHT IN KILOGRAMS FROM HEALTH CARD IF AVAILABLE.	WEIGHT IN KG .... ☐☐ . ☐ DON'T KNOW 98	

209	Where did (NAME) die?
	
	FOR DEATH AT HOSPITAL OR HEALTH FACILITY, RECORD FACILITY NAME AND ADDRESS:
	
	_____
	
	_____
	_____
	
	_____
		HOME
		   YOUR HOME 11
		   OTHER HOME 12
		
		GOVERNMENT SECTOR
		   GOVT. HOSPITAL...............................21
		   PRIMARY HEALTH CARE CEN 22
		   HEALTH POST....................................23
		   SUB-HEALTH POST 24
		
		   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)	

210	CHECK WOMAN'S QUESTIONNAIRE: Qs.226, 226A, 227, 228 AND 229:		
	STILLBIRTH ☐ AGE AT DEATH ☐ AGE AT DEATH ☐ (PREGNANCY ☐ 0-27 DAYS 28 DAYS-59 MONTHS ‾‾‾‾‾‾‾ OF 7+ MONTHS) ▼ (LESS THAN ONE MONTH) ▼ (1 MONTH-4 YEARS)		→601

301	CHECK WOMAN'S QUESTIONNAIRE Q.228 AND 229. IF STILLBIRTH (DURATION OF PREGNANCY IS 7 MONTHS OR MORE): Could you tell me about the time you were pregnant with (NAME), about the delivery, and what happened after the delivery of (NAME)? CHECK WOMAN'S QUESTIONNAIRE Q.226, 226A AND 227: IF AGE AT DEATH 0-27 DAYS (EARLY NEONATAL DEATH): Could you tell me about the time you were pregnant with (NAME), about (NAME'S) birth and what happened after the birth, including how he/she got the illness that led to his/her death. PROBE: Was there anything else? ALLOW THE RESPONDENT TO TELL YOU ABOUT THE PREGNANCY, DELIVERY AND THE BABY'S ILLNESS IN HER OWN WORDS. WRITE DOWN WHAT THE RESPONDENT TELLS YOU IN HER OWN WORDS. DO NOT PROMPT EXCEPT FOR ASKING WHETHER THERE WAS ANYTHING ELSE AFTER THE RESPONDENT FINISHES. KEEP PROMPTING UNTIL THE RESPONDENT SAYS THERE WAS NOTHING ELSE. WHILE RECORDING, UNDERLINE ANY UNFAMILIAR TERMS.	

| 302 | TAKE A MOMENT TO MARK WITH AN 'X' ALL ITEMS MENTIONED SPONTANEOUSLY IN THE OPEN HISTORY QUESTION. USE THIS TO GUIDE YOU THROUGH THE REST OF THE QUESTIONNAIRE. WHEN DEVELOPING THE COUNTRY-SPECIFIC QUESTIONNAIRE, LOCAL TERMS LIKELY TO BE USED BY RESPONDENTS SHOULD BE ADDED TO THE LIST.
NOTE: IN SEVERITY SCALE 1=MILD, 2=MODERATE, 3=SEVERE, 8=NOT APPLICABLE | | | | | |

	PREGNANCY COMPLICATIONS	PRESENT	MONTH BEGAN	DURA-TION	LOCAL TERM	SEVER-ITY
01	MULTIPLE PREGNANCY		8	8		8
02	VAGINAL BLEEDING					
03	SEVERE OR PERSISTENT ABDOMINAL OR BACK PAIN					
04	HIGH BLOOD PRESSURE (DIAGNOSED BY HEALTH WORKER)					
05	HAND OR FACIAL SWELLING, OR RAPID LEG SWELLING					
06	BLURRED VISION, OR SEVERE OR PERSISTENT HEADACHE					
07	CONVULSIONS					
08	DIABETES (DIAGNOSED BY HEALTH WORKER)					
09	MALARIA (DIAGNOSED BY HEALTH WORKER					
10	SEVERE ANEMIA (DIAGNOSED BY HEALTH WORKER					
11	FELT BABY MOVING MUCH LESS THAN NORMAL					8
12	BABY STOPPED MOVING					
13	POSITIVE SYPHILIS TEST					8
13A	Was this treated?					
14	GENITAL ULCER					8
15	POSITIVE HIV TEST					
16	URINARY COMPLAINTS					8
17	OTHER (SPECIFY) _____					

	LABOR AND DELIVERY COMPLICATIONS	PRESENT	MONTH BEGAN*	DURA-TION*	LOCAL TERM	SEVER-ITY
18	MULTIPLE PREGNANCY (DIAGNOSED BY HEALTH WORKER)					8
19	VAGINAL BLEEDING (LIKE A PERIOD OR MORE)					
20	HIGH BLOOD PRESSURE (DIAGNOSED BY HEALTH WORKER)					
21	HAND OR FACIAL SWELLING					
22	BLURRED VISION, OR SEVERE OR PERSISTENT HEADACHE					
23	CONVULSIONS					
24	MALARIA (DIAGNOSED BY HEALTH WORKER)					
25	SEVERE ANEMIA (DIAGNOSED BY HEALTH WORKER)					
26	WATERS BROKE >1 DAY BEFORE LABOR BEGAN					
27	FEVER DURING LABOR					
28	BABY STOPPED MOVING					8
29	OBSTRUCTED LABOR					
30	LABOR LONGER THAN 12 HOURS					8
30A	LABOR LONGER THAN 24 HOURS					
31	UMBLICAL CORD DELIVERED BEFORE THE BABY					8
32	UMBLICAL CORD AROUND THE BABY'S NECK					
33	BREECH DELIVERY					8
34	WATERS BROWN OR YELLOW STAINED					
35	WATERS FOUL SMELLING					

NOTE:* MONTH BEGAN AND DURATION IS NOT RELEVANT FOR DELIVERY COMPLICATIONS AND PROLONGED LABOR

| 36 | OTHER (SPECIFY) _____ | | | | | |

	COMPLICATIONS OF THE NEWBORN BABY	**YES/NO**				
37	BORN EARLY					
38	VERY SMALL					
39	BRUISES OR SIGNS OF INJURY					
40	MACERATED STILLBIRTH					
41	PHYSICAL MALFORMATION					
42	OTHER (SPECIFY) _____					

	PROBLEMS OF THE BABY	**PRESENT**	**DAY ILLNESS BEGAN**	**DURA-TION**	**LOCAL TERM**	**SEVE-RITY**
43	WEAK OR NOT CRYING AT BIRTH					
44	NOT BREATHING AT BIRTH					
45	WEAK OR NOT SUCKING AT BIRTH					
46	STOPPED CRYING					
47	STOPPED SUCKLING					
48	DIARRHOEA					
49	COUGH					
50	FEVER					
51	COLD TO THE TOUCH (LOW BODY TEMPERATURE					
52	RASH					
53	INJURY					
54	LOSS OF CONSCIOUSNESS					
55	LETHARGIC/DECREASED MOVEMENT					
56	FIT/CONVULSION					
57	FEEDING PROBLEM					
58	VOMITTING					
59	TETANUS					
60	UMBLICAL INFECTION (REDNESS, PUS, DISCHARGE)					
61	SKIN PUSTULES					
62	EYE REDNESS OR DISCHARGE					
63	CYANOSIS (BODY BLUE)					
64	BLEEDING					
65	DIFFICULT BREATHING					
66	CHEST IN-DRAWING					
67	RAPID BREATHING					
68	VERY THIN					
69	PNEUMONIA					
70	MALARIA					
71	JAUNDICE					
72	OTHER (SPECIFY) _____					

SECTION 4: COMPLICATIONS DURING PREGNANCY AND DELIVERY (STILLBIRTHS AND EARLY NEONATAL DEATHS)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
401	Was the late part of the pregnancy (that is, the last 3 months), labor or delivery complicated by any one of the following problems: a) Mother had convulsions? b) Mother had hand or facial swelling? c) Mother had blurred vision or severe or persistent HA? d) Mother had high blood pressure diagnosed by a health worker? e) Mother had severe anemia diagnosed by a health worker? f) Mother had severe or persistent abdominal or back pain before labor began? g) Mother had diabetes diagnosed by a heath worker? h) Mother felt baby moving much less than normal? i) Child delivered feet first? j) Cord delivered first? k) Cord around child's neck? l) Mother had excessive bleeding? m) Baby delivered through emergency Caesarian section? n) Mother had fever during labor? o) Other _____ (Specify)	YES NO CONVULSIONS .... ……….…..1 2 SWELLING.. ……………………1 2 BLURRED VISION ... …………..1 2 HIGH BLOOD PRESSURE…….1 2 SEVERE ANEMIA .... …………..1 2 ABDOMINAL/BACK PAIN………1 2 DIABETES............... …………..1 2 BABY MOVING LESS…………..1 2 FEET DELIVERED FIRST…….. .1 2 CORD DELIVERED FIRST….....1 2 CORD AROUND NECK…….…..1 2 EXCESSIVE BLEEDING...……..1 2 CAESARIAN SECTION…….…..1 2 FEVER DURING LABOR……....1 2 OTHER……………….………..1 2	
402	CHECK WOMAN'S QUESTIONNAIRE: Qs.226, 227, 228 AND 229: STILLBIRTH ☐ AGE AT DEATH O-27 DAYS ☐ _____		⟶405
403	Was the baby moving in the last few days before the birth?	YES ....1 NO ....2 DON'T KNOW 8	
404	How many hours or days before delivery did you last feel the baby move?	HOURS..................................1 ☐☐ DAYS.....................................2 ☐☐ DON'T KNOW 998	
405	Did the waters break before labor, during labor, or did the waters not break at all?	BEFORE LABOR..1 DURING LABOR ....2 DID NOT BREAK AT ALL...........................3 OTHER ....6 DON'T KNOW 8	⟶407 ☐⟶409
406	How long before labor did the waters break?	LESS THAN ONE DAY ....1 ONE DAY OR MORE ....2 DON'T KNOW 8	
407	What was the color of the liquid when the waters broke?	GREEN/BROWN ....1 CLEAR...2 OTHER _____ 6 (SPECIFY)	
408	Was the liquid foul smelling?	YES ....1 NO ....2 DON'T KNOW 8	
409	How long did the labor and delivery take, that is, from the time when the contractions began (were about 10 minutes apart) till the time the baby was delivered?	HOURS....................................☐☐ DON'T KNOW 98	

9

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
410	Was anything done to help the baby breathe at birth?	YES .... 1 NO .... 2 DON'T KNOW 8	
411	Were there any bruises or signs of injury on the baby's body at birth?	YES .... 1 NO .... 2 DON'T KNOW 8	
412	Was the baby's body macerated, that is, was the skin and tissue palpy?	YES .... 1 NO .... 2 DON'T KNOW 8	
413	Did the baby have any gross malformations at birth?	YES .... 1 NO .... 2 DON'T KNOW 8	→415

414	Please describe the malformations?
	
	PROMPT:
	Anything else?
		HEAD SIZE VERY SMALL .... A
		MASS/DEFECT ON BACK OF
		  HEAD/SPINE .... B
		CLEFT LIP/PALATE C
		
		OTHER
		X
		          (SPECIFY)
		OTHER
		Y
		          (SPECIFY)
		OTHER
		Z
		          (SPECIFY)	

415	CHECK Q.414, IF CODE 'A' NOT CIRCLED ASK: Was the baby's head very small?	YES .... 1 NO .... 2 DON'T KNOW 8	
416	CHECK Q.414, IF CODE 'B' NOT CIRCLED ASK: Was there a mass/defect on the back of the baby's head or spine?	YES .... 1 NO .... 2 DON'T KNOW 8	
417	CHECK Q.414, IF CODE 'C' NOT CIRCLED ASK: Did the baby have a cleft lip or palate?	YES .... 1 NO .... 2 DON'T KNOW 8	
418	Did the baby have any (other) limb defects?	YES .... 1 NO .... 2 DON'T KNOW 8	
419	CHECK WOMAN'S QUESTIONNAIRE: Qs.226, 226A, 227, 228 AND 229: AGE AT DEATH ☐ STILLBIRTH ☐_____ O-27 DAYS		→END

SECTION 5: CHARACTERISTICS OF EARLY NEONATAL DEATHS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501	Was (NAME) able to breathe immediately after birth? NOTE: THIS DOES NOT INCLUDE GASPS OR VERY BRIEF EFFORTS TO BREATHE.	YES ....1 NO ....2 DON'T KNOW 8	
502	Was (NAME) ever able to cry after birth?	YES ....1 NO ....2 DON'T KNOW 8	→506
503	How long after birth did (NAME) first cry?	WITHIN 5 MINUTES..................................1 BETWEEN 5 AND 30 MINUTES ....2 MORE THAN 30 MINUTES......................3 DON'T KNOW 8	
504	Did (NAME) stop being able to cry?	YES ....1 NO ....2 DON'T KNOW 8	→506
505	How long before (NAME) died did he/she stop crying?	LESS THAN ONE DAY ....1 ONE DAY OR MORE ....2 DON'T KNOW 8	
506	Was (NAME) able to suckle in a normal way during the first day of life?	YES ....1 NO ....2 DON'T KNOW 8	→508
507	Was (NAME) ever able to suckle in a normal way?	YES ....1 NO ....2 DON'T KNOW 8	→511
508	Did (NAME) stop being able to suckle in a normal way?	YES ....1 NO ....2 DON'T KNOW 8	→511
509	How long before (NAME) died did he/she stop suckling?	LESS THAN ONE DAY ....1 ONE DAY OR MORE ....2 DON'T KNOW 8	
510	How many days after birth did (NAME) stop suckling? IF LESS THAN ONE DAY RECORD '00' DAYS	DAYS.....................................[_|_] DON'T KNOW 98	
511	During the illness that led to death, did (NAME) have difficulty breathing?	YES ....1 NO ....2 DON'T KNOW 8	→514
512	How many days after birth did (NAME) have difficulty breathing? IF LESS THAN ONE DAY RECORD '00' DAYS	DAYS.....................................[_|_] DON'T KNOW 98	
513	How many days did (NAME) have breathing difficulty? IF LESS THAN ONE DAY RECORD '00' DAYS	DAYS.....................................[_|_] DON'T KNOW 98	
514	During the illness that led to death, did (NAME) have fast breathing?	YES ....1 NO ....2 DON'T KNOW 8	→517
515	How many days after birth did (NAME) have fast breathing? IF LESS THAN ONE DAY RECORD '00' DAYS	DAYS.....................................[_|_] DON'T KNOW 98	
516	How many days did (NAME) have fast breathing? IF LESS THAN ONE DAY RECORD '00' DAYS	DAYS.....................................[_|_] DON'T KNOW 98	

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NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
517	During the illness that led to death, did (NAME) have indrawing of the chest?	YES ....1 NO ....2 DON'T KNOW 8	
518	During the illness that led to death, did (NAME) have grunting?	YES ....1 NO ....2 DON'T KNOW 8	
519	During the illness that led to death, did (NAME'S) nostrils flare when breathing?	YES ....1 NO ....2 DON'T KNOW 8	
520	During the illness that led to death, did (NAME) have pneumonia (USE LOCAL TERM)?	YES ....1 NO ....2 DON'T KNOW 8	
521	During the illness that led to death, did (NAME) have spasms or convulsions (or tremors or fits)?	YES ....1 NO ....2 DON'T KNOW 8	
521A	During the illness that led to death, did (NAME) have spasms or convulsions (or tremors or fits) when touched or exposed to sound or light?	YES ....1 NO ....2 DON'T KNOW 8	
521B	During the illness that led to death, did (NAME) become rigid or stiff as the illness progressed?	YES ....1 NO ....2 DON'T KNOW 8	
521C	During the illness that led to death, did (NAME) develop pursed lips and/or clenched fists?	YES ....1 NO ....2 DON'T KNOW 8	
522	During the illness that led to death, did (NAME) have tetanus (LOCAL TERM)?	YES ....1 NO ....2 DON'T KNOW 8	
523	During the illness that led to death, did (NAME) have fever?	YES ....1 NO ....2 DON'T KNOW 8	→526
524	How many days after birth did (NAME'S) fever start? IF LESS THAN ONE DAY RECORD '00' DAYS	DAYS.. [|] DON'T KNOW 98	
525	How many days did (NAME'S) fever last? IF LESS THAN ONE DAY RECORD '00' DAYS	DAYS.. [|] DON'T KNOW 98	
526	During the illness that led to death, did (NAME) become cold to the touch?	YES ....1 NO ....2 DON'T KNOW 8	→529
527	How many days after birth did (NAME'S) start feeling cold to the touch? IF LESS THAN ONE DAY RECORD '00' DAYS	DAYS.. [|] DON'T KNOW 98	
528	How many days did (NAME'S) feel cold to the touch? IF LESS THAN ONE DAY RECORD '00' DAYS	DAYS.. [|] DON'T KNOW 98	
529	During the illness that led to death, did (NAME) become lethargic after a period of normal activity?	YES ....1 NO ....2 DON'T KNOW 8	
530	During the illness that led to death, did (NAME) become unresponsive or unconscious?	YES ....1 NO ....2 DON'T KNOW 8	

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NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
531	During the illness that led to death, did (NAME) have a bulging fontanelle?	YES .... 1 NO .... 2 DON'T KNOW 8	
532	During the illness that led to death, did (NAME) have pus drainage from the umbilical cord stump?	YES .... 1 NO .... 2 DON'T KNOW 8	
532A	During the illness that led to death, did (NAME) have redness of the umbilical cord stump?	YES .... 1 NO .... 2 DON'T KNOW 8	→533
532B	Did the redness of the umbilical stump extend into the abdominal skin?	YES .... 1 NO .... 2 DON'T KNOW 8	
533	During the illness that led to death, did (NAME) have skin bumps containing pus or a single large area of pus or redness with swelling?	SKIN BUMPS WITH PUS .... 1 SINGLE LARGE AREA OF PUS .... 2 REDNESS WITH SWELLING .... 3 NO .... 4 DON'T KNOW 8	
534	During the illness that led to death, did (NAME) bleed from anywhere?	YES .... 1 NO .... 2 DON'T KNOW 8	→536
535	Where was (NAME) bleeding?	_____ (SPECIFY)	
536	During the illness that led to death, did (NAME) have more frequent loose or liquid stools than usual?	YES .... 1 NO .... 2 DON'T KNOW 8	
537	During the illness that led to death, did (NAME) have diarrhea (USE LOCAL TERM)?	YES .... 1 NO .... 2 DON'T KNOW 8	→539
538	How many times did (NAME) have diarrhea/loose or liquid stools on the day that it was most frequent?	TIMES...................................... ☐☐ DON'T KNOW 98	
539	During the illness that led to death, did (NAME) vomit?	YES .... 1 NO .... 2 DON'T KNOW 8	
540	During the illness that led to death, did (NAME) have jaundice (yellow skin)?	YES .... 1 NO .... 2 DON'T KNOW 8	→801

601	CHECK WOMAN'S QUESTIONNAIRE Q.226, 226A AND 227: IF AGE AT DEATH IS 28 DAYS – 59 MONTHS (POST-NEONATAL DEATH): Could you tell me about (NAME'S) illness that led to his/her death. PROBE: Was there anything else? ALLOW THE RESPONDENT TO TELL YOU ABOUT THE PREGNANCY, DELIVERY AND THE BABY'S ILLNESS IN HER OWN WORDS. WRITE DOWN WHAT THE RESPONDENT TELLS YOU IN HER OWN WORDS. DO NOT PROMPT EXCEPT FOR ASKING WHETHER THERE WAS ANYTHING ELSE AFTER THE RESPONDENT FINISHES. KEEP PROMPTING UNTIL THE RESPONDENT SAYS THERE WAS NOTHING ELSE. WHILE RECORDING, UNDERLINE ANY UNFAMILIAR TERMS.	
602	TAKE A MOMENT TO MARK WITH AN 'X' ALL ITEMS MENTIONED SPONTANEOUSLY IN THE OPEN HISTORY QUESTION. USE THIS TO GUIDE YOU THROUGH THE REST OF THE QUESTIONNAIRE. WHEN DEVELOPING THE COUNTRY-SPECIFIC QUESTIONNAIRE, LOCAL TERMS LIKELY TO BE USED BY	

		PRESENT	MONTH BEGAN	DURA-TION	LOCAL TERM	SEVER-ITY
	RESPONDENTS SHOULD BE ADDED TO THE LIST. NOTE: IN SEVERITY SCALE 1=MILD, 2=MODERATE, 3=SEVERE, 8=NOT APPLICABLE					
01	DIARRHEA					
02	COUGH					
03	FEVER					
04	RASH					
05	INJURY					
06	COMA/LOSS OF CONSCIOUSNESS					
07	FIT/CONVULSIONS					
08	STIFF NECK					
09	TETANUS					
10	MALFORMATION					
11	MULTIPLE BIRTH					
12	MEASLES					
13	KWASHIORKOR (USE LOCAL TERM)					
14	MARASMUS (USE LOCAL TERM)					
15	BLEEDING					
16	DIFFICULT BREATHING					
17	CHEST IN-DRAWING					
18	RAPID BREATHING					
19	VERY SMALL AT BIRTH					
20	BORN EARLY					
21	VERY THIN					
22	PNEUMONIA					
23	MALARIA					
24	JAUNDICE					
25	SEVERE ANEMIA					
26	SWELLING OF FACE/LEG/ABDOMEN/WHOLE BODY					
27	OTHER (SPECIFY) _____					

603	Did (NAME) have any of the following illnesses or symptoms?	YES	NO	DK
	a) Heart disease?	HEART DISEASE 1	2	8
	b) Epilepsy?	EPILEPSY.......................1	2	8
	c) Tuberculosis?	TUBERCULOSIS 1	2	8
	d) Asthma?	ASTHMA 1	2	8
	e) Mental illness?	MENTAL ILLNESS...........1	2	8
	f) Physical handicap?	PHYSICAL HANDICAP...….1	2	8
	g) Thalessemia/haemolytic anemia?	T/H ANEMIA....................1	2	8
	h) Blood cancer?	BLOOD CANCER 1	2	8
	i) Other? _____ (SPECIFY)	OTHER.............................1	2	8

SECTION 7. CAUSE OF POST-NEONATAL DEATH

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
701	Did (NAME) die from an injury (e.g., traffic accident, poisoning, bite, burn, fall, drowning or violence)?	YES..1 NO..2 DON'T KNOW..8	⟩→704
702	What kind of injury or accident did (NAME) die from? ALLOW RESPONDENT TO ANSWER SPONTANEOUSLY. IF RESPONDENT HAS DIFFICULTY IDENTIFYING THE INJURY, READ THE FOLLOWING LIST SLOWLY AND CIRCLE ONLY ONE OF THE APPROPRIATE CODES. Did (NAME) die from: a) Motor vehicle accident? b) Fall? c) Drowning? d) Poisoning? e) Bite or sting by venomous animal? f) Burn? g) Violence? h) Other injury?	MOTOR VEHICLE ACCIDENT................01 FALL ....02 DROWNING ....03 POISONING ....04 BITE/STING...05 BURN ....06 VIOLENCE ....07 OTHER _____ 96 (SPECIFY)	
703	How long did (NAME) survive after the injury/accident?	DIED WITHIN 24 HOURS ....1 DIED ONE DAY LATER OR MORE 2	—→801
704	During the illness that led to death, did (NAME) have fever?	YES ....1 NO ....2 DON'T KNOW 8	⟩→705
704A	How many days before death did (NAME'S) fever start? IF LESS THAN ONE DAY RECORD '00' DAYS	DAYS.. ☐☐ DON'T KNOW 98	
704B	Did (NAME'S) fever continue till death?	YES ....1 NO ....2 DON'T KNOW 8	—→704D —→704D
704C	How many days before death did (NAME'S) fever stop? IF LESS THAN ONE DAY RECORD '00' DAYS	DAYS.. ☐☐ DON'T KNOW 98	
704D	How many days did (NAME'S) fever last? IF LESS THAN ONE DAY RECORD '00' DAYS	DAYS.. ☐☐ DON'T KNOW 98	
704E	How severe was (NAME'S) fever?	MILD ....1 MODERATE ....2 SEVERE ....3 DON'T KNOW 8	
704F	What was the condition of (NAME'S) fever?	CONTINUOUS ....1 ON AND OFF ....2 ONLY AT NIGHT ....3 DON'T KNOW 8	
705	During the illness that led to death, did (NAME) have more frequent loose or liquid stools than usual?	YES ....1 NO ....2 DON'T KNOW 8	
705A	During the illness that led to death, did (NAME) have diarrhea (USE LOCAL TERM)?	YES ....1 NO ....2 DON'T KNOW 8	⟩→706
705B	How many days did (NAME) have diarrhea/loose or liquid stools? IF LESS THAN ONE DAY WRITE '00'.	DAYS.. ☐☐ DON'T KNOW 98	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
705C	How many days before death did the diarrhea/loose or liquid stools start? IF LESS THAN ONE DAY WRITE '00'.	DAYS............................... ☐☐ DON'T KNOW 98	
705D	Did the frequent loose or liquid stools continue until death?	YES ....1 NO ....2 DON'T KNOW 8	⟶705F ⟶705F
705E	How many days before death did the frequent loose or liquid stools stop? IF LESS THAN ONE DAY WRITE '00'.	DAYS............................... ☐☐ DON'T KNOW 98	
705F	How many stools did (NAME) have on the day that the diarrhea/loose or liquid stools was most frequent? IF LESS THAN ONE DAY WRITE '00'.	NUMBER .... ☐☐ DON'T KNOW 98	
705G	Was there any blood in the stools?	YES ....1 NO ....2 DON'T KNOW 8	
705H	When (NAME) had diarrhea, was he/she drink a fluid made from a special packet, such as Jeevan Jal, Navajeevan or other types of ORS to drink?	YES ....1 NO ....2 DON'T KNOW 8	
705J	When (NAME) had diarrhea, did he/she have a dry mouth and tongue?	YES ....1 NO ....2 DON'T KNOW 8	
705K	When (NAME) had diarrhea, did he/she have sunken eyes?	YES ....1 NO ....2 DON'T KNOW 8	
705L	When (NAME) had diarrhea, did he/she have loose skin?	YES ....1 NO ....2 DON'T KNOW 8	
706	During the illness that led to death, did (NAME) have a cough?	YES ....1 NO ....2 DON'T KNOW 8	⟶707
706A	How many days before death did (NAME'S) cough start? IF LESS THAN ONE DAY RECORD '00' DAYS	DAYS............................... ☐☐ DON'T KNOW 98	
706B	Did (NAME'S) cough continue till death?	YES ....1 NO ....2 DON'T KNOW 8	⟶706D ⟶706D
706C	How many days before death did (NAME'S) cough stop? IF LESS THAN ONE DAY RECORD '00' DAYS	DAYS............................... ☐☐ DON'T KNOW 98	
706D	How many days did (NAME'S) cough last? IF LESS THAN ONE DAY RECORD '00' DAYS	DAYS............................... ☐☐ DON'T KNOW 98	
706E	Was (NAME'S) cough very severe?	YES ....1 NO ....2 DON'T KNOW 8	
707	During the illness that led to death, did (NAME) have difficulty breathing?	YES ....1 NO ....2 DON'T KNOW 8	⟶708

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NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
707A	How many days before death did (NAME) have difficulty breathing? IF LESS THAN ONE DAY RECORD '00' DAYS	DAYS...................................... ☐☐ DON'T KNOW 98	
707B	Did (NAME'S) difficult breathing continue till death?	YES ....1 NO ....2 DON'T KNOW 8	—▸707D —▸707D
707C	How many days before death did (NAME'S) difficult breathing stop? IF LESS THAN ONE DAY RECORD '00' DAYS	DAYS...................................... ☐☐ DON'T KNOW 98	
707D	How many days did (NAME) have breathing difficulty? IF LESS THAN ONE DAY RECORD '00' DAYS	DAYS...................................... ☐☐ DON'T KNOW 98	
708	During the illness that led to death, did (NAME) have fast breathing?	YES ....1 NO ....2 DON'T KNOW 8	▸709
708A	How many days before death did (NAME) have fast breathing? IF LESS THAN ONE DAY RECORD '00' DAYS	DAYS...................................... ☐☐ DON'T KNOW 98	
708B	Did (NAME'S) fast breathing continue till death?	YES ....1 NO ....2 DON'T KNOW 8	—▸708D —▸708D
708C	How many days before death did (NAME'S) fast breathing stop? IF LESS THAN ONE DAY RECORD '00' DAYS	DAYS...................................... ☐☐ DON'T KNOW 98	
708D	How many days did (NAME) have fast breathing? IF LESS THAN ONE DAY RECORD '00' DAYS	DAYS...................................... ☐☐ DON'T KNOW 98	
709	During the illness that led to death, did (NAME) have indrawing of the chest?	YES ....1 NO ....2 DON'T KNOW 8	
710	During the illness that led to death, did (NAME) have noisy breathing?	YES ....1 NO ....2 DON'T KNOW 8	▸712

711	Did (NAME) have:
	  a) Stridor?
	  b) Grunting?
	  c) Wheezing?
	
	USE LOCAL TERMS.
		YES NO DK
		STRIDOR 1 2 8
		GRUNTING 1 2 8
		WHEEZING 1 2 8	

712	During the illness that led to death, did (NAME'S) nostrils flare when breathing?	YES ....1 NO ....2 DON'T KNOW 8	
713	During the illness that led to death, did (NAME) have pneumonia (USE LOCAL TERM)?	YES ....1 NO ....2 DON'T KNOW 8	
714	Did (NAME) have any convulsions/fits during the illness that led to death?	YES ....1 NO ....2 DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
714A	Has (NAME) had similar convulsions/fits before?	YES .... 1 NO .... 2 DON'T KNOW 8	→715
714B	When did the last such convulsion take place? IF LESS THAN ONE WEEK RECORD IN DAYS; IF LESS THAN ONE MONTH RECORD IN WEEKS AND IF LESS THAN ONE YEAR RECORD IN MONTHS.	DAYS AGO .... 1 ☐☐ WEEKS AGO .... 2 ☐☐ MONTHS AGO .... 3 ☐☐ YEARS AGO .... 4 ☐☐ DON'T KNOW 998	
714C	At what age did (NAME'S) convulsions first start? IF LESS THAN ONE MONTH RECORD '00' IF LESS THAN ONE YEAR RECORD IN MONTHS.	MONTHS .... 1 ☐☐ YEARS .... 2 ☐☐ DON'T KNOW 998	
714D	How many times has (NAME) ever had these convulsions?	TIMES.................................... ☐☐ DON'T KNOW 98	
715	Was (NAME) unconscious during the illness that led to death?	YES .... 1 NO .... 2 DON'T KNOW 8	→715B
715A	How many hours or days before death did (NAME) become unconscious?	HOURS.................................. 1 ☐☐ DAYS.................................... 2 ☐☐ DON'T KNOW 998	
715B	At any time during the illness that led to death, did (NAME) stop being able to grasp?	YES .... 1 NO .... 2 DON'T KNOW 8	→715D
715C	How long before (NAME) died, did he/she stop being able to grasp?	LESS THAN 12 HOURS............................ 1 12 HOURS OR MORE 2	
715D	At any time during the illness that led to death, did (NAME) stop being able to respond to a voice?	YES .... 1 NO .... 2 DON'T KNOW 8	→715F
715E	How long before (NAME) died, did he/she stop being able to respond to a voice?	LESS THAN 12 HOURS............................ 1 12 HOURS OR MORE 2	
715F	At any time during the illness that led to death, did (NAME) stop being able to follow movements with his/her eyes?	YES .... 1 NO .... 2 DON'T KNOW 8	→716
715G	How long before (NAME) died, did he/she stop being able to follow movements with his/her eyes?	LESS THAN 12 HOURS............................ 1 12 HOURS OR MORE 2	
716	During the illness that led to death, did (NAME) have a stiff neck?	YES .... 1 NO .... 2 DON'T KNOW 8	
716A	During the illness that led to death, did (NAME) have a bulging fontanelle?	YES .... 1 NO .... 2 DON'T KNOW 8	
717	During the month before (NAME) died, did he/she have a skin rash?	YES .... 1 NO .... 2 DON'T KNOW 8	→718

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
717A	Was the rash all over (NAME'S) body?	YES ....1 NO ....2 DON'T KNOW 8	
717B	Was the rash also on (NAME'S) face?	YES ....1 NO ....2 DON'T KNOW 8	
717C	How many days did (NAME'S) rash last? IF LESS THAN ONE DAY RECORD '00' DAYS	DAYS....................................... [__|__] DON'T KNOW 98	
717D	Did the rash have blisters containing clear fluid?	YES ....1 NO ....2 DON'T KNOW 8	
717E	Did the skin crack/split or peel after the rash started?	YES ....1 NO ....2 DON'T KNOW 8	
717F	Did the (NAME) have fever during the rash?	YES ....1 NO ....2 DON'T KNOW 8	
717G	Was this illness measles (USE LOCAL TERM)?	YES ....1 NO ....2 DON'T KNOW 8	
718	During the illness that led to death, did (NAME) become very thin?	YES ....1 NO ....2 DON'T KNOW 8	
718A	During the illness that led to death, did (NAME) have swollen legs or feet?	YES ....1 NO ....2 DON'T KNOW 8	→718C
718B	How many weeks did the swelling last? IF LESS THAN ONE WEEK RECORD '00' WEEKS	WEEKS.................................... [__|__] DON'T KNOW 98	
718C	During the illness that led to death, did (NAME'S) skin flake off in patches?	YES ....1 NO ....2 DON'T KNOW 8	
718D	During the illness that led to death, did (NAME'S) hair color change to a reddish (or yellowish) color?	YES ....1 NO ....2 DON'T KNOW 8	
718E	Did (NAME) have Kwashiorkor (USE LOCAL TERM) during the month before he/she died??	YES ....1 NO ....2 DON'T KNOW 8	
718F	Did (NAME) have Marasmus (USE LOCAL TERM) during the month before he/she died??	YES ....1 NO ....2 DON'T KNOW 8	
718G	During the illness that led to death, did (NAME) suffer from 'lack of blood' or 'pallor' (USE LOCAL TERM)?	YES ....1 NO ....2 DON'T KNOW 8	
719	During the illness that led to death, did (NAME) have paleness in the palms, soles, eyes, body? (USE LOCAL TERM FOR JAUNDICE)?	YES ....1 NO ....2 DON'T KNOW 8	→719D
719A	How many days before death did the yellowish color of (NAME'S) eye/body start? IF LESS THAN ONE DAY RECORD '00'	DAYS....................................... [__|__] DON'T KNOW 98	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
719B	CHECK Q.719A. IF '00' SKIP. IF '01' OR HIGHER ASK: Did the yellowish color of (NAME'S) eye/body last until his death?	YES ....1 NO ....2 DON'T KNOW 8	⟶719D ⟶719D
719C	How many days before death did (NAME'S) eye/body color return to normal? IF LESS THAN ONE DAY RECORD '00'	DAYS....................................... ☐☐ DON'T KNOW 98	
719D	During the illness that led to death, did (NAME) have white nails (USE LOCAL TERM)?	YES ....1 NO ....2 DON'T KNOW 8	
720	During the illness that led to death, did (NAME) have swelling in the body?	YES ....1 NO ....2 DON'T KNOW 8	⟶721
720A	Where was the swelling?	ANKLE.. A ABDOMEN .... B FACE .... C HAND .... D WHOLE BODY .... E OTHER _____ X (SPECIFY) DON'T KNOW ....Z	
720B	Where did the swelling first appear?	ANKLE..1 ABDOMEN ....2 FACE ....3 HAND ....4 WHOLE BODY ....5 OTHER _____ 6 (SPECIFY) DON'T KNOW 8	
721	During the illness that led to death, did (NAME) have glandular swelling in the neck?	YES ....1 NO ....2 DON'T KNOW 8	
721A	During the illness that led to death, did (NAME) have swelling in the armpits?	YES ....1 NO ....2 DON'T KNOW 8	
721B	During the illness that led to death, did (NAME) have swelling in the groin?	YES ....1 NO ....2 DON'T KNOW 8	
721C	CHECK Qs.721, 721A, AND 721B: AT LEAST ONE ☐ NOT A SINGLE ☐ _____ 'YES' 'YES'		⟶721E
721D	Was there any infection or discharge from the swelling?	YES ....1 NO ....2 DON'T KNOW 8	
721E	During the illness that led to death, did (NAME) have a whitish rash inside the mouth or on the tongue?	YES ....1 NO ....2 DON'T KNOW 8	
722	During the illness that led to death, did (NAME) have vomitting?	YES ....1 NO ....2 DON'T KNOW 8	⟶723

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
722A	What did the vomit look like?	WATERY ....1 YELLOWISH...2 COFFEE COLORED ....3 BLOOD MIXED..4 FECAL MATTERS.....................................5 OTHER _____ 6 (SPECIFY) DON'T KNOW 8	
723	During the illness that led to death, did (NAME) have abdominal pain?	YES ....1 NO ....2 DON'T KNOW 8	→724
723A	What type of abdominal pain did (NAME) have?	CONTINUOUS DULL PAIN.......................1 CRAMPS ....2 OTHER _____ 6 (SPECIFY) DON'T KNOW 8	
723B	How severe was (NAME'S) abdominal pain?	MILD ....1 MODERATE ....2 SEVERE ....3 DON'T KNOW 8	
724	During the illness that led to death, did (NAME) have distension of the abdomen?	YES ....1 NO ....2 DON'T KNOW 8	→725
724A	How many days before death did the distension of the abdomen start? IF LESS THAN ONE DAY RECORD '00'	DAYS......................................☐☐ DON'T KNOW 98	
724B	CHECK Q.724A. IF '00' SKIP. IF '01' OR HIGHER ASK: Did the distension of (NAME'S) abdomen last until his death?	YES ....1 NO ....2 DON'T KNOW 8	→724D →724D
724C	How many days before death did the distension of the abdomen become normal? IF LESS THAN ONE DAY RECORD '00'	DAYS......................................☐☐ DON'T KNOW 98	
724D	During the distension of the abdomen did (NAME'S) defecate/pass stools?	YES ....1 NO ....2 DON'T KNOW 8	→725 →725
724E	How many days before death did (NAME) stop being able to defecate/pass stool? IF LESS THAN ONE DAY RECORD '00'	DAYS......................................☐☐ DON'T KNOW 98	
725	During the illness that led to death, did (NAME) have any mass in the abdomen?	YES ....1 NO ....2 DON'T KNOW 8	→726
725A	Where exactly was the mass located?	RIGHT UPPER ABDOMEN.......................1 LEFT UPPER ABDOMEN ....2 LOWER ABDOMEN ....3 MIDDLE ABDOMEN..................................4 OTHER _____ 6 (SPECIFY) DON'T KNOW 8	
725B	Was the mass painful?	YES ....1 NO ....2 DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
725C	How many days before death did the abdominal mass appear? IF LESS THAN ONE DAY RECORD '00'	DAYS.................................... ☐☐ DON'T KNOW 98	
725D	CHECK Q.725C. IF '00' SKIP. IF '01' OR HIGHER ASK: Did the abdominal mass last until his death?	YES ....1 NO ....2 DON'T KNOW 8	⟶726 ⟶726
725E	How many days before death did the abdominal mass disappear? IF LESS THAN ONE DAY RECORD '00'	DAYS.................................... ☐☐ DON'T KNOW 98	
726	During the illness that led to death, what color was (NAME'S) urine?	NORMAL ....1 DARK YELLOW..2 BLOOD MIX...3 DEEP BROWN ....4 LIKE LIME WATER ....5 OTHER _____ 6 (SPECIFY) DON'T KNOW 8	
726A	During the illness that led to death, was there any change in the amount of urine passed by (NAME)?	YES ....1 NO ....2 DON'T KNOW 8	⟶727
726B	How much urine did (NAME) pass in a day?	MORE THAN USUAL ....1 LESS THAN USUAL..................................2 NONE AT ALL ....3 OTHER _____ 6 (SPECIFY) DON'T KNOW 8	
726C	How many days before death did you notice a change in the amount of urine passed by (NAME)? IF LESS THAN ONE DAY RECORD '00'	DAYS.................................... ☐☐ DON'T KNOW 98	
726D	CHECK Q.726C. IF '00' SKIP. IF '01' OR HIGHER ASK: Did the change in the amount of urine passed last until his death?	YES ....1 NO ....2 DON'T KNOW 8	⟶727 ⟶727
726E	How many days before death did the amount of urine passed become normal? IF LESS THAN ONE DAY RECORD '00'	DAYS.................................... ☐☐ DON'T KNOW 98	
727	Did (NAME) have any operation before death?	YES ....1 NO ....2 DON'T KNOW 8	⟶801
727A	How many days before death did (NAME) have his/her last operation? IF LESS THAN ONE DAY RECORD '00'	DAYS.................................... ☐☐ DON'T KNOW 98	
727B	What part of the body was (NAME) operated on?	SPECIFY _____ DON'T KNOW 8	
727C	What was the reason for the operation?	SPECIFY _____ DON'T KNOW 8	

SECTION 8: CARE SEEKING AND HEALTH RECORDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
801	Did you seek advice or treatment outside the house when (NAME) was ill (injured)?	YES ....1 NO 2	—▸803

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

803	Do you have any health records for (NAME)? IF YES: May I see the health records, please?	YES ....1 NO ....2 DON'T KNOW 8	▸805
804	IF RESPONDENT ALLOWS YOU TO SEE THE HEALTH RECORDS, TRANSCRIBE ALL THE ENTRIES. RECORD THE WEIGHTS AND THE DATES OF THE TWO MOST RECENT WEIGHTS FOR (NAME), THE DATE OF THE LAST MEDICAL NOTE AND TRANSCRIBE THE NOTE.		

	(1) COPY DATES OF TWO MOST RECENT WEIGHTS. DAY MONTH YEAR	(2) COPY TWO MOST RECENT WEIGHTS. WEIGHT IN KILOGRAMS
WEIGHT 1 WEIGHT 2 DATE OF LAST NOTE	1 .... ⬚⬚⬚⬚⬚⬚ 2 .... ⬚⬚⬚⬚⬚⬚ 3 .... ⬚⬚⬚⬚⬚⬚	1 .... ⬚⬚.⬚ 2 .... ⬚⬚.⬚

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
805	Was a death certificate issued for (NAME)? IF YES: May I see the death certificate, please?	YES SEEN...1 YES NOT SEEN ....2 NO ....3 DON'T KNOW 8	▸807

24

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
806	RECORD: a) The immediate cause of death _____ b) The first underlying cause of death _____ c) The second underlying cause of death _____ d) The third underlying cause of death _____ e) The contributing causes of death _____		
807	RECORD THE TIME.	HOUR .... MINUTES	

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

_____

_____

_____

_____

_____

COMMENTS ON SPECIFIC QUESTIONS:

_____

_____

_____

_____

_____

ANY OTHER COMMENTS:

_____

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EDITOR'S OBSERVATIONS

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NAME OF THE EDITOR:_____   DATE: _____

SUPERVISOR'S OBSERVATIONS

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NAME OF SUPERVISOR:_____   DATE:_____