NEPAL DEMOGRAPHIC AND HEALTH SURVEY 2011
HOUSEHOLD QUESTIONNAIRE

IDENTIFICATION

NAME AND CODE OF DISTRICT _____

NAME AND CODE OF VILLAGE/MUNICIPALITY _____

WARD NUMBER . . . .

CLUSTER NUMBER . . . .

HOUSEHOLD NUMBER . . . .

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

SUPERVISOR	OFFICE EDITOR	KEYED BY
NAME _____		
DATE _____		

INTRODUCTION AND CONSENT

Hello. My name is _____. I am working with MINISTRY OF HEALTH AND POPULATION. We are conducting a survey about health all over Nepal. The information we collect will help the government to plan health services. Your household was selected for the survey. I would like to ask you some questions about your household. The questions usually take about 15 to 20 minutes. All of the answers you give will be confidential and will not be shared with anyone other than members of our survey team. No part of this interview is being recorded in tape or video. You don't have to be in the survey, but we hope you will agree to answer the questions since your views are important. If I ask you 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.

Do you have any questions?
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			
1	2	3	4	5	6	7	8	9	9A	10	11
	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 5-20 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)? IF 95 OR MORE, RECORD '95'.	What is (NAME)'s current marital status? 1 = CURRENTLY MARRIED 2 = DIVORCED/ SEPARATED 3 = WIDOWED 4 = NEVER-MARRIED	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49	CIRCLE LINE NUMBER OF WOMAN SELECTED FOR DOMESTIC VIOLENCE QUESTIONS IN Q. 31	CIRCLE LINE NUMBER OF ALL MEN AGE 15-49	CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-5
			M 1 F 2	Y 1 N 2	Y 1 N 2	IN YEARS					
01		☐☐	1 2	1 2	1 2	☐☐	☐	01	01	01	01
02		☐☐	1 2	1 2	1 2	☐☐	☐	02	02	02	02
03		☐☐	1 2	1 2	1 2	☐☐	☐	03	03	03	03
04		☐☐	1 2	1 2	1 2	☐☐	☐	04	04	04	04
05		☐☐	1 2	1 2	1 2	☐☐	☐	05	05	05	05
06		☐☐	1 2	1 2	1 2	☐☐	☐	06	06	06	06
07		☐☐	1 2	1 2	1 2	☐☐	☐	07	07	07	07
08		☐☐	1 2	1 2	1 2	☐☐	☐	08	08	08	08
09		☐☐	1 2	1 2	1 2	☐☐	☐	09	09	09	09
10		☐☐	1 2	1 2	1 2	☐☐	☐	10	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 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 REGISTRATION
	12	13	14	15	16	16A	17	18	19	20
	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 participated in a literacy program or any other program that involves 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 (2067)/ (2068) school year?	During this/that school year, what grade [is/was] (NAME) attending? 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
	Y N DK		Y N DK		Y N	Y N	GRADE	Y N	GRADE	
01	1 2 — 8 ↓ GO TO 14	☐☐	1 2 — 8 ↓ GO TO 16	☐☐	1 2 ↓ GO TO 17	1 — 2 ↓ GO TO 20	☐☐	1 2 ↓ GO TO 20	☐☐	☐
02	1 2 — 8 ↓ GO TO 14	☐☐	1 2 — 8 ↓ GO TO 16	☐☐	1 2 ↓ GO TO 17	1 — 2 ↓ GO TO 20	☐☐	1 2 ↓ GO TO 20	☐☐	☐
03	1 2 — 8 ↓ GO TO 14	☐☐	1 2 — 8 ↓ GO TO 16	☐☐	1 2 ↓ GO TO 17	1 — 2 ↓ GO TO 20	☐☐	1 2 ↓ GO TO 20	☐☐	☐
04	1 2 — 8 ↓ GO TO 14	☐☐	1 2 — 8 ↓ GO TO 16	☐☐	1 2 ↓ GO TO 17	1 — 2 ↓ GO TO 20	☐☐	1 2 ↓ GO TO 20	☐☐	☐
05	1 2 — 8 ↓ GO TO 14	☐☐	1 2 — 8 ↓ GO TO 16	☐☐	1 2 ↓ GO TO 17	1 — 2 ↓ GO TO 20	☐☐	1 2 ↓ GO TO 20	☐☐	☐
06	1 2 — 8 ↓ GO TO 14	☐☐	1 2 — 8 ↓ GO TO 16	☐☐	1 2 ↓ GO TO 17	1 — 2 ↓ GO TO 20	☐☐	1 2 ↓ GO TO 20	☐☐	☐
07	1 2 — 8 ↓ GO TO 14	☐☐	1 2 — 8 ↓ GO TO 16	☐☐	1 2 ↓ GO TO 17	1 — 2 ↓ GO TO 20	☐☐	1 2 ↓ GO TO 20	☐☐	☐
08	1 2 — 8 ↓ GO TO 14	☐☐	1 2 — 8 ↓ GO TO 16	☐☐	1 2 ↓ GO TO 17	1 — 2 ↓ GO TO 20	☐☐	1 2 ↓ GO TO 20	☐☐	☐
09	1 2 — 8 ↓ GO TO 14	☐☐	1 2 — 8 ↓ GO TO 16	☐☐	1 2 ↓ GO TO 17	1 — 2 ↓ GO TO 20	☐☐	1 2 ↓ GO TO 20	☐☐	☐
10	1 2 — 8 ↓ GO TO 14	☐☐	1 2 — 8 ↓ GO TO 16	☐☐	1 2 ↓ GO TO 17	1 — 2 ↓ GO TO 20	☐☐	1 2 ↓ GO TO 20	☐☐	☐

CODES FOR Qs. 17 AND 19: EDUCATION

GRADE

00 = LESS THAN 1 YEAR COMPLETED (USE '00' FOR Q. 17 ONLY. THIS CODE IS NOT ALLOWED FOR Q. 19)
01-10 = GRADE 1 - GRADE 10
11 = GRADE 11 AND ABOVE

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

1	2	3	4	5	6	7	8	9	9A	10	11
			SEX	RESIDENCE		AGE	IF AGE 10 OR OLDER MARITAL STATUS	ELIGIBILITY			
LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD									
	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 5-20 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)? IF 95 OR MORE, RECORD '95'.	What is (NAME)'s current marital status? 1 = CURRENTLY MARRIED 2 = DIVORCED/ SEPARATED 3 = WIDOWED 4 = NEVER-MARRIED	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49	CIRCLE LINE NUMBER OF WOMAN SELECTED FOR DOMESTIC VIOLENCE QUESTIONS IN Q. 31	CIRCLE LINE NUMBER OF ALL MEN AGE 15-49	CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-5
			M 1 F 2	Y 1 N 2	Y 1 N 2	IN YEARS					
11			1 2	1 2	1 2			11	11	11	11
12			1 2	1 2	1 2			12	12	12	12
13			1 2	1 2	1 2			13	13	13	13
14			1 2	1 2	1 2			14	14	14	14
15			1 2	1 2	1 2			15	15	15	15
16			1 2	1 2	1 2			16	16	16	16
17			1 2	1 2	1 2			17	17	17	17
18			1 2	1 2	1 2			18	18	18	18
19			1 2	1 2	1 2			19	19	19	19
20			1 2	1 2	1 2			20	20	20	20

TICK HERE IF CONTINUATION SHEET USED ☐

CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD

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 ☐

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 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
	12	13	14	15	16	16A	17	18	19	20
	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 (2067)/ (2068) school year?	During this/that school year, what grade [is/was] (NAME) attending? 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
11	Y N DK 1 2 — 8 GO TO 14	[ ][ ]	Y N DK 1 2 — 8 GO TO 16	[ ][ ]	Y N 1 2 GO TO 17	1 — 2 GO TO 20	GRADE [ ][ ]	Y N 1 2 GO TO 20	GRADE [ ][ ]	[ ]
12	1 2 — 8 GO TO 14	[ ][ ]	1 2 — 8 GO TO 16	[ ][ ]	1 2 GO TO 17	1 — 2 GO TO 20	[ ][ ]	1 2 GO TO 20	[ ][ ]	[ ]
13	1 2 — 8 GO TO 14	[ ][ ]	1 2 — 8 GO TO 16	[ ][ ]	1 2 GO TO 17	1 — 2 GO TO 20	[ ][ ]	1 2 GO TO 20	[ ][ ]	[ ]
14	1 2 — 8 GO TO 14	[ ][ ]	1 2 — 8 GO TO 16	[ ][ ]	1 2 GO TO 17	1 — 2 GO TO 20	[ ][ ]	1 2 GO TO 20	[ ][ ]	[ ]
15	1 2 — 8 GO TO 14	[ ][ ]	1 2 — 8 GO TO 16	[ ][ ]	1 2 GO TO 17	1 — 2 GO TO 20	[ ][ ]	1 2 GO TO 20	[ ][ ]	[ ]
16	1 2 — 8 GO TO 14	[ ][ ]	1 2 — 8 GO TO 16	[ ][ ]	1 2 GO TO 17	1 — 2 GO TO 20	[ ][ ]	1 2 GO TO 20	[ ][ ]	[ ]
17	1 2 — 8 GO TO 14	[ ][ ]	1 2 — 8 GO TO 16	[ ][ ]	1 2 GO TO 17	1 — 2 GO TO 20	[ ][ ]	1 2 GO TO 20	[ ][ ]	[ ]
18	1 2 — 8 GO TO 14	[ ][ ]	1 2 — 8 GO TO 16	[ ][ ]	1 2 GO TO 17	1 — 2 GO TO 20	[ ][ ]	1 2 GO TO 20	[ ][ ]	[ ]
19	1 2 — 8 GO TO 14	[ ][ ]	1 2 — 8 GO TO 16	[ ][ ]	1 2 GO TO 17	1 — 2 GO TO 20	[ ][ ]	1 2 GO TO 20	[ ][ ]	[ ]
20	1 2 — 8 GO TO 14	[ ][ ]	1 2 — 8 GO TO 16	[ ][ ]	1 2 GO TO 17	1 — 2 GO TO 20	[ ][ ]	1 2 GO TO 20	[ ][ ]	[ ]

CODES FOR Qs. 17 AND 19: EDUCATION

GRADE

00 = LESS THAN 1 YEAR COMPLETED (USE '00' FOR Q. 17 ONLY. THIS CODE IS NOT ALLOWED FOR Q. 19)

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MIGRATION

| 21 | Now I would like to ask you about members of this household who lived here in the past 10 years but have since moved away.

Are there any members of your household who lived here in the past 10 years but who have since moved away? | | YES 1
NO 2
DON'T KNOW . 8 → 30 | | |

LINE NO.	MIGRANTS	SEX	MONTH AND YEAR MOVED AWAY	AGE	REASON FOR MOVING	PLACE TRAVELLED TO
22	**23**	**24**	**25**	**26**	**27**	**28**
	Please give me the names of the persons who are living outside of this household? AFTER LISTING THE NAMES AND RECORDING 'THE SEX FOR EACH PERSON, ASK QUESTIONS 25-28 FOR EACH PERSON	Is (NAME) male or female?	In what month and year did (NAME) move away?	How old was (NAME) when s/he moved away? IF AGE 95 OR MORE, RECORD 95'. IF AGE LESS THAN 1 YEAR RECORD '00'	What was the main reason that (NAME) moved away?	Where has (NAME) travelled to? IF 'INDIA' AND `NEPAL ASK FOR NAME OF THE CITY AND CODE; IF OTHER THAN INDIA OR NEPAL ASK FOR NAME OF THE COUNTRY. RECORD THE CODES AS PROVIDED.
01		M F 1 2	MONTH ☐☐ YEAR ☐☐☐	YEARS ☐☐	WORK .... 1 STUDY .... 2 MARRIAGE .... 3 FAMILY .... 4 SECURITY .... 5 OTHER _____ 6 (SPECIFY) DON"T KNOW 8	NEPAL .... 1 INDIA .... 2 OTHER COUNTRY ... 3 DON'T KNOW 998
02		M F 1 2	MONTH ☐☐ YEAR ☐☐☐	YEARS ☐☐	WORK .... 1 STUDY .... 2 MARRIAGE .... 3 FAMILY .... 4 SECURITY .... 5 OTHER _____ 6 (SPECIFY) DON"T KNOW 8	NEPAL .... 1 INDIA .... 2 OTHER COUNTRY ... 3 DON'T KNOW 998
03		M F 1 2	MONTH ☐☐ YEAR ☐☐☐	YEARS ☐☐	WORK .... 1 STUDY .... 2 MARRIAGE .... 3 FAMILY .... 4 SECURITY .... 5 OTHER _____ 6 (SPECIFY) DON"T KNOW 8	NEPAL .... 1 INDIA .... 2 OTHER COUNTRY ... 3 DON'T KNOW 998
04		M F 1 2	MONTH ☐☐ YEAR ☐☐☐	YEARS ☐☐	WORK .... 1 STUDY .... 2 MARRIAGE .... 3 FAMILY .... 4 SECURITY .... 5 OTHER _____ 6 (SPECIFY) DON"T KNOW 8	NEPAL .... 1 INDIA .... 2 OTHER COUNTRY ... 3 DON'T KNOW 998
05		M F 1 2	MONTH ☐☐ YEAR ☐☐☐	YEARS ☐☐	WORK .... 1 STUDY .... 2 MARRIAGE .... 3 FAMILY .... 4 SECURITY .... 5 OTHER _____ 6 (SPECIFY) DON"T KNOW 8	NEPAL .... 1 INDIA .... 2 OTHER COUNTRY ... 3 DON'T KNOW 998
Q.29	TOTAL NUMBER OF MIGRANTS ☐☐					
	TICK HERE IF CONTINUATION SHEET USED ☐					

30	CHECK THE FRONT COVER OF HOUSEHOLD QUESTIONNAIRE. IS HOUSEHOLD SELECTED FOR MALE SURVEY?

HOUSEHOLD SELECTED ⌐
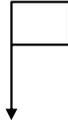
HOUSEHOLD NOT SELECTED ⌐ → 101
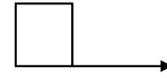
31. TABLE FOR SELECTION OF RESPONDENTS FOR SECTION ON DOMESTIC VIOLENCE

LOOK AT THE LAST DIGIT OF THE HOUSEHOLD NUMBER ON THE COVER PAGE. THIS IS THE ROW NUMBER YOU SHOULD GO TO. CHECK THE TOTAL NUMBER OF ELIGIBLE FEMALE RESPONDENTS ON THE COVER SHEET OF THE HOUSEHOLD QUESTIONNAIRE. FOR EACH NON-ZERO NUMBER, THIS IS THE COLUMN

CIRCLE THE LINE NUMBER FOR THIS WOMAN IN COLUMN 9A

FOR EXAMPLE, IF THE HOUSEHOLD NUMBER IS '16', GO TO ROW '6'. IF THERE ARE THREE ELIGIBLE WOMEN AGE 15-49 IN THE HOUSEHOLD, GO TO COLUMN '3'. FIND THE NUMBER IN THE BOX WHERE THE ROW MEETS THE COLUMN ('2'). NOW GO TO THE HOUSEHOLD SCHEDULE AND CIRCLE THE LINE NUMBER OF THE SELECTED WOMAN

LAST DIGIT OF THE HOUSEHOLD NUMBER	TOTAL NUMBER OF ELIGIBLE WOMEN 15-49 IN THE HOUSEHOLD							
	1	2	3	4	5	6	7	8
0	1	2	2	4	3	6	5	4
1	1	1	3	1	4	1	6	5
2	1	2	1	2	5	2	7	6
3	1	1	2	3	1	3	1	7
4	1	2	3	4	2	4	2	8
5	1	1	1	1	3	5	3	1
6	1	2	2	2	4	6	4	2
7	1	1	3	3	5	1	5	3
8	1	2	1	4	1	2	6	4
9	1	1	2	1	2	3	7	5

HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	How often does anyone smoke inside your house? Would you say daily, weekly, monthly, less than monthly, or never?	DAILY . . . . 1 WEEKLY . . . . 2 MONTHLY . . . . 3 LESS THAN MONTHLY . . . . 4 NEVER 5	

102	What is the main source of drinking water for members of your household?	PIPED WATER
		   PIPED INTO DWELLING 11
		   PIPED TO YARD/PLOT 12
		   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
		TANKER TRUCK 61
		SURFACE WATER (RIVER/DAM/
		   LAKE/POND/STREAM/CANAL/
		   IRRIGATION CHANNEL) 71
		   STONE TAP/DHARA 81
		BOTTLED WATER 91
		
		OTHER _____ 96
		                 (SPECIFY)
			→ 104A
			
			→ 105

103	Where is that water source located?	IN OWN DWELLING . . . . 1 IN OWN YARD/PLOT . . . . 2 ELSEWHERE 3	→ 104A
104	How long does it take to go there, get water, and come back?	MINUTES . . . . [ ][ ][ ] DON'T KNOW 998	
104A	Do you use the main water source all year or only part of the year?	ALL YEAR . . . . 1 PART OF THE YEAR 2	→ 105

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
105	Do you do anything to the water to make it safer to drink?	YES .... 1 NO .... 2 DON'T KNOW 8	→ 107

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

107	What kind of toilet facility do members of your household usually use?	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)
			→ 110

108	Do you share this toilet facility with other households?	YES .... 1 NO 2	→ 110
109	How many households in total use this toilet facility?	NO. OF HOUSEHOLDS IF LESS THAN 10 .... [0][ ] 10 OR MORE HOUSEHOLDS .... 95 DON'T KNOW 98	
110	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 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

111	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)
			→ 114

112	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)	→ 114
113	Do you have a separate room which is used as a kitchen?	YES .... 1 NO 2	

114	MAIN MATERIAL OF THE FLOOR.
	
	    RECORD OBSERVATION.
		NATURAL FLOOR
		   EARTH/SAND 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)	

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

116	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/SHINGLES 35
		
		OTHER _____ 96
		                        (SPECIFY)	

117	How many rooms in this household are used for sleeping?	ROOMS . . . . ☐☐	
118	Does any member of this household own: A watch? A bicycle/rickshaw? A motorcycle or motor scooter? A three wheel tempo? An animal-drawn cart? A car or truck?	YES NO WATCH . . . . 1 2 BICYCLE/RICKSHAW . . . . 1 2 MOTORCYCLE/SCOOTER . . . 1 2 THREE WHEEL TEMPO . . . . . 1 2 ANIMAL-DRAWN CART . . . . . 1 2 CAR/TRUCK 1 2	
119	Does any member of this household own any agricultural land?	YES . . . . 1 NO 2	→ 121
120	How many bigha/ropani of agricultural land do members of this household own? IF 95 OR MORE, CIRCLE '995'. IF LESS THAN 1 RECORD `00'	BIGHA . . . . 1 ☐☐ ROPANI . . . . 2 ☐☐ 95 OR MORE BIGHA/ROPANI . . . . 995 DON'T KNOW 998	
121	Does this household own any livestock, herds, other farm animals, or poultry?	YES . . . . 1 NO 2	→ 123

122	How many of the following animals does this household own?
	
	IF NONE, ENTER '00'.
	IF 95 OR MORE, 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 . . . . ☐☐	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
123	Does any member of this household have a bank account/cooperative/or other savings account?	YES . . . . 1 NO 2	
124	Does your household have any mosquito nets that can be used while sleeping?	YES . . . . 1 NO 2	→ 126
125	How many mosquito nets does your household have? IF 7 OR MORE NETS, RECORD '7'.	NUMBER OF NETS . . . . [ ]	

126	Please show me where members of your household most often wash their hands.	OBSERVED 1
		NOT OBSERVED,
		   NOT IN DWELLING/YARD/PLOT 2
		NOT OBSERVED,
		   NO PERMISSION TO SEE 3
		NOT OBSERVED, OTHER REASON . . . 4
			→ 129

127	OBSERVATION ONLY: OBSERVE PRESENCE OF WATER AT THE PLACE FOR HANDWASHING.	WATER IS AVAILABLE . . . . 1 WATER IS NOT AVAILABLE 2	
128	OBSERVATION ONLY: OBSERVE PRESENCE OF SOAP, DETERGENT, OR OTHER CLEANSING AGENT.	SOAP OR DETERGENT (BAR, LIQUID, POWDER, PASTE) . . . A ASH, MUD, SAND . . . . B NONE C	
129	ASK RESPONDENT FOR A TEASPOONFUL OF COOKING SALT. TEST SALT FOR IODINE.	NO IODINE . . . . 1 <15 PPM . . . . 2 ≥15 PPM . . . . 3 SALT NOT TESTED _____ 6 (SPECIFY REASON)	

HOUSEHOLD FOOD SECURITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
130	In the past 12 months, how frequently did you worry that your household would not have enough food?	NEVER .... 1 RARELY .... 2 SOMETIMES .... 3 OFTEN 4	
131	In the past 12 months, how often were you or any household member not able to eat the kinds of foods you preferred because of a lack of resources?	NEVER .... 1 RARELY .... 2 SOMETIMES .... 3 OFTEN 4	
132	In the past 12 months, how often did you or any household member have to eat a limited variety of foods due to a lack of resources?	NEVER .... 1 RARELY .... 2 SOMETIMES .... 3 OFTEN 4	
133	In the past 12 months, how often did you or any household member have to eat a smaller meal than you felt you felt you needed because there was not enough food?	NEVER .... 1 RARELY .... 2 SOMETIMES .... 3 OFTEN 4	
134	In the past 12 months, how often did you or any household member eat fewer meals in a day because of resources to get food?	NEVER .... 1 RARELY .... 2 SOMETIMES .... 3 OFTEN 4	
135	In the past 12 months, how often was there with no food to eat of any kind in your household because of lack of resources to get food?	NEVER .... 1 RARELY .... 2 SOMETIMES .... 3 OFTEN 4	
136	In the past 12 months, how often did you or any household member go to sleep at night hungry because there was not enough food?	NEVER .... 1 RARELY .... 2 SOMETIMES .... 3 OFTEN 4	
137	CHECK Qs.130-136 ALL CODE `1' NOT □  CIRCLED ↓  ALL CODE `1' CIRCLED □		→ 201
138	Did your household have to adopt the following to meet the household food need in the last 12 months? Take loan? Collect wild food? Consume seed stock for next season? Sell household assets? Sell livestock? Sell land? Probe: Any other steps taken? If yes, specify.	YES NO TAKE LOAN .... 1 2 COLLECT WILD FOOD ..... 1 2 CONSUME SEED .... 1 2 SELL ASSETS .... 1 2 SELL LIVESTOCK .... 1 2 SELL LAND .... 1 2 OTHER _____ 1 2 (SPECIFY)	

139	What was the cause of food deficiency in your household in the last 12 months?	SHOCK FACTORS
		  DROUGHT .... A
		  LANDSLIDE .... B
		  CROP FAILURE C
		  FLOOD .... D
		
		TEMPORAL FACTORS
		  FINANCIAL PROBLEM .... E
		  NOT AVAILABLE IN MARKET .... F
		
		OTHER _____ X
		        (SPECIFY)	

		CHILD 1	CHILD 2	CHILD 3
201	CHECK COLUMN 11 IN HOUSEHOLD SCHEDULE. 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).			
202	LINE NUMBER FROM COLUMN 11 NAME FROM COLUMN 2	LINE NUMBER . . . . . ☐☐ NAME _____	LINE NUMBER . . . . . . ☐☐ NAME _____	LINE NUMBER . . . . . . ☐☐ NAME _____
203	IF MOTHER INTERVIEWED, COPY MONTH AND YEAR OF BIRTH FROM BIRTH HISTORY AND ASK DAY; IF MOTHER NOT INTERVIEWED, ASK: What is (NAME)'s birth date?	DAY . . . . ☐☐ MONTH . . . . . ☐☐ YEAR ☐☐☐☐	DAY . . . . ☐☐ MONTH . . . . . ☐☐ YEAR ☐☐☐☐	DAY . . . . ☐☐ MONTH . . . . . . ☐☐ YEAR ☐☐☐☐
204	CHECK 203: CHILD BORN IN BAISAKH 2062 OR LATER?	YES . . . . 1 NO . . . . 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 214)	YES . . . . 1 NO . . . . 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 214)	YES . . . . 1 NO . . . . 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 214)
205	WEIGHT IN KILOGRAMS	KG. ☐☐.☐☐ NOT PRESENT . . . 9994 REFUSED . . . . 9995 OTHER 9996	KG. ☐☐.☐☐ NOT PRESENT . . . 9994 REFUSED . . . . 9995 OTHER 9996	KG. ☐☐.☐☐ NOT PRESENT . . . 9994 REFUSED . . . . 9995 OTHER 9996
206	HEIGHT IN CENTIMETERS	CM. ☐☐☐.☐ NOT PRESENT . . . 9994 (GO TO 212) REFUSED . . . . 9995 OTHER 9996	CM. ☐☐☐.☐ NOT PRESENT . . . 9994 (GO TO 212) REFUSED . . . . 9995 OTHER 9996	CM. ☐☐☐.☐ NOT PRESENT . . . 9994 (GO TO 212) REFUSED . . . . 9995 OTHER 9996
207	MEASURED LYING DOWN OR STANDING UP?	LYING DOWN . . . . 1 STANDING UP . . . . 2 NOT MEASURED 3	LYING DOWN . . . . 1 STANDING UP . . . . 2 NOT MEASURED 3	LYING DOWN . . . . 1 STANDING UP . . . . 2 NOT MEASURED 3
208	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 CHILDREN, GO TO 214) OLDER 2	0-5 MONTHS . . . . 1 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 214) OLDER 2	0-5 MONTHS . . . . 1 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 214) OLDER 2
209	LINE NUMBER OF PARENT/ OTHER ADULT RESPONSIBLE FOR THE CHILD (FROM COLUMN 1 OF HOUSEHOLD SCHEDULE). RECORD '00' IF NOT LISTED.	LINE NUMBER . . . . . ☐☐	LINE NUMBER . . . . . ☐☐	LINE NUMBER . . . . . ☐☐
210	ASK CONSENT FOR ANEMIA TEST FROM PARENT/OTHER ADULT IDENTIFIED IN 209 AS RESPONSIBLE FOR CHILD.	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 ask that all children born in 2062 or later take part in anemia testing in this survey and give a few drops of blood from a finger or heel. The equipment used to take 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 will be told to you right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team. 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 CHILD/NAMES OF CHILDREN) to participate in the anemia test?		
211	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED . . . . 1 (SIGN) REFUSED 2	GRANTED . . . . 1 (SIGN) REFUSED 2	GRANTED . . . . 1 (SIGN) REFUSED 2
212	RECORD HEMOGLOBIN LEVEL HERE AND IN THE ANEMIA PAMPHLET.	G/DL ☐☐.☐ NOT PRESENT . . . . . 994 REFUSED . . . . 995 OTHER 996	G/DL ☐☐.☐ NOT PRESENT . . . . 994 REFUSED . . . . 995 OTHER 996	G/DL ☐☐.☐ NOT PRESENT . . . . . 994 REFUSED . . . . 995 OTHER 996
213	GO BACK TO 203 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF THE NEXT PAGE; IF NO MORE CHILDREN, GO TO 214.			

		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	IF MOTHER INTERVIEWED, COPY MONTH AND YEAR OF BIRTH FROM BIRTH HISTORY AND ASK DAY; IF MOTHER NOT INTERVIEWED, ASK: What is (NAME)'s birth date?	DAY .... ☐☐ MONTH ..... ☐☐ YEAR ☐☐☐☐	DAY .... ☐☐ MONTH ..... ☐☐ YEAR ☐☐☐☐	DAY .... ☐☐ MONTH ...... ☐☐ YEAR ☐☐☐☐
204	CHECK 203: CHILD BORN IN BAISAKH 2062 OR LATER?	YES .... 1 NO .... 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 214)	YES .... 1 NO .... 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 214)	YES .... 1 NO .... 2 (GO TO 203 IN FIRST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE CHILDREN, GO TO 214)
205	WEIGHT IN KILOGRAMS	KG. ☐☐.☐☐ NOT PRESENT ... 9994 REFUSED .... 9995 OTHER 9996	KG. ☐☐.☐☐ NOT PRESENT ... 9994 REFUSED .... 9995 OTHER 9996	KG. ☐☐.☐☐ NOT PRESENT ... 9994 REFUSED .... 9995 OTHER 9996
206	HEIGHT IN CENTIMETERS	CM. ☐☐☐.☐ NOT PRESENT ... 9994 (GO TO 212) REFUSED .... 9995 OTHER 9996	CM. ☐☐☐.☐ NOT PRESENT ... 9994 (GO TO 212) REFUSED .... 9995 OTHER 9996	CM. ☐☐☐.☐ NOT PRESENT ... 9994 (GO TO 212) REFUSED .... 9995 OTHER 9996
207	MEASURED LYING DOWN OR STANDING UP?	LYING DOWN .... 1 STANDING UP .... 2 NOT MEASURED 3	LYING DOWN .... 1 STANDING UP .... 2 NOT MEASURED 3	LYING DOWN .... 1 STANDING UP .... 2 NOT MEASURED 3
208	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 CHILDREN, GO TO 214) OLDER 2	0-5 MONTHS .... 1 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 214) OLDER 2	0-5 MONTHS .... 1 (GO TO 203 IN FIRST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE CHILDREN, GO TO 214) OLDER 2
209	LINE NUMBER OF PARENT/ OTHER ADULT RESPONSIBLE FOR THE CHILD (FROM COLUMN 1 OF HOUSEHOLD SCHEDULE). RECORD '00' IF NOT LISTED.	LINE NUMBER ..... ☐☐	LINE NUMBER ...... ☐☐	LINE NUMBER ...... ☐☐
210	ASK CONSENT FOR ANEMIA TEST FROM PARENT/OTHER ADULT IDENTIFIED IN 209 AS RESPONSIBLE FOR CHILD.	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 ask that all children born in 2062 or later take part in anemia testing in this survey and give a few drops of blood from a finger or heel. The equipment used to take 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 strictly confidential and will not be shared with anyone other than members of our survey team. 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 CHILD/NAMES OF CHILDREN) to participate in the anemia test?		
211	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED .... 1 _____ (SIGN) REFUSED 2	GRANTED .... 1 _____ (SIGN) REFUSED 2	GRANTED .... 1 _____ (SIGN) REFUSED 2
212	RECORD HEMOGLOBIN LEVEL HERE AND IN THE ANEMIA PAMPHLET.	G/DL ☐☐.☐ NOT PRESENT .... 994 REFUSED .... 995 OTHER 996	G/DL ☐☐.☐ NOT PRESENT .... 994 REFUSED .... 995 OTHER 996	G/DL ☐☐.☐ NOT PRESENT .... 994 REFUSED .... 995 OTHER 996
213	GO BACK TO 203 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF AN ADDITIONAL QUESTIONNAIRE; IF NO MORE CHILDREN, GO TO 214.			

214	CHECK COLUMN 9 IN HOUSEHOLD SCHEDULE. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE WOMEN IN 215. IF THERE ARE MORE THAN THREE WOMEN, USE ADDITIONAL QUESTIONNAIRE(S).			
		WOMAN 1	WOMAN 2	WOMAN 3
215	LINE NUMBER FROM COLUMN 9 NAME FROM COLUMN 2	LINE NUMBER .... ☐☐ NAME _____	LINE NUMBER .... ☐☐ NAME _____	LINE NUMBER .... ☐☐ NAME _____
216	WEIGHT IN KILOGRAMS	KG. ☐☐☐.☐☐ NOT PRESENT .... 99994 REFUSED .... 99995 OTHER 99996	KG. ☐☐☐.☐☐ NOT PRESENT .... 99994 REFUSED .... 99995 OTHER 99996	KG. ☐☐☐.☐☐ NOT PRESENT .... 99994 REFUSED .... 99995 OTHER 99996
217	HEIGHT IN CENTIMETERS	CM. ☐☐☐.☐ NOT PRESENT .... 9994 (GO TO 226) ↵ REFUSED .... 9995 OTHER 9996	CM. ☐☐☐.☐ NOT PRESENT .... 9994 (GO TO 226) ↵ REFUSED .... 9995 OTHER 9996	CM. ☐☐☐.☐ NOT PRESENT .... 9994 (GO TO 226) ↵ REFUSED .... 9995 OTHER 9996
218	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) ↵
219	MARITAL STATUS: CHECK COLUMN 8.	CODE 4 (NEVER IN UNION) ...... 1 OTHER .... 2 (GO TO 223) ↵	CODE 4 (NEVER IN UNION) ...... 1 OTHER .... 2 (GO TO 223) ↵	CODE 4 (NEVER IN UNION) ...... 1 OTHER .... 2 (GO TO 223) ↵
220	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 ☐☐
221	ASK CONSENT FOR ANEMIA TEST FROM PARENT/OTHER ADULT IDENTIFIED IN 220 AS RESPONSIBLE FOR NEVER IN UNION WOMEN AGE 15-17.	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 to take 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 will be told to you and (NAME OF ADOLESCENT) right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team. Do you have any questions? You can say yes to the test for (NAME OF ADOLESCENT), or you can say no. It is up to you to decide. Will you allow (NAME OF ADOLESCENT) to take the anemia test?		
222	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED .... 1⌐ PARENT/OTHER RESPONSIBLE ADULT REFUSED .... 2⌐ _____ ← (SIGN) (IF REFUSED, GO TO 226)	GRANTED .... 1⌐ PARENT/OTHER RESPONSIBLE ADULT REFUSED .... 2⌐ _____ ← (SIGN) (IF REFUSED, GO TO 226)	GRANTED .... 1⌐ PARENT/OTHER RESPONSIBLE ADULT REFUSED .... 2⌐ _____ ← (SIGN) (IF REFUSED, GO TO 226)

		WOMAN 1	WOMAN 2	WOMAN 3
	LINE NUMBER FROM COLUMN 9 NAME FROM COLUMN 2	LINE NUMBER .... ☐☐ NAME _____	LINE NUMBER .... ☐☐ NAME _____	LINE NUMBER .... ☐☐ NAME _____
223	ASK CONSENT FOR ANEMIA TEST FROM RESPONDENT.	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 to take 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 will be told to you right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team. 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 take the anemia test?		
224	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED .... 1 RESPONDENT REFUSED ...... 2 _____ (SIGN) (IF REFUSED, GO TO 226)	GRANTED .... 1 RESPONDENT REFUSED ...... 2 _____ (SIGN) (IF REFUSED, GO TO 226)	GRANTED .... 1 RESPONDENT REFUSED ...... 2 _____ (SIGN) (IF REFUSED, GO TO 226)
225	PREGNANCY STATUS: CHECK 234 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	RECORD HEMO-GLOBIN LEVEL HERE AND IN ANEMIA PAMPHLET	G/DL .... ☐☐.☐ NOT PRESENT .... 994 REFUSED .... 995 OTHER 996	G/DL .... ☐☐.☐ NOT PRESENT .... 994 REFUSED .... 995 OTHER 996	G/DL .... ☐☐.☐ NOT PRESENT .... 994 REFUSED .... 995 OTHER 996
227	GO BACK TO 216 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF AN ADDITIONAL QUESTIONNAIRE; IF NO MORE WOMEN, THEN END HERE.			

NEPAL DEMOGRAPHIC AND HEALTH SURVEY 2011
WOMAN'S QUESTIONNAIRE

IDENTIFICATION

NAME AND CODE OF DISTRICT _____

NAME AND CODE OF VILLAGE/MUNICIPALITY _____

WARD NUMBER . . . .

CLUSTER NUMBER . . . .

HOUSEHOLD NUMBER . . . .

NAME AND LINE NUMBER OF WOMAN _____

NAME OF HOUSEHOLD HEAD _____

WOMAN SELECTED FOR DOMESTIC VIOLENCE MODULE (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)

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; OTHER=6

SUPERVISOR	OFFICE EDITOR	KEYED BY
NAME _____		
DATE _____		

INTRODUCTION AND CONSENT

```
INFORMED CONSENT

Hello.  My name is _____.  I am working with MINISTRY OF HEALTH AND POPULATION.  We
are conducting a survey about health all over Nepal.  The information we collect will help the government  to plan health services.  Your
household was selected for the survey.  The questions usually take about 30 to 60 minutes.  All of the answers you give will be confidential
and will not be shared with anyone other than members of our survey team.  No part of this interview is being recorded in tape or video.
You don't have to be in the survey, but we hope you will agree to answer the questions since your views are important.  If I ask you 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.




Do you have any questions?  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	In what month and year were you born?	MONTH . . . . ☐☐ DON'T KNOW MONTH . . . . 98 YEAR . . . . ☐☐☐☐ DON'T KNOW YEAR 9998	
103	How old were you at your last birthday? COMPARE AND CORRECT 102 AND/OR 103 IF INCONSISTENT.	AGE IN COMPLETED YEARS ☐☐	
104	Have you ever attended school?	YES . . . . 1 NO 2	→ 107
105	What is the highest grade you completed? IF COMPLETED LESS THAN ONE GRADE, RECORD '00'.	GRADE . . . . ☐☐	
106	CHECK 105: GRADE 5 ☐ GRADE 6 ☐ OR LOWER ↓ OR HIGHER		→ 110

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

107	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	

108	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	

109	CHECK 107:
	
	CODE '2', '3' CODE '1' OR '5'
	    OR '4' CIRCLED
	  CIRCLED
			→ 111

110	Do you read a newspaper or magazine at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK . . . . 1 LESS THAN ONCE A WEEK . . . . 2 NOT AT ALL 3	
111	Do you listen to the radio at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK . . . . 1 LESS THAN ONCE A WEEK . . . . 2 NOT AT ALL 3	
112	Do you watch television at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK . . . . 1 LESS THAN ONCE A WEEK . . . . 2 NOT AT ALL 3	
113	What is your religion?	HINDU . . . . 1 BUDDHIST . . . . 2 MUSLIM . . . . 3 KIRAT . . . . 4 CHRISTIAN . . . . 5 OTHER _____ 6 (SPECIFY)	
114	What is your caste/ethnicity? WRITE CASTE/ETHNICITY ON LINE PROVIDED.	⬜⬜ _____ (CASTE/ETHNICITY)	
115	In the last 12 months, how many times have you been away from your home community for one or more nights?	NUMBER OF TIMES . . . . ⬜⬜ NONE 00	→ 201
116	In the last 12 months, have you been away from your home community for more than one month at a time?	YES . . . . 1 NO 2	

<u>SECTION 2. REPRODUCTION</u>

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	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.		
201	First I would like to ask about all the births you have had during your life. Have you ever given birth?	YES . . . . 1 NO 2	→ 206
202	Do you have any sons or daughters to whom you have given birth who are now living with you?	YES . . . . 1 NO 2	→ 204
203	How many sons live with you? And how many daughters live with you? IF NONE, RECORD '00'.	SONS AT HOME . . . . ☐☐ DAUGHTERS AT HOME . . . . . ☐☐	
204	Do you have any sons or daughters to whom you have given birth who are alive but do not live with you?	YES . . . . 1 NO 2	→ 206
205	How many sons are alive but do not live with you? And how many daughters are alive but do not live with you? IF NONE, RECORD '00'.	SONS ELSEWHERE . . . . ☐☐ DAUGHTERS ELSEWHERE ☐☐	
206	Have you ever given birth to a boy or girl who was born alive but later died? IF NO, PROBE: Any baby who cried or showed signs of life but did not survive?	YES . . . . 1 NO 2	→ 208
207	How many boys have died? And how many girls have died? IF NONE, RECORD '00'.	BOYS DEAD . . . . ☐☐ GIRLS DEAD . . . . ☐☐	
208	Women sometimes have pregnancies that do not result in a live born child. That is, a pregnancy can end in a miscarriage, or the child can be born dead. Have you ever had a pregnancy that did not end in a live birth?	YES . . . . 1 NO 2	→ 210
209	How many pregnancies have you had that did not end in a live birth?	PREGNANCY LOSSES . . . . . ☐☐	
210	SUM ANSWERS TO 203, 205, 207 AND 209, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL PREGNANCIES . . . . . ☐☐	
211	CHECK 210: Just to make sure that I have this right: you have had in TOTAL _____ pregnancies during your life. Is that correct? YES ☐ NO ☐ → PROBE AND CORRECT 201-210 AS NECESSARY.		
212	CHECK 210: ONE OR MORE PREGNANCIES ☐ NO PREGNANCY ☐		→ 234

213	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 215. RECORD TWINS AND TRIPLETS ON SEPARATE LINES. (IF THERE ARE MORE THAN 12 PREGNANCIES, USE AN ADDITIONAL QUESTIONNAIRE STARTING WITH THE SECOND ROW).						
214 PREGNANCY HISTORY NUMBER	215 Think back to your first pregnancy. Was that a single or multiple pregnancy?	216 Was the baby born alive, born dead, or lost before birth?	217 Did that baby cry, move, or breathe when it was born?	218 What name was given to the child?	219 Is (NAME) a boy or a girl?	220 In what month and year was (NAME) born? PROBE: When is his/her birthday?	221 Is (NAME) still alive?
01	SING . . . . . . 1 MULT 2	BORN ALIVE . . . . . 1 (SKIP TO 218) BORN DEAD . . . . . 2 LOST BEFORE FULL TERM . . . . . 3 (SKIP TO 226)	YES . . . . 1 NO . . . . 2 ↓ 226	_____ NAME	BOY . . . . 1 GIRL 2	MONTH ☐☐ YEAR ☐☐☐☐	YES . . . . 1 NO . . . . 2 ↓ 225
02	SING . . . . . . 1 MULT 2	BORN ALIVE . . . . . 1 (SKIP TO 218) BORN DEAD . . . . . 2 LOST BEFORE FULL TERM . . . . . 3 (SKIP TO 226)	YES . . . . 1 NO . . . . 2 ↓ 226	_____ NAME	BOY . . . . 1 GIRL 2	MONTH ☐☐ YEAR ☐☐☐☐	YES . . . . 1 NO . . . . 2 ↓ 225
03	SING . . . . . . 1 MULT 2	BORN ALIVE . . . . . 1 (SKIP TO 218) BORN DEAD . . . . . 2 LOST BEFORE FULL TERM . . . . . 3 (SKIP TO 226)	YES . . . . 1 NO . . . . 2 ↓ 226	_____ NAME	BOY . . . . 1 GIRL 2	MONTH ☐☐ YEAR ☐☐☐☐	YES . . . . 1 NO . . . . 2 ↓ 225
04	SING . . . . . . 1 MULT 2	BORN ALIVE . . . . . 1 (SKIP TO 218) BORN DEAD . . . . . 2 LOST BEFORE FULL TERM . . . . . 3 (SKIP TO 226)	YES . . . . 1 NO . . . . 2 ↓ 226	_____ NAME	BOY . . . . 1 GIRL 2	MONTH ☐☐ YEAR ☐☐☐☐	YES . . . . 1 NO . . . . 2 ↓ 225
05	SING . . . . . . 1 MULT 2	BORN ALIVE . . . . . 1 (SKIP TO 218) BORN DEAD . . . . . 2 LOST BEFORE FULL TERM . . . . . 3 (SKIP TO 226)	YES . . . . 1 NO . . . . 2 ↓ 226	_____ NAME	BOY . . . . 1 GIRL 2	MONTH ☐☐ YEAR ☐☐☐☐	YES . . . . 1 NO . . . . 2 ↓ 225
06	SING . . . . . . 1 MULT 2	BORN ALIVE . . . . . 1 (SKIP TO 218) BORN DEAD . . . . . 2 LOST BEFORE FULL TERM . . . . . 3 (SKIP TO 226)	YES . . . . 1 NO . . . . 2 ↓ 226	_____ NAME	BOY . . . . 1 GIRL 2	MONTH ☐☐ YEAR ☐☐☐☐	YES . . . . 1 NO . . . . 2 ↓ 225
07	SING . . . . . . 1 MULT 2	BORN ALIVE . . . . . 1 (SKIP TO 218) BORN DEAD . . . . . 2 LOST BEFORE FULL TERM . . . . . 3 (SKIP TO 226)	YES . . . . 1 NO . . . . 2 ↓ 226	_____ NAME	BOY . . . . 1 GIRL 2	MONTH ☐☐ YEAR ☐☐☐☐	YES . . . . 1 NO . . . . 2 ↓ 225

214	215	216	217	218	219	220	221
	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? PROBE: When is his/her birthday?	Is (NAME) still alive?
PREGNANCY HISTORY NUMBER							
08	SING ...... 1 MULT 2	BORN ALIVE ..... 1 (SKIP TO 218)◄———┘ BORN DEAD ..... 2 LOST BEFORE FULL TERM ..... 3 (SKIP TO 226)◄———┘	YES .... 1 NO .... 2 ↓ 226	_____ NAME	BOY .... 1 GIRL 2	MONTH ☐☐ YEAR ☐☐☐☐	YES .... 1 NO .... 2 ↓ 225
09	SING ...... 1 MULT 2	BORN ALIVE ..... 1 (SKIP TO 218)◄———┘ BORN DEAD ..... 2 LOST BEFORE FULL TERM ..... 3 (SKIP TO 226)◄———┘	YES .... 1 NO .... 2 ↓ 226	_____ NAME	BOY .... 1 GIRL 2	MONTH ☐☐ YEAR ☐☐☐☐	YES .... 1 NO .... 2 ↓ 225
10	SING ...... 1 MULT 2	BORN ALIVE ..... 1 (SKIP TO 218)◄———┘ BORN DEAD ..... 2 LOST BEFORE FULL TERM ..... 3 (SKIP TO 226)◄———┘	YES .... 1 NO .... 2 ↓ 226	_____ NAME	BOY .... 1 GIRL 2	MONTH ☐☐ YEAR ☐☐☐☐	YES .... 1 NO .... 2 ↓ 225
11	SING ...... 1 MULT 2	BORN ALIVE ..... 1 (SKIP TO 218)◄———┘ BORN DEAD ..... 2 LOST BEFORE FULL TERM ..... 3 (SKIP TO 226)◄———┘	YES .... 1 NO .... 2 ↓ 226	_____ NAME	BOY .... 1 GIRL 2	MONTH ☐☐ YEAR ☐☐☐☐	YES .... 1 NO .... 2 ↓ 225
12	SING ...... 1 MULT 2	BORN ALIVE ..... 1 (SKIP TO 218)◄———┘ BORN DEAD ..... 2 LOST BEFORE FULL TERM ..... 3 (SKIP TO 226)◄———┘	YES .... 1 NO .... 2 ↓ 226	_____ NAME	BOY .... 1 GIRL 2	MONTH ☐☐ YEAR ☐☐☐☐	YES .... 1 NO .... 2 ↓ 225

222	223	224	225	226	227	228	229
IF BORN ALIVE AND STILL LIVING:			IF DEAD:	IF BORN DEAD OR LOST BEFORE BIRTH:			
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).	How old was (NAME) when he/she died? IF '1 YR', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	In what 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?
AGE IN YEARS ☐☐	YES . . . 1 NO 2	HOUSEHOLD LINE NUMBER ☐☐ ↓ (NEXT PREGNANCY)	DAYS . . . 1 ☐☐ MONTHS 2 ☐☐ YEARS . . 3 ☐☐ (NEXT PREGNANCY)	MONTH ☐☐ YEAR ☐☐☐☐	MONTHS ☐☐	YES . . . . 1 NO 2	
AGE IN YEARS ☐☐	YES . . . 1 NO 2	HOUSEHOLD LINE NUMBER ☐☐ ↓ (GO TO 229)	DAYS . . . 1 ☐☐ MONTHS 2 ☐☐ YEARS . . 3 ☐☐ (GO TO 229)	MONTH ☐☐ YEAR ☐☐☐☐	MONTHS ☐☐	YES . . . . 1 NO 2	YES . . . . 1 ADD↵ PREGNANCY NO . . . . . 2 NEXT↵ PREGNANCY
AGE IN YEARS ☐☐	YES . . . 1 NO 2	HOUSEHOLD LINE NUMBER ☐☐ ↓ (GO TO 229)	DAYS . . . 1 ☐☐ MONTHS 2 ☐☐ YEARS . . 3 ☐☐ (GO TO 229)	MONTH ☐☐ YEAR ☐☐☐☐	MONTHS ☐☐	YES . . . . 1 NO 2	YES . . . . 1 ADD↵ PREGNANCY NO . . . . . 2 NEXT↵ PREGNANCY
AGE IN YEARS ☐☐	YES . . . 1 NO 2	HOUSEHOLD LINE NUMBER ☐☐ ↓ (GO TO 229)	DAYS . . . 1 ☐☐ MONTHS 2 ☐☐ YEARS . . 3 ☐☐ (GO TO 229)	MONTH ☐☐ YEAR ☐☐☐☐	MONTHS ☐☐	YES . . . . 1 NO 2	YES . . . . 1 ADD↵ PREGNANCY NO . . . . . 2 NEXT↵ PREGNANCY
AGE IN YEARS ☐☐	YES . . . 1 NO 2	HOUSEHOLD LINE NUMBER ☐☐ ↓ (GO TO 229)	DAYS . . . 1 ☐☐ MONTHS 2 ☐☐ YEARS . . 3 ☐☐ (GO TO 229)	MONTH ☐☐ YEAR ☐☐☐☐	MONTHS ☐☐	YES . . . . 1 NO 2	YES . . . . 1 ADD↵ PREGNANCY NO . . . . . 2 NEXT↵ PREGNANCY
AGE IN YEARS ☐☐	YES . . . 1 NO 2	HOUSEHOLD LINE NUMBER ☐☐ ↓ (GO TO 229)	DAYS . . . 1 ☐☐ MONTHS 2 ☐☐ YEARS . . 3 ☐☐ (GO TO 229)	MONTH ☐☐ YEAR ☐☐☐☐	MONTHS ☐☐	YES . . . . 1 NO 2	YES . . . . 1 ADD↵ PREGNANCY NO . . . . . 2 NEXT↵ PREGNANCY
AGE IN YEARS ☐☐	YES . . . 1 NO 2	HOUSEHOLD LINE NUMBER ☐☐ ↓ (GO TO 229)	DAYS . . . 1 ☐☐ MONTHS 2 ☐☐ YEARS . . 3 ☐☐ (GO TO 229)	MONTH ☐☐ YEAR ☐☐☐☐	MONTHS ☐☐	YES . . . . 1 NO 2	YES . . . . 1 ADD↵ PREGNANCY NO . . . . . 2 NEXT↵ PREGNANCY

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

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

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

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

232 CHECK 220 AND ENTER THE NUMBER OF BIRTHS IN 2062 OR LATER.

NUMBER OF BIRTHS . . . . ☐

NONE . . . . 0 → 234

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
233	**C** FOR EACH BIRTH SINCE BAISAKH 2062, ENTER 'B' IN THE MONTH OF BIRTH IN THE CALENDAR. WRITE THE NAME OF THE CHILD TO THE LEFT 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 227 FOR EACH PREGNANCY THAT DID NOT END IN A LIVE BIRTH. CHECK 228. IF YES (CODE '1' CIRCLED), ENTER 'A' FOR ABORTION OR 'C' (IF CODE '2' CIRCLED) FOR MISCARRIAGE OR `S' FOR STILLBIRTH, IN CALENDAR IN THE MONTH THAT THE PREGNANCY TERMINATED AND 'P' FOR THE REMAINING NUMBER OF COMPLETED MONTHS OF PREGNANCY.		
234	Are you pregnant now?	YES . . . . 1 NO . . . . 2 UNSURE 8	→ 237A
235	How many months pregnant are you? RECORD NUMBER OF COMPLETED MONTHS. **C** ENTER 'P's IN THE CALENDAR, BEGINNING WITH THE MONTH OF INTERVIEW AND FOR THE TOTAL NUMBER OF COMPLETED MONTHS.	MONTHS . . . . ☐☐	
236	When you got pregnant, did you want to get pregnant at that time?	YES . . . . 1 NO 2	→ 237A
237	Did you want to have a baby later on or did you not want any (more) children?	LATER . . . . 1 NO MORE 2	
237A	CHECK 226 AND 228: HAD ABORTION DID NOT HAVE ABORTION SINCE 2062 SINCE 2062 (1 CIRCLED IN 228) ↓ (2 CIRCLE IN 228 OR NOT ASKED)		→ 238
237B	What was the main reason you decided to have this (last) abortion?	HEALTH OF MOTHER . . . . 01 RISK OF BIRTH DEFECT . . . . 02 NO MONEY TO TAKE CARE OF BABY . 03 TOO YOUNG TO HAVE CHILD . . . . 04 NOT READY TO BE A MOTHER . . . . . 05 WANTED TO CONTINUE SCHOOLING . . 06 DID NOT LOVE THE FATHER . . . . 07 WANTED TO DELAY CHILDBEARING . . 08 WANTED TO CONTINUE WORKING . . . . 09 WANTED TO SPACE CHILD . . . . 10 PARTNER DID NOT WANT CHILD . . . . . . 11 CHILD'S SEX . . . . 12 BECAUSE OF RAPE . . . . 13 TO AVOID SHAME . . . . 14 AFRAID OF PARENTS . . . . 15 NO ONE TO HELP LOOK AFTER CHILD . 16 PARENTS INSISTED . . . . 17 FATHER OF CHILD DIED . . . . 18 OTHER _____ 96 (SPECIFY)	

237C	What did you do to end this pregnancy?	DRANK MILK/COFFEE/OTHER LIQUID
		    WITH LOTS OF SUGAR 01
		 DRANK HERBAL CONCOCTION 02
		 DRANK OTHER HOME REMEDIES 03
		 USED ANY HERBAL ANEMA 04
		 INSERTED HERB/OTHER SUBSTANCE
		    IN THE VAGINA 05
		 TOOK TABLETS (UNSPECIFIED) 06
		 HEAVY MASSAGE 07
		 D & C 08
		 MANUAL VACUUM ASPIRATION 09
		 INJECTION 10
		 SALINE INSTILLATION 11
		 MEDICAL ABORTION 12
		 OXYTOCIN 13
		 CATHETER 14
		 EXCESSIVE PHYSICAL ACTIVITY 15
		 OTHER _____ 96
		 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

237D	Who did you see to get this done?
	
	PROBE: Anyone else?
	
	CIRCLE ALL MENTIONED.
		HEALTH PROFESSIONAL
		   DOCTOR . . . . A
		   NURSE/MIDWIFE . . . . B
		   HEALTH ASST/HLTH. WKR C
		   MCH WORKER . . . . D
		   VHW . . . . E
		
		OTHER PERSON
		   PHARMACIST/CHEMICAL SELLER F
		   TRADITIONAL BIRTH ATTENDANT G
		   FCHV . . . . H
		   RELATIVE/FRIEND I
		   TRADITIONAL PRACTITIONER . . . J
		
		   OTHER _____ X
		          (SPECIFY)
		NO ONE . . . . Y	

237E	Where did you go to get this done?	HOME
		   YOUR HOME . . . . A
		   OTHER HOME . . . . B
		
		GOVT. SECTOR
		   GOVT. HOSPITAL C
		   PHC CENTER _____ D
		          (SPECIFY)
		   HEALTH POST . . . . E
		   SUB-HEALTH . . . . F
		   PHC OUTREACH . . . . G
		   OTHER GOVT. _____ H
		          (SPECIFY)
		
		NON-GOVT. (NGO)
		   MARIE STOPES I
		   FPAN _____ J
		          (SPECIFY)
		   OTHER NGO _____ K
		          SPECIFY
		
		PRIVATE MED. SECTOR
		   PVT. HOSPITAL/CLINIC
		      NURSING HOME _____ L
		          (SPECIFY)
		   OTHER PRIVATE MED. _____ M
		          SPECIFY
		
		OTHER _____ X
		          SPECIFY	

237F	Did you have any complications when you had this abortion?	YES . . . . 1 NO 2	
237G	In the first one month after the abortion, did you have any health problems because of the abortion?	YES . . . . 1 NO 2	

237H	How much did you pay for the following services?
	
	   Abortion service?
	
	   Post abortion service?
	
	   RECORD 9995 IF SERVICE NOT TAKEN.
		ABORTION ☐☐☐☐
		
		POST ABORTION ☐☐☐☐	

237I	Did anyone talk to you about family planning methods during your post abortion visit?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
238	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	
239	From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	→241A
240	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	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
241A	Is abortion legal in Nepal?	YES .... 1 NO .... 2 DON'T KNOW 8	→ 241C

241B	What are the conditions under which a woman can have an abortion in Nepal?	PREGNANCY OF 12 WEEKS OR LESS
		   GESTATION FOR ANY WOMAN ... A
		PREGNANCY OF 18 WEEKS IF IT IS
		   A RESULT OF RAPE OR INCEST ... B
		PREGNANCY OF ANY DURATION IF
		   LIFE OF MOTHER IS AT RISK C
		PREGNANCY OF ANY DURATION IF
		   MOTHER'S PHYSICAL AND MENTAL
		   HEALTH AT RISK .... D
		FETUS IS DEFORMED .... E
		
		OTHER _____ X
		         (SPECIFY)
		
		DON'T KNOW .... Z	

241C	Do you know of a place where a woman can go to get a safe abortion?	YES .... 1 NO .... 2 DON'T KNOW 8	→ 301

241D	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
		   MARIE STOPES .... H
		   FPAN I
		
		   OTHER NGO _____ J
		            (SPECIFY)
		
		PRIVATE MEDICAL SECTOR
		   PRIVATE HOSPITAL/CLINIC/
		     NURSING HOME .... K
		   PHARMACY L
		   PRIVATE DOCTOR .... M
		
		   OTHER PRIVATE
		     MEDICAL _____ N
		           (SPECIFY)
		
		OTHER SOURCE
		   TBA .... O
		
		OTHER _____ X
		         (SPECIFY)	

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. Have you ever heard of (METHOD)?		
01	**Female Sterilization**. PROBE: Women can have an operation to avoid having any more children.	YES . . . . NO	1 2	
02	**Male Sterilization**. PROBE: Men can have an operation to avoid having any more children.	YES . . . . NO	1 2	
03	**IUD** PROBE: Women can have a loop or coil placed inside them by a doctor or a nurse.	YES . . . . NO	1 2	
04	**Injectables**. PROBE: Women can have an injection by a health provider that stops them from becoming pregnant for one or more months.	YES . . . . NO	1 2	
05	**Implants**. PROBE: Women can have one or more small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years.	YES . . . . NO	1 2	
06	**Pill**. PROBE: Women can take a pill every day to avoid becoming pregnant.	YES . . . . NO	1 2	
07	**Condom**. PROBE: Men can put a rubber sheath on their penis before sexual intercourse.	YES . . . . NO	1 2	
08	**Rhythm Method**. PROBE: 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 . . . . NO	1 2	
09	**Withdrawal**. PROBE: Men can be careful and pull out before climax.	YES . . . . NO	1 2	
10	**Emergency Contraception**. PROBE: As an emergency measure, within three/five days after they have unprotected sexual intercourse, women can take special pills to prevent pregnancy.	YES . . . . NO	1 2	
11	Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	YES . . . . _____ (SPECIFY) _____ (SPECIFY) NO	1 2	
302	CHECK 234: NOT PREGNANT PREGNANT OR UNSURE		→ 311
303	Are you currently doing something or using any method to delay or avoid getting pregnant?	YES . . . . NO	1 2	→ 311

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES		SKIP
304	Which method are you using? CIRCLE ALL MENTIONED. IF MORE THAN ONE METHOD MENTIONED, FOLLOW SKIP INSTRUCTION FOR HIGHEST METHOD IN LIST.	FEMALE STERILIZATION . . . . MALE STERILIZATION . . . . IUD . . . . INJECTABLES . . . . IMPLANTS . . . . PILL . . . . CONDOM . . . . FEMALE CONDOM . . . . DIAPHRAGM . . . . FOAM/JELLY . . . . RHYTHM METHOD . . . . WITHDRAWAL . . . . OTHER MODERN METHOD . . . . OTHER TRADITIONAL METHOD . . .	A B C D E F G H I J L M X Y	→ 307 → 308A → 306 → 308A
305	What is the brand name of the pills you are using? IF DON'T KNOW THE BRAND, ASK TO SEE THE PACKAGE.	NILOCON WHITE . . . . SUNAULO GULAPH . . . . FEMINYL . . . . FEMICON. . . . . OK PILLS . . . . OTHER _____ (SPECIFY) DON'T KNOW	01 02 03 04 05 96 98	→ 308A
306	What is the brand name of the condoms you are using? IF DON'T KNOW THE BRAND, ASK TO SEE THE PACKAGE.	DHAAL . . . . PANTHER . . . . BLACK COBRA . . . . KAMASUTRA . . . . JODI . . . . NUMBER 1 . . . . MOHP-NO BRAND . . . . LILY . . . . VEGA . . . . SKINLESS SKIN . . . . SAFETY . . . . GOLD . . . . OTHER _____ (SPECIFY) DON'T KNOW	01 02 03 04 05 06 07 08 09 10 11 12 96 98	→ 308A

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
308	In what month and year was the sterilization performed?		
308A	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	
309	CHECK 308/308A, 220 AND 226: ANY BIRTH OR PREGNANCY TERMINATION AFTER MONTH AND YEAR OF START OF USE OF CONTRACEPTION IN 308/308A GO BACK TO 308/308A, PROBE AND RECORD MONTH AND YEAR AT START OF CONTINUOUS USE OF CURRENT METHOD (MUST BE AFTER LAST BIRTH OR PREGNANCY TERMINATION).	YES NO	
310	CHECK 308/308A: YEAR IS 2062 OR LATER YEAR IS 2061 OR EARLIER C ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN THE CALENDAR AND IN EACH MONTH BACK TO THE DATE STARTED USING. C ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN THE CALENDAR AND EACH MONTH BACK TO BAISAKH 2062. THEN SKIP TO ⟶ 322		

311	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 2062.
	USE NAMES OF CHILDREN, DATES OF BIRTH, AND PERIODS OF PREGNANCY AS REFERENCE POINTS.
	
	C IN COLUMN 1, 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?
	
	IN COLUMN 2, ENTER CODES FOR DISCONTINUATION NEXT TO THE LAST MONTH OF USE. NUMBER OF CODES IN COLUMN 2 MUST BE SAME AS NUMBER OF INTERRUPTIONS OF METHOD USE IN COLUMN 1.
	
	ASK WHY SHE STOPPED USING THE METHOD. IF A PREGNANCY FOLLOWED, ASK WHETHER SHE BECAME PREGNANT UNINTENTIONALLY WHILE USING THE METHOD OR DELIBERATELY STOPPED TO GET PREGNANT.
	
	ILLUSTRATIVE QUESTIONS:
	   * Why did you stop using the (METHOD)? Did you become pregnant while using (METHOD), or did you stop to get pregnant, or did you stop for some other reason?
	   * IF DELIBERATELY STOPPED TO BECOME PREGNANT, ASK: How many months did it take you to get pregnant after you stopped using (METHOD)? AND ENTER '0' IN EACH SUCH MONTH IN COLUMN 1.		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
312	CHECK THE CALENDAR FOR USE OF ANY CONTRACEPTIVE METHOD IN ANY MONTH NO METHOD USED □ ANY METHOD USED □		→ 314
313	Have you ever used anything or tried in any way to delay or avoid getting pregnant?	YES . . . . 1 NO 2	→ 324
314	CHECK 304: CIRCLE METHOD CODE: IF MORE THAN ONE METHOD CODE CIRCLED IN 304, CIRCLE CODE FOR HIGHEST METHOD IN LIST.	NO CODE CIRCLED . . . . 00 FEMALE STERILIZATION . . . . 01 MALE STERILIZATION . . . . 02 IUD . . . . 03 INJECTABLES . . . . 04 IMPLANTS . . . . 05 PILL . . . . 06 CONDOM . . . . 07 FEMALE CONDOM . . . . 08 DIAPHRAGM . . . . 09 FOAM/JELLY . . . . 10 RHYTHM METHOD . . . . 12 WITHDRAWAL . . . . 13 OTHER MODERN METHOD . . . . 95 OTHER TRADITIONAL METHOD 96	→ 324 → 317A → 326 → 315A → 326
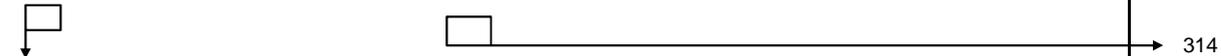
315	You first started using (CURRENT METHOD) in (DATE FROM 308/308A). Where did you get it at that time?	PUBLIC SECTOR
		  GOVT. HOSPITAL/CLINIC 11
		  PHC CENTER 12
		  HEALTH POST 13
		  SUB-HEALTH POST 14
		  PHC OUTREACH 15
		  MOBILE CLINIC 17
		  FCHV 18
		  CONDOM BOX 19	

315A	Where did you learn how to use the rhythm method?
	
	PROBE TO IDENTIFY THE TYPE OF SOURCE.
	
	IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.
	
	_____
	(NAME OF PLACE)
		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
		  SANGINI OUTLET 33
		  OTHER PRIVATE
		    MEDICAL_____ 36
		          (SPECIFY)
		
		OTHER SOURCE
		  SHOP 41
		  FRIEND/RELATIVE 42
		
		OTHER _____ 96
		          (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
316	CHECK 304: CIRCLE METHOD CODE: IF MORE THAN ONE METHOD CODE CIRCLED IN 304, CIRCLE CODE FOR HIGHEST METHOD IN LIST.	IUD . . . . 03 INJECTABLES . . . . 04 IMPLANTS . . . . 05 PILL . . . . 06 CONDOM . . . . 07 FEMALE CONDOM . . . . 08 DIAPHRAGM . . . . 09 FOAM/JELLY . . . . 10 RHYTHM METHOD 12	→ 323 → 320 → 326
317 317A	At that time, were you told about side effects or problems you might have with the method? When you got sterilized, were you told about side effects or problems you might have with the method?	YES . . . . 1 NO 2	→ 319
318	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	→ 320
319	Were you told what to do if you experienced side effects or problems?	YES . . . . 1 NO 2	

320	CHECK 317:
	
	CODE '1' CODE '1'
	CIRCLED NOT
	                  CIRCLED
	
	At that time, were you told When you obtained (CURRENT
	about other methods of family METHOD FROM 314) from
	planning that you could use? (SOURCE OF METHOD FROM
	                         307 OR 315), were you told about
	                         other methods of family planning
	                         that you could use?
		YES 1
		NO 2
			→ 322

321	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	
322	CHECK 304: CIRCLE METHOD CODE: IF MORE THAN ONE METHOD CODE CIRCLED IN 304, CIRCLE CODE FOR HIGHEST METHOD IN LIST.	FEMALE STERILIZATION . . . . 01 MALE STERILIZATION . . . . 02 IUD . . . . 03 INJECTABLES . . . . 04 IMPLANTS . . . . 05 PILL . . . . 06 CONDOM . . . . 07 FEMALE CONDOM . . . . 08 DIAPHRAGM . . . . 09 FOAM/JELLY . . . . 10 RHYTHM METHOD . . . . 12 WITHDRAWAL . . . . 13 OTHER MODERN METHOD . . . . 95 OTHER TRADITIONAL METHOD . . . 96	→ 326 → 326 326

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES		SKIP

323	Where did you obtain (CURRENT METHOD) the last time?
	
	PROBE TO IDENTIFY THE TYPE OF SOURCE.
	
	IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.
	
	_____
	(NAME OF PLACE)
		PUBLIC SECTOR
		  GOVT. HOSPITAL/CLINIC
		  PHC CENTER
		  HEALTH POST
		  SUB-HEALTH POST
		  PHC OUTREACH
		  MOBILE CLINIC
		  FCHV
		  CONDOM BOX
		
		  OTHER GOVT. _____
		          (SPECIFY)
		NON-GOVT. (NGO) SECTOR
		  FPAN
		  MARIE STOPES
		  ADRA
		  NEPAL RED CROSS
		  UMN
		
		  OTHER NGO. _____
		          (SPECIFY)
		PRIVATE MEDICAL SECTOR
		  PRIVATE HOSPITAL/CLINIC/
		    NURSING HOME
		  PHARMACY
		  SANGINI OUTLET
		  OTHER PRIVATE
		    MEDICAL _____
		        (SPECIFY)
		OTHER SOURCE
		  SHOP
		  FRIEND/RELATIVE
		
		OTHER _____
		      (SPECIFY)
			11
			12
			13
			14
			15
			17
			18
			19
			
			16
			
			21
			22
			23
			24
			25
			
			26
			
			31
			32
			33
			
			36
			
			41
			42
			
			96
				→ 326

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
324	Do you know of a place where you can obtain a method of family planning?	YES . . . . 1 NO 2	→ 326

325	Where is that?
	
	Any other place?
	
	PROBE TO IDENTIFY EACH TYPE OF SOURCE.
	
	IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, 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
		   SANGINI OUTLET . . . . R
		   OTHER PRIVATE
		     MEDICAL_____ S
		                (SPECIFY)
		OTHER SOURCE
		   SHOP . . . . T
		   FRIEND/RELATIVE . . . . U
		OTHER _____ X
		              (SPECIFY)	

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

SECTION 4. PREGNANCY AND POSTNATAL CARE

401	CHECK 232:		
	ONE OR MORE BIRTHS IN 2062 OR LATER ☐ ↓	NO BIRTHS IN 2062 OR LATER ☐ → 542	

402	CHECK 220: ENTER IN THE TABLE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 2062 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 some questions about your children born in the last five years. (We will talk about each separately.)

No.	Question	LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH
403	PREGNANCY HISTORY NUMBER FROM 214 IN PREGNANCY HISTORY	PREGNANCY HISTORY NUMBER ☐☐	PREGNANCY HISTORY NUMBER ☐☐	PREGNANCY HISTORY NUMBER ☐☐
404	FROM 218 AND 221	NAME _____ LIVING ☐↓ DEAD ☐↓	NAME _____ LIVING ☐↓ DEAD ☐↓	NAME _____ LIVING ☐↓ DEAD ☐↓
405	When you got pregnant with (NAME), did you want to get pregnant at that time?	YES . . . . 1 (SKIP TO 408)◄┘ NO 2	YES . . . . 1 (SKIP TO 424)◄┘ NO 2	YES . . . . 1 (SKIP TO 424)◄┘ NO 2
406	Did you want to have a baby later on, or did you not want any (more) children?	LATER . . . . 1 NO MORE . . . . 2 (SKIP TO 408)◄┘	LATER . . . . 1 NO MORE . . . . 2 (SKIP TO 424)◄┘	LATER . . . . 1 NO MORE . . . . 2 (SKIP TO 424)◄┘
407	How much longer did you want 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
408	Did you see anyone for antenatal care for this pregnancy?	YES . . . . 1 NO . . . . 2 (SKIP TO 414B)◄┘		
409	Whom did you see? Anyone else? PROBE TO IDENTIFY EACH TYPE OF PERSON AND RECORD ALL MENTIONED. IF FCHV NOT MENTIONED PROBE	HEALTH PERSONNEL DOCTOR . . . . A NURSE/MIDWIFE . B HEALTH ASST./ AHW . . . . C MCH WORKER . . . D VHW . . . . E OTHER PERSON TRADITIONAL BIRTH ATTENDANT . . . F FCHV . . . . G OTHER _____ X (SPECIFY) NO ONE . . . . Y (SKIP TO 414B)◄┘		

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

410	Where did you receive antenatal care for this pregnancy?
	
	Anywhere else?
	
	PROBE TO IDENTIFY TYPE(S) OF SOURCE(S).
	
	IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE 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)
		   FPAN I
		   MARIE STOPES . J
		   ADRA .... K
		   UMN L
		
		   OTHER NGO
		   _____ M
		      (SPECIFY)
		PRIVATE MED. SECTOR
		   PVT. HOSPITAL/
		    CLINIC/NURSING
		    HOME .... N
		   OTHER PRIVATE
		    MED. _____ O
		      (SPECIFY)
		
		OTHER _____ X
		      (SPECIFY)		

411	How many months pregnant were you when you first received antenatal care for this pregnancy?	MONTHS .... [ ][ ] DON'T KNOW 98		
412	How many times did you receive antenatal care during this pregnancy?	NUMBER OF TIMES [ ][ ] DON'T KNOW 98		
413	As part of your antenatal care during this pregnancy, were any of the following done at least once: YES NO Was your blood pressure measured? Did you give a urine sample? Did you give a blood sample?	YES NO BP .... 1 2 URINE ...... 1 2 BLOOD 1 2		
413A	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		
414	During (any of) your antenatal care visit(s), were you told about things to look out for that might suggest problems with the pregnancy?	YES .... 1 NO .... 2 DON'T KNOW 8		
414A	Were you told where to go if you had any problems with the pregnancy?	YES .... 1 NO .... 2 DON'T KNOW 8		

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

414B	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
		ARRANGED FOOD .... F
		ARRANGED CLOTHES . G
		
		OTHER _____ X
		        (SPECIFY)
		NO PREPARATION .... Y		

415	During this pregnancy, were you given an injection in the arm to prevent the baby from getting tetanus, that is, convulsions after birth?	YES .... 1 NO .... 2 (SKIP TO 418) ◄— DON'T KNOW 8		
416	During this pregnancy, how many times did you get a tetanus injection?	TIMES .... [ ] DON'T KNOW 8		
417	CHECK 416:	2 OR MORE OTHER TIMES [ ] [ ] ↓ (SKIP TO 421) ↓		
418	At any time before this pregnancy, did you receive any tetanus injections?	YES .... 1 NO .... 2 (SKIP TO 421) ◄— DON'T KNOW ... 8		
419	Before this pregnancy, how many times did you receive a tetanus injection? IF 7 OR MORE TIMES, RECORD '7'.	TIMES .... [ ] DON'T KNOW 8		
420	How many years ago did you receive the last tetanus injection before this pregnancy?	YEARS AGO ...... [ ][ ]		
421	During this pregnancy, were you given or did you buy any iron/folic acid tablets? SHOW TABLETS.	YES .... 1 NO .... 2 (SKIP TO 423) ◄— DON'T KNOW 8		
422	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		

422A	CHECK 422:	LESS THAN OTHER
		180 DAYS [ ] [ ]
		  ↓
		          (SKIP TO 423)		

422B	What is the main reason for not taking the iron/folic acid tablets for atleast 180 days?	DID NOT LIKE IT ... 1
		DID NOT RECEIVE
		   COMPLETE DOSE . 2
		NOT AVAILABLE ... 3
		DID NOT KNOW ... 4
		OTHER _____ 6
		        (SPECIFY)		

423	During this pregnancy, did you take any drug for intestinal worms?	YES .... 1 NO .... 2 DON'T KNOW 8		

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

424	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

425	Was (NAME) weighed at birth?	YES 1
		
		NO 2
		  (SKIP TO 427) ←┐
		DON'T KNOW 8
			YES 1
			
			NO 2
			  (SKIP TO 427) ←┐
			DON'T KNOW 8
				YES 1
				
				NO 2
				  (SKIP TO 427) ←┐
				DON'T KNOW 8

426	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 99998	KG FROM CARD 1 [ ] . [ ][ ] KG FROM RECALL 2 [ ] . [ ][ ] DON'T KNOW 99998	KG FROM CARD 1 [ ] . [ ][ ] KG FROM RECALL 2 [ ] . [ ][ ] DON'T KNOW 99998

427	Who assisted with the delivery of (NAME)?
	
	Anyone else?
	
	PROBE FOR THE TYPE(S) OF PERSON(S) AND RECORD ALL MENTIONED.
	
	IF FCHV NOT MENTIONED PROBE
	
	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./
		    AHW C
		  MCHW .... D
		  VHW .... E
		
		OTHER PERSON
		  TRADITIONAL BIRTH
		    ATTENDANT .. F
		  FCHV .... G
		  RELATIVE/FRIEND . H
		  OTHER
		  _____ X
		  (SPECIFY)
		NO ONE .... Y
		  (SKIP TO 428) ←
			HEALTH PERSONNEL
			  DOCTOR .... A
			  NURSE/MIDWIFE . B
			  HEALTH ASST./
			    AHW C
			  MCHW .... D
			  VHW .... E
			
			OTHER PERSON
			  TRADITIONAL BIRTH
			    ATTENDANT .. F
			  FCHV .... G
			  RELATIVE/FRIEND . H
			  OTHER
			  _____ X
			  (SPECIFY)
			NO ONE .... Y
			  (SKIP TO 428) ←
				HEALTH PERSONNEL
				  DOCTOR .... A
				  NURSE/MIDWIFE . B
				  HEALTH ASST./
				    AHW C
				  MCHW .... D
				  VHW .... E
				
				OTHER PERSON
				  TRADITIONAL BIRTH
				    ATTENDANT .. F
				  FCHV .... G
				  RELATIVE/FRIEND . H
				  OTHER
				  _____ X
				  (SPECIFY)
				NO ONE .... Y
				  (SKIP TO 428) ←

427A	Immediately after delivery of (NAME) did you receive an injection in the thigh or buttock?	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 _____

428	Where did you give birth to (NAME)?
	
	PROBE TO IDENTIFY THE TYPE OF SOURCE.
	
	IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.
	
	_____
	(NAME OF PLACE)
		HOME
		  YOUR HOME . . . 11
		   (SKIP TO 431A) ◄──┐
		  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
		  FPAN 31
		  ADRA 32
		  UMN 33
		  OTHER NGO
		  _____ 36
		     (SPECIFY)
		
		PRIVATE MED. SECTOR
		  PVT. HOSPITAL/
		    CLINIC/N.HOME ... 41
		  OTHER PRIVATE
		    MED. 46
		    (SPECIFY)
		
		OTHER _____ 96
		    (SPECIFY)
		(SKIP TO 431A) ◄──┘
			HOME
			  YOUR HOME . . . 11
			   (SKIP TO 442) ◄──┐
			  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
			  FPAN 31
			  ADRA 32
			  UMN 33
			  OTHER NGO
			  _____ 36
			     (SPECIFY)
			
			PRIVATE MED. SECTOR
			  PVT. HOSPITAL/
			    CLINIC/N.HOME 41
			  OTHER PRIVATE
			    MED. 46
			    (SPECIFY)
			
			OTHER _____ 96
			    (SPECIFY)
			(SKIP TO 442) ◄──┘
				HOME
				  YOUR HOME . . . 11
				   (SKIP TO 442) ◄──┐
				  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
				  FPAN 31
				  ADRA 32
				  UMN 33
				  OTHER NGO
				  _____ 36
				     (SPECIFY)
				
				PRIVATE MED. SECTOR
				  PVT. HOSPITAL/
				    CLINIC/N.HOME 41
				  OTHER PRIVATE
				    MED. 46
				    (SPECIFY)
				
				OTHER _____ 96
				    (SPECIFY)
				(SKIP TO 442) ◄──┘

428A	Did you receive cash incentive for transportation from the facility after the delivery of (NAME)?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8		
428B	Did the facility charge you any amount for the delivery of (NAME)?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8		
428C	How long did it take you to reach the facility for delivery of (NAME)?	MINUTES [ ][ ][ ] DON'T KNOW . . . 998		
429	Was (NAME) delivered by caesarean, that is, did they cut your belly open to take the baby out?	YES . . . . 1 NO . . . . 2 (SKIP TO 430) ◄──┘	YES . . . . 1 NO . . . . 2 (SKIP TO 442) ◄──┘	YES . . . . 1 NO . . . . 2 (SKIP TO 442) ◄──┘
429A	Was it planned or was it carried out due to complication?	PLANNED . . . . 1 COMPLICATION 2	PLANNED . . . . 1 COMPLICATION . . . 2	PLANNED . . . . 1 COMPLICATION . . . 2
430	After you gave birth to (NAME), did anyone check on your health while you were still in the facility?	YES . . . . 1 (SKIP TO 433) ◄──┘ NO 2		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
431	Did anyone check on your health after you left the facility?	YES . . . . 1 (SKIP TO 433)◄——┘ NO . . . . 2 (SKIP TO 436)◄———		
431A	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 CHILD BORN BEFORE REACHING FACILITY . . . . . J OTHER _____ X (SPECIFY)		
431B	Was a special clean delivery kit used? SHOW CLEAN DELIVERY KIT MARKETED BY CRS	YES . . . . 1 (SKIP TO 431D)◄——┘ NO . . . . 2 DON'T KNOW . . . 8		
431C	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		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
431D	Was anything placed on the stump after the umblical cord was cut?	YES . . . . 1 NO . . . 2 (SKIP TO 431F) ◄─┐ DON'T KNOW . . . 8		
431E	What was placed on the stump?	OIL . . . . A ASH . . . . B VERMILON . . . . C OINTMENT/POWDER D ANIMAL DUNG . . . E TURMERIC . . . . F GHEE . . . . G CHLORHEXIDINE . . . H OTHER _____ X (SPECIFY) DON'T KNOW . . . Z		
431F	Was (NAME) dried before the placenta was delivered?	YES . . . . 1 NO . . . . 2 DON'T KNOW . . . 8		
431G	Was (NAME) placed on your belly/breast before delivery of the placenta?	YES . . . . 1 NO . . . . 2 DON'T KNOW . . . 8		
431H	Was (NAME) wrapped in cloth before the placenta was delivered?	YES . . . . 1 NO . . . . 2 DON'T KNOW . . . 8		
431I	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		
432	After you gave birth to (NAME), did anyone check on your health?	YES . . . . 1 NO . . . . 2 (SKIP TO 436) ◄─┘		

433	Who checked on your health at that time?
	
	PROBE FOR MOST QUALIFIED PERSON.
	
	IF FCHV NOT MENTIONED PROBE
		HEALTH PERSONNEL
		  DOCTOR 11
		  NURSE/MIDWIFE 12
		  HEALTH ASST./
		    AHW 13
		  MCH WORKER . . . 14
		  VHW 15
		  FCHV 16
		
		OTHER _____ 96
		(SPECIFY)		

433A	Did this person talk to you about using a family planning method?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
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		
436	In the two months after (NAME) was born, did any health care provider check on his/her health?	YES . . . . 1 NO . . . . 2 (SKIP TO 440) ←┤ DON'T KNOW 8		
437	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		

438	Who checked on (NAME)'s health at that time?
	
	PROBE FOR MOST QUALIFIED PERSON.
	
	IF FCHV NOT MENTIONED PROBE
		HEALTH PERSONNEL
		  DOCTOR 11
		  NURSE/MIDWIFE 12
		  HEALTH ASST./
		    AHW 13
		  MCH WORKER ... 14
		  VHW 15
		  FCHV 16
		
		OTHER _____ 96
		      (SPECIFY)		

439	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 PUBLIC OR PRIVATE SECTOR, WRITE 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
		  FPAN 31
		  MARIE STOPES . 32
		  ADRA 33
		  UMN 34
		  OTHER GOVT.
		    _____ 36
		      (SPECIFY)
		
		PRIVATE MED. SECTOR
		  PVT. HOSPITAL/
		    CLINIC/N.HOME . 41
		  OTHER PRIVATE
		    MED. _____ 46
		      (SPECIFY)
		
		OTHER _____ 96
		      (SPECIFY)		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
440	In the first two months after delivery, did you receive a vitamin A dose like this? SHOW VITAMIN A CAPSULES	YES . . . . 1 NO . . . . 2 DON'T KNOW 8		
440A	After delivery were you given or did you buy any iron/folic acid tablets? SHOW TABLETS.	YES . . . . 1 NO . . . . 2 (SKIP TO 441) ← DON'T KNOW 8		
440B	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		
441	Has your menstrual period returned since the birth of (NAME)?	YES . . . . 1 (SKIP TO 443) ← NO . . . . 2 (SKIP TO 444) ←		
442	Did your period return between the birth of (NAME) and your next pregnancy?		YES . . . . 1 NO . . . . 2 (SKIP TO 446) ←	YES . . . . 1 NO . . . . 2 (SKIP TO 446) ←
443	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
444	CHECK 234: IS RESPONDENT PREGNANT?	NOT [ ] PREGNANT PREG- OR [ ] NANT UNSURE ↓ (SKIP TO 446) ←		
445	Have you had sexual intercourse since the birth of (NAME)?	YES . . . . 1 NO . . . . 2 (SKIP TO 447) ←		
446	For how many months after the birth of (NAME) did you not have sexual intercourse?	MONTHS . . . . [ ][ ] DON'T KNOW 98	MONTHS . . . [ ][ ] DON'T KNOW 98	MONTHS . . . [ ][ ] DON'T KNOW 98
447	Did you ever breastfeed (NAME)?	YES . . . . 1 (SKIP TO 449) ← 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 _____
448	CHECK 404: IS CHILD LIVING?	LIVING ☐ (SKIP TO 454) — DEAD ☐ (GO BACK TO 405 IN NEXT COLUMN; OR IF NO MORE BIRTHS, GO TO 501)		
449	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 ☐☐		
450	In the first three days after delivery, was (NAME) given anything to drink other than breast milk?	YES . . . . 1 NO . . . . 2 (SKIP TO 452) ◄——		
451	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 COFFEE . . . . I HONEY . . . . J OTHER _____ X (SPECIFY)		
452	CHECK 404: IS CHILD LIVING?	LIVING ☐ DEAD ☐ (GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501)	LIVING ☐ DEAD ☐ (GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501)	LIVING ☐ DEAD ☐ (GO BACK TO 405 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 501)
453	Are you still breastfeeding (NAME)?	YES . . . . 1 NO 2		
454	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
455		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 PREGNANCY HISTORY NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 2062 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	PREGNANCY HISTORY NUMBER FROM 214 IN BIRTH HISTORY	LAST BIRTH PREGNANCY HISTORY NUMBER .... ☐☐	NEXT-TO-LAST BIRTH PREGNANCY HISTORY NUMBER .... ☐☐	SECOND-FROM-LAST BIRTH PREGNANCY HISTORY NUMBER ...... ☐☐
503	FROM 218 AND 221	NAME _____ LIVING ☐ DEAD ☐ (GO TO 503 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 539)	NAME _____ LIVING ☐ DEAD ☐ (GO TO 503 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 539)	NAME _____ LIVING ☐ DEAD ☐ (GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE, OR IF NO MORE BIRTHS, GO TO 539)
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 509) ← NO CARD 3	YES, SEEN .... 1 (SKIP TO 506) ← YES, NOT SEEN .... 2 (SKIP TO 509) ← NO CARD 3	YES, SEEN .... 1 (SKIP TO 506) ← YES, NOT SEEN .... 2 (SKIP TO 509) ← NO CARD 3
505	Did you ever have a vaccination card for (NAME)?	YES .... 1 (SKIP TO 509) ← NO 2	YES .... 1 (SKIP TO 509) ← NO 2	YES .... 1 (SKIP TO 509) ← NO 2

| 506 | (1) COPY DATES FROM THE CARD. (2) WRITE '44' IN 'DAY' COLUMN IF CARD SHOWS THAT A DOSE WAS GIVEN, BUT NO DATE IS RECORDED. |||

	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/HEP B1				D1/HB1			D1/HB1		
DPT 2/HEP B2				D2/HB2			D2/HB2		
DPT 3/HEP B3				D3/HB3			D3/HB3		
DPT1/HEP B1/Hib 1				D1/HB1 /Hib1			D1/HB1 /Hib1		
DPT 2/HEP B2/Hib2				D2/HB2 /Hib2			D2/HB2 /Hib2		
DPT 3/HEP B3/Hib3				D3/HB3 /Hib3			D3/HB3 /Hib3		
MEASLES				MEA			MEA		
JAPANESE ENCEPHALITIS				JE			JE		

507	CHECK 506:	ALL RECORDED ☐ OTHER ☐ (GO TO 511)	ALL RECORDED ☐ OTHER ☐ (GO TO 511)	ALL RECORDED ☐ OTHER ☐ (GO TO 511)

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
508	Has (NAME) had any vaccinations that are not recorded on this card, including vaccinations given in a national immunization day campaign? RECORD 'YES' ONLY IF THE RESPONDENT MENTIONS AT LEAST ONE OF THE VACCINATIONS IN 506 THAT ARE NOT RECORDED AS HAVING BEEN GIVEN.	YES . . . . 1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 506) (SKIP TO 511) ← NO . . . . 2 (SKIP TO 511) ← DON'T KNOW 8	YES . . . . 1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 506) (SKIP TO 511) ← NO . . . . 2 (SKIP TO 511) ← DON'T KNOW 8	YES . . . . 1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 506) (SKIP TO 511) ← NO . . . . 2 (SKIP TO 511) ← DON'T KNOW 8
509	Did (NAME) ever have any vaccinations to prevent him/her from getting diseases, including vaccinations received in a national immunization day campaign?	YES . . . . 1 NO . . . . 2 (SKIP TO 511) ← DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 511) ← DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 511) ← DON'T KNOW 8
510	Please tell me if (NAME) had any of the following vaccinations:			
510A	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
510B	Polio vaccine, that is, drops in the mouth?	YES . . . . 1 NO . . . . 2 (SKIP TO 510D) ← DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 510D) ← DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 510D) ← DON'T KNOW 8
510C	How many times was the polio vaccine given?	NUMBER OF TIMES . . . . . ☐	NUMBER OF TIMES . . . . . . ☐	NUMBER OF TIMES . . . . ☐
510D	A DPT/HEP B/Hib vaccination, that is, an injection given in the left thigh, usually at the same time as polio drops?	YES . . . . 1 NO . . . . 2 (SKIP TO 510F) ← DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 510F) ← DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 510F) ← DON'T KNOW 8
510E	How many times was the DPT/HEP B/Hib vaccination given?	NUMBER OF TIMES . . . . . ☐	NUMBER OF TIMES . . . . . . ☐	NUMBER OF TIMES . . . . ☐
510F	A measles injection, that is, a shot in the right thigh 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
510G	A Japanese encephalitis vaccination, that is, an injection given in the upper arm between the age of 12-23 months of age?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8

511	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 511B)
			YES 1
			NO 2
			NO VACCINATION IN
			  THE LAST 2 YRS. 3
			DON'T KNOW . . . 8
			(SKIP TO 511B)
				YES 1
				NO 2
				NO VACCINATION IN
				  THE LAST 2 YRS. 3
				DON'T KNOW 8
				(SKIP TO 511B)

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
511A	At which national immunization day campaigns did (NAME) receive the polio vaccinations? RECORD ALL CAMPAIGNS MENTIONED.	CHAITRA 2066 ... A JESTHA 2067 ... B MAGH 2067 ..... C FALGUN 2067 ..... D	CHAITRA 2066 ... A JESTHA 2067 ... B MAGH 2067 ...... C FALGUN 2067 ...... D	CHAITRA 2066 .... A JESTHA 2067 .... B MAGH 2067 .... C FALGUN 2067 .... D
511B	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. SHOW THE CAPSULE.	YES .... 1 NO .... 2 DON'T KNOW 8	YES .... 1 NO .... 2 DON'T KNOW 8	YES .... 1 NO .... 2 DON'T KNOW 8
512	In the last seven days, was (NAME) given VITA MISHRAN, or iron syrup like (this/any of these)? SHOW VITA MISHRAN SACHET OR IRON SYRUP	YES .... 1 NO .... 2 DON'T KNOW 8	YES .... 1 NO .... 2 DON'T KNOW 8	YES .... 1 NO .... 2 DON'T KNOW 8
513	Was (NAME) given any drug for intestinal worms in the last six months (including any deworming	YES .... 1 NO .... 2 DON'T KNOW 8	YES .... 1 NO .... 2 DON'T KNOW 8	YES .... 1 NO .... 2 DON'T KNOW 8
514	Has (NAME) had diarrhea in the last 2 weeks?	YES .... 1 NO .... 2 (SKIP TO 525) ←┐ DON'T KNOW 8	YES .... 1 NO .... 2 (SKIP TO 525) ←┐ DON'T KNOW 8	YES .... 1 NO .... 2 (SKIP TO 525) ←┐ DON'T KNOW 8
515	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
516	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

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
517	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
518	Did you seek advice or treatment for the diarrhea from any source?	YES . . . . 1 NO . . . . 2 (SKIP TO 522) ◄——┘	YES . . . . 1 NO . . . . 2 (SKIP TO 522) ◄——┘	YES . . . . 1 NO . . . . 2 (SKIP TO 522) ◄———┘

519	Where did you seek advice or treatment?
	
	Anywhere else?
	
	PROBE TO IDENTIFY EACH TYPE OF SOURCE.
	
	IF FCHV NOT MENTIONED PROBE
	
	IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE 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.
		  FPAN . . . . H
		  UMN I
		  OTHER NGO.
		    _____ J
		    (SPECIFY)
		PRIVATE MED. SECTOR
		  PVT. HOSPITAL/
		  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.
			  FPAN . . . . H
			  UMN I
			  OTHER NGO.
			    _____ J
			    (SPECIFY)
			PRIVATE MED. SECTOR
			  PVT. HOSPITAL/
			  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.
				  FPAN . . . . H
				  UMN I
				  OTHER NGO.
				    _____ J
				    (SPECIFY)
				PRIVATE MED. SECTOR
				  PVT. HOSPITAL/
				  CLINIC/NURSING
				    HOME . . . . K
				  PHARMACY L
				  OTHER PRIVATE
				    MED. _____ M
				    (SPECIFY)
				OTHER SOURCE
				  SHOP . . . . N
				  TRADITIONAL
				    PRACTITIONER . O
				OTHER _____ X
				    (SPECIFY)

520	CHECK 519:	TWO OR ONLY
		□ MORE ONE □
		  CODES CODE
		  CIRCLED CIRCLED
		↓
		    (SKIP TO 522) ◄
			TWO OR ONLY
			□ MORE ONE □
			  CODES CODE
			  CIRCLED CIRCLED
			↓
			    (SKIP TO 522) ◄
				TWO OR ONLY
				□ MORE CODE □
				  CODES CIRCLED
				  CIRCLED
				↓
				    (SKIP TO 522) ◄

521	Where did you first seek advice or treatment? USE LETTER CODE FROM 519.	FIRST PLACE . . . [ ]	FIRST PLACE . . . [ ]	FIRST PLACE . . . . . [ ]
522	Was he/she given any of the following to drink at any time since he/she started having the diarrhea: a) A fluid made from a special packet called Jeevan Jal/Navajeevan/Orestal? b) A government-recommended homemade fluid?	YES NO DK FLUID FROM ORS PKT 1 2 8 HOMEMADE FLUID . . . 1 2 8	YES NO DK FLUID FROM ORS PKT 1 2 8 HOMEMADE FLUID . . . 1 2 8	YES NO DK FLUID FROM ORS PKT 1 2 8 HOMEMADE FLUID . . . 1 2 8

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
523	Was anything (else) given to treat the diarrhea?	YES . . . . 1 NO . . . . 2 (SKIP TO 525) ←┐ DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 525) ←┐ DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 525) ←┐ DON'T KNOW 8

524	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)

524A	CHECK 524:
	
	GIVEN ZINC?
		CODE `C'   CODE `C'
		□ CIRCLED NOT
		        CIRCLED □
		│
		↓
		   (SKIP TO 525) ←
			CODE `C'   CODE `C'
			□ CIRCLED NOT
			        CIRCLED □
			│
			↓
			   (SKIP TO 525) ←
				CODE `C'   CODE `C'
				□ CIRCLED NOT
				        CIRCLED □
				│
				↓
				   (SKIP TO 525) ←

524B	How many days was (NAME) given zinc?	DAYS . . . . . [ ][ ] DON'T KNOW 98	DAYS . . . . . [ ][ ] DON'T KNOW 98	DAYS . . . . . [ ][ ] DON'T KNOW 98
525	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
526	Has (NAME) had an illness with a cough at any time 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
527	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 530) ←┐ DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 530) ←┐ DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 530) ←┐ DON'T KNOW 8

528	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 530) ←
			CHEST ONLY . . . 1 ┐
			NOSE ONLY . . . . . 2 ┤
			BOTH . . . . 3 ┤
			OTHER _____ 6 ┤
			   (SPECIFY)
			DON'T KNOW . . . . . . 8 ┘
			(SKIP TO 530) ←
				CHEST ONLY . . . . 1 ┐
				NOSE ONLY . . . . . . 2 ┤
				BOTH . . . . 3 ┤
				OTHER _____ 6 ┤
				   (SPECIFY)
				DON'T KNOW . . . . 8 ┘
				(SKIP TO 530) ←

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
529	CHECK 525: HAD FEVER?	YES ☐ NO OR DK ☐ (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 539)	YES ☐ NO OR DK ☐ (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 539)	YES ☐ NO OR DK ☐ (GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 539)
530	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
531	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
532	Did you seek advice or treatment for the illness from any source?	YES . . . . 1 NO . . . . 2 (SKIP TO 536) ◄──┘	YES . . . . 1 NO . . . . 2 (SKIP TO 536) ◄──┘	YES . . . . 1 NO . . . . 2 (SKIP TO 536) ◄──┘

533	Where did you seek advice or treatment?
	
	 Anywhere else?
	
	 PROBE TO IDENTIFY EACH TYPE OF SOURCE.
	
	 IF FCHV NOT MENTIONED PROBE
	
	 IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE 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.
		 FPAN . . . . H
		 UMN I
		 OTHER GOVT.
		 _____ J
		 (SPECIFY)
		 PRIVATE MED. SECTOR
		 PVT. HOSPITAL
		 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.
			 FPAN . . . . H
			 UMN I
			 OTHER GOVT.
			 _____ J
			 (SPECIFY)
			 PRIVATE MED. SECTOR
			 PVT. HOSPITAL
			 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.
				 FPAN . . . . H
				 UMN I
				 OTHER GOVT.
				 _____ J
				 (SPECIFY)
				 PRIVATE MED. SECTOR
				 PVT. HOSPITAL
				 CLINIC/NURSING/
				   HOME . . . . K
				 PHARMACY L
				 OTHER PRIVATE
				   MED. _____ M
				 (SPECIFY)
				 OTHER SOURCE
				   SHOP . . . . N
				   TRADITIONAL
				    PRACTITIONER O
				 OTHER _____ X
				 (SPECIFY)

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

534	CHECK 533:	TWO OR ONLY
		   MORE ONE
		   CODES CODE
		   CIRCLED CIRCLED
		
		(SKIP TO 536)
			TWO OR ONLY
			   MORE ONE
			   CODES CODE
			   CIRCLED CIRCLED
			
			(SKIP TO 536)
				TWO OR ONLY
				   MORE ONE
				   CODES CODE
				   CIRCLED CIRCLED
				
				(SKIP TO 536)

535	Where did you first seek advice or treatment? USE LETTER CODE FROM 533.	FIRST PLACE . . .	FIRST PLACE . . .	FIRST PLACE . . . . .

536	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 539)
		DON'T KNOW 8
			YES 1
			NO 2
			  (GO BACK TO 503
			  IN NEXT COLUMN;
			  OR, IF NO MORE
			BIRTHS, GO TO 539)
			DON'T KNOW 8
				YES 1
				NO 2
				  (GO TO 503 IN
				  NEXT-TO-LAST
				  COLUMN OF NEW
				  QUESTIONNAIRE;
				  OR, IF NO MORE
				BIRTHS, GO TO 539)
				DON'T KNOW 8

537	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

538		GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 539.	GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 539.	GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 539.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
539	CHECK 220 AND 223, ALL ROWS: NUMBER OF CHILDREN BORN IN 2062 OR LATER LIVING WITH THE RESPONDENT ONE OR MORE ☐ NONE ☐ RECORD NAME OF YOUNGEST CHILD LIVING WITH HER AND CONTINUE WITH 540 _____ (NAME)		→ 542

540	The last time (NAME FROM 539) 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)	

541	CHECK 522(a) ALL COLUMNS: NO CHILD ANY CHILD RECEIVED FLUID ☐ RECEIVED FLUID ☐ FROM ORS PACKET FROM ORS PACKET		→ 543
542	Have you ever heard of a special product called Jeevan Jal/Navajeevan/Orestal you can get for the treatment of diarrhea?	YES . . . . 1 NO 2	
543	CHECK 220 AND 223, ALL ROWS: NUMBER OF CHILDREN BORN IN 2065 OR LATER LIVING WITH THE RESPONDENT ONE OR MORE ☐ NONE ☐ RECORD NAME OF YOUNGEST CHILD LIVING WITH HER AND CONTINUE WITH 544 _____ (NAME)		→ 601

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
544	Now I would like to ask you about liquids or foods that (NAME FROM 543) had yesterday during the day or at night. I am interested in whether your child had the item I mention even if it was combined with other foods. Did (NAME FROM 543) (drink/eat):	YES NO DK	
	a) Plain water?	**a)** 1 2 8	
	b) Juice or juice drinks?	**b)** 1 2 8	
	c) Soup?	**c)** 1 2 8	
	d) Milk such as tinned, powdered, or fresh animal milk? IF YES: How many times did (NAME) drink milk? IF 7 OR MORE TIMES, RECORD '7'.	**d)** 1 2 8 NUMBER OF TIMES DRANK MILK ☐	
	e) Infant formula like Lactogen? IF YES: How many times did (NAME) drink infant formula? IF 7 OR MORE TIMES, RECORD '7'.	**e)** 1 2 8 NUMBER OF TIMES DRANK FORMULA ☐	
	f) Any other liquids?	**f)** 1 2 8	
	g) Yogurt? IF YES: How many times did (NAME) eat yogurt? IF 7 OR MORE TIMES, RECORD '7'.	**g)** 1 2 8 NUMBER OF TIMES ATE YOGURT ☐	
	h) Any fortified baby food like Cerelac, Nestum, Champion etc?	**h)** 1 2 8	
	i) Roti, rice, maize, millet, noodles, porridge, or other foods made from grains?	**i)** 1 2 8	
	j) Pumpkin, carrots, squash or sweet potatoes that are yellow or orange inside?	**j)** 1 2 8	
	k) White potatoes, white yams, colocasia, or any other foods made from roots?	**k)** 1 2 8	
	l) Any dark green, leafy vegetables like spinach, amaranth leaves, mustard leaves?	**l)** 1 2 8	
	m) Ripe mangoes, papayas or apricot?	**m)** 1 2 8	
	n) Any other fruits or vegetables?	**n)** 1 2 8	
	o) Liver, kidney, heart or other organ meats?	**o)** 1 2 8	
	p) Any meat, such as pork, buff, lamb, goat, chicken, or duck?	**p)** 1 2 8	
	q) Eggs?	**q)** 1 2 8	
	r) Fresh or dried fish or shellfish?	**r)** 1 2 8	
	s) Any foods made from beans, peas, lentils, or nuts?	**s)** 1 2 8	
	t) Cheese or other food made from milk?	**t)** 1 2 8	
	u) Any other solid, semi-solid, or soft food (jaulo, lito, sarbottam pitho etc.)?	**u)** 1 2 8	
545	CHECK 544 (CATEGORIES "g" THROUGH "u"): ALL ☐ AT LEAST ONE ☐ "NO" "YES" OR ALL DKs		547
546	Did (NAME) eat any solid, semi-solid, or soft foods yesterday during the day or at night? IF 'YES' PROBE: What kind of solid, semi-solid or soft foods did (NAME) eat?	YES . . . . 1 (GO BACK TO 544 TO RECORD ↵ FOOD EATEN YESTERDAY) NO 2	601
547	How many times did (NAME FROM 543) eat solid, semisolid, or soft foods yesterday during the day or at night? IF 7 OR MORE TIMES, RECORD '7'.	NUMBER OF TIMES . . . . ☐ DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	Are you currently married or living together with a man as if married?	YES, CURRENTLY MARRIED . . . . 1 YES, LIVING WITH A MAN . . . . 2 NO, NOT IN UNION 3	→ 604
602	Have you ever been married or lived together with a man as if married?	YES, FORMERLY MARRIED . . . . 1 YES, LIVED WITH A MAN . . . . 2 NO 3	→ 612
603	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED . . . . 1 DIVORCED . . . . 2 SEPARATED 3	→ 609
604	Is your (husband/partner) living with you now or is he staying elsewhere?	LIVING WITH HER . . . . 1 STAYING ELSEWHERE 2	→ 605
604A	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	
605	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.	
606	Does your (husband/partner) have other wives or does he live with other women as if married?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	→ 609
607	Including yourself, in total, how many wives or live-in partners does he have?	TOTAL NUMBER OF WIVES AND LIVE-IN PARTNERS . . . . . DON'T KNOW 98	
608	Are you the first, second, … wife?	RANK	
609	Have you been married or lived with a man only once or more than once?	ONLY ONCE . . . . 1 MORE THAN ONCE 2	
610	CHECK 609: MARRIED/ LIVED WITH A MAN ONLY ONCE MARRIED/ LIVED WITH A MAN MORE THAN ONCE In what month and year did you start living with your (husband/partner)? Now I would like to ask about your first (husband/partner). In what month and year did you start living with him?	MONTH . . . . DON'T KNOW MONTH . . . . 98 YEAR . . . . DON'T KNOW YEAR 9998	→ 612

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
611	How old were you when you first started living with him?	AGE . . . . ☐☐	
612	CHECK FOR THE PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.		

613	Now I would like to ask 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/PARTNER 95
			→ 628

614	Now I would like to ask you some questions about your recent sexual activity. Let me assure you again that your answers are completely confidential and will not be told to anyone. If we should come to any question that you don't want to answer, just let me know and we will go to the next question.		
615	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 ☐☐	→ 627

		LAST SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER	THIRD-TO-LAST SEXUAL PARTNER
616	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
617	The last time you had sexual intercourse (with this second/third person), was a condom used? **(2)**	YES . . . . 1 NO . . . . 2 (SKIP TO 619) ◄┘	YES . . . . 1 NO . . . . 2 (SKIP TO 619) ◄┘	YES . . . . 1 NO . . . . 2 (SKIP TO 619) ◄┘
618	Was a condom used 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
619	What was your relationship to this person with whom you had sexual intercourse? IF BOYFRIEND: Were you living together as if married? IF YES, CIRCLE '2'. IF NO, CIRCLE '3'.	HUSBAND . . . . 1 LIVE-IN PARTNER . . . 2 BOYFRIEND NOT LIVING WITH RESPONDENT . . . 3 ┐ CASUAL ACQUAINTANCE . . . 4 ┤ PROSTITUTE . . . . 5 ┤ OTHER _____ 6 ┘ (SPECIFY) (SKIP TO 622) ◄	HUSBAND . . . . 1 LIVE-IN PARTNER . . . 2 BOYFRIEND NOT LIVING WITH RESPONDENT . . . 3 ┐ CASUAL ACQUAINTANCE . . . 4 ┤ PROSTITUTE . . . . 5 ┤ OTHER _____ 6 ┘ (SPECIFY) (SKIP TO 622) ◄	HUSBAND . . . . 1 LIVE-IN PARTNER . . . 2 BOYFRIEND NOT LIVING WITH RESPONDENT . . . 3 ┐ CASUAL ACQUAINTANCE . . . 4 ┤ PROSTITUTE . . . . 5 ┤ OTHER _____ 6 ┘ (SPECIFY) (SKIP TO 622) ◄
620	CHECK 609:	MARRIED ONLY ONCE ┐ MARRIED MORE THAN ONCE ☐ (SKIP TO 622) ◄ ▼	MARRIED ONLY ONCE ┐ MARRIED MORE THAN ONCE ☐ (SKIP TO 622) ◄ ▼	MARRIED ONLY ONCE ┐ MARRIED MORE THAN ONCE ☐ (SKIP TO 622) ◄ ▼
621	CHECK 613:	FIRST TIME WHEN STARTED LIVING WITH FIRST HUSBAND OTHER ☐ (SKIP TO 623)	FIRST TIME WHEN STARTED LIVING WITH FIRST HUSBAND OTHER ☐ (SKIP TO 623)	FIRST TIME WHEN STARTED LIVING WITH FIRST HUSBAND OTHER ☐ (SKIP TO 623)
622	How long ago did you first have sexual intercourse with this (second/third) person?	DAYS AGO 1 ☐☐ WEEKS AGO 2 ☐☐ MONTHS AGO 3 ☐☐ YEARS AGO 4 ☐☐	DAYS AGO 1 ☐☐ WEEKS AGO 2 ☐☐ MONTHS AGO 3 ☐☐ YEARS AGO 4 ☐☐	DAYS AGO 1 ☐☐ WEEKS AGO 2 ☐☐ MONTHS AGO 3 ☐☐ YEARS AGO 4 ☐☐
623	How many times during the last 12 months did you have sexual intercourse with this person? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF TIMES IS 95 OR MORE, WRITE '95'.	NUMBER OF TIMES ☐☐	NUMBER OF TIMES ☐☐	NUMBER OF TIMES ☐☐
624	How old is this person?	AGE OF PARTNER ☐☐ DON'T KNOW 98	AGE OF PARTNER ☐☐ DON'T KNOW 98	AGE OF PARTNER ☐☐ DON'T KNOW 98
625	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 616 ◄┘ IN NEXT COLUMN) NO . . . . 2 (SKIP TO 627) ◄┘	YES . . . . 1 (GO BACK TO 616 ◄┘ IN NEXT COLUMN) NO . . . . 2 (SKIP TO 627) ◄┘	
626	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 TIMES IS 95 OR MORE, WRITE '95'.			NUMBER OF PARTNERS LAST 12 MONTHS . . . ☐☐ DON'T KNOW . . . 98

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
627	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 95 OR MORE, WRITE '95'.	NUMBER OF PARTNERS IN LIFETIME .... ☐☐ DON'T KNOW 98	
628	PRESENCE OF OTHERS DURING THIS SECTION	YES NO CHILDREN <10 .... 1 2 MALE ADULTS .... 1 2 FEMALE ADULTS 1 2	
629	Do you know of a place where a person can get condoms?	YES .... 1 NO 2	→ 701

630	Where is that?
	
	Any other place?
	
	PROBE TO IDENTIFY EACH TYPE OF SOURCE.
	
	IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, 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
		
		   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
		   SANGINI OUTLET .... Q
		   OTHER PRIVATE
		     MEDICAL_____ R
		              (SPECIFY)
		
		OTHER SOURCE
		   SHOP .... S
		   FRIEND/RELATIVE .... T
		
		OTHER _____ X
		            (SPECIFY)	

631	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 304: NEITHER STERILIZED ☐↓　　HE OR SHE STERILIZED ☐		→ 712
702	CHECK 234: 　　　　NOT PREGNANT PREGNANT ☐↓　OR UNSURE ☐		→ 704
703	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 ANOTHER CHILD . . . . 1 NO MORE . . . . 2 UNDECIDED/DON'T KNOW 8	→ 705 → 711
704	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?	HAVE (A/ANOTHER) CHILD . . . . 1 NO MORE/NONE . . . . 2 SAYS SHE CAN'T GET PREGNANT 3 UNDECIDED/DON'T KNOW 8	 → 707 → 712 → 710
705	CHECK 234: NOT PREGNANT OR UNSURE ☐↓　　　　PREGNANT ☐↓ How long would you like to wait from now before the birth of (a/another) child?　After the birth of the child you are expecting now, how long would you like to wait before the birth of another child?	MONTHS . . . . 1 ☐☐ YEARS . . . . 2 ☐☐ SOON/NOW . . . . 993 SAYS SHE CAN'T GET PREGNANT 994 AFTER MARRIAGE/GAUNA . . . . . 995 OTHER _____ 996 　　　　　(SPECIFY) DON'T KNOW 998	 → 710 → 712 → 710
706	CHECK 234: NOT PREGNANT OR UNSURE ☐↓　　　PREGNANT ☐		→ 711
707	CHECK 303: USING A CONTRACEPTIVE METHOD? NOT CURRENTLY ☐↓　　CURRENTLY USING　　　　　　USING ☐		→ 712
708	CHECK 705: NOT ASKED ☐↓　24 OR MORE MONTHS OR 02 OR MORE YEARS ☐↓　00-23 MONTHS OR 00-01 YEAR ☐		→ 711

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

709	CHECK 703 AND 704:
	
	WANTS TO HAVE A/ANOTHER CHILD WANTS NO MORE/ NONE
	
	You have said that you do not want (a/another) child soon. You have said that you do not want any (more) children.
	
	Can you tell me why you are not using a method to prevent pregnancy? Can you tell me why you are not using a method to prevent pregnancy?
	
	Any other reason? Any other reason?
	
	RECORD ALL REASONS MENTIONED.
		NOT MARRIED . . . . A
		
		FERTILITY-RELATED REASONS
		  NOT HAVING SEX . . . . B
		  INFREQUENT SEX C
		  HUSBAND AWAY . . . . D
		  MENOPAUSAL/HYSTERECTOMY E
		  CAN'T GET PREGNANT . . . . F
		  NOT MENSTRUATED SINCE
		    LAST BIRTH . . . . G
		  BREASTFEEDING . . . . H
		  UP TO GOD/FATALISTIC I
		
		OPPOSITION TO USE
		  RESPONDENT OPPOSED . . . . J
		  HUSBAND/PARTNER OPPOSED. . . K
		  OTHERS OPPOSED L
		  RELIGIOUS PROHIBITION . . . . M
		
		LACK OF KNOWLEDGE
		  KNOWS NO METHOD . . . . N
		  KNOWS NO SOURCE . . . . O
		
		METHOD-RELATED REASONS
		  SIDE EFFECTS/HEALTH
		    CONCERNS . . . . P
		  LACK OF ACCESS/TOO FAR . . . . . Q
		  COSTS TOO MUCH . . . . R
		  PREFERRED METHOD
		    NOT AVAILABLE . . . . S
		  NO METHOD AVAILABLE . . . . T
		  INCONVENIENT TO USE . . . . U
		  INTERFERES WITH BODY'S
		    NORMAL PROCESSES V
		
		OTHER _____ X
		            (SPECIFY)
		DON'T KNOW . . . . Z	

710	CHECK 303: USING A CONTRACEPTIVE METHOD? NOT ASKED NO, NOT CURRENTLY USING YES, CURRENTLY USING		→ 712
711	Do you think you will use a contraceptive method to delay or avoid pregnancy at any time in the future?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
712	CHECK 221: HAS LIVING CHILDREN NO LIVING CHILDREN If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be? If you could choose exactly the number of children to have in your whole life, how many would that be? PROBE FOR A NUMERIC RESPONSE.	NONE . . . . 00 NUMBER . . . . [ ][ ] OTHER _____ 96 (SPECIFY)	→ 714 → 714

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
713	How many of these children would you like to be boys, how many would you like to be girls and for how many would it not matter if it's a boy or a girl?	BOYS GIRLS EITHER NUMBER OTHER _____ 96 (SPECIFY)	
714	In the last few months have you: Heard about family planning on the radio? Seen anything about family planning on the television? Read about family planning in a newspaper or magazine? Read about family planning in brochure or flipchart? Seen message on family planning in a poster, hoarding board or billboard? Seen street dramas on family planning?	YES NO RADIO . . . . 1 2 TELEVISION . . . . 1 2 NEWSPAPER OR MAGAZINE . . . 1 2 BROCHURE OR FLIPCHART . . . 1 2 POSTER, HOARDING/BILLBOARD 1 2 STREET DRAMA 1 2	
715	CHECK 601: YES, YES, NO, CURRENTLY LIVING NOT IN MARRIED WITH A MAN UNION		→ 801

716	CHECK 303: USING A CONTRACEPTIVE METHOD?
	                                   NOT
	CURRENTLY CURRENTLY
	USING USING
	                          OR NOT ASKED
			→ 719

717	Would you say that using contraception is mainly your decision, mainly your (husband's/partner's) decision, or did you both decide together?	MAINLY RESPONDENT . . . . 1 MAINLY HUSBAND/PARTNER . . . . . 2 JOINT DECISION . . . . 3 OTHER _____ 6 (SPECIFY)	
718	CHECK 304: NEITHER HE OR SHE STERILIZED STERILIZED		→ 801
719	Does your (husband/partner) 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 601 AND 602: CURRENTLY ☐ FORMERLY ☐ NEVER MARRIED ☐ MARRIED/ MARRIED/ AND NEVER LIVING WITH LIVED WITH LIVED WITH A MAN A MAN ↓ A MAN		→ 803 → 806
802	How old was your (husband/partner) on his last birthday?	AGE IN COMPLETED YEARS ☐☐	
803	Did your (last) (husband/partner) ever attend school?	YES . . . . 1 NO 2	→ 805
804	What was the highest grade he completed? IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL, RECORD '00'.	GRADE . . . . ☐☐ DON'T KNOW 98	
805	CHECK 801: CURRENTLY MARRIED ☐ FORMERLY MARRIED ☐ ↓ ↓ What is your (husband's/ What was your (last) (husband's/ partner's) occupation? partner's) occupation? That is, what kind of work does That is, what kind of work did he he mainly do? 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	→ 813A
810	What is your occupation, that is, what kind of work do you mainly do?	_____ ☐☐ _____ _____	
811	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	
812	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	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
813	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	→ 814
813A	Why are you not involved in any work aside from your own house work?	NO NEED TO WORK . . . . 1 WORKLOAD AT HOME . . . . 2 SMALL CHILDREN TO LOOK AFTER . 3 FAMILY DOES NOT ALLOW . . . . 4 LOOKING FOR WORK . . . . 5 LACK EDUCATION/TRAINING . . . . 7 NO OPPORTUNITY . . . . 8 OTHER _____ 6 (SPECIFY)	
814	CHECK 601: CURRENTLY MARRIED ☐ NOT IN UNION ☐		→ 822
815	CHECK 813: CODE 1 OR 2 CIRCLED ☐ OTHER ☐		→ 818
816	Who usually decides how the money you earn will be used: you, your (husband/partner), or you and your (husband/partner) jointly?	RESPONDENT . . . . 1 HUSBAND/PARTNER . . . . 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY . . . 3 OTHER _____ 6 (SPECIFY)	
817	Would you say that the money that you earn is more than what your (husband/partner) earns, less than what he earns, or about the same?	MORE THAN HIM. . . . . 1 LESS THAN HIM . . . . 2 ABOUT THE SAME . . . . 3 HUSBAND/PARTNER DOESN'T BRING IN ANY MONEY . . . . 4 DON'T KNOW 8	→ 819

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

819	Who usually makes decisions about health care for yourself: you, your (husband/partner), you and your (husband/partner) jointly, or someone else?	RESPONDENT . . . . 1 HUSBAND/PARTNER . . . . 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY . . . 3 SOMEONE ELSE . . . . 4 OTHER 6	
820	Who usually makes decisions about making major household purchases?	RESPONDENT . . . . 1 HUSBAND/PARTNER . . . . 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY . . . 3 SOMEONE ELSE . . . . 4 OTHER 6	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
821	Who usually makes decisions about visits to your family or relatives?	RESPONDENT . . . . 1 HUSBAND/PARTNER . . . . 2 SOMEONE ELSE HUSBAND/PARTNER JOINTLY . . . 3 SOMEONE ELSE . . . . 4 OTHER 6	
822	Do you own this or any other house either alone or jointly with someone else?	ALONE ONLY . . . . 1 JOINTLY ONLY . . . . 2 BOTH ALONE AND JOINTLY . . . . 3 DOES NOT OWN 4	
823	Do you own any land either alone or jointly with someone else?	ALONE ONLY . . . . 1 JOINTLY ONLY . . . . 2 BOTH ALONE AND JOINTLY . . . . 3 DOES NOT OWN 4	
823A	Do you belong to any group? Please specify.	AMA SAMUHA . . . . A BACHAT SAMUHA . . . . B MAHILA SAMUHA . . . . C OTHER _____ X (SPECIFY) DOES NOT BELONG TO ANY GROUP Z	

824	PRESENCE OF OTHERS AT THIS POINT (PRESENT AND LISTENING, PRESENT BUT NOT LISTENING, OR NOT PRESENT)	PRES./ PRES./ NOT
		             LISTEN. NOT PRES.
		                      LISTEN.
		 CHILDREN < 10 . . . . . 1 2 3
		 HUSBAND 1 2 3
		 OTHER MALES 1 2 3
		 OTHER FEMALES . . . 1 2 3	

824A	In your opinion, should a husband hit or beat his wife for any reason at all?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	→ 901
825	In your opinion, is a husband justified in hitting or beating his wife in the following situations: If she goes out without telling him? If she neglects the children? If she argues with him? If she refuses to have sex with him? If she burns the food?	YES NO DK GOES OUT . . . . 1 2 8 NEGL. CHILDREN . . . 1 2 8 ARGUES . . . . 1 2 8 REFUSES SEX . . . . . 1 2 8 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	→ 921
902	Can people reduce their chance of getting the AIDS virus by having just one uninfected sex partner who has no other sex 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 get the AIDS virus by touching someone who has AIDS?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
907	Is it possible for a healthy-looking person to have the AIDS virus?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
908	Can the virus that causes AIDS be transmitted from a mother to her baby: During pregnancy? During delivery? By breastfeeding?	YES NO DK DURING PREG. . . . . . 1 2 8 DURING DELIVERY . . . 1 2 8 BREASTFEEDING . . . 1 2 8	

909	CHECK 908:
	    AT LEAST ☐ OTHER ☐
	    ONE 'YES'↓
			→ 911

910	Are there any special drugs that a doctor or a nurse can give to a woman infected with the AIDS virus to reduce the risk of transmission to the baby?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
911	I don't want to know the results, but have you ever been tested to see if you have the AIDS virus?	YES . . . . 1 NO 2	→ 915
912	How many months ago was your most recent HIV test?	MONTHS AGO . . . . ☐☐ TWO OR MORE YEARS 95	
913	I don't want to know the results, but did you get the results of the test?	YES . . . . 1 NO 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

914	Where was the test done?
	
	PROBE TO IDENTIFY THE TYPE OF SOURCE.
	
	IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.
	
	_____
	(NAME OF PLACE)
		GOVT. SECTOR
		  GOVERNMENT HOSPITAL 11
		  VCT CENTER 12
		  OTHER GOVT. _____ 16
		              (SPECIFY)
		
		NON-GOVT. SECTOR
		  FPAN 21
		  AMDA 22
		  INF 23
		  NEPAL RED CROSS 24
		
		  OTHER GOVT. _____ 26
		              (SPECIFY)
		
		PRIVATE MEDICAL SECTOR
		  PRIVATE HOSPITAL/CLINIC/
		    NURSING HOME 31
		
		  OTHER PRIVATE
		    MEDICAL _____ 36
		              (SPECIFY)
		OTHER _____ 96
		             (SPECIFY)
			→ 917

915	Do you know of a place where people can go to get tested for the AIDS virus?	YES . . . . 1 NO 2	→ 917

916	Where is that?
	
	Any other place?
	
	PROBE TO IDENTIFY EACH TYPE OF SOURCE.
	IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, 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/
		    NURSING HOME I
		
		  OTHER PRIVATE
		    MEDICAL _____ J
		              (SPECIFY)
		OTHER _____ X
		             (SPECIFY)	

917	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	
918	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	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
919	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	
920	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	
921	CHECK 901: 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	
922	CHECK 613: HAS HAD SEXUAL ☐ NEVER HAD SEXUAL ☐ INTERCOURSE INTERCOURSE		→ 930
923	CHECK 921: HEARD ABOUT OTHER SEXUALLY TRANSMITTED INFECTIONS? YES ☐ NO ☐		→ 925
924	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	
925	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	
926	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	
927	CHECK 924, 925, AND 926: HAS HAD AN ☐ HAS NOT HAD AN ☐ INFECTION INFECTION OR (ANY 'YES') DOES NOT KNOW		→ 930
928	The last time you had (PROBLEM FROM 924/925/926), did you seek any kind of advice or treatment?	YES . . . . 1 NO 2	→ 930

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

929	Where did you go?
	
	Any other place?
	
	PROBE TO IDENTIFY EACH TYPE OF SOURCE.
	
	IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, 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
		  ADRA L
		  INF . . . . M
		  NEPAL RED CROSS . . . . N
		  UMN . . . . O
		  OTHER NON-GOVT. _____ P
		                  (SPECIFY)
		
		PRIVATE MEDICAL SECTOR
		  PRIVATE HOSPITAL/CLINIC/
		    NURSING HOME . . . . Q
		  OTHER PRIVATE
		    MEDICAL _____ R
		                 (SPECIFY)
		
		OTHER SOURCE
		  OTHER _____ X
		            (SPECIFY)	

930	If a wife knows her husband has a disease that she can get during sexual intercourse, is she justified in asking that they use a condom when they have sex?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
931	Is a wife justified in refusing to have sex with her husband when she knows he has sex with other women?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
932	CHECK 601: CURRENTLY MARRIED ☐ NOT IN UNION ☐		→ 1001
933	Can you say no to your (husband/partner) if you do not want to have sexual intercourse?	YES . . . . 1 NO . . . . 2 DEPENDS/NOT SURE 8	
934	Could you ask your (husband/partner) to use a condom if you wanted him to?	YES . . . . 1 NO . . . . 2 DEPENDS/NOT SURE 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1001	Now I would like to ask you some other questions relating to health matters. Have you had an injection for any reason in the last 12 months? IF YES: How many injections have you had? IF NUMBER OF INJECTIONS IS 90 OR MORE, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'. IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.	NUMBER OF INJECTIONS . . . [ ][ ] NONE 00	→ 1003A
1002	Among these injections, how many were administered by a doctor, a nurse, a pharmacist, a dentist, or any other health worker? IF NUMBER OF INJECTIONS IS 90 OR MORE, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'. IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.	NUMBER OF INJECTIONS . . . [ ][ ] NONE 00	→ 1003A
1003	The last time you got an injection from a health worker, did he/she take the syringe and needle from a new, unopened package?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	

1003A	CHECK 210:
	
	  ONE OR MORE ⌐ NONE ☐
	  PREGNANCIES
			→ 1004

1003B	Have you ever experienced signs of uterine prolapse (Patheghar Khasne/ Ang Khasne)?	YES . . . . 1 NO 2	→ 1004
1003C	Did you seek treatment for this condition?	YES, MEDICAL TREATMENT . . . . 1 YES, TRADITIONAL METHODS . . . . . 2 NO 3	
1004	Do you currently smoke cigarettes?	YES . . . . 1 NO 2	→ 1006
1005	In the last 24 hours, how many cigarettes did you smoke?	NUMBER OF CIGARETTES . . . . [ ][ ]	
1006	Do you currently smoke or use any (other) type of tobacco?	YES . . . . 1 NO 2	→ 1008
1007	What (other) type of tobacco do you currently smoke or use? RECORD ALL MENTIONED.	PIPE . . . . A BIDI . . . . B CHEWING TOBACCO . . . . C SNUFF . . . . D OTHER _____ X (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1008	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 PROBLEM	NOT A BIG PROBLEM	
	Getting permission to go to the doctor?	PERMISSION TO GO ... 1	2	
	Getting money needed for advice or treatment?	GETTING MONEY 1	2	
	The distance to the health facility?	DISTANCE 1	2	
	Not wanting to go alone?	GO ALONE 1	2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1008A	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	
	Janasankhya Chetana ka Sworeharu Radio Karyakram?	JANASANKHYA 1	2	
	Hamro Swastha Radio Karyakram?	HAMRO SWASTHA ... 1	2	
	Ama radio Karyakram?	AMA RADIO 1	2	
	Hamro Swastha TV Karyakram?	HAMRO SWASTH....... 1	2	
	Jeevan Chakra TV Karyakram?	JEEVAN CHAKRA T..... 1	2	
	Thorai bhaye pugi sari TV Karyakram?	THORAI BHAYA 1	2	
	Ama TV Karyakram?	AMA TV 1	2	
	Sathi Sanga Manka Kura Radio Karyakram?	SATHI SANGA MANKA . 1	2	
	Jeevan Jyoti Radio Karyakram?	JEEVAN JYOTI 1	2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1008B	Which source of media do you prefer the most to receive health-related messages?	NEPAL RADIO .... 01 FM .... 02 TELEVISION .... 03 NEWSPAPER OR MAGAZINE .... 04 BROCHURE OR LEAFLET .... 05 FLIPCHART .... 06 POSTER .... 07 HOARDING/BILLBOARD ... . 08 OTHER _____ 96 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1009	CHECK 327 VISITED HEALTH FACILITY IN 12 MONTHS ☐ NOT VISITED ☐		→ 1009F

1009A	Which health faciltiies did you visit last during the past 12 months for care for yourself or your children?
	
	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(S))
		PUBLIC SECTOR
		  GOVT. HOSPITAL/CLINIC 11
		  PHC CENTER 12
		  HEALTH POST 13
		  SUB-HEALTH POST 14
		  PHC OUTREACH 15
		  MOBILE CLINIC 17
		
		  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	

1009B	CHECK1009A CODES 11-17 CIRCLED ☐ OTHER CODES/ NOT CIRCLED ☐		→ 1009F
1009C	Did you pay the registration fee during your last visit to the health facility?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
1009D	Were you prescribed any medicines/drug by the health care provider the last time you visited the health facility?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	→ 1009F
1009E	Did you get any medicine/drug free of cost from the health facility?	YES, FULLY . . . . 1 YES, PARTIALLY . . . . 2 NOT AT ALL 3	

1009F	Does a woman get free health services from a government health facility for the following services:
	
	  Post abortion service?
	  Delivery service?
		YES NO DK
		
		POST ABORTION 1 2 8
		DELIVERY 1 2 8	

1009G	Does a woman get a cash incentive if she delivers her baby at a government health facility?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	

DOMESTIC VIOLENCE MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1101	CHECK HOUSEHOLD QUESTIONNAIRE, COL. 9A AND COVER PAGE OF WOMAN QUESTIONNAIRE. WOMAN SELECTED ☐ WOMAN NOT SELECTED ☐ FOR THIS SECTION ↓		→ 1134
1102	CHECK FOR PRESENCE OF OTHERS: DO NOT CONTINUE UNTIL EFFECTIVE PRIVACY IS ENSURED. PRIVACY PRIVACY OBTAINED . . . . 1 ↓ NOT POSSIBLE . . . . 2 ———		→ 1133
	READ TO THE RESPONDENT Now I would like to ask you questions about some other important aspects of a woman's life. I know that some of these questions are very personal. However, your answers are crucial for helping to understand the condition of women in Nepal. Let me assure you that your answers are completely confidential and will not be told to anyone and no one else will know that you were asked these questions.		
1103	CHECK 601 AND 602: CURRENTLY FORMERLY MARRIED/ MARRIED/ LIVING ☐ LIVED WITH A MAN ☐ NEVER MARRIED/ ↓ ↓ NEVER LIVED ☐ WITH A MAN (READ IN PAST TENSE) WITH A MAN		→ 1115

1104	First, I am going to ask you about some situations which happen to some women. Please tell me if these apply to your relationship with your (last) husband/partner?		YES	NO	DK
	a) He (is/was) jealous or angry if you (talk/talked) to other men?	JEALOUS	1	2	8
	b) He frequently (accuses/accused) you of being unfaithful?	ACCUSES	1	2	8
	c) He (does/did) not permit you to meet your female friends?	NOT MEET FRIENDS . . .	1	2	8
	d) He (tries/tried) to limit your contact with your family?	NO FAMILY	1	2	8
	e) He (insists/insisted) on knowing where you (are/were) at all times?	WHERE YOU ARE . . .	1	2	8
	f) He (does/did) not trust you with any money?	MONEY	1	2	8

1105	Now if you will permit me, I need to ask some more questions about your relationship with your (last) husband/partner.

A (Does/did) your (last) husband/partner ever:		B How often did this happen during the last 12 months: often, only sometimes, or not at all?		
			SOME-	NOT
		OFTEN	TIMES	AT ALL
a) say or do something to humiliate you in front of others?	YES 1 → NO 2 ↓	1	2	3
b) threaten to hurt or harm you or someone close to you?	YES 1 → NO 2 ↓	1	2	3
c) insult you or make you feel bad about yourself?	YES 1 → NO 2 ↓	1	2	3

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

| 1106 | A   (Does/did) your (last) husband/partner ever do any of the following things to you: | B   How often did this happen during the last 12 months: often, only sometimes, or not at all? | |

			OFTEN	SOME-TIMES	NOT AT ALL	
	a) push you, shake you, or throw something at you?	YES 1 → NO 2 ↓	1	2	3	
	b) slap you?	YES 1 → NO 2 ↓	1	2	3	
	c) twist your arm or pull your hair?	YES 1 → NO 2 ↓	1	2	3	
	d) punch you with his fist or with something that could hurt you?	YES 1 → NO 2 ↓	1	2	3	
	e) kick you, drag you or beat you up?	YES 1 → NO 2 ↓	1	2	3	
	f) try to choke you or burn you on purpose?	YES 1 → NO 2 ↓	1	2	3	
	g) threaten or attack you with a knife, gun, or any other weapon?	YES 1 → NO 2 ↓	1	2	3	
	h) physically force you to have sexual intercourse with him even when you did not want to?	YES 1 → NO 2 ↓	1	2	3	
	i) force you to perform any sexual acts you did not want to?	YES 1 → NO 2 ↓	1	2	3	

| 1107 | CHECK 1106A (a-i):

AT LEAST ONE ☐   NOT A SINGLE ☐
'YES' ↓   'YES' | | → 1110 |

| 1108 | How long after you first (got married to/started living with) your (last) husband/partner did (this/any of these things) first happen?

IF LESS THAN ONE YEAR, RECORD '00'. | NUMBER OF YEARS . . . . ☐☐

BEFORE MARRIAGE/BEFORE LIVING TOGETHER . . . . 95 | |

| 1109 | Did the following ever happen as a result of what your (last) husband/partner did to you:

a) You had cuts, bruises or aches?

b) You had eye injuries, sprains, dislocations, or burns?

c) You had deep wounds, broken bones, broken teeth, or any other serious injury? |

YES 1
NO 2

YES 1
NO 2

YES 1
NO . . . . 2 | |

| 1110 | Have you ever hit, slapped, kicked, or done anything else to physically hurt your (last) husband/partner at times when he was not already beating or physically hurting you? | YES 1
NO . . . . 2 | → 1112 |

| 1111 | In the last 12 months, how often have you done this to your husband/partner: often, only sometimes, or not at all? | OFTEN 1
SOMETIMES 2
NOT AT ALL . . . . 3 | |

| 1112 | (Does/Did) your husband/partner drink alcohol? | YES 1
NO . . . . 2 | → 1114 |

| 1113 | How often (does/did) he get drunk: often, only sometimes, or never? | OFTEN 1
SOMETIMES 2
NEVER . . . . 3 | |

| 1114 | Are (were) you afraid of your (last) husband/partner: most of the time, sometimes, or never? | MOST OF THE TIME AFRAID 1
SOMETIMES AFRAID 2
NEVER AFRAID . . . . 3 | |

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

1115	CHECK 601 AND 602:
	
	EVER MARRIED/LIVED
	WITH A MAN **NEVER MARRIED/ NEVER**
	                 LIVED WITH A MAN
	
	From the time you were 15 From the time you were 15
	years old has anyone other years old has anyone ever hit,
	than your (current/last) slapped, kicked, or done
	husband/partner hit, slapped, anything else to hurt you
	kicked, or done anything else physically?
	to hurt you physically?
		YES 1
		NO 2
		REFUSED TO ANSWER/
		     NO ANSWER 3
			→ 1118

1116	Who has hurt you in this way?
	
	Anyone else?
	
	RECORD ALL MENTIONED.
		MOTHER/STEP-MOTHER . . . . A
		FATHER/STEP-FATHER . . . . B
		SISTER/BROTHER C
		DAUGHTER/SON . . . . D
		OTHER RELATIVE . . . . E
		FORMER HUSBAND/
		   LIVE-IN PARTNER . . . . F
		CURRENT BOYFRIEND . . . . G
		FORMER BOYFRIEND . . . . H
		MOTHER-IN-LAW I
		FATHER-IN-LAW . . . . J
		OTHER IN-LAW . . . . K
		TEACHER L
		EMPLOYER/SOMEONE AT WORK . . . M
		POLICE/SOLDIER . . . . N
		
		OTHER _____ X
		                 (SPECIFY)	

1117	In the last 12 months, how often have you been hit, slapped, kicked, or physically hurt by this/these person(s): often, only sometimes, or not at all?	OFTEN . . . . 1 SOMETIMES . . . . 2 NOT AT ALL 3	

1118	CHECK 201, 208, AND 234:
	
	       EVER BEEN
	       PREGNANT
	       (YES ON 201 **NEVER BEEN**
	       OR 208 OR 234) ↓ **PREGNANT**
			→ 1121

1119	Has any one ever hit, slapped, kicked, or done anything else to hurt you physically while you were pregnant?	YES . . . . 1 NO 2	→ 1121

1120	Who has done any of these things to physically hurt you while
	you were pregnant?
	
	Anyone else?
	
	RECORD ALL MENTIONED.
		CURRENT HUSBAND/
		   LIVE-IN PARTNER . . . . A
		MOTHER/STEP-MOTHER . . . . B
		FATHER/STEP-FATHER C
		SISTER/BROTHER . . . . D
		DAUGHTER/SON . . . . E
		OTHER RELATIVE . . . . F
		FORMER HUSBAND/
		   LIVE-IN PARTNER . . . . G
		CURRENT BOYFRIEND . . . . H
		FORMER BOYFRIEND I
		MOTHER-IN-LAW . . . . J
		FATHER-IN-LAW . . . . K
		OTHER IN-LAW L
		TEACHER . . . . M
		EMPLOYER/SOMEONE AT WORK . . . N
		POLICE/SOLDIER . . . . O
		
		OTHER _____ X
		                 (SPECIFY)	

1120A	Have you ever had a miscarriage or stillbirth as a result of these things?	YES . . . . 1 NO 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1121	CHECK 1106A (h) and (i) **1106A(h)= YES OR 1106A (i)= YES** Now I want to ask you about things that may have happened to you that were <u>not</u> done by your (current/last) husband/partner. At any time in your life, as a <u>child or as an adult</u>, has anyone ever forced you in any way to have sexual intercourse or perform any other sexual acts against your will? **1106A (h)= NO AND 1106A (i) = NO OR 1106A NOT ASKED** At any time in your life, as a <u>child or as an adult</u>, has anyone ever forced you in any way to have sexual intercourse or perform any other sexual acts against your will?	YES . . . . 1 NO . . . . 2 REFUSED TO ANSWER/ NO ANSWER 3	1124
1122	How old were you the first first time you were forced to have sexual intercourse or perform any other sexual acts?	AGE IN COMPLETED YEARS . . . ☐☐ DON'T KNOW 98	

1123	Who was the person who was forcing you at that time?	CURRENT HUSBAND/
		  LIVE-IN PARTNER 01
		FORMER HUSBAND/
		  LIVE-IN PARTNER 02
		CURRENT/FORMER BOYFRIEND . . . 03
		FATHER 04
		STEP-FATHER 05
		OTHER RELATIVE 06
		IN-LAW 07
		OWN FRIEND/ACQUAINTANCE . . . 08
		FAMILY FRIEND 09
		TEACHER 10
		EMPLOYER/SOMEONE AT WORK . 11
		POLICE/SOLDIER 12
		PRIEST/RELIGIOUS LEADER 13
		STRANGER 14
		
		OTHER _____ 96
		                (SPECIFY)	

1124	CHECK 1106B (h) and (i) **1106B (h)= 1 OR 2 OR 1106B (i) = 1 OR 2** In the last 12 months, has anyone other than your (current/last) husband/ partner forced you to have sexual intercourse against your will? **1106B (h) = 3 AND 1106B (i) = 3 OR 1106B AND NOT ASKED** In the last 12 months has anyone forced you to have sexual intercourse against your will?	YES . . . . 1 NO 2	
1125	CHECK 1106A (a-i), 1115, 1119, 1121, AND 1124: AT LEAST ONE 'YES' ☐ NOT A SINGLE 'YES' ☐		1129
1126	Thinking about what you yourself have experienced among the different things we have been talking about, have you ever tried to seek help to stop (the/these) person(s) from doing this to you again?	YES . . . . 1 NO 2	1128

1127	From whom have you sought help?
	
	Anyone else?
	
	RECORD ALL MENTIONED.
		OWN FAMILY . . . . A
		HUSBAND/LIVE-IN PARTNER'S
		  FAMILY . . . . B
		CURRENT/LAST/LATE
		    HUSBAND/LIVE-IN PARTNER . . C
		CURRENT/FORMER BOYFRIEND . . . D
		FRIEND . . . . E
		NEIGHBOR . . . . F
		RELIGIOUS LEADER . . . . G
		DOCTOR/MEDICAL PERSONNEL . . H
		POLICE I
		LAWYER . . . . J
		SOCIAL SERVICE ORGANIZATION . K
		
		OTHER _____ X
		                (SPECIFY)
			1129

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1128	Have you ever told any one else about this?	YES .... 1 NO 2	
1129	CHECK 613: EVER HAD SEX? HAS EVER ☐ NEVER ☐ HAD SEX HAD SEX		1131
1130	The first time you had sexual intercourse, would you say that you had it because you wanted to, or because you were forced to have it against your will?	WANTED TO .... 1 FORCED TO .... 2 REFUSED TO ANSWER/ NO RESPONSE 3	
1131	As far as you know, did your father ever beat your mother?	YES .... 1 NO .... 2 DON'T KNOW 8	

THANK THE RESPONDENT FOR HER COOPERATION AND REASSURE HER ABOUT THE CONFIDENTIALITY OF HER ANSWERS. FILL OUT THE QUESTIONS BELOW WITH REFERENCE TO THE DOMESTIC VIOLENCE MODULE ONLY.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP
			YES ONCE	YES, MORE THAN ONCE	NO
1132	DID YOU HAVE TO INTERRUPT THE INTERVIEW BECAUSE SOME ADULT WAS TRYING TO LISTEN, OR CAME INTO THE ROOM, OR INTERFERED IN ANY OTHER WAY?	HUSBAND .... 1 OTHER MALE ADULT .... 1 FEMALE ADULT 1	2 2 2	3 3 3	
1133	INTERVIEWER'S COMMENTS / EXPLANATION FOR NOT COMPLETING THE DOMESTIC VIOLENCE MODULE _____ _____ _____				
1134	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: _____

INSTRUCTIONS:
ONLY ONE CODE SHOULD APPEAR IN ANY BOX.
COLUMN 1 REQUIRES A CODE IN EVERY MONTH.

INFORMATION TO BE CODED FOR EACH COLUMN

COLUMN 1: <u>BIRTHS, PREGNANCIES, CONTRACEPTIVE USE**</u>

- B BIRTHS
- P PREGNANCIES
- C MISCARRIAGE
- A ABORTION
- S STILLBIRTH

- 0 NO METHOD
- 1 FEMALE STERILIZATION
- 2 MALE STERILIZATION
- 3 IUD
- 4 INJECTABLES
- 5 IMPLANTS
- 6 PILL
- 7 CONDOM
- 8 FEMALE CONDOM
- 9 DIAPHRAGM
- J FOAM OR JELLY
- L RHYTHM METHOD
- M WITHDRAWAL
- X OTHER MODERN METHOD
- Y OTHER TRADITIONAL METHOD

COLUMN 2: <u>DISCONTINUATION OF CONTRACEPTIVE USE</u>

- 0 INFREQUENT SEX
- 1 BECAME PREGNANT WHILE USING
- 2 WANTED TO BECOME PREGNANT
- 3 HUSBAND/PARTNER DISAPPROVED
- 4 WANTED MORE EFFECTIVE METHOD
- 5 SIDE EFFECTS/HEALTH CONCERNS
- 6 LACK OF ACCESS/TOO FAR
- 7 COSTS TOO MUCH
- 8 INCONVENIENT TO USE
- F UP TO GOD/FATALISTIC
- A DIFFICULT TO GET PREGNANT/MENOPAUSAL
- D MARITAL DISSOLUTION/SEPARATION
- H HUSBAND AWAY
- X OTHER _____
                (SPECIFY)
- Z DON'T KNOW

	Month	Name	#	1	2	
	12	CHAITRA	01			
	11	FALGUN	02			
	10	MAGH	03			
	09	POUSH	04			
2	08	MANGSIR	05			2
0	07	KARTIK	06			0
6	06	ASWIN	07			6
8	05	BHADRA	08			8
	04	SRAWAN	09			
	03	ASHAD	10			
	02	JESTHA	11			
	01	BAISAKH	12			
	12	CHAITRA	13			
	11	FALGUN	14			
	10	MAGH	15			
	09	POUSH	16			
2	08	MANGSIR	17			2
0	07	KARTIK	18			0
6	06	ASWIN	19			6
7	05	BHADRA	20			7
	04	SRAWAN	21			
	03	ASHAD	22			
	02	JESTHA	23			
	01	BAISAKH	24			
	12	CHAITRA	25			
	11	FALGUN	26			
	10	MAGH	27			
	09	POUSH	28			
2	08	MANGSIR	29			2
0	07	KARTIK	30			0
6	06	ASWIN	31			6
6	05	BHADRA	32			6
	04	SRAWAN	33			
	03	ASHAD	34			
	02	JESTHA	35			
	01	BAISAKH	36			
	12	CHAITRA	37			
	11	FALGUN	38			
	10	MAGH	39			
	09	POUSH	40			
2	08	MANGSIR	41			2
0	07	KARTIK	42			0
6	06	ASWIN	43			6
5	05	BHADRA	44			5
	04	SRAWAN	45			
	03	ASHAD	46			
	02	JESTHA	47			
	01	BAISAKH	48			
	12	CHAITRA	49			
	11	FALGUN	50			
	10	MAGH	51			
	09	POUSH	52			
2	08	MANGSIR	53			2
0	07	KARTIK	54			0
6	06	ASWIN	55			6
4	05	BHADRA	56			4
	04	SRAWAN	57			
	03	ASHAD	58			
	02	JESTHA	59			
	01	BAISAKH	60			
	12	CHAITRA	61			
	11	FALGUN	62			
	10	MAGH	63			
	09	POUSH	64			
2	08	MANGSIR	65			2
0	07	KARTIK	66			0
6	06	ASWIN	67			6
3	05	BHADRA	68			3
	04	SRAWAN	69			
	03	ASHAD	70			
	02	JESTHA	71			
	01	BAISAKH	72			
	12	CHAITRA	73			
	11	FALGUN	74			
	10	MAGH	75			
	09	POUSH	76			
2	08	MANGSIR	77			2
0	07	KARTIK	78			0
6	06	ASWIN	79			6
2	05	BHADRA	80			2
	04	SRAWAN	81			
	03	ASHAD	82			
	02	JESTHA	83			
	01	BAISAKH	84			

4 November 2010

NEPAL DEMOGRAPHIC AND HEALTH SURVEY 2011
MAN'S QUESTIONNAIRE

IDENTIFICATION

NAME AND CODE OF DISTRICT _____

NAME AND CODE OF VILLAGE/MUNICIPALITY _____

WARD NUMBER . . . .

CLUSTER NUMBER . . . .

HOUSEHOLD NUMBER . . . .

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; OTHER=6

SUPERVISOR	OFFICE EDITOR	KEYED BY
NAME _____		
DATE _____		

INTRODUCTION AND CONSENT

INFORMED CONSENT

Hello. My name is _____. I am working with MINISTRY OF HEALTH AND POPULATION. We are conducting a survey about health all over Nepal. The information we collect will help the government to plan health services. Your household was selected for the survey. The questions usually take about 20 minutes. All of the answers you give will be confidential and will not be shared with anyone other than members of our survey team. No part of this interview is being recorded in tape or video. You don't have to be in the survey, but we hope you will agree to answer the questions since your views are important. If I ask you 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.

In case you need more information about the survey, you may contact the person listed on the card that has already been given to your household.

Do you have any questions? May I begin the interview now?

SIGNATURE OF INTERVIEWER: _____ DATE: _____

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	HOUR . . . . ☐☐ MINUTES . . . . ☐☐	
102	In what month and year were you born?	MONTH . . . . ☐☐ DON'T KNOW MONTH . . . . 98 YEAR . . . . ☐☐☐☐ DON'T KNOW YEAR 9998	
103	How old were you at your last birthday? COMPARE AND CORRECT 102 AND/OR 103 IF INCONSISTENT.	AGE IN COMPLETED YEARS ☐☐	
104	Have you ever attended school?	YES . . . . 1 NO 2	→ 107
105	What is the highest grade you completed? IF COMPLETED LESS THAN ONE GRADE, RECORD '00'.	GRADE . . . . ☐☐	
106	CHECK 105: GRADE 5 ☐ GRADE 6 ☐ OR LOWER OR HIGHER		→ 110

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

107	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	

108	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	

109	CHECK 107:
	
	   CODE '2', '3' CODE '1' OR '5'
	     OR '4' ☐ CIRCLED ☐
	   CIRCLED ↓
			→ 111

110	Do you read a newspaper or magazine, at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK . . . . 1 LESS THAN ONCE A WEEK . . . . 2 NOT AT ALL 3	
111	Do you listen to the radio, at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK . . . . 1 LESS THAN ONCE A WEEK . . . . 2 NOT AT ALL 3	
112	Do you watch television, at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK . . . . 1 LESS THAN ONCE A WEEK . . . . 2 NOT AT ALL 3	
113	What is your religion?	HINDU 1 BUDDHIST . . . . 2 MUSLIM . . . . 3 KIRAT . . . . 4 CHRISTIAN . . . . 5 OTHER _____ 6 (SPECIFY)	
114	What is your caste/ethnicity? WRITE CASTE/ETHNICITY ON LINE PROVIDED.	☐☐ _____ (CASTE/ETHNICITY)	
115	In the last 12 months, how many times have you been away from your home community for one or more nights?	NUMBER OF TIMES . . . . ☐☐ NONE 00	→ 201
116	In the last 12 months, have you been away from your home community for more than one month at a time?	YES . . . . 1 NO 2	

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 ☐ HAS NOT HAD ANY CHILDREN ☐		→ 212 → 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 . . . . ☐☐	
213	CHECK 203 AND 205: AT LEAST ONE LIVING CHILD ☐ NO LIVING CHILDREN ☐		→ 301
214	How old is your (youngest) child?	AGE IN YEARS . . . . ☐☐	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
215	CHECK 214: (YOUNGEST) CHILD ☐ OTHER ☐ IS AGE 0-2 YEARS		→ 301
216	What is the name of your (youngest) child? WRITE NAME OF (YOUNGEST) CHILD _____ (NAME OF (YOUNGEST) CHILD)		
217	When (NAME)'s mother was pregnant with (NAME), did she have any antenatal check-ups?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	→ 219
218	Were you ever present during any of those antenatal check-ups?	PRESENT . . . . 1 NOT PRESENT 2	
220	When a child has diarrhea, how much should he or she be given to drink: more than usual, about the same as usual, less than usual, or nothing 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. Have you ever heard of (METHOD)?		
01	**Female Sterilization**. PROBE: Women can have an operation to avoid having any more children.	YES . . . . 1 NO 2	
02	**Male Sterilization**. PROBE: Men can have an operation to avoid having any more children.	YES . . . . 1 NO 2	
03	**IUD**. PROBE: Women can have a loop or coil placed inside them by a doctor or a nurse.	YES . . . . 1 NO 2	
04	**Injectables**. PROBE: Women can have an injection by a health provider that stops them from becoming pregnant for one or more months.	YES . . . . 1 NO 2	
05	**Implants**. PROBE: Women can have one or more 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	
06	**Pill**. PROBE: Women can take a pill every day to avoid becoming pregnant.	YES . . . . 1 NO 2	
07	**Condom**. PROBE: Men can put a rubber sheath on their penis before sexual intercourse.	YES . . . . 1 NO 2	
08	**Rhythm Method**. PROBE: 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	
09	**Withdrawal**. PROBE: Men can be careful and pull out before climax.	YES . . . . 1 NO 2	
10	**Emergency Contraception**. PROBE: As an emergency measure, within three/five days after they have unprotected sexual intercourse, women can take special pills to prevent pregnancy.	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
302	In the last few months have you: Heard about family planning on the radio? Seen anything about family planning on the television? Read about family planning in a newspaper or magazine? Read about family planning in brochure or flipchart? Seen message on family planning in a poster, hoarding board or billboard? Seen street dramas on family planning?	YES NO RADIO . . . . 1 2 TELEVISION . . . . 1 2 NEWSPAPER OR MAGAZINE 1 2 BROCHURE OR FLIPCHART . . . 1 2 POSTER, HOARDING/BILLBOARD 1 2 STREET DRAMA 1 2	
303	In the last few months, have you discussed family planning with a health worker or health professional?	YES . . . . 1 NO 2	
304	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 when she has sexual relations?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	➤ 306

305	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	

306	I will now read you some statements about contraception. Please tell me if you agree or disagree with each one.
	
	a) Contraception is a woman's business and a man should not have to worry about it.
	b) Women who use contraception may become promiscuous.
		DIS-
		              AGREE AGREE DK
		
		CONTRACEPTION
		  WOMAN'S BUSINESS 1 2 8
		WOMEN MAY BECOME
		  PROMISCUOUS 1 2 8	

307	CHECK 301 (07): KNOWS MALE CONDOM YES ☐ NO ☐		➤ 401
308	Do you know of a place where a person can get condoms?	YES . . . . 1 NO 2	➤ 401

309	Where is that?
	
	Any other place?
	
	PROBE TO IDENTIFY EACH TYPE OF SOURCE.
	
	IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.
	
	_____
	            (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
		   SANGINI OUTLET . . . . Q
		
		   OTHER PRIVATE
		     MEDICAL _____ R
		               (SPECIFY)
		
		OTHER SOURCE
		   SHOP . . . . S
		   FRIENDS/RELATIVES . . . . T
		   OTHER _____ X
		             (SPECIFY)	

310	If you wanted to, could you yourself get a condom?	YES . . . . 1 NO 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
401	Are you currently married or living together with a woman as if married?	YES, CURRENTLY MARRIED .... 1 YES, LIVING WITH A WOMAN ..... 2 NO, NOT IN UNION 3	→ 404
402	Have you ever been married or lived together with a woman as if married?	YES, FORMERLY MARRIED .... 1 YES, LIVED WITH A WOMAN .... 2 NO 3	→ 413
403	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED .... 1 DIVORCED .... 2 SEPARATED 3	→ 410
404	Is your (wife/partner) living with you now or is she staying elsewhere?	LIVING WITH HIM .... 1 STAYING ELSEWHERE 2	
405	Do you have other wives or do you live with other women as if married?	YES (MORE THAN ONE) .... 1 NO (ONLY ONE) 2	→ 407
406	Altogether, how many wives or live-in partners do you have?	TOTAL NUMBER OF WIVES AND LIVE-IN PARTNERS ... [ ][ ]	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES		SKIP
407 408	CHECK 405: ONE WIFE/ PARTNER Please tell me the name of (your wife/the woman you are living with as if married). MORE THAN ONE WIFE/ PARTNER Please tell me the name of each of your wives or each woman you are living with as if married. RECORD THE NAME AND THE LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE FOR EACH WIFE AND LIVE-IN PARTNER. IF A WOMAN IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'. ASK 408 FOR EACH PERSON.	NAME LINE NUMBER _____ [ ][ ] _____ [ ][ ] _____ [ ][ ] _____ [ ][ ]	408 How old was (NAME) on her last birthday? AGE [ ][ ] [ ][ ] [ ][ ] [ ][ ]	
409	CHECK 407: ONE WIFE/ PARTNER MORE THAN ONE WIFE/ PARTNER			→ 411A
410	Have you been married or lived with a woman only once or more than once?	ONLY ONCE .... 1 MORE THAN ONCE 2		→ 411A

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
411	In what month and year did you start living with your (wife/partner)?	MONTH . . . . ▢▢	
411A	Now I would like to ask about your first (wife/partner). In what month and year did you start living with her?	DON'T KNOW MONTH . . . . 98 YEAR . . . . ▢▢▢▢ DON'T KNOW YEAR 9998	→ 413
412	How old were you when you first started living with her?	AGE . . . . ▢▢	
413	CHECK FOR THE PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.		

414	Now I would like to ask 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)
		      WIFE/PARTNE 95
			→ 501

415	Now I would like to ask you some questions about your recent sexual activity. Let me assure you again that your answers are completely confidential and will not be told to anyone. If we should come to any question that you don't want to answer, just let me know and we will go to the next question.		
416	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 ▢▢	→ 430

		LAST SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER	THIRD-TO-LAST SEXUAL PARTNER
417	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
418	The last time you had sexual intercourse (with this second/third person), was a condom used?	YES . . . . 1 NO . . . . 2 (SKIP TO 420) ←	YES . . . . 1 NO . . . . 2 (SKIP TO 420) ←	YES . . . . 1 NO . . . . 2 (SKIP TO 420) ←
419	Was a condom used 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

420	What was your relationship to this person with whom you had sexual intercourse?
	
	IF GIRLFRIEND:
	Were you living together as if married?
	
	IF YES, CIRCLE '2'.
	IF NO, CIRCLE '3'.
		WIFE 1
		LIVE-IN PARTNER 2
		GIRLFRIEND NOT
		  LIVING WITH
		  RESPONDENT . . . . 3¬
		CASUAL
		  ACQUAINTANCE . . . 4¬
		PROSTITUTE . . . . 5¬
		OTHER _____ 6¬
		    (SPECIFY)
		(SKIP TO 423) ←
			WIFE 1
			LIVE-IN PARTNER 2
			GIRLFRIEND NOT
			  LIVING WITH
			  RESPONDENT . . . . 3¬
			CASUAL
			  ACQUAINTANCE . . . 4¬
			PROSTITUTE . . . . 5¬
			OTHER _____ 6¬
			    (SPECIFY)
			(SKIP TO 423) ←
				WIFE 1
				LIVE-IN PARTNER 2
				GIRLFRIEND NOT
				  LIVING WITH
				  RESPONDENT . . . . 3¬
				CASUAL
				  ACQUAINTANCE . . . 4¬
				PROSTITUTE . . . . 5¬
				OTHER _____ 6¬
				    (SPECIFY)
				(SKIP TO 423) ←

421	CHECK 410:	MARRIED MARRIED
		ONLY MORE
		ONCE THAN
		                  ONCE
		                  (SKIP
		                  TO 423)
			MARRIED MARRIED
			ONLY MORE
			ONCE THAN
			                  ONCE
			                  (SKIP
			                  TO 423)
				MARRIED MARRIED
				ONLY MORE
				ONCE THAN
				                  ONCE
				                  (SKIP
				                  TO 423)

422	CHECK 414:	FIRST TIME WHEN STARTED LIVING WITH OTHER FIRST WIFE (SKIP TO 424)	FIRST TIME WHEN STARTED LIVING WITH OTHER FIRST WIFE (SKIP TO 424)	FIRST TIME WHEN STARTED LIVING WITH OTHER FIRST WIFE (SKIP TO 424)
423	How long ago did you first have sexual intercourse with this (second/third) person?	DAYS AGO 1 WEEKS AGO 2 MONTHS AGO 3 YEARS AGO 4	DAYS AGO 1 WEEKS AGO 2 MONTHS AGO 3 YEARS AGO 4	DAYS AGO 1 WEEKS AGO 2 MONTHS AGO 3 YEARS AGO 4
424	How many times during the last 12 months did you have sexual intercourse with this person? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF TIMES IS 95 OR MORE, WRITE '95'.	NUMBER OF TIMES	NUMBER OF TIMES	NUMBER OF TIMES
425	How old is this person?	AGE OF PARTNER DON'T KNOW 98	AGE OF PARTNER DON'T KNOW 98	AGE OF PARTNER DON'T KNOW 98

		LAST SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER	THIRD-TO-LAST SEXUAL PARTNER
426	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 417 ↵ IN NEXT COLUMN) NO . . . . 2 (SKIP TO 428) ◄——┘	YES . . . . 1 (GO BACK TO 417 ↵ IN NEXT COLUMN) NO . . . . 2 (SKIP TO 428) ◄——┘	
427	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 95 OR MORE, WRITE '95'.			NUMBER OF PARTNERS LAST 12 MONTHS . . . ☐☐ DON'T KNOW . . . 98

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
428	CHECK 420 (ALL COLUMNS): AT LEAST ONE PARTNER IS PROSTITUTE ☐ NO PARTNERS ARE PROSTITUTES ☐		→ 430
429	CHECK 420 AND 418 (ALL COLUMNS): CONDOM USED LAST TIME WITH EVERY PROSTITUTE ☐ NO CONDOM USED/CONDOM NOT USED LAST TIME WITH EVERY PROSTITUTE ☐		→ 433 → 434
430	In the last 12 months, did you pay anyone in exchange for having sexual intercourse?	YES . . . . 1 NO 2	→ 432
431	Have you ever paid anyone in exchange for having sexual intercourse?	YES . . . . 1 NO 2	→ 434
432	The last time you paid someone in exchange for having sexual intercourse, was a condom used?	YES . . . . 1 NO 2	→ 434
433	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 DON'T KNOW 8	
434	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 95 OR MORE, WRITE '95'.	NUMBER OF PARTNERS IN LIFETIME . . . . ☐☐ DON'T KNOW 98	
435	CHECK 418, MOST RECENT PARTNER (FIRST COLUMN): NOT ASKED ☐ CONDOM USED ☐ NO CONDOM USED ☐		→ 438 → 438
436	You told me that a condom was used the last time you had sex. What is the brand name of the condom used at that time? IF BRAND NOT KNOWN, ASK TO SEE THE PACKAGE.	DHAAL . . . . 01 PANTHER . . . . 02 BLACK COBRA . . . . 03 KAMASUTRA . . . . 04 JODI . . . . 05 NUMBER 1 . . . . 06 MOHP-NO BRAND . . . . 07 LILY . . . . 08 VEGA . . . . 09 SKINLESS SKIN . . . . 10 SAFETY . . . . 11 GOLD . . . . 12 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
437	From where did you obtain the condom the last time? PROBE TO IDENTIFY TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, 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 SANGINI OUTLET . . . . 33 OTHER PRIVATE MEDICAL_____ 36 (SPECIFY) OTHER SOURCE SHOP . . . . 41 FRIENDS/RELATIVES . . . . 42 OTHER _____ 96 (SPECIFY)	
438	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
439	What method did you or your partner use? PROBE: Did you or your partner use any other method to prevent pregnancy? RECORD ALL MENTIONED.	FEMALE STERILIZATION . . . . A MALE STERILIZATION . . . . B IUD . . . . C INJECTABLES . . . . D IMPLANTS . . . . E PILL . . . . F FEMALE CONDOM . . . . G DIAPHRAGM . . . . H FOAM/JELLY . . . . I RHYTHM METHOD . . . . J WITHDRAWAL . . . . K OTHER MODERN METHOD . . . . X OTHER TRADITIONAL METHOD . . . . . Y	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

501	CHECK 401:
	
	CURRENTLY MARRIED ☐ NOT CURRENTLY MARRIED ☐
	                                                                                    AND
	                                        NOT LIVING WITH A PARTNER
			→ 509

502	CHECK 439: MAN NOT ☐ MAN ☐ STERILIZED STERILIZED		→ 509
503	(Is your (wife/partner)/Are any of your (wives/partners)) currently pregnant?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	→ → 505
504	Now I have some questions about the future. After the (child/children) you and your (wife(wives)/partner(s)) are expecting now, would you like to have another child, or would you prefer not have any more children?	HAVE ANOTHER CHILD . . . . 1 NO MORE . . . . 2 UNDECIDED/DON'T KNOW 8	→ 506 → 509

505	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?	HAVE (A/ANOTHER) CHILD 1
		NO MORE/NONE 2
		SAYS COUPLE
		     CAN'T GET PREGNANT 3
		WIFE (WIVES)/PARTNER(S)
		     STERILIZED. 4
		UNDECIDED/DON'T KNOW 8
			→ 509

506	CHECK 407: ONE WIFE/ ☐ MORE THAN ☐ PARTNER ONE WIFE/ PARTNER		→ 508

507	CHECK 503:
	WIFE/PARTNER ☐ WIFE/PARTNER ☐
	   NOT PREGNANT PREGNANT
	   OR DON'T KNOW
	
	How long would you like to After the birth of the child you are
	wait from now before the expecting now, how long would
	birth of (a/another) child? you like to wait before the birth of
	                                         another child?
		MONTHS . . . . 1 ☐☐
		
		YEARS . . . . 2 ☐☐
		
		SOON/NOW 993
		COUPLE INFECUND 994
		
		OTHER _____ 996
		                    (SPECIFY)
		DON'T KNOW 998
			→ 509

508	How long would you like to wait from now before the birth of (a/another) child?	MONTHS . . . . 1 ☐☐
		
		YEARS . . . . 2 ☐☐
		
		SOON/NOW 993
		
		HE/ALL HIS WIVES/PARTNERS
		  ARE INFECUND 994
		
		OTHER _____ 996
		                    (SPECIFY)
		DON'T KNOW 998	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
509	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
510	How many of these children would you like to be boys, how many would you like to be girls and for how many would it not matter if it's a boy or a girl?	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	→ 607
604	What is your occupation, that is, what kind of work do you mainly do?	☐☐	
605	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	
606	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	

607	CHECK 401:
	     CURRENTLY MARRIED ☐ NOT CURRENTLY MARRIED ☐
	                             AND
	               NOT LIVING WITH A PARTNER
			→ 612

608	CHECK 606:
	     CODE 1 OR 2 ☐ OTHER ☐
	       CIRCLED
			→ 610

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

610	Who usually makes decisions about health care for yourself: you, your (wife/partner), you and your (wife/partner) jointly, or someone else?	RESPONDENT 1
		 WIFE/PARTNER 2
		 RESPONDENT AND WIFE/
		    PARTNER JOINTLY 3
		 SOMEONE ELSE 4
		 OTHER _____ 6
		             SPECIFY	

611	Who usually makes decisions about making major household purchases?	RESPONDENT 1
		 WIFE/PARTNER 2
		 RESPONDENT AND WIFE/
		    PARTNER JOINTLY 3
		 SOMEONE ELSE 4
		 OTHER _____ 6
		             SPECIFY	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
612	Do you own this or any other house either alone or jointly with someone else?	ALONE ONLY . . . . 1 JOINTLY ONLY . . . . 2 BOTH ALONE AND JOINTLY . . . . . 3 DOES NOT OWN 4	
613	Do you own any land either alone or jointly with someone else?	ALONE ONLY . . . . 1 JOINTLY ONLY . . . . 2 BOTH ALONE AND JOINTLY . . . . . 3 DOES NOT OWN 4	
613A	In your opinion, should a husband hit or beat his wife for any reason at all?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	→ 701

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
701	Now I would like to talk about something else. Have you ever heard of an illness called AIDS?	YES . . . . 1 NO 2	→ 722
702	Can people reduce their chance of getting the AIDS virus by having just one uninfected sex partner who has no other sex 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 get the AIDS virus by touching someone who has AIDS?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
707	Is it possible for a healthy-looking person to have the AIDS virus?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
708	Can the virus that causes AIDS be transmitted from a mother to her baby: During pregnancy? During delivery? By breastfeeding?	YES NO DK DURING PREG. . . . . . 1 2 8 DURING DELIVERY . . . 1 2 8 BREASTFEEDING . . . 1 2 8	

709	CHECK 708:
	    AT LEAST [ ] OTHER [ ]
	    ONE 'YES' ↓
			→ 711

710	Are there any special drugs that a doctor or a nurse can give to a woman infected with the AIDS virus to reduce the risk of transmission to the baby?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
711	CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.		
712	I don't want to know the results, but have you ever been tested to see if you have the AIDS virus?	YES . . . . 1 NO 2	→ 716
713	How many months ago was your most recent HIV test?	MONTHS AGO . . . . [ ][ ] TWO OR MORE YEARS 95	
714	I don't want to know the results, but did you get the results of the test?	YES . . . . 1 NO 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

715	Where was the test done?
	
	PROBE TO IDENTIFY THE TYPE OF SOURCE.
	
	IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.
	
	_____
	(NAME OF PLACE)
		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/
		    NURSING HOME I
		
		  OTHER PRIVATE
		    MEDICAL_____ J
		              (SPECIFY)
		
		OTHER _____ X
		          (SPECIFY)
			→718

716	Do you know of a place where people can go to get tested for the AIDS virus?	YES . . . . 1 NO 2	→ 718

717	Where is that?
	
	Any other place?
	
	PROBE TO IDENTIFY EACH TYPE OF SOURCE.
	
	IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.
	
	_____
	(NAME OF PLACE)
		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/
		    NURSING HOME I
		
		  OTHER PRIVATE
		    MEDICAL_____ J
		              (SPECIFY)
		
		OTHER _____ X
		          (SPECIFY)	

718	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
719	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	
720	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	
721	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	
722	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	

723	CHECK 414:
	     HAS HAD SEXUAL ☐ HAS NOT HAD SEXUAL ☐
	         INTERCOURSE INTERCOURSE
			→ 731

724	CHECK 722: HEARD ABOUT OTHER SEXUALLY TRANSMITTED INFECTIONS? YES ☐ NO ☐		→ 726
725	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	
726	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	
727	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	

728	CHECK 725, 726, AND 727:
	      HAS HAD AN ☐ HAS NOT HAD AN ☐
	         INFECTION INFECTION OR
	         (ANY 'YES') DOES NOT KNOW
			→ 731

729	The last time you had (PROBLEM FROM 725/726/727), did you seek any kind of advice or treatment?	YES . . . . 1 NO 2	→ 731

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

730	Where did you go?
	
	Any other place?
	
	PROBE TO IDENTIFY EACH TYPE OF SOURCE.
	
	IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, 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
		   ADRA L
		   INF . . . . M
		   NEPAL RED CROSS . . . . N
		   UMN . . . . O
		   OTHER NON-GOVT. _____ P
		                (SPECIFY)
		
		PRIVATE MEDICAL SECTOR
		   PRIVATE HOSPITAL/CLINIC/
		     NURSING HOME . . . . Q
		   OTHER PRIVATE
		     MEDICAL _____ R
		                (SPECIFY)
		
		OTHER SOURCE
		   OTHER _____ X
		              (SPECIFY)	

731	If a wife knows her husband has a disease that she can get during sexual intercourse, is she justified in asking that they use a condom when they have sex?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
732	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	Now I would like to ask you some other questions relating to health matters. Have you had an injection for any reason in the last 12 months? IF YES: How many injections have you had? IF NUMBER OF INJECTIONS IS 90 OR MORE, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'. IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.	NUMBER OF INJECTIONS . . . ☐☐ NONE 00	→ 804
802	Among these injections, how many were administered by a doctor, a nurse, a pharmacist, a dentist, or any other health worker? IF NUMBER OF INJECTIONS IS 90 OR MORE, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'. IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.	NUMBER OF INJECTIONS . . . ☐☐ NONE 00	→ 804
803	The last time you got an injection from a health worker, did he/she take the syringe and needle from a new, unopened package?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
804	Do you currently smoke cigarettes?	YES . . . . 1 NO 2	→ 806
805	In the last 24 hours, how many cigarettes did you smoke?	NUMBER OF CIGARETTES . . . . ☐☐	
806	Do you currently smoke or use any (other) type of tobacco?	YES . . . . 1 NO 2	→ 807A
807	What (other) type of tobacco do you currently smoke or use? RECORD ALL MENTIONED.	PIPE . . . . A BIDI . . . . B CHEWING TOBACCO . . . . C SNUFF . . . . D OTHER _____ X (SPECIFY)	
807A	In the last few months have you heard or seen the following programs on the radio and/or television: Jana Swastha Radio Karyakram? Janasankhya Radio Karyakram? Hamro Swastha Radio Karyakram? Ama radio Karyakram? Hamro Swastha TV Karyakram? Jeevan Chakra TV Karyakram? Thorai Bhaya Pugisari Radio Karyakram? Ama TV Karyakram? Sathi Sanga Manka Kura? Jeevan Jyoti Radio Karyakram?	YES NO JANA SWASTHA . . . . . 1 2 JANASANKHYA . . . . 1 2 HAMRO SWASTHA . . . 1 2 AMA RADIO . . . . 1 2 HAMRO SWASTHA . . . 1 2 JEEVAN CHAKRA . . . . . 1 2 THORAI BHAYA . . . . 1 2 AMA TV . . . . 1 2 SATHI SANGA MANKA . 1 2 JEEVAN JYOTI 1 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
807B	Which source of media do you prefer the most to receive health-related messages?	NEPAL RADIO . . . . 01 FM . . . . 02 TELEVISION . . . . 03 NEWSPAPER OR MAGAZINE . . . . 04 BROCHURE OR LEAFLET . . . . 05 FLIPCHART . . . . 06 POSTER . . . . 07 HOARDING/BILLBOARD . . . . 08 OTHER _____ 96 (SPECIFY)	
808	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: _____