

NIPORT, MOHFW, and
Mitra and Associates

Appendix F • 291

INTRODUCTION AND CONSENT

Hello. My name is _____. I am working with NIPORT, the Ministry of Health and Family Welfare, and Mitra and Associates, a private research organization located in Dhaka. We are conducting a survey about health all over Bangladesh. 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. 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 this card.

GIVE CARD WITH CONTACT INFORMATION

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 12 OR OLDER	IF AGE 5 YEARS OR OLDER	IF AGE 5-24 YEARS		IF AGE 8 OR OLDER	
LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	MARITAL STATUS	EVER ATTENDED SCHOOL		CURRENT/RECENT SCHOOL ATTENDANCE		CURRENT WORK STATUS
1	2	3	4	5	6	7	8	9	10	11	12	13
	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 5-22 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/DESERTED/WIDOWED 3 = NEVER-MARRIED	Has (NAME) ever attended school?	What is the highest level of school (NAME) has attended? SEE CODES BELOW. What is the highest class (NAME) completed at that level? SEE CODES BELOW.	Did (NAME) attend school at any time during the (2010-2011) school year?	During this/that school year, what level and class [is/was] (NAME) attending? SEE CODES BELOW.	Is (NAME) currently working?
01			M F 1 2	Y N 1 2	Y N 1 2	IN YEARS 		Y N 1 2 GO TO 13	LEVEL CLASS 	Y N 1 2 GO TO 13	LEVEL CLASS 	Y N 1 2
02			1 2	1 2	1 2			1 2 GO TO 13		1 2 GO TO 13		1 2
03			1 2	1 2	1 2			1 2 GO TO 13		1 2 GO TO 13		1 2
04			1 2	1 2	1 2			1 2 GO TO 13		1 2 GO TO 13		1 2
05			1 2	1 2	1 2			1 2 GO TO 13		1 2 GO TO 13		1 2
06			1 2	1 2	1 2			1 2 GO TO 13		1 2 GO TO 13		1 2
07			1 2	1 2	1 2			1 2 GO TO 13		1 2 GO TO 13		1 2
08			1 2	1 2	1 2			1 2 GO TO 13		1 2 GO TO 13		1 2
09			1 2	1 2	1 2			1 2 GO TO 13		1 2 GO TO 13		1 2
10			1 2	1 2	1 2			1 2 GO TO 13		1 2 GO TO 13		1 2

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 = OTHER RELATIVE
10 = ADOPTED/FOSTER/STEPCHILD
11 = NOT RELATED
98 = DON'T KNOW

CODES FOR Qs. 10 AND 12: EDUCATION

LEVEL
1 = PRIMARY
2 = SECONDARY
3 = HIGHER
6 = PRE-PRIMARY
8 = DON'T KNOW
CLASS
00 = LESS THAN 1 YEAR COMPLETED (USE '00' FOR Q. 10 ONLY. THIS CODE IS NOT ALLOWED FOR Q. 12)
98 = DON'T KNOW

IF AGE 0-4 YEARS	ELIGIBILITY							
BIRTH REGIS- TRATION	INTERVIEW		BIOMARKERS					
	WOMEN	MEN	ALL HOUSEHOLDS		HOUSEHOLDS SELECTED FOR MEN'S SURVEY			
			CHILDREN	WOMEN	WOMEN		MEN	
			14	15	16	17	18	19
Does (NAME) have a birth certificate? IF NO, PROBE: Has (NAME)'s birth ever been registered with the civil authority? 1 = HAS CERTIFICATE 2 = REGISTERED 3 = NEITHER 8 = DON'T KNOW	CIRCLE LINE NUMBER OF ALL EVER-MARRIED WOMEN AGE 12-49	CIRCLE LINE NUMBER OF ALL EVER-MARRIED MEN AGE 15-54 IF HOUSEHOLD SELECTED FOR MALE SURVEY	CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-5 IF COLUMN 7 IS 0 TO 5	HEIGHT WEIGHT ANEMIA CIRCLE LINE NUMBER EVER-MARRIED WOMEN AGE 12-49 IF COL. 4 IS 2 AND IF COL. 7 IS 12 - 49 AND IF COL. 8 IS 1 OR 2.	BLOOD PRESSURE BLOOD GLUCOSE CIRCLE LINE NUMBER EVER-MARRIED WOMEN AGE 35 -49 IF COL. 4 IS 2 AND IF COL. 7 IS 35 - 49 AND IF COL. 8 IS 1 OR 2.	HEIGHT WEIGHT BLOOD PRESSURE BLOOD GLUCOSE CIRCLE LINE NUMBER EVER-MARRIED WOMEN AGE 50 + IF COL. 4 IS 2 AND IF COL. 7 IS 50 + AND IF COL. 8 IS 1 or 2. NEVER-MARRIED WOMEN AGE 35+ IF COL. 4 IS 2 AND IF COL. 7 IS 35+ AND IF COL. 8 IS 3.	HEIGHT WEIGHT CIRCLE LINE NUMBER OF ALL EVER-MARRIED MEN AGE 15-34 IF COL. 4 IS 1 AND IF COL. 7 IS 15-34 AND IF COL. 8 IS 1 OR 2.	HEIGHT WEIGHT BLOOD PRESSURE BLOOD GLUCOSE CIRCLE LINE NUMBER OF ALL MEN AGE 35 + IF COL. 4 IS 1 AND IF COL. 7 IS 35 +.
☐	01	01	01	01	01	01	01	01
☐	02	02	02	02	02	02	02	02
☐	03	03	03	03	03	03	03	03
☐	04	04	04	04	04	04	04	04
☐	05	05	05	05	05	05	05	05
☐	06	06	06	06	06	06	06	06
☐	07	07	07	07	07	07	07	07
☐	08	08	08	08	08	08	08	08
☐	09	09	09	09	09	09	09	09
☐	10	10	10	10	10	10	10	10

							IF AGE 12 OR OLDER	IF AGE 5 YEARS OR OLDER		IF AGE 5-24 YEARS		IF AGE 8 OR OLDER
LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	MARITAL STATUS	EVER ATTENDED SCHOOL		CURRENT/RECENT SCHOOL ATTENDANCE		CURRENT WORK STATUS
1	2	3	4	5	6	7	8	9	10	11	12	13
	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	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/ DESERTED/ WIDOWED 3 = NEVER-MARRIED	Has (NAME) ever attended school?	What is the highest level of school (NAME) has attended? SEE CODES BELOW. What is the highest class (NAME) completed at that level? SEE CODES BELOW.	Did (NAME) attend school at any time during the (2010-2011) school year?	During this/that school year, what level and class [is/was] (NAME) attending? SEE CODES BELOW.	Is (NAME) currently working?
11			M F 1 2	Y N 1 2	Y N 1 2	IN YEARS 		Y N 1 2 ↓ GO TO 13	LEVEL CLASS 	Y N 1 2 ↓ GO TO 13	LEVEL CLASS 	1 2
12			1 2	1 2	1 2			1 2 ↓ GO TO 13		1 2 ↓ GO TO 13		1 2
13			1 2	1 2	1 2			1 2 ↓ GO TO 13		1 2 ↓ GO TO 13		1 2
14			1 2	1 2	1 2			1 2 ↓ GO TO 13		1 2 ↓ GO TO 13		1 2
15			1 2	1 2	1 2			1 2 ↓ GO TO 13		1 2 ↓ GO TO 13		1 2
16			1 2	1 2	1 2			1 2 ↓ GO TO 13		1 2 ↓ GO TO 13		1 2
17			1 2	1 2	1 2			1 2 ↓ GO TO 13		1 2 ↓ GO TO 13		1 2
18			1 2	1 2	1 2			1 2 ↓ GO TO 13		1 2 ↓ GO TO 13		1 2
19			1 2	1 2	1 2			1 2 ↓ GO TO 13		1 2 ↓ GO TO 13		1 2
20			1 2	1 2	1 2			1 2 ↓ GO TO 13		1 2 ↓ GO TO 13		1 2

TICK HERE IF CONTINUATION SHEET USED ☐

CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD

CODES FOR Qs. 10 AND 12: EDUCATION

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

- LEVEL**
1 = PRIMARY
2 = SECONDARY
3 = HIGHER
6 = PRE-PRIMARY
8 = DON'T KNOW
- CLASS**
00 = LESS THAN 1 YEAR COMPLETED
(USE '00' FOR Q. 10 ONLY.
THIS CODE IS NOT
ALLOWED FOR Q. 12)
98 = DON'T KNOW

IF AGE 0-4 YEARS	ELIGIBILITY							
BIRTH REGIS- TRATION	INTERVIEW		BIOMARKERS					
	WOMEN	MEN	ALL HOUSEHOLDS		HOUSEHOLDS SELECTED FOR MEN'S SURVEY			
			CHILDREN	WOMEN	WOMEN		MEN	
14	15	16	17	18	19	20	21	22
Does (NAME) have a birth certificate? IF NO, PROBE: Has (NAME)'s birth ever been registered with the civil authority? 1 = HAS CERTIFICATE 2 = REGISTERED 3 = NEITHER 8 = DONT KNOW	CIRCLE LINE NUMBER OF ALL EVER-MARRIED WOMEN AGE 12-49	CIRCLE LINE NUMBER OF ALL EVER-MARRIED MEN AGE 15-54 IF HOUSEHOLD SELECTED FOR MALE SURVEY	CIRCLE LINE NUMBER OF ALL CHILDREN AGES 0-5 IF COLUMN 7 IS 0 TO 5	HEIGHT WEIGHT ANEMIA CIRCLE LINE NUMBER EVER-MARRIED WOMEN AGE 12-49 IF COL. 4 IS 2 AND IF COL. 7 IS 12 - 49 AND IF COL. 8 IS 1 OR 2.	BLOOD PRESSURE BLOOD GLUCOSE CIRCLE LINE NUMBER EVER-MARRIED WOMEN AGE 35 -49 IF COL. 4 IS 2 AND IF COL. 7 IS 35 - 49 AND IF COL. 8 IS 1 OR 2.	HEIGHT WEIGHT BLOOD PRESSURE BLOOD GLUCOSE CIRCLE LINE NUMBER EVER-MARRIED WOMEN AGE 50 + IF COL. 4 IS 2 AND IF COL. 7 IS 50 + AND IF COL. 8 IS 1 or 2. NEVER-MARRIED WOMEN AGE 35+ IF COL. 4 IS 2 AND IF COL. 7 IS 35+ AND IF COL. 8 IS 3.	HEIGHT WEIGHT CIRCLE LINE NUMBER OF ALL EVER-MARRIED MEN AGE 15-34 IF COL. 4 IS 1 AND IF COL. 7 IS 15-34 AND IF COL. 8 IS 1 OR 2.	HEIGHT WEIGHT BLOOD PRESSURE BLOOD GLUCOSE CIRCLE LINE NUMBER OF ALL MEN AGE 35 + IF COL. 4 IS 1 AND IF COL. 7 IS 35 +.
☐	11	11	11	11	11	11	11	11
☐	12	12	12	12	12	12	12	12
☐	13	13	13	13	13	13	13	13
☐	14	14	14	14	14	14	14	14
☐	15	15	15	15	15	15	15	15
☐	16	16	16	16	16	16	16	16
☐	17	17	17	17	17	17	17	17
☐	18	18	18	18	18	18	18	18
☐	19	19	19	19	19	19	19	19
☐	20	20	20	20	20	20	20	20

HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
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 CART WITH SMALL TANK 71 SURFACE WATER (RIVER/DAM/ LAKE/POND/STREAM/CANAL/ IRRIGATION CHANNEL) 81 BOTTLED WATER 91 OTHER _____ 96 (SPECIFY)	→ 105 → 105
103	Where is that water source located?	IN OWN DWELLING 1 IN OWN YARD/PLOT 2 ELSEWHERE 3	→ 105
104	How long does it take to go there, get water, and come back?	MINUTES DON'T KNOW 998	
104A	Do you share this source with other households?	YES 1 NO 2	→ 105
104B	How many households use this source of water?	NO. OF HOUSEHOLDS IF LESS THAN 10 0 10 OR MORE HOUSEHOLDS 95 DON'T KNOW 98	
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 B STRAIN THROUGH A CLOTH C USE WATER FILTER (CERAMIC/ SAND/COMPOSITE/ETC.) D SOLAR DISINFECTION E LET IT STAND AND SETTLE F OTHER _____ X (SPECIFY) DON'T KNOW Z	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																							
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 HANGING TOILET/HANGING LATRINE 51 NO FACILITY/BUSH/FIELD 61 OTHER 96 (SPECIFY)	→ 110																																							
108	Do you share this toilet facility with other households?	YES 1 NO 2	→ 110																																							
109	How many households use this toilet facility?	NO. OF HOUSEHOLDS IF LESS THAN 10 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>0</td><td></td></tr></table> 10 OR MORE HOUSEHOLDS 95 DON'T KNOW 98	0																																							
0																																										
110	Does your household have:	<table border="0"> <thead> <tr> <th></th><th>YES</th><th>NO</th></tr> </thead> <tbody> <tr><td>ELECTRICITY</td><td>1</td><td>2</td></tr> <tr><td>RADIO</td><td>1</td><td>2</td></tr> <tr><td>TELEVISION</td><td>1</td><td>2</td></tr> <tr><td>MOBILE TELEPHONE</td><td>1</td><td>2</td></tr> <tr><td>NON-MOBILE TELEPHONE</td><td>1</td><td>2</td></tr> <tr><td>REFRIGERATOR</td><td>1</td><td>2</td></tr> <tr><td>ALMIRAH/WARDROBE</td><td>1</td><td>2</td></tr> <tr><td>A table?</td><td>1</td><td>2</td></tr> <tr><td>A chair?</td><td>1</td><td>2</td></tr> <tr><td>An electric fan?</td><td>1</td><td>2</td></tr> <tr><td>A DVD/VCD player?</td><td>1</td><td>2</td></tr> <tr><td>A water pump?</td><td>1</td><td>2</td></tr> </tbody> </table>		YES	NO	ELECTRICITY	1	2	RADIO	1	2	TELEVISION	1	2	MOBILE TELEPHONE	1	2	NON-MOBILE TELEPHONE	1	2	REFRIGERATOR	1	2	ALMIRAH/WARDROBE	1	2	A table?	1	2	A chair?	1	2	An electric fan?	1	2	A DVD/VCD player?	1	2	A water pump?	1	2	
	YES	NO																																								
ELECTRICITY	1	2																																								
RADIO	1	2																																								
TELEVISION	1	2																																								
MOBILE TELEPHONE	1	2																																								
NON-MOBILE TELEPHONE	1	2																																								
REFRIGERATOR	1	2																																								
ALMIRAH/WARDROBE	1	2																																								
A table?	1	2																																								
A chair?	1	2																																								
An electric fan?	1	2																																								
A DVD/VCD player?	1	2																																								
A water pump?	1	2																																								
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)	→ 113A																																							

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
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)	→ 113A
113	Do you have a separate room which is used as a kitchen?	YES 1 NO 2	
113A	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	
114	MAIN MATERIAL OF THE FLOOR. RECORD OBSERVATION.	NATURAL FLOOR EARTH/SAND 11 RUDIMENTARY FLOOR WOOD PLANKS 21 PALM/BAMBOO 22 FINISHED FLOOR PARQUET OR POLISHED WOOD 31 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 PALM/BAMBOO 22 WOOD PLANKS 23 CARDBOARD 24 FINISHED ROOFING TIN 31 WOOD 32 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 DIRT 13 RUDIMENTARY WALLS BAMBOO WITH MUD 21 STONE WITH MUD 22 PLYWOOD 24 CARDBOARD 25 FINISHED WALLS TIN 31 CEMENT 32 STONE WITH LIME/CEMENT 33 BRICKS 34 WOOD PLANKS/SHINGLES 36 OTHER _____ 96 (SPECIFY)																	
117	How many rooms in this household are used for sleeping?	ROOMS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>																	
118	Does any member of this household own: An autobike? A rickshaw/van? A bicycle? A motorcycle or motor scooter/tempo/CNG?	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>AUTOBIKE</td> <td>1</td> <td>2</td> </tr> <tr> <td>RICKSHAW</td> <td>1</td> <td>2</td> </tr> <tr> <td>BICYCLE</td> <td>1</td> <td>2</td> </tr> <tr> <td>MOTORCYCLE/SCOOTER ...</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	AUTOBIKE	1	2	RICKSHAW	1	2	BICYCLE	1	2	MOTORCYCLE/SCOOTER ...	1	2		
	YES	NO																	
AUTOBIKE	1	2																	
RICKSHAW	1	2																	
BICYCLE	1	2																	
MOTORCYCLE/SCOOTER ...	1	2																	
121	Does this household own any livestock, herds, other farm animals, or poultry?	YES 1 NO 2	→ 122A																
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'. Buffaloes? Cows? Goats or sheep? Chickens or ducks?	<table border="0"> <tbody> <tr> <td>BULLS/BUFFALOES</td> <td><table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></td> </tr> <tr> <td>MILK COWS/BULLS</td> <td><table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></td> </tr> <tr> <td>GOAT/SHEEP</td> <td><table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></td> </tr> <tr> <td>CHICKENS/DUCKS</td> <td><table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></td> </tr> </tbody> </table>	BULLS/BUFFALOES	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			MILK COWS/BULLS	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			GOAT/SHEEP	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			CHICKENS/DUCKS	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			
BULLS/BUFFALOES	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>																		
MILK COWS/BULLS	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>																		
GOAT/SHEEP	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>																		
CHICKENS/DUCKS	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>																		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP				
122A	Does your household own any homestead? IF 'NO' PROBE: Does your household own homestead in any other places?	YES 1 NO 2					
122B	Does your household own any land (other than the homestead land)?	YES 1 NO 2	→ 123				
122C	How much land does your household own (other than the homestead land)? AMOUNT _____ SPECIFY UNIT _____ IF 95 OR MORE CIRCLE '9995'	ACRES DECIMALS AREA <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> . <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> 95 OR MORE ACRES 9995 DON'T KNOW 9998					
123	Does any member of this household have a bank account?	YES 1 NO 2					
137	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 (SKIP TO 140) ←					
138	OBSERVATION ONLY: OBSERVE PRESENCE OF WATER AT THE PLACE FOR HANDWASHING.	WATER IS AVAILABLE 1 WATER IS NOT AVAILABLE 2					
139	OBSERVATION ONLY: OBSERVE PRESENCE OF SOAP, DETERGENT, OR OTHER CLEANSING AGENT.	SOAP (BAR, LIQUID, PASTE) A DETERGENT (BAR, LIQUID, POWDER) ... B ASH, MUD, SAND C NONE D					
140	ASK RESPONDENT FOR A TEASPOONFUL OF COOKING SALT. TEST SALT FOR IODINE.	IODINE PRESENT 1 NO IODINE 2 NO SALT IN HOUSEHOLD 3 SALT NOT TESTED 6 (SPECIFY REASON) _____					

WEIGHT, HEIGHT AND HAEMOGLOBIN MEASUREMENT FOR CHILDREN AGE 0-5

CLUSTER NUMBER		HOUSEHOLD NUMBER	
201	CHECK COLUMN 17 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).		
		CHILD 1	CHILD 2
202	LINE NUMBER FROM COLUMN 17 NAME FROM COLUMN 2	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
204	CHECK 203: CHILD BORN IN JANUARY 2006 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)
205	WEIGHT IN KILOGRAMS	KG. NOT PRESENT ... 9994 REFUSED 9995 OTHER 9996	KG. NOT PRESENT ... 9994 REFUSED 9995 OTHER 9996
206	HEIGHT IN CENTIMETERS	CM. NOT PRESENT ... 9994 REFUSED 9995 OTHER 9996	CM. NOT PRESENT ... 9994 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
207A	CHECK THE COVER PAGE: HOUSEHOLD SELECTED FOR MEN'S SURVEY	YES 1 NO 2 (GO TO 213)	
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
209	LINE NUMBER OF PARENT/ OTHER ADULT RESPONSIBLE FOR THE CHILD (FROM COLUMN 1 OF HOUSEHOLD SCHEDULE). RECORD '00' IF NOT LISTED.	LINE NUMBER NAME	LINE NUMBER NAME
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 2006 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) 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
212	RECORD HEMOGLOBIN LEVEL HERE AND IN THE ANEMIA	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.		

WEIGHT, HEIGHT AND HAEMOGLOBIN MEASUREMENT FOR CHILDREN AGE 0-5

CLUSTER NUMBER 		HOUSEHOLD NUMBER 	
201	CHECK COLUMN 17 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).		
		CHILD 3	CHILD 4
202	LINE NUMBER FROM COLUMN 17 NAME FROM COLUMN 2	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
204	CHECK 203: CHILD BORN IN JANUARY 2006 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)
205	WEIGHT IN KILOGRAMS	KG. NOT PRESENT ... 9994 REFUSED 9995 OTHER 9996	KG. NOT PRESENT ... 9994 REFUSED 9995 OTHER 9996
206	HEIGHT IN CENTIMETERS	CM. NOT PRESENT ... 9994 REFUSED 9995 OTHER 9996	CM. NOT PRESENT ... 9994 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
207A	CHECK THE COVER PAGE: HOUSEHOLD SELECTED FOR MEN'S SURVEY	YES 1 NO 2 (GO TO 213)	
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
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
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 2006 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) 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
212	RECORD HEMOGLOBIN LEVEL HERE AND IN THE ANEMIA	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.		

WEIGHT, HEIGHT, HAEMOGLOBIN MEASUREMENT FOR EVER-MARRIED WOMEN AGE 12-49

CLUSTER NUMBER		HOUSEHOLD NUMBER		
214	CHECK COLUMN 18 IN HOUSEHOLD SCHEDULE. RECORD THE LINE NUMBER AND NAME OF ALL ELIGIBLE EVER-MARRIED WOMEN IN 215. IF THERE ARE MORE THAN THREE EVER MARRIED WOMEN, USE ADDITIONAL QUESTIONNAIRE(S).			
		WOMAN 1	WOMAN 2	WOMAN 3
215	LINE NUMBER FROM COLUMN 18 NAME FROM COLUMN 2	LINE NUMBER NAME _____	LINE NUMBER NAME _____	LINE NUMBER NAME _____
216	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
217	HEIGHT IN CENTIMETERS	CM. NOT PRESENT 9994 REFUSED 9995 OTHER 9996	CM. NOT PRESENT 9994 REFUSED 9995 OTHER 9996	CM. NOT PRESENT 9994 REFUSED 9995 OTHER 9996
218	CHECK COVER PAGE: HOUSEHOLD SELECTED FOR MEN'S SURVEY	YES 1 ↓ NO 2 (GO TO 223) ←		
219	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?		
220	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED 1 RESPONDENT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 223)	GRANTED 1 RESPONDENT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 223)	GRANTED 1 RESPONDENT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 223)
221	PREGNANCY STATUS: CHECK 226 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
222	RECORD HEMOGLOBIN 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
223	GO BACK TO 216 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF AN ADDITIONAL QUESTIONNAIRE. IF NO MORE EVER-MARRIED WOMEN AGE 12-49, BUT HOUSEHOLD IS SELECTED FOR MEN'S SURVEY, GO TO 224; OTHERWISE END MEASUREMENT.			

WEIGHT AND HEIGHT MEASUREMENT FOR EVER-MARRIED MEN AGE 15-34

CLUSTER NUMBER 		HOUSEHOLD NUMBER 	
HOUSEHOLD SELECTED FOR MEN'S SURVEY YES NO ↓ ↓ (END MEASUREMENT)			
		MAN 1	MAN 2
224 CHECK COLUMN 21 IN HOUSEHOLD SCHEDULE, RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE EVER-MARRIED MEN AGE 15-34 IN 225. IF THERE ARE MORE THAN THREE EVER-MARRIED MEN AGE 15-34, USE ADDITIONAL QUESTIONNAIRE(S).			
225	LINE NUMBER FROM COLUMN 21 NAME FROM COLUMN 2	LINE NUMBER NAME	LINE NUMBER NAME
226	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
227	HEIGHT IN CENTIMETERS CM. NOT PRESENT 9994 REFUSED 9995 OTHER 9996	CM. NOT PRESENT 9994 REFUSED 9995 OTHER 9996	CM. NOT PRESENT 9994 REFUSED 9995 OTHER 9996
228 GO BACK TO 225 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF AN ADDITIONAL QUESTIONNAIRE: IF NO MORE EVER-MARRIED MEN AGE 15-34, GO TO 229.			

BIOMARKER DATA FORM (FOR ADULTS 35 OR OLDER)				
	CLUSTER NUMBER		HOUSEHOLD NUMBER	
USE THIS BIOMARKER DATA FORM ONLY IF HOUSEHOLD IS SELECTED FOR MEN'S SURVEY AND RESPONDENT IS 35 OR OLDER				
229	CHECK COLUMNS 19, 20, AND 22 IN HOUSEHOLD SCHEDULE. RECORD THE LINE NUMBER AND NAME OF ALL ELIGIBLE WOMEN AND MEN AGE 35 AND ABOVE FOR BIOMARKER MEASUREMENTS IN 230. IF THERE ARE MORE THAN THREE ADULTS, USE ADDITIONAL QUESTIONNAIRE(S).			
		ADULT 1	ADULT 2	ADULT 3
230	LINE NUMBER FROM COLUMNS 19, 20, AND 22 NAME FROM COLUMN 2	LINE NUMBER NAME	LINE NUMBER NAME	LINE NUMBER NAME
231	SEX FROM COLUMN 4 OF THE HOUSEHOLD SCHEDULE	MALE 1 (GO TO 233) ↓ FEMALE 2	MALE 1 (GO TO 233) ↓ FEMALE 2	MALE 1 (GO TO 233) ↓ FEMALE 2
232	PREGNANCY STATUS: CHECK 226 IN WOMAN'S QUESTIONNAIRE OR ASK: Are you pregnant?	YES 1 NO 2 DK 3	YES 1 NO 2 DK 3	YES 1 NO 2 DK 3
233	CHECK HOUSEHOLD SCHEDULE: COLUMN 19 CIRCLED	NO ☐ YES ☐ ↓ (GO TO 240)	NO ☐ YES ☐ ↓ (GO TO 240)	NO ☐ YES ☐ ↓ (GO TO 240)
233A	PROVIDE INFORMATION ABOUT BIOMARKER TESTING Now I am going to ask you to participate in several physical measurements or tests. I will explain each measurement or test before starting the procedure. You will be free to say yes or no to each one. Before taking the measurements, I am going to ask a few questions about yourself.			
234	AGE How old were you at your last birthday?	YEARS 	YEARS 	YEARS
235	MARITAL STATUS What is your current marital status?	NEVER MARRIED 1 MARRIED, DIVORCED, SEPARATED, DESERTED OR WIDOWED 2	NEVER MARRIED 1 MARRIED, DIVORCED, SEPARATED, DESERTED OR WIDOWED 2	NEVER MARRIED 1 MARRIED, DIVORCED, SEPARATED, DESERTED OR WIDOWED 2
236	EDUCATION Have you ever attended school or madrasa?	YES 1 NO 2 (GO TO 238) ↓	YES 1 NO 2 (GO TO 238) ←	YES 1 NO 2 (GO TO 238) ←
237	What is the highest level of school you attended, primary, secondary, college or higher?	PRIMARY 1 SECONDARY 2 COLLEGE OR HIGHER 3	PRIMARY 1 SECONDARY 2 COLLEGE OR HIGHER 3	PRIMARY 1 SECONDARY 2 COLLEGE OR HIGHER 3
238	WORK Are you currently working?	YES 1 NO 2 (GO TO 240) ↓	YES 1 NO 2 (GO TO 240) ←	YES 1 NO 2 (GO TO 240) ←
239	What is your occupation, that is the kind of work do you mainly do?	 	 	

		ADULT 1	ADULT 2	ADULT 3
	LINE NUMBER FROM COLUMNS 19, 20, AND 22 NAME FROM COLUMN 2	LINE NUMBER NAME	LINE NUMBER NAME	LINE NUMBER NAME
244	USE THE ARM CIRCUM-FERENCE MEASUREMENT TO SELECT THE APPROPRIATE BLOOD PRESSURE MONITOR CUFF SIZE. CIRCLE THE CODE FOR THE CUFF SIZE.	SMALL: 16 CM – 23 CM ... 1 MEDIUM: 24 CM – 35 CM ... 2 LARGE: 36 CM – 45 CM ... 3	SMALL: 16 CM – 23 CM ... 1 MEDIUM: 24 CM – 35 CM ... 2 LARGE: 36 CM – 45 CM ... 3	SMALL: 16 CM – 23 CM ... 1 MEDIUM: 24 CM – 35 CM ... 2 LARGE: 36 CM – 45 CM ... 3
245	RECORD TIME	HOURS MINUTES	HOURS MINUTES	HOURS MINUTES
246	TAKE THE FIRST BLOOD PRESSURE READING. RECORD THE SYSTOLIC AND DIASTOLIC PRESSURE. THEN PROCEED TO Q.248. IF YOU ARE UNABLE TO MEASURE THE RESPONDENT'S BLOOD PRESSURE, RECORD THE REASON IN Q.247.	BLOOD PRESSURE MEASURED SYSTOLIC DIASTOLIC	BLOOD PRESSURE MEASURED SYSTOLIC DIASTOLIC	BLOOD PRESSURE MEASURED SYSTOLIC DIASTOLIC
247	RECORD REASON BLOOD PRESSURE IS NOT MEASURED	REASON BLOOD PRESSURE NOT MEASURED REFUSED 994 TECHNICAL PROBLEMS ... 995 OTHER 996	REASON BLOOD PRESSURE NOT MEASURED REFUSED 994 TECHNICAL PROBLEMS ... 995 OTHER 996	REASON BLOOD PRESSURE NOT MEASURED REFUSED 994 TECHNICAL PROBLEMS ... 995 OTHER 996
248	Before this survey, has your blood pressure ever been checked?	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2
249	Have you ever been told by a doctor or a nurse that you have high blood pressure?	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2
250	To lower your blood pressure, are you now taking a prescribed medicine?	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2

		ADULT 1	ADULT 2	ADULT 3
	LINE NUMBER FROM COLUMNS 19, 20, AND 22 NAME FROM COLUMN 2	LINE NUMBER NAME	LINE NUMBER NAME	LINE NUMBER NAME
252	HEALTH TECHNICIAN: CHECK THAT IT HAS BEEN AT LEAST 5 MINUTES BEFORE TAKING THE SECOND BLOOD PRESSURE MEASUREMENT.			
253	RECORD TIME	HOURS MINUTES	HOURS MINUTES	HOURS MINUTES
254	May I take your blood pressure this time?	YES 1 NO 2 (GO TO 256) ←	YES 1 NO 2 (GO TO 256) ←	YES 1 NO 2 (GO TO 256) ←
255	TAKE THE SECOND BLOOD PRESSURE READING. RECORD THE SYSTOLIC AND DIASTOLIC PRESSURE, THEN PROCEED TO Q. 257. IF YOU ARE UNABLE TO MEASURE THE RESPONDENT'S BLOOD PRESSURE, RECORD THE REASON IN Q.256.	BLOOD PRESSURE MEASURED SYSTOLIC ... DIASTOLIC ...	BLOOD PRESSURE MEASURED SYSTOLIC ... DIASTOLIC ...	BLOOD PRESSURE MEASURED SYSTOLIC ... DIASTOLIC ...
256	RECORD REASON BLOOD PRESSURE IS NOT MEASURED	REASON BLOOD PRESSURE NOT MEASURED REFUSED 994 TECHNICAL PROBLEMS 995 OTHER 996	REASON BLOOD PRESSURE NOT MEASURED REFUSED 994 TECHNICAL PROBLEMS 995 OTHER 996	REASON BLOOD PRESSURE NOT MEASURED REFUSED 994 TECHNICAL PROBLEMS ... 995 OTHER 996
257	Have you ever heard of an illness called diabetes (local name)?	YES 1 NO 2 (GO TO 261) ←	YES 1 NO 2 (GO TO 261) ←	YES 1 NO 2 (GO TO 261) ←
258	Have you ever been told by a doctor or nurse that you have diabetes?	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2
259	Are you taking medication for diabetes prescribed by a doctor or nurse?	YES 1 NO 2 (GO TO 261) ←	YES 1 NO 2 (GO TO 261) ←	YES 1 NO 2 (GO TO 261) ←
260	How do you take the medication?	INJECTED 1 ORALLY 2 INJECTED AND ORALLY 3	INJECTED 1 ORALLY 2 INJECTED AND ORALLY 3	INJECTED 1 ORALLY 2 INJECTED AND ORALLY 3

		ADULT 1	ADULT 2	ADULT 3
	LINE NUMBER FROM COLUMNS 19, 20, AND 22 NAME FROM COLUMN 2	LINE NUMBER NAME	LINE NUMBER NAME	LINE NUMBER NAME
261	HEALTH TECHNICIAN: CHECK THAT IT HAS BEEN AT LEAST 5 MINUTES BEFORE TAKING THE THIRD BLOOD PRESSURE MEASUREMENT.			
262	RECORD TIME	HOURS MINUTES	HOURS MINUTES	HOURS MINUTES
263	May I take your blood pressure this time?	YES 1 NO 2 (GO TO 265) ←	YES 1 NO 2 (GO TO 265) ←	YES 1 NO 2 (GO TO 265) ←
264	TAKE THE THIRD BLOOD PRESSURE READING. RECORD THE SYSTOLIC AND DIASTOLIC PRESSURE. THEN PROCEED TO Q. 266. IF YOU ARE UNABLE TO MEASURE THE RESPONDENT'S BLOOD PRESSURE, RECORD THE REASON IN Q.265.	BLOOD PRESSURE MEASURED SYSTOLIC ... DIASTOLIC ...	BLOOD PRESSURE MEASURED SYSTOLIC ... DIASTOLIC ...	BLOOD PRESSURE MEASURED SYSTOLIC ... DIASTOLIC ...
265	RECORD REASON BLOOD PRESSURE IS NOT MEASURED	REASON BLOOD PRESSURE NOT MEASURED REFUSED 994 TECHNICAL PROBLEMS ... 995 OTHER 996	REASON BLOOD PRESSURE NOT MEASURED REFUSED 994 TECHNICAL PROBLEMS .. 995 OTHER 996	REASON BLOOD PRESSURE NOT MEASURED REFUSED 994 TECHNICAL PROBLEMS ... 995 OTHER 996
266	CHECK HOUSEHOLD SCHEDULE: COLUMN 19 CIRCLED	NO ☐ YES ☐ ↓ (GO TO 275)	NO ☐ YES ☐ ↓ (GO TO 275)	NO ☐ YES ☐ ↓ (GO TO 275)

		ADULT 1	ADULT 2	ADULT 3
	LINE NUMBER FROM COLUMNS 19, 20, AND 22 NAME FROM COLUMN 2	LINE NUMBER NAME	LINE NUMBER NAME	LINE NUMBER NAME
271	RECORD THE WEIGHT IN KILOGRAMS THEN PROCEED TO Q273. IF YOUR ARE UNABLE TO MEASURE THE RESPONDENTS WEIGHT RECORD THE REASON IN Q272.	KG. .	KG. .	KG. .
272	RECORD REASON WEIGHT IS NOT MEASURED	REASON WEIGHT NOT MEASURED NOT PRESENT 99994 REFUSED 99995 OTHER 99996	REASON WEIGHT NOT MEASURED NOT PRESENT 99994 REFUSED 99995 OTHER 99996	REASON WEIGHT NOT MEASURED NOT PRESENT 99994 REFUSED 99995 OTHER 99996
273	RECORD THE HEIGHT IN CENTIMETERS THEN PROCEED TO Q275. IF YOUR ARE UNABLE TO MEASURE THE RESPONDENTS HEIGHT RECORD THE REASON IN Q274.	CM. .	CM. .	CM. .
274	RECORD REASON HEIGHT IS NOT MEASURED	REASON HEIGHT NOT MEASURED NOT PRESENT 9994 REFUSED 9995 OTHER 9996	REASON HEIGHT NOT MEASURED NOT PRESENT 9994 REFUSED 9995 OTHER 9996	REASON HEIGHT NOT MEASURED NOT PRESENT 9994 REFUSED 9995 OTHER 9996

		ADULT 1	ADULT 2	ADULT 3
	LINE NUMBER FROM COLUMNS 19, 20, AND 22 NAME FROM COLUMN 2	LINE NUMBER NAME _____	LINE NUMBER NAME _____	LINE NUMBER NAME _____
275	ASK CONSENT FOR FASTING BLOOD SUGAR TESTING As part of this survey, we are also measuring the level of sugar in blood. If it is not treated, high level of blood sugar may increase the risk for heart disease and stroke. For the blood glucose 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 glucose 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. The results of this blood glucose test will be given to you with an explanation of the meaning of your blood glucose numbers. If your blood glucose is high, we will suggest that you consult a health facility or doctor since we cannot provide any counseling, further testing or treatment during the survey. Do you have any questions about the blood glucose measurement so far? If you have any questions about the procedure at any time, please ask me. To obtain correct measurement, we would ask that you do not eat or drink anything except plain water from about the time of call of the evening prayer until my visit tomorrow morning. Would you allow me to return in the morning to take your blood glucose measurement before you break your fast?			
276	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED 1 ☐ RESPONDENT REFUSED . 2 ☐ _____ (SIGN) _____ (IF REFUSED, GO TO 286)	GRANTED 1 ☐ RESPONDENT REFUSED . . . 2 ☐ _____ (SIGN) _____ (IF REFUSED, GO TO 286)	GRANTED 1 ☐ RESPONDENT REFUSED 2 ☐ _____ (SIGN) _____ (IF REFUSED, GO TO 286)
277	FIRST APPOINTMENT FOR BLOOD GLUCOSE TESTING	DATE _____ HOURS MINUTES	DATE _____ HOURS MINUTES	DATE _____ HOURS MINUTES
277A	SECOND APPOINTMENT FOR BLOOD GLUCOSE TESTING (IF THE RESPONDENT WAS NOT FASTING AT THE DATE AND TIME IN Q277, TAKE ANOTHER APPOINTMENT)	DATE _____ HOURS MINUTES	DATE _____ HOURS MINUTES	DATE _____ HOURS MINUTES
277B	THIRD APPOINTMENT FOR BLOOD GLUCOSE TESTING (IF THE RESPONDENT WAS NOT FASTING AT THE DATE AND TIME IN Q277A, TAKE ANOTHER APPOINTMENT)	DATE _____ HOURS MINUTES (IF RESPONDENT IS NOT AVAILABLE FOR THE MEASUREMENT, SKIP TO 285)	DATE _____ HOURS MINUTES (IF RESPONDENT IS NOT AVAILABLE FOR THE MEASUREMENT, SKIP TO 285)	DATE _____ HOURS MINUTES (IF RESPONDENT IS NOT AVAILABLE FOR THE MEASUREMENT, SKIP TO 285)
278	ASK CONSENT FOR FASTING BLOOD SUGAR TESTING As I mentioned yesterday, we are going to measure the level of sugar in blood. If it is not treated, high level of blood sugar may increase the risk for heart disease and stroke. For the blood glucose 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 glucose 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. The results of this blood glucose test will be given to you with an explanation of the meaning of your blood glucose numbers. If your blood glucose is high, we will suggest that you consult a health facility or doctor since we cannot provide any counseling, further testing or treatment during the survey. Do you have any questions about the blood glucose measurement so far? If you have any questions about the procedure at any time, please ask me. You can say yes or no to having the blood glucose measurement now. Would you allow me to proceed to take your measurement?			
279	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED 1 ☐ RESPONDENT REFUSED . 2 ☐ _____ (SIGN) _____ (IF REFUSED, GO TO 286)	GRANTED 1 ☐ RESPONDENT REFUSED . . . 2 ☐ _____ (SIGN) _____ (IF REFUSED, GO TO 286)	GRANTED 1 ☐ RESPONDENT REFUSED 2 ☐ _____ (SIGN) _____ (IF REFUSED, GO TO 286)

		ADULT 1	ADULT 2	ADULT 3
	LINE NUMBER FROM COLUMNS 19, 20, AND 22 NAME FROM COLUMN 2	LINE NUMBER NAME _____	LINE NUMBER NAME _____	LINE NUMBER NAME _____
280	When was the last time you had something to eat?	HOURS MINUTES	HOURS MINUTES	HOURS MINUTES
281	When was the last time you had something to drink other than plain water?	HOURS MINUTES	HOURS MINUTES	HOURS MINUTES
282	PREPARE EQUIPMENT AND SUPPLIES FOR WHICH CONSENT HAS BEEN OBTAINED AND PROCEED WITH THE TEST.			
283	RECORD TIME FOR BLOOD GLUCOSE TESTING	DAY MONTH YEAR HOURS MINUTES	DAY MONTH YEAR HOURS MINUTES	DAY MONTH YEAR HOURS MINUTES
284	RECORD FASTING BLOOD SUGAR IN MG/DL THEN PROCEED TO Q286 IF YOUR ARE UNABLE TO MEASURE THE RESPONDENTS BLOOD GLUCOSE RECORD THE REASON IN Q285	MG/DL	MG/DL	MG/DL
285	RECORD REASON BLOOD GLUCOSE IS NOT MEASURED	REASON BLOOD GLUCOSE NOT MEASURED NOT PRESENT 994 REFUSED 995 OTHER 996	REASON BLOOD GLUCOSE NOT MEASURED NOT PRESENT 994 REFUSED 995 OTHER 996	REASON BLOOD GLUCOSE NOT MEASURED NOT PRESENT 994 REFUSED 995 OTHER 996
286	GO BACK TO 230 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF AN ADDITIONAL QUESTIONNAIRE. IF NO MORE ADULTS ELIGIBLE FOR BIOMARKER, END MEASUREMENT.			

BANGLADESH DEMOGRAPHIC AND HEALTH SURVEY 2011
WOMAN'S QUESTIONNAIRE

NIPORT, MOHFW, and
Mitra and Associates

IDENTIFICATION				
CLUSTER NUMBER HOUSEHOLD NUMBER NAME OF THE HOUSEHOLD HEAD _____ NAME AND LINE NUMBER OF WOMAN _____				
INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY MONTH YEAR INT. NUMBER RESULT
INTERVIEWER'S NAME	_____	_____	_____	
RESULT*	_____	_____	_____	
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS
TIME	_____	_____		
*RESULT CODES: 1 COMPLETED 2 NOT AT HOME 3 POSTPONED 4 REFUSED 5 PARTLY COMPLETED 6 INCAPACITATED 7 OTHER _____ (SPECIFY)				NUMBER OF CHILD DEATHS 0-28 DAYS NUMBER OF CHILD DEATHS 29 DAYS - <5 YEARS
SUPERVISOR		FIELD EDITOR		OFFICE EDITOR
NAME _____		NAME _____		NAME _____
DATE _____		DATE _____		DATE _____
				KEYED BY
				NAME _____

SECTION 1. RESPONDENT'S BACKGROUND

INTRODUCTION AND CONSENT

INFORMED CONSENT

Hello. My name is _____. I am working with NIPORT, the Ministry of Health and Family Welfare, and Mitra and Associates, a private research organization located in Dhaka. We are conducting a survey about health all over Bangladesh. 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. 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	
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	
103A	Are you now married, separated, deserted, divorced, widowed, or have you never been married?	CURRENTLY MARRIED 1 SEPARATED 2 DESERTED 3 DIVORCED 4 WIDOWED 5 NEVER MARRIED 6	→ END
104	Have you ever attended school/madrasha?	YES 1 NO 2	→ 108
104A	What type of school have you last attended?	SCHOOL 1 MADRASHA 2	
105	What is the highest level of school you attended: primary, secondary, or higher?	PRIMARY 1 SECONDARY 2 HIGHER 3	
106	What is the highest class you completed at that level? IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL, RECORD '00'.	CLASS	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
107	CHECK 105: PRIMARY ☐ SECONDARY OR HIGHER ☐		→ 110
108	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	
109	CHECK 108: CODE '2', '3' OR '4' ☐ CIRCLED CODE '1' OR '5' ☐		→ 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	
112A	Do you personally have a mobile phone?	YES 1 NO 2	→ 113
112B	Do you have access to a mobile phone?	YES 1 NO 2	
113	What is your religion?	ISLAM 1 HINDUISM 2 BUDDHISM 3 CHRISTIANITY 4 OTHER 6 (SPECIFY)	
114	Do you belong to any of the following organizations: Grameen Bank? BRAC? BRDB? ASHA? PROSHIKA? Mother's Club? Any other organization (such as micro credit)?	YES NO GRAMEEN BANK 1 2 BRAC 1 2 BRDB 1 2 ASHA 1 2 PROSHIKA 1 2 MOTHER'S CLUB 1 2 OTHER 1 2 (SPECIFY)	

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
201	Now I would like to ask about all the births you have had during your life. Have you ever given birth?	YES 1 NO 2	→ 206								
202	Do you have any sons or daughters to whom you have given birth who are now living with you?	YES 1 NO 2	→ 204								
203	How many sons live with you? And how many daughters live with you? IF NONE, RECORD '00'.	SONS AT HOME <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DAUGHTERS AT HOME <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>									
204	Do you have any sons or daughters to whom you have given birth who are alive but do not live with you?	YES 1 NO 2	→ 206								
205	How many sons are alive but do not live with you? And how many daughters are alive but do not live with you? IF NONE, RECORD '00'.	SONS ELSEWHERE <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DAUGHTERS ELSEWHERE <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>									
206	Have you ever given birth to a boy or girl who was born alive but later died? IF NO, PROBE: Any baby who cried or showed signs of life but 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 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> GIRLS DEAD <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>									
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL BIRTHS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table>									
209	CHECK 208: Just to make sure that I have this right: you have had in TOTAL _____ births during your life. Is that correct? YES ☐ NO ☐ → PROBE AND CORRECT 201-208 AS NECESSARY.										
210	CHECK 208: ONE OR MORE BIRTHS ☐ NO BIRTHS ☐ → 226										

211 Now I would like to record the names of all your births, whether still alive or not, starting with the first one you had. RECORD NAMES OF ALL THE BIRTHS IN 212. RECORD TWINS AND TRIPLETS ON SEPARATE ROWS. (IF THERE ARE MORE THAN 12 BIRTHS, USE AN ADDITIONAL QUESTIONNAIRE, STARTING WITH THE SECOND ROW).									
212	213	214	215	216	217	218	219	220	221
What name was given to your (first/next) baby? RECORD NAME. BIRTH HISTORY NUMBER	Is (NAME) a boy or a girl? 	Were any of these births twins? 	In what month and year was (NAME) born? PROBE: When is his/her birthday?	Is (NAME) still alive? 	How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS.	Is (NAME) living with you? 	RECORD HOUSEHOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD). 	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.	Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME), including any children who died after birth?
01	BOY 1 GIRL 2	SING 1 MULT 2	MONTH YEAR 	YES . . 1 NO . . 2 ↓ 220	AGE IN YEARS 	YES . . . 1 NO . . . 2	HOUSEHOLD LINE NUMBER ↓ (NEXT BIRTH)	DAYS . . 1 MONTHS 2 YEARS . . 3	
02	BOY 1 GIRL 2	SING 1 MULT 2	MONTH YEAR 	YES . . 1 NO . . 2 ↓ 220	AGE IN YEARS 	YES . . . 1 NO . . . 2	HOUSEHOLD LINE NUMBER ↓ (GO TO 221)	DAYS . . 1 MONTHS 2 YEARS . . 3	YES . . . 1 ADD ↙ BIRTH NO 2 NEXT ↘ BIRTH
03	BOY 1 GIRL 2	SING 1 MULT 2	MONTH YEAR 	YES . . 1 NO . . 2 ↓ 220	AGE IN YEARS 	YES . . . 1 NO . . . 2	HOUSEHOLD LINE NUMBER ↓ (GO TO 221)	DAYS . . 1 MONTHS 2 YEARS . . 3	YES . . . 1 ADD ↙ BIRTH NO 2 NEXT ↘ BIRTH
04	BOY 1 GIRL 2	SING 1 MULT 2	MONTH YEAR 	YES . . 1 NO . . 2 ↓ 220	AGE IN YEARS 	YES . . . 1 NO . . . 2	HOUSEHOLD LINE NUMBER ↓ (GO TO 221)	DAYS . . 1 MONTHS 2 YEARS . . 3	YES . . . 1 ADD ↙ BIRTH NO 2 NEXT ↘ BIRTH
05	BOY 1 GIRL 2	SING 1 MULT 2	MONTH YEAR 	YES . . 1 NO . . 2 ↓ 220	AGE IN YEARS 	YES . . . 1 NO . . . 2	HOUSEHOLD LINE NUMBER ↓ (GO TO 221)	DAYS . . 1 MONTHS 2 YEARS . . 3	YES . . . 1 ADD ↙ BIRTH NO 2 NEXT ↘ BIRTH
06	BOY 1 GIRL 2	SING 1 MULT 2	MONTH YEAR 	YES . . 1 NO . . 2 ↓ 220	AGE IN YEARS 	YES . . . 1 NO . . . 2	HOUSEHOLD LINE NUMBER ↓ (GO TO 221)	DAYS . . 1 MONTHS 2 YEARS . . 3	YES . . . 1 ADD ↙ BIRTH NO 2 NEXT ↘ BIRTH
07	BOY 1 GIRL 2	SING 1 MULT 2	MONTH YEAR 	YES . . 1 NO . . 2 ↓ 220	AGE IN YEARS 	YES . . . 1 NO . . . 2	HOUSEHOLD LINE NUMBER ↓ (GO TO 221)	DAYS . . 1 MONTHS 2 YEARS . . 3	YES . . . 1 ADD ↙ BIRTH NO 2 NEXT ↘ BIRTH

212	213	214	215	216	217	218	219	220	221
What name was given to your next baby? RECORD NAME. BIRTH HISTORY NUMBER	Is (NAME) a boy or a girl?	Were any of these births twins?	In what month and year was (NAME) born? PROBE: When is his/her birthday?	Is (NAME) still alive?	How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS.	Is (NAME) living with you?	RECORD HOUSEHOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD).	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.	Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME), including any children who died after birth?
08	BOY 1 GIRL 2	SING 1 MULT 2	MONTH YEAR	YES . . 1 NO . . 2 ↓ 220	AGE IN YEARS	YES . . 1 NO . . . 2	HOUSEHOLD LINE NUMBER (GO TO 221)	DAYS . . 1 MONTHS 2 YEARS . . 3	YES . . . 1 ADD ↓ BIRTH NO 2 NEXT ↓ BIRTH
09	BOY 1 GIRL 2	SING 1 MULT 2	MONTH YEAR	YES . . 1 NO . . 2 ↓ 220	AGE IN YEARS	YES . . 1 NO . . . 2	HOUSEHOLD LINE NUMBER (GO TO 221)	DAYS . . 1 MONTHS 2 YEARS . . 3	YES . . . 1 ADD ↓ BIRTH NO 2 NEXT ↓ BIRTH
10	BOY 1 GIRL 2	SING 1 MULT 2	MONTH YEAR	YES . . 1 NO . . 2 ↓ 220	AGE IN YEARS	YES . . 1 NO . . . 2	HOUSEHOLD LINE NUMBER (GO TO 221)	DAYS . . 1 MONTHS 2 YEARS . . 3	YES . . . 1 ADD ↓ BIRTH NO 2 NEXT ↓ BIRTH
11	BOY 1 GIRL 2	SING 1 MULT 2	MONTH YEAR	YES . . 1 NO . . 2 ↓ 220	AGE IN YEARS	YES . . 1 NO . . . 2	HOUSEHOLD LINE NUMBER (GO TO 221)	DAYS . . 1 MONTHS 2 YEARS . . 3	YES . . . 1 ADD ↓ BIRTH NO 2 NEXT ↓ BIRTH
12	BOY 1 GIRL 2	SING 1 MULT 2	MONTH YEAR	YES . . 1 NO . . 2 ↓ 220	AGE IN YEARS	YES . . 1 NO . . . 2	HOUSEHOLD LINE NUMBER (GO TO 221)	DAYS . . 1 MONTHS 2 YEARS . . 3	YES . . . 1 ADD ↓ BIRTH NO 2 NEXT ↓ BIRTH
222	Have you had any live births since the birth of (NAME OF LAST BIRTH)? IF YES, RECORD BIRTH(S) IN TABLE.						YES 1 NO 2		
223	COMPARE 208 WITH NUMBER OF BIRTHS IN HISTORY ABOVE AND MARK: NUMBERS ARE SAME ☐ NUMBERS ARE DIFFERENT ☐ (PROBE AND RECONCILE)								
223A	CHECK 215, 216 AND 220 AND ENTER THE NUMBER OF DEATHS AT AGE DAYS, MONTHS AND 2-4 YEARS SINCE JANUARY 2006. IF NONE, RECORD '0' AND SKIP TO 224.								
223B	CHECK 223A. IF ONE OR MORE READ THE FOLLOWING STATEMENT: We would like to get more information on the circumstances around the deaths of young children so that the government can provide services to help reduce these deaths. We would like to come back and talk with you about your child(ren's) death. Is this okay?								
224	CHECK 215: ENTER THE NUMBER OF BIRTHS IN 2006 OR LATER.					NUMBER OF BIRTHS NONE 0 → 226			

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
225	C FOR EACH BIRTH SINCE JANUARY 2006, 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.)		
226	Are you pregnant now?	YES 1 NO 2 UNSURE 8	→ 229A
227	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	
228	When you got pregnant, did you want to get pregnant at that time?	YES 1 NO 2	→ 229A
229	Did you want to have a baby later on or did you not want any (more) children?	LATER 1 NO MORE 2	
229A	Have you ever heard of menstrual regulation (MR)?	YES 1 NO 2	→ 230
229B	Have you ever used MR?	YES 1 NO 2	→ 230
229C	In the last three years did you use MR?	YES 1 NO 2	→ 230
229D	Where did you use it the last time?	PUBLIC SECTOR MEDICAL COLLEGE HOSPITAL 11 SPECIALISED GOVT.HOSPITAL HOSPITAL 12 (SPECIFY) DISTRICT HOSPITAL 13 MCWC 14 UPAZILLA HEALTH COMPLEX 15 H& FWC 17 SAT. CLINIC/EPI OUTREACH 18 COMMUNITY CLINIC 19 GOVT. FIELD WORKER (FWA) 20 OTHER PUBLIC SECTOR 16 (SPECIFY) NGO SECTOR NGO STATIC CLINIC 21 NGO SATELLITE CLINIC 22 NGO DEPO HOLDER 23 NGO FIELDWORKER 24 OTHER NGO SECTOR 26 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC 31 QUALIFIED DOCTOR'S CHAMBER 32 NON-QUALIFIED DOCTOR'S CHAMBER 33 PHARMACY/DRUG STORE 34 PRIVATE MEDICAL COLLEGE HOSPITAL 35 (SPECIFY) OTHER PRIVATE MEDICAL SECTOR 36 (SPECIFY) OTHER 96 (SPECIFY) DON'T KNOW 98	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
230	Have you ever had a pregnancy that miscarried, ended using menstrual regulation, was aborted, or ended in a stillbirth?	YES 1 NO 2	→ 238
231	When did the last such pregnancy end?	MONTH YEAR	
232	CHECK 231: LAST PREGNANCY ENDED IN JAN. 2006 OR LATER ☐ LAST PREGNANCY ENDED BEFORE JAN. 2006 ☐		→ 238
233	How many months pregnant were you when the last such pregnancy ended? C RECORD NUMBER OF COMPLETED MONTHS. ENTER 'T' IN THE CALENDAR IN THE MONTH THAT THE PREGNANCY TERMINATED AND 'P' FOR THE REMAINING NUMBER OF COMPLETED MONTHS.	MONTHS MONTH YEAR	
234	Since January 2006, have you had any other pregnancies that did not result in a live birth?	YES 1 NO 2	→ 236
235	ASK THE DATE AND THE DURATION OF PREGNANCY FOR EACH EARLIER NON-LIVE BIRTH PREGNANCY BACK TO JANUARY 2006 C ENTER 'T' IN THE CALENDAR IN THE MONTH THAT EACH PREGNANCY TERMINATED AND 'P' FOR THE REMAINING NUMBER OF COMPLETED MONTHS.		
236	Did you have any miscarriages, abortions or stillbirths that ended before 2006?	YES 1 NO 2	→ 238
237	When did the last such pregnancy that terminated before 2006 end?	MONTH YEAR	
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	

SECTION 3. CONTRACEPTION

302	CHECK 103A: CURRENTLY MARRIED ☐ SEPARATED/DESERTED ☐ DIVORCED/WIDOWED ☐		→ 311
302A	CHECK 226: NOT PREGNANT OR UNSURE ☐ PREGNANT ☐		→ 311
303	Are you currently doing something or using any method to delay or avoid getting pregnant?	YES 1 NO 2	→ 311
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 A MALE STERILIZATION B IUD C INJECTABLES D IMPLANTS E PILL F CONDOM G SAFE PERIOD/PERIODIC ABST. L WITHDRAWAL M OTHER X SPECIFY _____	→ 307 → 308A → 306 → 308A
305	May I see the brand name of the pills you are using? RECORD NAME OF BRAND IF PACKAGE SEEN. IF PACKAGE NOT SEEN SHOW THE BRAND CHART. Please tell me among these which brand of pills are you using? WRITE THE BRAND NAME.	PACKAGE/CHART SEEN 1 BRAND NAME _____ (SPECIFY) ☐ ☐ DON'T KNOW 8	→ 306A
306	May I see the brand name of the condom you are using? RECORD NAME OF BRAND IF PACKAGE SEEN. IF PACKAGE NOT SEEN SHOW THE BRAND CHART. Please tell me among these which brand of condom are you using? WRITE THE BRAND NAME.	PACKAGE/CHART SEEN 1 BRAND NAME _____ (SPECIFY) ☐ ☐ DON'T KNOW 8	
306A	Who obtained the (pills/condoms) the last time you got them?	RESPONDENT 1 HUSBAND 2 SON/DAUGHTER 3 OTHER RELATIVE 4 OTHER 6 (SPECIFY) _____	→ 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 MEDICAL COLLEGE HOSPITAL ... 11 SPECIALISED GOVT.HOSPITAL HOSPITAL _____ 12 (SPECIFY) DISTRICT HOSPITAL 13 MCWC 14 UPAZILLA HEALTH COMPLEX ... 15 H& FWC 17 OTHER PUBLIC SECTOR _____ 16 (SPECIFY) NGO SECTOR NGO STATIC CLINIC 21 OTHER NGO SECTOR _____ 26 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC 31 QUALIFIED DOCTOR'S CHAMBER 32 PRIVATE MEDICAL COLLEGE HOSPITAL _____ 34 (SPECIFY) OTHER PRIVATE MEDICAL SECTOR _____ 36 (SPECIFY) OTHER _____ 96 (SPECIFY) DON'T KNOW 98												
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 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr></table>												
309	CHECK 308/308A, 215 AND 231: ANY BIRTH OR PREGNANCY TERMINATION AFTER MONTH AND YEAR OF START OF USE OF CONTRACEPTION IN 308/308A YES ☐ NO ☐ ↓ ↓ 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).													
310	CHECK 308/308A: YEAR IS 2006 OR LATER ☐ YEAR IS 2005 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 JANUARY 2006. THEN SKIP TO → 314													

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 JANUARY 2006. 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.																										
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.	<table border="0"> <tr><td>NO CODE CIRCLED</td><td>00</td><td>→ 324</td></tr> <tr><td>FEMALE STERILIZATION</td><td>01</td><td rowspan="2">→ 325A</td></tr> <tr><td>MALE STERILIZATION</td><td>02</td></tr> <tr><td>IUD</td><td>03</td><td rowspan="8">→ 324</td></tr> <tr><td>INJECTABLES</td><td>04</td></tr> <tr><td>IMPLANTS</td><td>05</td></tr> <tr><td>PILL</td><td>06</td></tr> <tr><td>CONDOM</td><td>07</td></tr> <tr><td>SAFE PERIOD</td><td>12</td></tr> <tr><td>WITHDRAWAL</td><td>13</td></tr> <tr><td>OTHER MODERN METHOD</td><td>96</td></tr> </table>	NO CODE CIRCLED	00	→ 324	FEMALE STERILIZATION	01	→ 325A	MALE STERILIZATION	02	IUD	03	→ 324	INJECTABLES	04	IMPLANTS	05	PILL	06	CONDOM	07	SAFE PERIOD	12	WITHDRAWAL	13	OTHER MODERN METHOD	96
NO CODE CIRCLED	00	→ 324																									
FEMALE STERILIZATION	01	→ 325A																									
MALE STERILIZATION	02																										
IUD	03	→ 324																									
INJECTABLES	04																										
IMPLANTS	05																										
PILL	06																										
CONDOM	07																										
SAFE PERIOD	12																										
WITHDRAWAL	13																										
OTHER MODERN METHOD	96																										

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 MEDICAL COLLEGE HOSPITAL . . . 11 SPECIALISED GOVT.HOSPITAL HOSPITAL _____ 12 (SPECIFY) DISTRICT HOSPITAL 13 MCWC 14 UPAZILLA HEALTH COMPLEX . . . 15 H& FWC 17 SAT. CLINIC/EPI OUTREACH 18 COMMUNITY CLINIC 19 GOVT. FIELD WORKER (FWA) 20 OTHER PUBLIC SECTOR _____ 16 (SPECIFY) NGO SECTOR NGO STATIC CLINIC 21 NGO SATELLITE CLINIC 22 NGO DEPO HOLDER 23 NGO FIELD WORKER 24 OTHER NGO SECTOR _____ 26 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC 31 QUALIFIED DOCTOR'S CHAMBER . 32 NON-QUALIFIED DOCTOR'S CHAMBER 33 PHARMACY 34 PRIVATE MEDICAL COLLEGE HOSPITAL _____ 35 (SPECIFY) OTHER PRIVATE MEDICAL SECTOR _____ 36 (SPECIFY) OTHER SOURCE GROCERY 41 FRIENDS/RELATIVES 42 OTHER _____ 96 (SPECIFY)	→ 325A
324	Do you know of a place where you can obtain a method of family planning?	YES 1 NO 2	→ 325A

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 MEDICAL COLLEGE HOSPITAL . . . A SPECIALISED GOVT.HOSPITAL HOSPITAL _____ B (SPECIFY) DISTRICT HOSPITAL C MCWC D UPAZILLA HEALTH COMPLEX . . . E H& FWC F SAT. CLINIC/EPI OUTREACH G COMMUNITY CLINIC H GOVT. FIELD WORKER (FWA) . . . I OTHER PUBLIC SECTOR _____ J (SPECIFY) NGO SECTOR NGO STATIC CLINIC K NGO SATELLITE CLINIC L NGO DEPO HOLDER M NGO FIELD WORKER N OTHER NGO SECTOR _____ O (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC P QUALIFIED DOCTOR'S CHAMBER . . Q NON-QUALIFIED DOCTOR'S CHAMBER R PHARMACY S PRIVATE MEDICAL COLLEGE HOSPITAL _____ T (SPECIFY) OTHER PRIVATE MEDICAL SECTOR _____ U (SPECIFY) OTHER SOURCE GROCERY V FRIENDS/RELATIVES W OTHER _____ X (SPECIFY)	
325A	In some places, there is a clinic set up for a day or part of a day in someone's house or in a school. During the past three months, was there any such clinic in this village or mohalla?	YES 1 NO 2 DON'T KNOW 8	→ 325D
325B	Did you visit such temporary health clinic in the past three months?	YES 1 NO 2	→ 325D

325C	What services did you receive?	FAMILY PLANNING METHODS A IMMUNIZATIONS B CHILD GROWTH MONITORING C TETANUS INJECTION D ANTENATAL CARE E VITAMIN A FOR CHILDREN F OTHER X (SPECIFY) DON'T KNOW Z	
325D	Are you aware of any community clinic in your area?	YES 1 NO 2	→ 326
325E	Did you visit the community clinic in the past three months?	YES 1 NO 2	→ 326
325F	What services did you receive?	FAMILY PLANNING METHODS A IMMUNIZATIONS B CHILD GROWTH MONITORING C TETANUS INJECTION D ANTENATAL CARE E VITAMIN A FOR CHILDREN F OTHER X (SPECIFY) DON'T KNOW Z	
326	In the last 6 months, were you visited by a fieldworker who talked to you about family planning or gave you a family planning method?	TALKED 1 GAVE FAMILY PLANNING METHOD 2 TALKED AND GAVE METHOD 3 NO 4	→ 401
326A	Who visited you to talk about family planning or to give you family planning methods? Name Anyone else? Name	GOVT. FP WORKER A GOVT. HEALTH WORKER B NGO WORKER C OTHER X (SPECIFY)	
326B	During the last six months, how many times did a health worker or workers visit you to talk about family planning or to give you family planning methods?	NUMBER OF TIMES DON'T KNOW 98	
326C	When was the last time you were visited by a fieldworker who talked to you about family planning? IF MORE THAN ONE WORKER VISITED: When did the last worker visit you? IF LESS THAN ONE MONTH AGO WRITE '0'	MONTHS AGO DON'T KNOW 8	

SECTION 4. PREGNANCY AND POSTNATAL CARE

401	CHECK 224: ONE OR MORE BIRTHS IN 2006 OR LATER ↓ NO BIRTHS IN 2006 OR LATER ↓ → 601												
402	CHECK 215: ENTER IN THE TABLE THE BIRTH HISTORY NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 2006 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.)												
403	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:33%;">BIRTH HISTORY NUMBER FROM 212 IN BIRTH HISTORY</th> <th style="width:33%;">LAST BIRTH BIRTH HISTORY NUMBER</th> <th style="width:33%;">NEXT-TO-LAST BIRTH BIRTH HISTORY NUMBER</th> <th style="width:33%;">SECOND-FROM-LAST BIRTH BIRTH HISTORY NUMBER</th> </tr> <tr> <td></td> <td align="center"> </td> <td align="center"> </td> <td align="center"> </td> </tr> </table>	BIRTH HISTORY NUMBER FROM 212 IN BIRTH HISTORY	LAST BIRTH BIRTH HISTORY NUMBER	NEXT-TO-LAST BIRTH BIRTH HISTORY NUMBER	SECOND-FROM-LAST BIRTH BIRTH HISTORY NUMBER								
BIRTH HISTORY NUMBER FROM 212 IN BIRTH HISTORY	LAST BIRTH BIRTH HISTORY NUMBER	NEXT-TO-LAST BIRTH BIRTH HISTORY NUMBER	SECOND-FROM-LAST BIRTH BIRTH HISTORY NUMBER										
404	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:33%;">FROM 212 AND 216</th> <th style="width:33%;">NAME</th> <th style="width:33%;">NAME</th> <th style="width:33%;">NAME</th> </tr> <tr> <td></td> <td> LIVING ☐ DEAD ☐ </td> <td> LIVING ☐ DEAD ☐ </td> <td> LIVING ☐ DEAD ☐ </td> </tr> </table>	FROM 212 AND 216	NAME	NAME	NAME		LIVING ☐ DEAD ☐	LIVING ☐ DEAD ☐	LIVING ☐ DEAD ☐				
FROM 212 AND 216	NAME	NAME	NAME										
	LIVING ☐ DEAD ☐	LIVING ☐ DEAD ☐	LIVING ☐ DEAD ☐										
405	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:33%;">When you got pregnant with (NAME), did you want to get pregnant at that time?</th> <th style="width:33%;">YES 1 (SKIP TO 408) ←</th> <th style="width:33%;">YES 1 (SKIP TO 430) ←</th> <th style="width:33%;">YES 1 (SKIP TO 430) ←</th> </tr> <tr> <td></td> <td>NO 2</td> <td>NO 2</td> <td>NO 2</td> </tr> </table>	When you got pregnant with (NAME), did you want to get pregnant at that time?	YES 1 (SKIP TO 408) ←	YES 1 (SKIP TO 430) ←	YES 1 (SKIP TO 430) ←		NO 2	NO 2	NO 2				
When you got pregnant with (NAME), did you want to get pregnant at that time?	YES 1 (SKIP TO 408) ←	YES 1 (SKIP TO 430) ←	YES 1 (SKIP TO 430) ←										
	NO 2	NO 2	NO 2										
406	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:33%;">Did you want to have a baby later on, or did you not want any (more) children?</th> <th style="width:33%;">LATER 1 NO MORE 2 (SKIP TO 408) ←</th> <th style="width:33%;">LATER 1 NO MORE 2 (SKIP TO 430) ←</th> <th style="width:33%;">LATER 1 NO MORE 2 (SKIP TO 430) ←</th> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>	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 430) ←	LATER 1 NO MORE 2 (SKIP TO 430) ←								
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 430) ←	LATER 1 NO MORE 2 (SKIP TO 430) ←										
407	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:33%;">How much longer did you want to wait?</th> <th style="width:33%;">MONTHS ..1 </th> <th style="width:33%;">MONTHS ..1 </th> <th style="width:33%;">MONTHS ..1 </th> </tr> <tr> <td></td> <td>YEARS ..2 </td> <td>YEARS ..2 </td> <td>YEARS ..2 </td> </tr> <tr> <td></td> <td>DON'T KNOW 998</td> <td>DON'T KNOW ... 998</td> <td>DON'T KNOW ... 998</td> </tr> </table>	How much longer did you want to wait?	MONTHS ..1	MONTHS ..1	MONTHS ..1		YEARS ..2	YEARS ..2	YEARS ..2		DON'T KNOW 998	DON'T KNOW ... 998	DON'T KNOW ... 998
How much longer did you want to wait?	MONTHS ..1	MONTHS ..1	MONTHS ..1										
	YEARS ..2	YEARS ..2	YEARS ..2										
	DON'T KNOW 998	DON'T KNOW ... 998	DON'T KNOW ... 998										
408	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:33%;">Did you see anyone for antenatal care for this pregnancy?</th> <th style="width:33%;">YES 1 NO 2 (SKIP TO 415) ←</th> <th style="width:33%;"></th> <th style="width:33%;"></th> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>	Did you see anyone for antenatal care for this pregnancy?	YES 1 NO 2 (SKIP TO 415) ←										
Did you see anyone for antenatal care for this pregnancy?	YES 1 NO 2 (SKIP TO 415) ←												
409	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:33%;"> Whom did you see? Anyone else? PROBE TO IDENTIFY EACH TYPE OF PERSON AND RECORD ALL MENTIONED. IF 'D' MENTIONED WRITE THE NAME OF THE CSBA. NAME _____ NAME _____ </th> <th style="width:33%;"> HEALTH PERSONNEL QUAL. DOCTOR . A NURSE/MIDWIFE/ PARAMEDIC . B FAMILY WELFARE VISITOR C COMMUNITY SKILLED BIRTH ATTENDANT . D MA/SACMO E HEALTH ASST. . F FAMILY WELFARE ASSISTANT G OTHER PERSON TRAINED TBA H UNTRAINED TBA . I UNQUALIFIED DOCTOR J NGO WORKER K OTHER _____ X (SPECIFY) </th> <th style="width:33%;"></th> <th style="width:33%;"></th> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>	Whom did you see? Anyone else? PROBE TO IDENTIFY EACH TYPE OF PERSON AND RECORD ALL MENTIONED. IF 'D' MENTIONED WRITE THE NAME OF THE CSBA. NAME _____ NAME _____	HEALTH PERSONNEL QUAL. DOCTOR . A NURSE/MIDWIFE/ PARAMEDIC . B FAMILY WELFARE VISITOR C COMMUNITY SKILLED BIRTH ATTENDANT . D MA/SACMO E HEALTH ASST. . F FAMILY WELFARE ASSISTANT G OTHER PERSON TRAINED TBA H UNTRAINED TBA . I UNQUALIFIED DOCTOR J NGO WORKER K OTHER _____ X (SPECIFY)										
Whom did you see? Anyone else? PROBE TO IDENTIFY EACH TYPE OF PERSON AND RECORD ALL MENTIONED. IF 'D' MENTIONED WRITE THE NAME OF THE CSBA. NAME _____ NAME _____	HEALTH PERSONNEL QUAL. DOCTOR . A NURSE/MIDWIFE/ PARAMEDIC . B FAMILY WELFARE VISITOR C COMMUNITY SKILLED BIRTH ATTENDANT . D MA/SACMO E HEALTH ASST. . F FAMILY WELFARE ASSISTANT G OTHER PERSON TRAINED TBA H UNTRAINED TBA . I UNQUALIFIED DOCTOR J NGO WORKER K OTHER _____ X (SPECIFY)												

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 EACH TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE(S))	HOME HOME A PUBLIC SECTOR HOSP./MEDICAL COLLEGE B SPE. MEDICAL COL. C (SPECIFY) DIST. HOSP. D MCWC E UPAZILLA HEALTH COMPLEX F H & FAMILY WELFARE CENTRE G SAT. CLINIC/EPI OUTREACH H COMM. CLINIC I OTHER J (SPECIFY) NGO SECTOR NGO STATIC CLINIC K NGO SAT CLINIC L OTHER M (SPECIFY) PRIVATE MED. SECTOR PVT. HOSPITAL/ CLINIC N QUAL. DOCTOR O TRAD. DOCTOR P PHARMACY Q PVT. MED COLL. HOSP. R (SPECIFY) OTHER X (SPECIFY)		
412	How many times did you receive antenatal care during this pregnancy? NUMBER OF TIMES DON'T KNOW 98			
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			
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 TIMES ☐ OTHER ☐ (SKIP TO 430) ↓ ↓			

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
418	At any time before this pregnancy, did you receive any tetanus injections?	YES 1 NO 2 (SKIP TO 430) ← 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		
430	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
433	Who assisted with the delivery of (NAME)? Anyone else? PROBE FOR THE TYPE(S) OF PERSON(S) AND RECORD ALL MENTIONED. IF RESPONDENT SAYS NO ONE ASSISTED, PROBE TO DETERMINE WHETHER ANY ADULTS WERE PRESENT AT THE DELIVERY. IF 'D' MENTIONED WRITE THE NAME OF THE CSBA. NAME _____ NAME _____	HEALTH PERSONNEL QUAL. DOCTOR ... A NURSE/MIDWIFE/ PARAMEDIC ... B FAMILY WELFARE VISITOR C COMMUNITY SKILLED BIRTH ATTENDANT ... D MA/SACMO E HEALTH ASST. ... F FAMILY WELFARE ASSISTANT G OTHER PERSON TRAINED TBA H UNTRAINED TBA ... I UNQUALIFIED DOCTOR J RELATIVES K NEIGHBORS/FRIEND L NGO WORKER M OTHER _____ X (SPECIFY) NO ONE ASSISTED ... Y	HEALTH PERSONNEL QUAL. DOCTOR ... A NURSE/MIDWIFE/ PARAMEDIC ... B FAMILY WELFARE VISITOR C COMMUNITY SKILLED BIRTH ATTENDANT ... D MA/SACMO E HEALTH ASST. ... F FAMILY WELFARE ASSISTANT ... G OTHER PERSON TRAINED TBA ... H UNTRAINED TBA ... I UNQUALIFIED DOCTOR J RELATIVES K NEIGHBORS/FRIEN L NGO WORKER ... M OTHER _____ X (SPECIFY) NO ONE ASSISTED ... Y	HEALTH PERSONNEL QUAL. DOCTOR ... A NURSE/MIDWIFE/ PARAMEDIC ... B FAMILY WELFARE VISITOR C COMMUNITY SKILLED BIRTH ATTENDANT ... D MA/SACMO E HEALTH ASST. ... F FAMILY WELFARE ASSISTANT ... G OTHER PERSON TRAINED TBA ... H UNTRAINED TBA ... I UNQUALIFIED DOCTOR J RELATIVES K NEIGHBORS/FRIEN L NGO WORKER ... M OTHER _____ X (SPECIFY) NO ONE ASSISTED ... Y

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____												
434	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 HOME 11 (SKIP TO 435A) ← PUBLIC SECTOR HOSP./MEDICAL COLLEGE 21 SPE. MED COL 22 (SPECIFY) DIST. HOSP. 23 MCWC 24 UPAZILLA HEALTH COMPLEX 25 H & FAMILY WELFARE CENTRE 26 NGO SECTOR NGO STATIC CLINIC 31 OTHER 36 (SPECIFY) PRIVATE MED. SECTOR PVT. HOSPITAL/ CLINIC 41 PVT. MED COLL. HOSP. 42 (SPECIFY) OTHER 96 (SPECIFY) (SKIP TO 435A)	HOME HOME 11 (SKIP TO 448) ← PUBLIC SECTOR HOSP./MEDICAL COLLEGE 21 SPE. MED COL 22 (SPECIFY) DIST. HOSP. 23 MCWC 24 UPAZILLA HEALTH COMPLEX 25 H & FAMILY WELFARE CENTRE 26 NGO SECTOR NGO STATIC CLINIC 31 OTHER 36 (SPECIFY) PRIVATE MED. SECTOR PVT. HOSPITAL/ CLINIC 41 PVT. MED COLL. HOSP. 42 (SPECIFY) OTHER 96 (SPECIFY) (SKIP TO 448)	HOME HOME 11 (SKIP TO 448) ← PUBLIC SECTOR HOSP./MEDICAL COLLEGE 21 SPE. MED COL 22 (SPECIFY) DIST. HOSP. 23 MCWC 24 UPAZILLA HEALTH COMPLEX 25 H & FAMILY WELFARE CENTRE 26 NGO SECTOR NGO STATIC CLINIC 31 OTHER 36 (SPECIFY) PRIVATE MED. SECTOR PVT. HOSPITAL/ CLINIC 41 PVT. MED COLL. HOSP. 42 (SPECIFY) OTHER 96 (SPECIFY) (SKIP TO 448)												
434A	How long after (NAME) was delivered did you stay there? IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DAYS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> WEEKS 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DON'T KNOW 998														
435	Was (NAME) delivered by caesarean, that is, did they cut your belly open to take the baby out?	YES 1 (SKIP TO 436) ← NO 2	YES 1 (SKIP TO 448) ← NO 2	YES 1 (SKIP TO 448) ← NO 2												
435A	CHECK 215:	LAST BIRTH IN JAN 2008 OR LATER ☐ LAST BIRTH BEFORE 2008 JAN ☐ (SKIP TO 438)														
435B	CHECK 434:	DELIVERED AT HOME (CODE 11 CIRCLED) ☐ DELIVERED AT HEALTH FACILITY (CIRCLED ANY CODE 21 TO 96) ☐ (SKIP TO 435F)														

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____												
	Now I would like to ask you some specific questions about what was done with (NAME) during and immediately following delivery.															
435C	Was a Clean Delivery Kit used during the delivery of (NAME)? SHOW THE DELIVERY KIT	YES 1 NO 2 DON'T KNOW 8														
435D	What was used to cut the cord?	BLADE FROM DELIVERY KIT 1 BLADE FROM OTHER SOURCE 2 BAMBOO STRIPS..... 3 SCISSOR 4 OTHER 6 (SPECIFY) CORD WAS NOT CUT (SKIP TO 435F) ← 7 DON'T KNOW 8														
435E	Was the _____ (INSTRUMENT IN 435D) boiled before the cord was cut?	YES 1 NO 2 DON'T KNOW 8														
435F	Was anything applied to the cord immediately after cutting and tying it?	YES 1 NO 2 (SKIP TO 435H) ← DON'T KNOW 8														
435G	What was applied to the cord after it was cut and tied? Anything else?	ANTIBIOTICS (POWDER/OINTM) . A ANTISEPTIC (DETOL/SAVLON HEXISOL) B SPIRIT/ALCOHOL..... C MUSTARD OIL WITH GARLIC D CHEWED RICE E TUMERIC JUICE/ POWDER F GINGER JUICE G SHIDUR H BORIC POWDER I GENTIAN VIOLET (BLUE INK) J TALCOM POWDER . K OTHER X (SPECIFY) DON'T KNOW Z														
435H	How long after delivery was (NAME) bathed for the first time? IF LESS THAN ONE DAY, RECORD IN HOURS IF LESS THAN ONE WEEK, RECORD IN DAYS	HOURS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DAYS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> WEEKS 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> NOT BATHED 995 DON'T KNOW 998														
435I	How long after birth was (NAME) dried ?	<5 minutes 1 5-9 minutes 2 10+ minutes 3 Not dried 4 Don't know 8														

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____		
435J	How long after birth was (NAME) wrapped?	<5 minutes 1 5-9 minutes 2 10+ minutes 3 No wrapped 4 Don't know 8				
435K	CHECK 434:	DELIVERED AT HOME (CODE 11 CIRCLED) ☐ (SKIP TO 438) DELIVERED AT HEALTH FACILITY (CODE 21 TO 96) ☐				
436	I would like to talk to you about checks on your health after delivery, for example, someone asking you questions about your health or examining you. Did anyone check on your health while you were still in the facility?	YES 1 (SKIP TO 439) ← NO 2				
437	Did anyone check on your health after you left the facility?	YES 1 (SKIP TO 439) ← NO 2 (SKIP TO 442) ←				
438	I would like to talk to you about checks on your health after delivery, for example, someone asking you questions about your health or examining you. Did anyone check on your health after you gave birth do (NAME)?	YES 1 NO 2 (SKIP TO 442) ←				
439	Who checked on your health at that time? PROBE FOR MOST QUALIFIED PERSON. IF '14' MENTIONED WRITE THE NAME OF THE CSBA. NAME _____	HEALTH PERSONNEL QUAL. DOCTOR . 11 NURSE/MIDWIFE/ PARAMEDIC . 12 FAMILY WELFARE VISITOR 13 COMMUNITY SKILLED BIRTH ATTENDANT . 14 MA/SACMO 15 HEALTH ASST. 16 FAMILY WELFARE ASSISTANT 17 OTHER PERSON TRAINED TBA 21 UNTRAINED TBA ... 22 UNQUALIFIED DOCTOR 23 NGO WORKER 31 OTHER _____ 96 (SPECIFY)				

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____												
439A	Where did this first check take place?	HOME HOME 11 (SKIP TO 442) ← PUBLIC SECTOR HOSP./MEDICAL COLLEGE 21 SPE. MED COL 22 (SPECIFY) DIST. HOSP. 23 MCWC 24 UPAZILLA HEALTH COMPLEX 25 H & FAMILY WELFARE CENTRE 27 SAT. CLINIC/EPI OUTREACH 28 COMM. CLINIC 29 OTHER 26 (SPECIFY) NGO SECTOR NGO STATIC CLINIC 31 NGO SAT CLINIC . 32 OTHER 36 (SPECIFY) PRIVATE MED. SECTOR PVT. HOSPITAL/ CLINIC 41 QUALIFIED DOC. CHAMBER 42 UNQUALIFIED DOC. CHAMBER 43 PHARMACY 44 PVT. MED COLL. HOSP. 45 (SPECIFY) OTHER 96 (SPECIFY) (SKIP TO 442) ←														
440	How long after delivery did the first check take place?	HOURS 1 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DAYS 2 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> WEEKS 3 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DON'T KNOW 998														
442	In the two months after (NAME) was born, did any health care provider or a traditional birth attendant check on his/her health?	YES 1 NO 2 (SKIP TO 446) ← DON'T KNOW 8														
443	How many hours, days or weeks after the birth of (NAME) did the first check take place?	HRS AFTER BIRTH .. 1 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DAYS AFTER BIRTH .. 2 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> WKS AFTER BIRTH .. 3 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DON'T KNOW 998														

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
444	Who checked on (NAME)'s health at that time? PROBE FOR MOST QUALIFIED PERSON. IF '14' MENTIONED WRITE THE NAME OF THE CSBA. NAME _____	HEALTH PERSONNEL QUAL. DOCTOR . 11 NURSE/MIDWIFE/ PARAMEDIC 12 FAMILY WELFARE VISITOR 13 COMMUNITY SKILLED BIRTH ATTENDANT 14 MA/SACMO 15 HEALTH ASST. . . . 16 FAMILY WELFARE ASSISTANT 17 OTHER PERSON TRAINED TBA 21 UNTRAINED TBA . 22 UNQUALIFIED DOCTOR 23 NGO WORKER 31 OTHER _____ 96 (SPECIFY)		
445	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 PUBLIC SECTOR HOSP./MEDICAL COLLEGE 21 SPE. MED COL _____ 22 (SPECIFY) DIST. HOSP. 23 MCWC 24 UPAZILLA HEALTH COMPLEX 25 H & FAMILY WELFARE CENTRE 27 SAT. CLINIC/EPI OUTREACH 28 COMM. CLINIC 29 OTHER _____ 26 (SPECIFY) NGO SECTOR NGO STATIC CLINIC 31 NGO SAT CLINIC . 32 OTHER _____ 36 (SPECIFY) PRIVATE MED. SECTOR PVT. HOSPITAL/ CLINIC 41 QUALIFIED DOC. CHAMBER 42 UNQUALIFIED DOC. CHAMBER 43 PHARMACY 44 PVT. MED COLL. HOSP. _____ 45 (SPECIFY) OTHER _____ 96 (SPECIFY)		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
446	In the first two months after delivery, did you receive a vitamin A dose like (this/any of these)? SHOW COMMON TYPES OF AMPULES/CAPSULES/SYRUPS.	YES 1 NO 2 DON'T KNOW 8		
447	Has your menstrual period returned since the birth of (NAME)?	YES 1 (SKIP TO 449) ← NO 2 (SKIP TO 450) ←		
448	Did your period return between the birth of (NAME) and your next pregnancy?		YES 1 NO 2 (SKIP TO 452) ←	YES 1 NO 2 (SKIP TO 452) ←
449	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
450	CHECK 226: IS RESPONDENT PREGNANT?	NOT PREG- NANT ☐ PREGNANT OR UNSURE ☐ (SKIP TO 452) ←		
451	Have you had sexual intercourse since the birth of (NAME)?	YES 1 NO 2 (SKIP TO 453) ←		
452	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
453	Did you ever breastfeed (NAME)?	YES 1 (SKIP TO 455) ← NO 2	YES 1 NO 2	YES 1 NO 2
454	CHECK 404: IS CHILD LIVING?	LIVING ☐ DEAD ☐ (SKIP TO 460) (GO BACK TO 405 IN NEXT COLUMN; OR IF NO MORE BIRTHS, GO TO 501)		
455	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		
456	In the first three days after delivery, was (NAME) given anything to drink other than breast milk?	YES 1 NO 2 (SKIP TO 458) ←		

NO.	QUESTIONS AND FILTERS	LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH
		NAME _____	NAME _____	NAME _____
457	What was (NAME) given to drink? Anything else? RECORD ALL LIQUIDS MENTIONED.	MILK (OTHER THAN BREAST MILK) A PLAIN WATER B SUGAR OR GLUCOSE WATER C GRIPPE WATER D SUGAR-SALT-WATER SOLUTION E FRUIT JUICE F INFANT FORMULA G TEA/INFUSIONS H COFFEE I HONEY J OTHER _____ X (SPECIFY)		
458	CHECK 404: IS CHILD LIVING?	LIVING DEAD ☐ ☐ ↓ ↓ (GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501)		
459	Are you still breastfeeding (NAME)?	YES 1 (SKIP TO 460) ← NO 2		
459A	For how many months did you breastfeed (NAME)?	MONTHS ... DON'T KNOW 98		
460	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
461		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.

SECTION 5. CHILD IMMUNIZATION. HEALTH AND NUTRITION

501	ENTER IN THE TABLE THE BIRTH HISTORY NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 2006 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	BIRTH HISTORY NUMBER FROM 212 IN BIRTH HISTORY	LAST BIRTH BIRTH HISTORY NUMBER 				NEXT-TO-LAST BIRTH BIRTH HISTORY NUMBER 				SECOND-FROM-LAST BIRTH BIRTH HISTORY NUMBER 																																																																																																																																																																												
503	FROM 212 AND 216	NAME _____ LIVING DEAD (GO TO 503 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 557)				NAME _____ LIVING DEAD (GO TO 503 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 557)				NAME _____ LIVING DEAD (GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE, OR IF NO MORE BIRTHS, GO TO 557)																																																																																																																																																																												
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. (3) IF HEP-B IS GIVEN IN COMBINATION WITH DPT, RECORD SEPARATELY FOR BOTH DPT AND HEP-B.																																																																																																																																																																																					
506A	<table border="1" style="width:100%; border-collapse: collapse; font-size: 0.8em;"> <thead> <tr> <th></th> <th>DAY</th><th>MONTH</th><th>YEAR</th> <th>DAY</th><th>MONTH</th><th>YEAR</th> <th>DAY</th><th>MONTH</th><th>YEAR</th> </tr> </thead> <tbody> <tr> <td>DATE OF BIRTH</td> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> <tr> <td></td> <td colspan="3">LAST BIRTH</td> <td colspan="3">NEXT-TO-LAST BIRTH</td> <td colspan="3">SECOND-FROM-LAST BIRTH</td> </tr> <tr> <td></td> <td>DAY</td><td>MONTH</td><td>YEAR</td> <td>DAY</td><td>MONTH</td><td>YEAR</td> <td>DAY</td><td>MONTH</td><td>YEAR</td> </tr> <tr> <td>BCG</td> <td> </td><td> </td><td> </td> <td> </td><td> </td><td> </td> <td> </td><td> </td><td> </td> </tr> <tr> <td>POLIO 0 (POLIO GIVEN AT BIRTH)</td> <td> </td><td> </td><td> </td> <td> </td><td> </td><td> </td> <td> </td><td> </td><td> </td> </tr> <tr> <td>POLIO 1</td> <td> </td><td> </td><td> </td> <td> </td><td> </td><td> </td> <td> </td><td> </td><td> </td> </tr> <tr> <td>POLIO 2</td> <td> </td><td> </td><td> </td> <td> </td><td> </td><td> </td> <td> </td><td> </td><td> </td> </tr> <tr> <td>POLIO 3</td> <td> </td><td> </td><td> </td> <td> </td><td> </td><td> </td> <td> </td><td> </td><td> </td> </tr> <tr> <td>DPT 1</td> <td> </td><td> </td><td> </td> <td> </td><td> </td><td> </td> <td> </td><td> </td><td> </td> </tr> <tr> <td>DPT 2</td> <td> </td><td> </td><td> </td> <td> </td><td> </td><td> </td> <td> </td><td> </td><td> </td> </tr> <tr> <td>DPT 3</td> <td> </td><td> </td><td> </td> <td> </td><td> </td><td> </td> <td> </td><td> </td><td> </td> </tr> <tr> <td>HEP. B1</td> <td> </td><td> </td><td> </td> <td> </td><td> </td><td> </td> <td> </td><td> </td><td> </td> </tr> <tr> <td>HEP. B2</td> <td> </td><td> </td><td> </td> <td> </td><td> </td><td> </td> <td> </td><td> </td><td> </td> </tr> <tr> <td>HEP. B3</td> <td> </td><td> </td><td> </td> <td> </td><td> </td><td> </td> <td> </td><td> </td><td> </td> </tr> <tr> <td>MEASLES</td> <td> </td><td> </td><td> </td> <td> </td><td> </td><td> </td> <td> </td><td> </td><td> </td> </tr> <tr> <td>VITAMIN A</td> <td> </td><td> </td><td> </td> <td> </td><td> </td><td> </td> <td> </td><td> </td><td> </td> </tr> </tbody> </table>													DAY	MONTH	YEAR	DAY	MONTH	YEAR	DAY	MONTH	YEAR	DATE OF BIRTH	 	 	 	 	 	 	 	 	 		LAST BIRTH			NEXT-TO-LAST BIRTH			SECOND-FROM-LAST BIRTH				DAY	MONTH	YEAR	DAY	MONTH	YEAR	DAY	MONTH	YEAR	BCG	 	 	 	 	 	 	 	 	 	POLIO 0 (POLIO GIVEN AT BIRTH)	 	 	 	 	 	 	 	 	 	POLIO 1	 	 	 	 	 	 	 	 	 	POLIO 2	 	 	 	 	 	 	 	 	 	POLIO 3	 	 	 	 	 	 	 	 	 	DPT 1	 	 	 	 	 	 	 	 	 	DPT 2	 	 	 	 	 	 	 	 	 	DPT 3	 	 	 	 	 	 	 	 	 	HEP. B1	 	 	 	 	 	 	 	 	 	HEP. B2	 	 	 	 	 	 	 	 	 	HEP. B3	 	 	 	 	 	 	 	 	 	MEASLES	 	 	 	 	 	 	 	 	 	VITAMIN A	 	 	 	 	 	 	 	 	
	DAY	MONTH	YEAR	DAY	MONTH	YEAR	DAY	MONTH	YEAR																																																																																																																																																																													
DATE OF BIRTH	 	 	 	 	 	 	 	 	 																																																																																																																																																																													
	LAST BIRTH			NEXT-TO-LAST BIRTH			SECOND-FROM-LAST BIRTH																																																																																																																																																																															
	DAY	MONTH	YEAR	DAY	MONTH	YEAR	DAY	MONTH	YEAR																																																																																																																																																																													
BCG	 	 	 	 	 	 	 	 	 																																																																																																																																																																													
POLIO 0 (POLIO GIVEN AT BIRTH)	 	 	 	 	 	 	 	 	 																																																																																																																																																																													
POLIO 1	 	 	 	 	 	 	 	 	 																																																																																																																																																																													
POLIO 2	 	 	 	 	 	 	 	 	 																																																																																																																																																																													
POLIO 3	 	 	 	 	 	 	 	 	 																																																																																																																																																																													
DPT 1	 	 	 	 	 	 	 	 	 																																																																																																																																																																													
DPT 2	 	 	 	 	 	 	 	 	 																																																																																																																																																																													
DPT 3	 	 	 	 	 	 	 	 	 																																																																																																																																																																													
HEP. B1	 	 	 	 	 	 	 	 	 																																																																																																																																																																													
HEP. B2	 	 	 	 	 	 	 	 	 																																																																																																																																																																													
HEP. B3	 	 	 	 	 	 	 	 	 																																																																																																																																																																													
MEASLES	 	 	 	 	 	 	 	 	 																																																																																																																																																																													
VITAMIN A	 	 	 	 	 	 	 	 	 																																																																																																																																																																													
507	CHECK 506A:	BCG TO MEASLES ALL RECORDED (GO TO 510J)				OTHER ↓				BCG TO MEASLES ALL RECORDED (GO TO 510J)				OTHER ↓																																																																																																																																																																								
		BCG TO MEASLES ALL RECORDED (GO TO 510J)				OTHER ↓				BCG TO MEASLES ALL RECORDED (GO TO 510J)				OTHER ↓																																																																																																																																																																								

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 506A) (SKIP TO 510J) NO 2 (SKIP TO 510J) DON'T KNOW 8	YES 1 (PROBE FOR) VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 506A) (SKIP TO 510J) NO 2 (SKIP TO 510J) DON'T KNOW 8	YES 1 (PROBE FOR) VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 506A) (SKIP TO 510J) NO 2 (SKIP TO 510J) 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 510J) DON'T KNOW 8	YES 1 NO 2 (SKIP TO 510J) DON'T KNOW 8	YES 1 NO 2 (SKIP TO 510J) 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 arm or shoulder 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 510E) DON'T KNOW 8	YES 1 NO 2 (SKIP TO 510E) DON'T KNOW 8	YES 1 NO 2 (SKIP TO 510E) DON'T KNOW 8
510C	Was the first polio vaccine given in the first two weeks after birth or later?	FIRST 2 WEEKS ... 1 LATER 2	FIRST 2 WEEKS ... 1 LATER 2	FIRST 2 WEEKS ... 1 LATER 2
510D	How many times was the polio vaccine given?	NUMBER OF TIMES	NUMBER OF TIMES	NUMBER OF TIMES
510E	A DPT/Pentavalent vaccination, that is, an injection given in the thigh or buttocks, sometimes at the same time as polio drops?	YES 1 NO 2 (SKIP TO 510G) DON'T KNOW 8	YES 1 NO 2 (SKIP TO 510G) DON'T KNOW 8	YES 1 NO 2 (SKIP TO 510G) DON'T KNOW 8
510F	How many times was the DPT/Pentavalent vaccination given?	NUMBER OF TIMES	NUMBER OF TIMES	NUMBER OF TIMES
510G	A measles injection or an MMR injection - that is, a shot in the arm at the age of 9 months or older - to prevent him/her from getting measles?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
510H	A HEP-B vaccination, that is, an injection given in the right thigh, sometimes given at the same time as DPT?	YES 1 NO 2 (SKIP TO 510J) DON'T KNOW 8	YES 1 NO 2 (SKIP TO 510J) DON'T KNOW 8	YES 1 NO 2 (SKIP TO 510J) DON'T KNOW 8
510I	How many times was a HEP-B vaccination received?	NUMBER OF TIMES	NUMBER OF TIMES	NUMBER OF TIMES
510J	Did (NAME) receive any polio vaccine from the National Immunization Days (NID)?	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

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
510K	At which national immunization day campaigns did (NAME) receive vaccinations? RECORD ALL CAMPAIGNS MENTIONED.	CAMPAIGN 1 (POLIO/JAN 2010) A CAMPAIGN 2 (POLIO/FEB 2010) B CAMPAIGN 3 (POLIO/JAN 2011) C CAMPAIGN 4 (POLIO/FEB 2011) D	CAMPAIGN 1 (POLIO/JAN 2010) A CAMPAIGN 2 (POLIO/FEB 2010) B CAMPAIGN 3 (POLIO/JAN 2011) C CAMPAIGN 4 (POLIO/FEB 2011) D	CAMPAIGN 1 (POLIO/JAN 2010) A CAMPAIGN 2 (POLIO/FEB 2010) B CAMPAIGN 3 (POLIO/JAN 2011) C CAMPAIGN 4 (POLIO/FEB 2011) D
511	Within the last six months, was (NAME) given a vitamin A dose like (this/any of these)? SHOW COMMON TYPES OF AMPULES/CAPSULES/SYRUPS.	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 iron pills, sprinkles with iron, or iron syrup like (this/any of these)? SHOW COMMON TYPES OF PILLS/SPRINKLES/SYRUPS.	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?	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
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) ←

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
519	Where did you seek advice or or treatment? Anywhere else? 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 MEDICAL COLLEGE HOSPITAL ... A SPECIALIZED GOVT. HOSPITAL _____ B (SPECIFY) DISTRICT HOSP. C MCWC D UHC E H&FWC F SATELITE CLINIC/ EPI OUTREACH SITE G COMMUNITY CLINIC H FAMILY WELFARE ASSISTANT I OTHER _____ J (SPECIFY) NGO SECTOR NGO STATIC CLINIC K NGO SATELLITE CLINIC L NGO FIELD WORKER M OTHER _____ N (SPECIFY) PRIVATE MED. SECTOR PVT. HOSPITAL/ CLINIC O QUALIFIED DOCTOR ... P UNQUALIFIED DOCTOR Q PHARMACY R PRIVATE MED. COLLEGE HOSPITAL _____ S (SPECIFY) OTHER PRIVATE SECTOR _____ T (SPECIFY) OTHER _____ X (SPECIFY)	PUBLIC SECTOR MEDICAL COLLEGE HOSPITAL ... A SPECIALIZED GOVT. HOSPITAL _____ B (SPECIFY) DISTRICT HOSP. C MCWC D UHC E H&FWC F SATELITE CLINIC/ EPI OUTREACH SITE G COMMUNITY CLINIC H FAMILY WELFARE ASSISTANT I OTHER _____ J (SPECIFY) NGO SECTOR NGO STATIC CLINIC K NGO SATELLITE CLINIC L NGO FIELD WORKER M OTHER _____ N (SPECIFY) PRIVATE MED. SECTOR PVT. HOSPITAL/ CLINIC O QUALIFIED DOCTOR ... P UNQUALIFIED DOCTOR Q PHARMACY R PRIVATE MED. COLLEGE HOSPITAL _____ S (SPECIFY) OTHER PRIVATE SECTOR _____ T (SPECIFY) OTHER _____ X (SPECIFY)	PUBLIC SECTOR MEDICAL COLLEGE HOSPITAL ... A SPECIALIZED GOVT. HOSPITAL _____ B (SPECIFY) DISTRICT HOSP. C MCWC D UHC E H&FWC F SATELITE CLINIC/ EPI OUTREACH SITE G COMMUNITY CLINIC H FAMILY WELFARE ASSISTANT I OTHER _____ J (SPECIFY) NGO SECTOR NGO STATIC CLINIC K NGO SATELLITE CLINIC L NGO FIELD WORKER M OTHER _____ N (SPECIFY) PRIVATE MED. SECTOR PVT. HOSPITAL/ CLINIC O QUALIFIED DOCTOR ... P UNQUALIFIED DOCTOR Q PHARMACY R PRIVATE MED. COLLEGE HOSPITAL _____ S (SPECIFY) OTHER PRIVATE SECTOR _____ T (SPECIFY) OTHER _____ X (SPECIFY)
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 saline packet called ORSaline PACKET? b) A homemade sugar-salt-water solution (laban gur)? c) Zinc syrup? d) Zinc tablets?	YES NO DK ORS PKT 1 2 8 LABAN GUR 1 2 8 ZINC SYRUP 1 2 8 ZINC TABLET 1 2 8	YES NO DK ORS PKT 1 2 8 LABAN GUR 1 2 8 ZINC SYRUP 1 2 8 ZINC TABLET 1 2 8	YES NO DK ORS PKT 1 2 8 LABAN GUR 1 2 8 ZINC SYRUP 1 2 8 ZINC TABLET 1 2 8

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
522A	CHECK 522:	☐ ORS GIVEN ☐ ORS NOT GIVEN (SKIP TO 525) ←	☐ ORS GIVEN ☐ ORS NOT GIVEN (SKIP TO 525) ←	☐ ORS GIVEN ☐ ORS NOT GIVEN (SKIP TO 525) ←
523	Where did you get the ORS packet?	PUBLIC SECTOR MEDICAL COLLEGE HOSPITAL ... A SPECIALIZED GOVT. HOSPITAL _____ B (SPECIFY) DISTRICT HOPT. ... C MCWC D UHC E H&FWC F SATELITE CLINIC/ EPI OUTREACH SITE G COMMUNITY CLINIC H FAMILY WELFARE ASST. (FWA) ... I OTHER _____ J (SPECIFY) NGO SECTOR NGO STATIC CLINIC K NGO SATELLITE CLINIC L NGO DEPO HOLDER M NGO FIELD WORKER N OTHER _____ O (SPECIFY) PRIVATE MED. SECTOR PVT. HOSPITAL/ CLINIC P QUALIFIED DOCTOR ... Q UNQUALIFIED DOCTOR R PHARMACY S PRIVATE MED. COLLEGE HOSPITAL _____ T (SPECIFY) OTHER PRIVATE _____ U (SPECIFY) OTHER SOURCE SHOP V FRIEND/RELATIVE W OTHER _____ X (SPECIFY)	PUBLIC SECTOR MEDICAL COLLEGE HOSPITAL ... A SPECIALIZED GOVT. HOSPITAL _____ B (SPECIFY) DISTRICT HOPT. ... C MCWC D UHC E H&FWC F SATELITE CLINIC/ EPI OUTREACH SITE G COMMUNITY CLINIC H FAMILY WELFARE ASST. (FWA) ... I OTHER _____ J (SPECIFY) NGO SECTOR NGO STATIC CLINIC K NGO SATELLITE CLINIC L NGO DEPO HOLDER M NGO FIELD WORKER N OTHER _____ O (SPECIFY) PRIVATE MED. SECTOR PVT. HOSPITAL/ CLINIC P QUALIFIED DOCTOR ... Q UNQUALIFIED DOCTOR R PHARMACY S PRIVATE MED. COLLEGE HOSPITAL _____ T (SPECIFY) OTHER PRIVATE _____ U (SPECIFY) OTHER SOURCE SHOP V FRIEND/RELATIVE W OTHER _____ X (SPECIFY)	PUBLIC SECTOR MEDICAL COLLEGE HOSPITAL ... A SPECIALIZED GOVT. HOSPITAL _____ B (SPECIFY) DISTRICT HOPT. ... C MCWC D UHC E H&FWC F SATELITE CLINIC/ EPI OUTREACH SITE G COMMUNITY CLINIC H FAMILY WELFARE ASST. (FWA) ... I OTHER _____ J (SPECIFY) NGO SECTOR NGO STATIC CLINIC K NGO SATELLITE CLINIC L NGO DEPO HOLDER M NGO FIELD WORKER N OTHER _____ O (SPECIFY) PRIVATE MED. SECTOR PVT. HOSPITAL/ CLINIC P QUALIFIED DOCTOR ... Q UNQUALIFIED DOCTOR R PHARMACY S PRIVATE MED. COLLEGE HOSPITAL _____ T (SPECIFY) OTHER PRIVATE _____ U (SPECIFY) OTHER SOURCE SHOP V FRIEND/RELATIVE W OTHER _____ X (SPECIFY)
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
527	Has (NAME) had an illness with a cough at any time in the last 2 weeks?	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

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
528	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 531) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 531) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 531) ← DON'T KNOW 8
529	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 531) ←	CHEST ONLY 1 NOSE ONLY 2 BOTH 3 OTHER 6 (SPECIFY) _____ DON'T KNOW 8 (SKIP TO 531) ←	CHEST ONLY 1 NOSE ONLY 2 BOTH 3 OTHER 6 (SPECIFY) _____ DON'T KNOW 8 (SKIP TO 531) ←
530	CHECK 525: HAD FEVER?	YES ☐ NO OR DK ☐ ↓ (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 557)	YES ☐ NO OR DK ☐ ↓ (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 557)	YES ☐ NO OR DK ☐ ↓ (GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 557)
531	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
532	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
533	Did you seek advice or treatment for the illness from any source?	YES 1 NO 2 (SKIP TO 537) ←	YES 1 NO 2 (SKIP TO 537) ←	YES 1 NO 2 (SKIP TO 537) ←

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
536	Where did you first seek advice or treatment? FILL UP THE BOXES ACCORDING TO THE SEQUENCE OF CARE RECEIVED.	SEQUENCE OF CARE 1 2 3 4 ☐ ☐ ☐ ☐ HOME A PUBLIC SECTOR MEDICAL COLLEGE HOSPITAL ... B SPECIALIZED GOVT. HOSPITAL _____ C (SPECIFY) DISTRICT HOSP. . D MCWC E UHC F H&FWC G SATELITE CLINIC/ EPI OUTREACH SITE H COMMUNITY CLINIC I FAMILY WELFARE ASSIST. J OTHER _____ K (SPECIFY) NGO SECTOR NGO STATIC CLINIC L NGO SATELLITE CLINIC M NGO DEPO HOLDER N NGO FIELD WORKER O OTHER _____ P (SPECIFY) PRIVATE MED. SECTOR PVT. HOSPITAL/ CLINIC Q QUALIFIED DOCTOR ... R UNQUALIFIED DOCTOR ... S PHARMACY/ DRUG STORE . T PRIVATE MED. COLLEGE HOSPITAL _____ U (SPECIFY) OTHER PVT. _____ V (SPECIFY) OTHER _____ X (SPECIFY)	SEQUENCE OF CARE 1 2 3 4 ☐ ☐ ☐ ☐ HOME A PUBLIC SECTOR MEDICAL COLLEGE HOSPITAL ... B SPECIALIZED GOVT. HOSPITAL _____ C (SPECIFY) DISTRICT HOSP. . D MCWC E UHC F H&FWC G SATELITE CLINIC/ EPI OUTREACH SITE H COMMUNITY CLINIC I FAMILY WELFARE ASSIST. J OTHER _____ K (SPECIFY) NGO SECTOR NGO STATIC CLINIC L NGO SATELLITE CLINIC M NGO DEPO HOLDER N NGO FIELD WORKER O OTHER _____ P (SPECIFY) PRIVATE MED. SECTOR PVT. HOSPITAL/ CLINIC Q QUALIFIED DOCTOR ... R UNQUALIFIED DOCTOR ... S PHARMACY/ DRUG STORE . T PRIVATE MED. COLLEGE HOSPITAL _____ U (SPECIFY) OTHER PVT. _____ V (SPECIFY) OTHER _____ X (SPECIFY)	SEQUENCE OF CARE 1 2 3 4 ☐ ☐ ☐ ☐ HOME A PUBLIC SECTOR MEDICAL COLLEGE HOSPITAL ... B SPECIALIZED GOVT. HOSPITAL _____ C (SPECIFY) DISTRICT HOSP. . D MCWC E UHC F H&FWC G SATELITE CLINIC/ EPI OUTREACH SITE H COMMUNITY CLINIC I FAMILY WELFARE ASSIST. J OTHER _____ K (SPECIFY) NGO SECTOR NGO STATIC CLINIC L NGO SATELLITE CLINIC M NGO DEPO HOLDER N NGO FIELD WORKER O OTHER _____ P (SPECIFY) PRIVATE MED. SECTOR PVT. HOSPITAL/ CLINIC Q QUALIFIED DOCTOR ... R UNQUALIFIED DOCTOR ... S PHARMACY/ DRUG STORE . T PRIVATE MED. COLLEGE HOSPITAL _____ U (SPECIFY) OTHER PVT. _____ V (SPECIFY) OTHER _____ X (SPECIFY)
537	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 557) DON'T KNOW 8	YES 1 NO 2 (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 557) 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 557) DON'T KNOW 8

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
538	What drugs did (NAME) take? Any other drugs? RECORD ALL MENTIONED.	ANTIMALARIAL DRUGS SP/FANSIDAR ... A CHLOROQUINE ... B QUININE D COMBINATION WITH ARTEMISININ ... E OTHER ANTI- MALARIAL _____ ... F (SPECIFY) ANTIBIOTIC DRUGS PILL/SYRUP ... G INJECTION ... H OTHER DRUGS ASPIRIN I ACETA- MINOPHEN ... J IBUPROFEN ... K OTHER _____ X (SPECIFY) DON'T KNOW Z	ANTIMALARIAL DRUGS SP/FANSIDAR ... A CHLOROQUINE ... B QUININE D COMBINATION WITH ARTEMISININ ... E OTHER ANTI- MALARIAL _____ ... F (SPECIFY) ANTIBIOTIC DRUGS PILL/SYRUP ... G INJECTION ... H OTHER DRUGS ASPIRIN I ACETA- MINOPHEN ... J IBUPROFEN ... K OTHER _____ X (SPECIFY) DON'T KNOW Z	ANTIMALARIAL DRUGS SP/FANSIDAR ... A CHLOROQUINE ... B QUININE D COMBINATION WITH ARTEMISININ ... E OTHER ANTI- MALARIAL _____ ... F (SPECIFY) ANTIBIOTIC DRUGS PILL/SYRUP ... G INJECTION ... H OTHER DRUGS ASPIRIN I ACETA- MINOPHEN ... J IBUPROFEN ... K OTHER _____ X (SPECIFY) DON'T KNOW Z
539	Did anybody prescribe the drug?	YES 1 NO 2 (SKIP TO 552) ←	YES 1 NO 2 (SKIP TO 552) ←	YES 1 NO 2 (SKIP TO 552) ←
540	Who prescribed the drug?	HEALTH PROFESSIONAL/ WORKER QUALIFIED DOCTOR A NURSE/MIDWIFE/ PARAMEDIC ... B FAMILY WELFARE VISITOR C CSBA D MA/SACMO E HEALTH ASSISTANT ... F FAMILY WELFARE ASSISTANT ... G OTHER PROVIDER TRAINED TBA ... H UNTRAINED TBA . I UNQUALIFIED DOCTOR J DRUG SELLER . K NGO WORKER L OTHER _____ X (SPECIFY)	HEALTH PROFESSIONAL/ WORKER QUALIFIED DOCTOR A NURSE/MIDWIFE/ PARAMEDIC ... B FAMILY WELFARE VISITOR C CSBA D MA/SACMO E HEALTH ASSISTANT ... F FAMILY WELFARE ASSISTANT ... G OTHER PROVIDER TRAINED TBA ... H UNTRAINED TBA . I UNQUALIFIED DOCTOR J DRUG SELLER . K NGO WORKER L OTHER _____ X (SPECIFY)	HEALTH PROFESSIONAL/ WORKER QUALIFIED DOCTOR A NURSE/MIDWIFE/ PARAMEDIC ... B FAMILY WELFARE VISITOR C CSBA D MA/SACMO E HEALTH ASSISTANT ... F FAMILY WELFARE ASSISTANT ... G OTHER PROVIDER TRAINED TBA ... H UNTRAINED TBA . I UNQUALIFIED DOCTOR J DRUG SELLER . K NGO WORKER L OTHER _____ X (SPECIFY)

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
541	Where did you get the drug?	PUBLIC SECTOR MEDICAL COLLEGE HOSPITAL ... A SPECIALIZED GOVT. HOSPITAL _____ B (SPECIFY) DISTRICT HOPT. C MCWC D UHC E H&FWC F SATELITE CLINIC/ EPI OUTREACH SITE G COMMUNITY CLINIC H FAMILY WELFARE ASST. (FWA) I OTHER _____ J (SPECIFY) NGO SECTOR NGO STATIC CLINIC K NGO SATELLITE CLINIC L NGO DEPO HOLDER M NGO FIELD WORKER N OTHER _____ O (SPECIFY) PRIVATE MED. SECTOR PVT. HOSPITAL/ CLINIC P QUALIFIED DOCTOR ... Q UNQUALIFIED DOCTOR R PHARMACY/ DRUG STORE . S PRIVATE MED. COLLEGE HOSPITAL _____ T (SPECIFY) OTHER PRIVATE _____ U (SPECIFY) OTHER SOURCE SHOP V FRIEND/RELATIVE W OTHER _____ X (SPECIFY)	PUBLIC SECTOR MEDICAL COLLEGE HOSPITAL ... A SPECIALIZED GOVT. HOSPITAL _____ B (SPECIFY) DISTRICT HOPT. C MCWC D UHC E H&FWC F SATELITE CLINIC/ EPI OUTREACH SITE G COMMUNITY CLINIC H FAMILY WELFARE ASST. (FWA) I OTHER _____ J (SPECIFY) NGO SECTOR NGO STATIC CLINIC K NGO SATELLITE CLINIC L NGO DEPO HOLDER M NGO FIELD WORKER N OTHER _____ O (SPECIFY) PRIVATE MED. SECTOR PVT. HOSPITAL/ CLINIC P QUALIFIED DOCTOR ... Q UNQUALIFIED DOCTOR R PHARMACY/ DRUG STORE . S PRIVATE MED. COLLEGE HOSPITAL _____ T (SPECIFY) OTHER PRIVATE _____ U (SPECIFY) OTHER SOURCE SHOP V FRIEND/RELATIVE W OTHER _____ X (SPECIFY)	PUBLIC SECTOR MEDICAL COLLEGE HOSPITAL ... A SPECIALIZED GOVT. HOSPITAL _____ B (SPECIFY) DISTRICT HOPT. C MCWC D UHC E H&FWC F SATELITE CLINIC/ EPI OUTREACH SITE G COMMUNITY CLINIC H FAMILY WELFARE ASST. (FWA) I OTHER _____ J (SPECIFY) NGO SECTOR NGO STATIC CLINIC K NGO SATELLITE CLINIC L NGO DEPO HOLDER M NGO FIELD WORKER N OTHER _____ O (SPECIFY) PRIVATE MED. SECTOR PVT. HOSPITAL/ CLINIC P QUALIFIED DOCTOR ... Q UNQUALIFIED DOCTOR R PHARMACY/ DRUG STORE . S PRIVATE MED. COLLEGE HOSPITAL _____ T (SPECIFY) OTHER PRIVATE _____ U (SPECIFY) OTHER SOURCE SHOP V FRIEND/RELATIVE W OTHER _____ X (SPECIFY)
552		GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 557.	GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 557.	GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 557.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
557	CHECK 215 AND 218, ALL ROWS: NUMBER OF CHILDREN BORN IN 2009 OR LATER LIVING WITH THE RESPONDENT ONE OR MORE ☐ NONE ☐ RECORD NAME OF YOUNGEST CHILD LIVING WITH HER AND CONTINUE WITH 558 _____ (NAME)		601

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																																																																																
558	Now I would like to ask you about liquids or foods that (NAME FROM 557) 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 557) (drink/eat): <table border="1"> <thead> <tr> <th></th><th>YES</th><th>NO</th><th>DK</th></tr> </thead> <tbody> <tr> <td>a) Plain water?</td><td>a) 1</td><td>2</td><td>8</td></tr> <tr> <td>b) Juice or juice drinks?</td><td>b) 1</td><td>2</td><td>8</td></tr> <tr> <td>d) Milk such as tinned, powdered, or fresh animal milk?</td><td>d) 1</td><td>2</td><td>8</td></tr> <tr> <td>IF YES: How many times did (NAME) drink milk? IF 7 OR MORE TIMES, RECORD '7'.</td><td>NUMBER OF TIMES DRANK MILK</td><td colspan="2"> </td></tr> <tr> <td>e) Infant formula like Lactogen?</td><td>e) 1</td><td>2</td><td>8</td></tr> <tr> <td>IF YES: How many times did (NAME) drink infant formula? IF 7 OR MORE TIMES, RECORD '7'.</td><td>NUMBER OF TIMES DRANK FORMULA</td><td colspan="2"> </td></tr> <tr> <td>f) Any other liquids?</td><td>f) 1</td><td>2</td><td>8</td></tr> <tr> <td>g) Yogurt?</td><td>g) 1</td><td>2</td><td>8</td></tr> <tr> <td>IF YES: How many times did (NAME) eat yogurt? IF 7 OR MORE TIMES, RECORD '7'.</td><td>NUMBER OF TIMES ATE YOGURT</td><td colspan="2"> </td></tr> <tr> <td>h) Any commercially fortified baby food like Cerelac?</td><td>h) 1</td><td>2</td><td>8</td></tr> <tr> <td>i) Bread, rice, noodles, porridge, or other foods made from grains?</td><td>i) 1</td><td>2</td><td>8</td></tr> <tr> <td>j) Pumpkin, carrots, squash or sweet potatoes that are yellow or orange inside?</td><td>j) 1</td><td>2</td><td>8</td></tr> <tr> <td>k) White potatoes, white yams, manioc, cassava, or any other foods made from roots?</td><td>k) 1</td><td>2</td><td>8</td></tr> <tr> <td>l) Any dark green, leafy vegetables like spinach, poi sag, methi, kolmi, kochu, palak?</td><td>l) 1</td><td>2</td><td>8</td></tr> <tr> <td>m) Ripe mangoes, papayas, ripe kathal, bangi or other Vitamin A rich fruits?</td><td>m) 1</td><td>2</td><td>8</td></tr> <tr> <td>n) Any other fruits like banana, grapes, apple, guava or other vegetables like cabbage, patal, kopi?</td><td>n) 1</td><td>2</td><td>8</td></tr> <tr> <td>o) Liver, kidney, heart or other organ meats?</td><td>o) 1</td><td>2</td><td>8</td></tr> <tr> <td>p) Any meat, such as beef, pork, lamb, goat, chicken, or duck?</td><td>p) 1</td><td>2</td><td>8</td></tr> <tr> <td>q) Eggs?</td><td>q) 1</td><td>2</td><td>8</td></tr> <tr> <td>r) Fish, shrimps or crab ?</td><td>r) 1</td><td>2</td><td>8</td></tr> <tr> <td>s) Any foods made from beans, peas, lentils, or nuts?</td><td>s) 1</td><td>2</td><td>8</td></tr> <tr> <td>t) Cheese or other food made from milk like paneer?</td><td>t) 1</td><td>2</td><td>8</td></tr> <tr> <td>u) Any other solid, semi-solid, or soft food (bengali sweets)?</td><td>u) 1</td><td>2</td><td>8</td></tr> </tbody> </table>		YES	NO	DK	a) Plain water?	a) 1	2	8	b) Juice or juice drinks?	b) 1	2	8	d) Milk such as tinned, powdered, or fresh animal milk?	d) 1	2	8	IF YES: How many times did (NAME) drink milk? IF 7 OR MORE TIMES, RECORD '7'.	NUMBER OF TIMES DRANK MILK			e) Infant formula like Lactogen?	e) 1	2	8	IF YES: How many times did (NAME) drink infant formula? IF 7 OR MORE TIMES, RECORD '7'.	NUMBER OF TIMES DRANK FORMULA			f) Any other liquids?	f) 1	2	8	g) Yogurt?	g) 1	2	8	IF YES: How many times did (NAME) eat yogurt? IF 7 OR MORE TIMES, RECORD '7'.	NUMBER OF TIMES ATE YOGURT			h) Any commercially fortified baby food like Cerelac?	h) 1	2	8	i) Bread, rice, 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, manioc, cassava, or any other foods made from roots?	k) 1	2	8	l) Any dark green, leafy vegetables like spinach, poi sag, methi, kolmi, kochu, palak?	l) 1	2	8	m) Ripe mangoes, papayas, ripe kathal, bangi or other Vitamin A rich fruits?	m) 1	2	8	n) Any other fruits like banana, grapes, apple, guava or other vegetables like cabbage, patal, kopi?	n) 1	2	8	o) Liver, kidney, heart or other organ meats?	o) 1	2	8	p) Any meat, such as beef, pork, lamb, goat, chicken, or duck?	p) 1	2	8	q) Eggs?	q) 1	2	8	r) Fish, shrimps or crab ?	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 like paneer?	t) 1	2	8	u) Any other solid, semi-solid, or soft food (bengali sweets)?	u) 1	2	8		
	YES	NO	DK																																																																																																
a) Plain water?	a) 1	2	8																																																																																																
b) Juice or juice drinks?	b) 1	2	8																																																																																																
d) Milk such as tinned, powdered, or fresh animal milk?	d) 1	2	8																																																																																																
IF YES: How many times did (NAME) drink milk? IF 7 OR MORE TIMES, RECORD '7'.	NUMBER OF TIMES DRANK MILK																																																																																																		
e) Infant formula like Lactogen?	e) 1	2	8																																																																																																
IF YES: How many times did (NAME) drink infant formula? IF 7 OR MORE TIMES, RECORD '7'.	NUMBER OF TIMES DRANK FORMULA																																																																																																		
f) Any other liquids?	f) 1	2	8																																																																																																
g) Yogurt?	g) 1	2	8																																																																																																
IF YES: How many times did (NAME) eat yogurt? IF 7 OR MORE TIMES, RECORD '7'.	NUMBER OF TIMES ATE YOGURT																																																																																																		
h) Any commercially fortified baby food like Cerelac?	h) 1	2	8																																																																																																
i) Bread, rice, 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, manioc, cassava, or any other foods made from roots?	k) 1	2	8																																																																																																
l) Any dark green, leafy vegetables like spinach, poi sag, methi, kolmi, kochu, palak?	l) 1	2	8																																																																																																
m) Ripe mangoes, papayas, ripe kathal, bangi or other Vitamin A rich fruits?	m) 1	2	8																																																																																																
n) Any other fruits like banana, grapes, apple, guava or other vegetables like cabbage, patal, kopi?	n) 1	2	8																																																																																																
o) Liver, kidney, heart or other organ meats?	o) 1	2	8																																																																																																
p) Any meat, such as beef, pork, lamb, goat, chicken, or duck?	p) 1	2	8																																																																																																
q) Eggs?	q) 1	2	8																																																																																																
r) Fish, shrimps or crab ?	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 like paneer?	t) 1	2	8																																																																																																
u) Any other solid, semi-solid, or soft food (bengali sweets)?	u) 1	2	8																																																																																																
559	CHECK 558 (CATEGORIES "g" THROUGH "u"): NOT A SINGLE "YES" ☐ AT LEAST ONE "YES" ☐		561																																																																																																

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
560	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 558 TO RECORD ← FOOD EATEN YESTERDAY) NO 2 → 601	
561	How many times did (NAME FROM 557) eat solid, semi-solid, or soft foods yesterday during the day or at night? IF 7 OR MORE TIMES, RECORD '7'.	NUMBER OF TIMES DON'T KNOW 8	

SECTION 6. MARRIAGE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	CHECK 103A: CURRENTLY MARRIED ☐ SEPARATED/DESERTED DIVORCED/WIDOWED ☐		→ 609
604	Is your husband living with you now or is he staying elsewhere?	LIVING WITH HER 1 STAYING ELSEWHERE 2	→ 605
604A	How often did he come home in the past 12 months?	NUMBER OF TIMES DID NOT COME IN THE LAST 12 MONTHS 96	
605	RECORD THE HUSBAND'S/PARTNER'S NAME AND LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE. IF HE IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'.	NAME LINE NO.	
609	Have you been married only once or more than once?	ONLY ONCE 1 MORE THAN ONCE 2	
610	CHECK 609: MARRIED ONLY ONCE ☐ MARRIED 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
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	→ 701
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 <u>last</u> 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	→ 701
616	How many times during the last month did you have sexual intercourse? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF TIMES IS 95 OR MORE, WRITE '95'.	NUMBER OF TIMES	

SECTION 7. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
701	CHECK 103A: CURRENTLY MARRIED ☐ SEPARATED/DESERTED DIVORCED/WIDOWED ☐		→ 712
701A	CHECK 304: NEITHER STERILIZED ☐ HE OR SHE STERILIZED ☐		→ 710
702	CHECK 226: PREGNANT ☐ NOT 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 226: NOT PREGNANT OR UNSURE ☐ PREGNANT ☐ How long would you like to wait from now before the birth of (a/another) child? After the birth of the child you are expecting now, how long would you like to wait before the birth of another child?	MONTHS 1 YEARS 2 SOON/NOW 993 SAYS SHE CAN'T GET PREGNANT 994 OTHER 996 (SPECIFY) DON'T KNOW 998	→ 710 → 712 → 710
706	CHECK 226: NOT PREGNANT OR UNSURE ☐ PREGNANT ☐		→ 711
707	CHECK 303: USING A CONTRACEPTIVE METHOD? NOT CURRENTLY USING ☐ CURRENTLY 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. Can you tell me why you are not using a method to prevent pregnancy? Any other reason? 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? Any other reason? RECORD ALL REASONS MENTIONED.	FERTILITY-RELATED REASONS NOT HAVING SEX B INFREQUENT SEX C MENOPAUSAL/HYSTERECTOMY D CAN'T GET PREGNANT E NOT MENSTRUATED SINCE LAST BIRTH F BREASTFEEDING G UP TO GOD/FATALISTIC H OPPOSITION TO USE RESPONDENT OPPOSED I HUSBAND/PARTNER OPPOSED ... J OTHERS OPPOSED K RELIGIOUS PROHIBITION L LACK OF KNOWLEDGE KNOWS NO METHOD M KNOWS NO SOURCE N METHOD-RELATED REASONS SIDE EFFECTS/HEALTH CONCERNS O LACK OF ACCESS/TOO FAR P COSTS TOO MUCH Q PREFERRED METHOD NOT AVAILABLE R NO METHOD AVAILABLE S INCONVENIENT TO USE T INTERFERES WITH BODY'S NORMAL PROCESSES U OTHER X (SPECIFY) DON'T KNOW Z	
710	CHECK 303: USING A CONTRACEPTIVE METHOD? NOT ASKED ☐ NOT CURRENTLY USING ☐ 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	→ 711B
711A	Which contraceptive method would you prefer to use?	FEMALE STERILIZATION 01 MALE STERILIZATION 02 IUD 03 INJECTABLES 04 IMPLANTS 05 PILL 06 CONDOM 07 SAFE PERIOD 12 WITHDRAWAL 13 OTHER 96 (SPECIFY) UNSURE 98	→ 712

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
711B	What is the main reason that you think you will not use a contraceptive method at any time in the future?	FERTILITY-RELATED REASONS INFREQUENT SEX/NO SEX . . . 22 MENOPAUSAL/HYSTERECTOMY 23 SUBFECUND/INFECUND 24 WANTS AS MANY CHILDREN AS POSSIBLE 26 OPPOSITION TO USE RESPONDENT OPPOSED 31 HUSBAND/PARTNER OPPOSED 32 OTHERS OPPOSED 33 RELIGIOUS PROHIBITION 34 LACK OF KNOWLEDGE KNOWS NO METHOD 41 KNOWS NO SOURCE 42 METHOD-RELATED REASONS HEALTH CONCERNS 51 FEAR OF SIDE EFFECTS 52 LACK OF ACCESS/TOO FAR . . . 53 COSTS TOO MUCH 54 INCONVENIENT TO USE 55 INTERFERES WITH BODY'S NORMAL PROCESSES 56 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	
712	CHECK 216: 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
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 month 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 a poster, billboard or leaflet? Heard about family planning from a community event?	YES NO RADIO 1 2 TELEVISION 1 2 NEWSPAPER OR MAGAZINE . . . 1 2 POSTER/BILLBOARD 1 2 COMMUNITY EVENT 1 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
714A	In the last month have you heard about family planning from any community health worker?	YES 1 NO 2	→ 716
714B	Were these government or non-government worker?	GOVERNMENT A NON-GOVERNMENT B DON'T KNOW C	
716	CHECK 103A: YES, ☐ CURRENTLY MARRIED ↓ SEPARATED/DESERTED ☐ DIVORCED/WIDOWED		→ 801
717	CHECK 303: USING A CONTRACEPTIVE METHOD? CURRENTLY ☐ USING ↓ NOT CURRENTLY ☐ USING OR NOT ASKED		→ 720
718	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)	
719	CHECK 304: NEITHER ☐ STERILIZED ↓ HE OR SHE ☐ STERILIZED		→ 801
720	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	

SECTION 8. HUSBAND'S BACKGROUND AND WOMAN'S WORK

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
801	CHECK 103A: CURRENTLY MARRIED ☐ SEPARATED/DESERTED DIVORCED/WIDOWED ☐		803
802	How old was your (husband) on his last birthday?	AGE IN COMPLETED YEARS	
803	Did your (last) (husband) ever attend school or madrasha?	YES 1 NO 2	806
803A	What type of schooling did your husband last attend?	SCHOOL 1 MADRASHA 2	
804	What level of schooling did he last attend?	PRIMARY 1 SECONDARY 2 COLLEGE AND HIGHER 3	
805	What is the highest class he completed at that level?	CLASS	
806	CHECK 801: CURRENTLY MARRIED/ LIVING WITH A MAN ☐ FORMERLY MARRIED/ LIVED WITH A MAN ☐ What is your (husband's/ partner's) occupation? That is, what kind of work does he mainly do?	 	
807	Aside from your own housework, have you done any work in the last seven days?	YES 1 NO 2	811
808	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	811
809	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	811
810	Have you done any work in the last 12 months?	YES 1 NO 2	815
811	What is your occupation, that is, what kind of work do you mainly do?	 	
812	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	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
813	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	
814	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	
815	CHECK 103A: CURRENTLY MARRIED SEPARATED/DESERTED DIVORCED/WIDOWED ☐		→ 823A
816	CHECK 814: CODE 1 OR 2 CIRCLED ☐ OTHER ☐		→ 820
817	Who usually decides how the money you earn will be used: you, you, your husband, you and your husband jointly, or someone else?	RESPONDENT 1 HUSBAND 2 RESPONDENT AND HUSBAND JOINTLY 3 OTHER 6 (SPECIFY) _____	
820	Who usually makes decisions about health care for yourself: you, you, your husband, you and your husband jointly, or someone else?	RESPONDENT 1 HUSBAND 2 RESPONDENT AND HUSBAND JOINTLY 3 SOMEONE ELSE 4 OTHER 6	
821	Who usually makes decisions about making major household purchases?	RESPONDENT 1 HUSBAND 2 RESPONDENT AND HUSBAND JOINTLY 3 SOMEONE ELSE 4 OTHER 6	
822	Who usually makes decisions about visits to your family or relatives?	RESPONDENT 1 HUSBAND 2 RESPONDENT AND HUSBAND JOINTLY 3 SOMEONE ELSE 4 OTHER 6	
823	Who usually makes decisions about your child health care?	RESPONDENT 1 HUSBAND 2 RESPONDENT AND HUSBAND JOINTLY 3 SOMEONE ELSE 4 OTHER 6	
823A	Do you go to a health centre or hospital alone or with your young children?	YES, ALONE 1 YES, WITH CHILDREN 2 NO 3 OTHER 6 (SPECIFY) _____	☐ → 825

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
823B	Can you go to a health centre or hospital alone or with your young children?	YES, ALONE 1 YES, WITH CHILDREN 2 NO 3 OTHER _____ 6 (SPECIFY)	
825	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	
826	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	

SECTION 9. HIV/AIDS

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	→ 937																
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 because of witchcraft or other supernatural means?	YES 1 NO 2 DON'T KNOW 8																	
906A	Can people get the AIDS virus by using unsterilized needle or syringe?	YES 1 NO 2 DON'T KNOW 8																	
906B	Can people get the AIDS virus through unsafe blood transfusion?	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?	<table border="0"> <tr> <td></td><td>YES</td><td>NO</td><td>DK</td></tr> <tr> <td>DURING PREG.</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>DURING DELIVERY</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>BREASTFEEDING</td><td>1</td><td>2</td><td>8</td></tr> </table>		YES	NO	DK	DURING PREG.	1	2	8	DURING DELIVERY	1	2	8	BREASTFEEDING	1	2	8	
	YES	NO	DK																
DURING PREG.	1	2	8																
DURING DELIVERY	1	2	8																
BREASTFEEDING	1	2	8																
937	CHECK 901: <table border="0"> <tr> <td>HEARD ABOUT AIDS ☐</td> <td>NOT HEARD ABOUT AIDS ☐</td> </tr> <tr> <td>↓</td> <td>↓</td> </tr> <tr> <td>Apart from AIDS, have you heard about other infections that can be transmitted through sexual contact?</td> <td>Have you heard about infections that can be transmitted through sexual contact?</td> </tr> </table>	HEARD ABOUT AIDS ☐	NOT HEARD ABOUT AIDS ☐	↓	↓	Apart from AIDS, have you heard about other infections that can be transmitted through sexual contact?	Have you heard about infections that can be transmitted through sexual contact?	YES 1 NO 2											
HEARD ABOUT AIDS ☐	NOT HEARD ABOUT AIDS ☐																		
↓	↓																		
Apart from AIDS, have you heard about other infections that can be transmitted through sexual contact?	Have you heard about infections that can be transmitted through sexual contact?																		
937A	Have you ever heard about: a) Syphilis? b) Gonorrhea?	<table border="0"> <tr> <td></td><td>YES</td><td>NO</td></tr> <tr> <td>SYPHILIS</td><td>1</td><td>2</td></tr> <tr> <td>GONORRHEA</td><td>1</td><td>2</td></tr> </table>		YES	NO	SYPHILIS	1	2	GONORRHEA	1	2								
	YES	NO																	
SYPHILIS	1	2																	
GONORRHEA	1	2																	
938	CHECK 613: <table border="0"> <tr> <td>HAS HAD SEXUAL INTERCOURSE ☐</td> <td>NEVER HAD SEXUAL INTERCOURSE ☐</td> </tr> <tr> <td>↓</td> <td>→</td> </tr> </table>	HAS HAD SEXUAL INTERCOURSE ☐	NEVER HAD SEXUAL INTERCOURSE ☐	↓	→		→ 945A												
HAS HAD SEXUAL INTERCOURSE ☐	NEVER HAD SEXUAL INTERCOURSE ☐																		
↓	→																		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
939	CHECK 937 and 937A: HEARD ABOUT OTHER SEXUALLY TRANSMITTED INFECTIONS? YES ☐ NO ☐ → 941		
940	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	
941	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	
942	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	
943	CHECK 940, 941, AND 942: HAS HAD AN INFECTION (ANY 'YES') ☐ HAS NOT HAD AN INFECTION OR DOES NOT KNOW ☐ → 945A		
944	The last time you had (PROBLEM FROM 940/941/942), did you seek any kind of advice or treatment?	YES 1 NO 2 → 945A	
945	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))	PUBLIC SECTOR MEDICAL COLLEGE HOSPITAL A SPECIALIZED GOVT. HOSPITAL B (SPECIFY) DISTRICT HOSPITAL C MCWC D UHC E H&FWC F SATELLITE CLINIC/EPI OUTREACH SITE G COMMUNITY CLINIC H FAMILY WELFARE ASST. I OTHER J (SPECIFY) NGO SECTOR NGO STATIC CLINIC K NGO SATELLITE CLINIC L NGO DEPO HOLDER M NGO FIELD WORKER N OTHER O (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC/ P QUALIFIED DOCTOR Q UNQUALIFIED DOCTOR R PHARMACY/DRUG STORE S PRIVATE MEDICAL COLLEGE HOSPITAL T (SPECIFY) OTHER U (SPECIFY) OTHER SOURCE OTHER X (SPECIFY)	
945A	Husbands and wives do not always agree on everything. If a wife knows her husband has a disease that she can get during sexual intercourse, is she justified in refusing to have sex with him?	YES 1 NO 2 DON'T KNOW 8	

SECTION 10. FOOD SECURITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP				
1001	How often did you eat three 'square meals' (full stomach meals) a day in the past 12 months (not a festival day) ?	MOSTLY (3 MEALS EACH DAY) . . . 1 SOMETIMES (3 MEALS PER DAY) 2 RARELY (3 MEALS PER DAY 1-6 TIMES THIS YEAR) 3 NEVER 4					
1002	In the last 12 months how often did you yourself skip entire meals because there was not enough food?	NEVER 1 RARELY (1-6 TIMES THIS YEAR) . . . 2 SOMETIMES (7-12 TIMES THIS YEAR) 3 OFTEN (FEW TIMES EACH MONTH) . 4					
1003	In the last 12 months how often did you personally eat less food in a meal because there was not enough food?	NEVER 1 RARELY (1-6 TIMES THIS YEAR) . . . 2 SOMETIMES (7-12 TIMES THIS YEAR) 3 OFTEN (FEW TIMES EACH MONTH) . 4					
1004	In the last 12 months, how often did you or any of your family have to eat wheat (or another grain) although you wanted to eat rice (not including when you were sick)?	NEVER 1 RARELY (1-6 TIMES THIS YEAR) . . . 2 SOMETIMES (7-12 TIMES THIS YEAR) 3 OFTEN (FEW TIMES EACH MONTH) . 4					
1005	In the past 12 months how often did your family have to ask food from relatives or neighbors to make a meal?	NEVER 1 RARELY (1-6 TIMES THIS YEAR) . . . 2 SOMETIMES (7-12 TIMES THIS YEAR) 3 OFTEN (FEW TIMES EACH MONTH) . 4					
1006	RECORD THE TIME.	HOUR MINUTES <table border="1"> <tr> <td></td><td></td> </tr> <tr> <td></td><td></td> </tr> </table>					

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

NAME OF SUPERVISOR: _____ DATE: _____

EDITOR'S OBSERVATIONS

NAME OF EDITOR: _____ DATE: _____

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

INFORMATION TO BE CODED FOR EACH COLUMN

COLUMN 1: BIRTHS, PREGNANCIES, CONTRACEPTIVE USE**

B BIRTHS
 P PREGNANCIES
 T TERMINATIONS

0 NO METHOD
 1 FEMALE STERILIZATION
 2 MALE STERILIZATION
 3 IUD
 4 INJECTABLES
 5 IMPLANTS
 6 PILL
 7 CONDOM
 L RHYTHM METHOD
 M WITHDRAWAL

X OTHER _____
 (SPECIFY)

COLUMN 2: DISCONTINUATION OF CONTRACEPTIVE USE

0 INFREQUENT SEX/HUSBAND AWAY
 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
 X OTHER _____
 (SPECIFY)

Z DON'T KNOW

			1	2
12	DEC	01		
11	NOV	02		
10	OCT	03		
09	SEP	04		
2	08	AUG	05	2
0	07	JUL	06	0
1	06	JUN	07	1
1	05	MAY	08	1
	04	APR	09	
	03	MAR	10	
	02	FEB	11	
	01	JAN	12	
12	DEC	13		
11	NOV	14		
10	OCT	15		
09	SEP	16		
2	08	AUG	17	2
0	07	JUL	18	0
1	06	JUN	19	1
0	05	MAY	20	0
	04	APR	21	
	03	MAR	22	
	02	FEB	23	
	01	JAN	24	
12	DEC	25		
11	NOV	26		
10	OCT	27		
09	SEP	28		
2	08	AUG	29	2
0	07	JUL	30	0
0	06	JUN	31	0
9	05	MAY	32	9
	04	APR	33	
	03	MAR	34	
	02	FEB	35	
	01	JAN	36	
12	DEC	37		
11	NOV	38		
10	OCT	39		
09	SEP	40		
2	08	AUG	41	2
0	07	JUL	42	0
0	06	JUN	43	0
8	05	MAY	44	8
	04	APR	45	
	03	MAR	46	
	02	FEB	47	
	01	JAN	48	
12	DEC	49		
11	NOV	50		
10	OCT	51		
09	SEP	52		
2	08	AUG	53	2
0	07	JUL	54	0
0	06	JUN	55	0
7	05	MAY	56	7
	04	APR	57	
	03	MAR	58	
	02	FEB	59	
	01	JAN	60	
12	DEC	61		
11	NOV	62		
10	OCT	63		
09	SEP	64		
2	08	AUG	65	2
0	07	JUL	66	0
0	06	JUN	67	0
6	05	MAY	68	6
	04	APR	69	
	03	MAR	70	
	02	FEB	71	
	01	JAN	72	

2011 BANGLADESH DEMOGRAPHIC AND HEALTH SURVEYS
MAN'S QUESTIONNAIRE

NIPORT, MOHFW, and
Mitra and Associates

IDENTIFICATION				
CLUSTER NUMBER HOUSEHOLD NUMBER NAME OF THE HOUSEHOLD HEAD _____ NAME AND LINE NUMBER OF MAN _____				
INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE				DAY
INTERVIEWER'S NAME				MONTH
RESULT*				YEAR 2 0 1 1
NEXT VISIT: DATE				INT. NUMBER
TIME				RESULT
*RESULT CODES: 1 COMPLETED 2 NOT AT HOME 3 POSTPONED 4 REFUSED 5 PARTLY COMPLETED 6 INCAPACITATED 7 OTHER _____ (SPECIFY)				
SUPERVISOR NAME _____ DATE _____		FIELD EDITOR NAME _____ DATE _____		OFFICE EDITOR

SECTION 1. RESPONDENT'S BACKGROUND

INTRODUCTION AND CONSENT

INFORMED CONSENT

Hello. My name is _____. I am working with NIPOORT, the Ministry of Health and Family Welfare and Mitra Associates, a private research company in Dhaka. We are conducting a survey about health all over Bangladesh. 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. 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 INTERVIEWED 1 RESPONDENT DOES NOT AGREE TO BE INTERVIEWED ... 2 → END

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	HOUR MINUTES	
102	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	
103A	Are you now married, separated, deserted, widowed, divorced or have you never been married?	CURRENTLY MARRIED 1 SEPARATED 2 DESERTED 3 DIVORCED 4 WIDOWED 5 NEVER MARRIED 6	→ END
104	Have you ever attended school/madrasha?	YES 1 NO 2	→ 108
104A	What type of school have you last attended?	SCHOOL 1 MADRASHA 2	
105	What is the highest level of school you attended: primary, secondary, or college and higher?	PRIMARY 1 SECONDARY 2 COLLEGE AND HIGHER 3	
106	What is the highest class you completed at that level?	CLASS	

107	CHECK 105: PRIMARY ☐ SECONDARY OR HIGHER ☐		→ 110
108	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	
109	CHECK 108: CODE '2', '3' OR '4' ☐ CODE '1' OR '5' 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?	ISLAM 1 HINDUISM 2 BUDDHISM 3 CHRISTIANITY 4 OTHER 6 (SPECIFY)	
114	Are you currently working?	YES 1 NO 2	→ 119
115	What is your occupation, that is, what kind of work do you mainly do?		
116	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	→ 118
117	During the last 12 months, how many months did you work?	NUMBER OF MONTHS	
118	Do you think that your earning is sufficient, moderately sufficient, or not sufficient to provide for your family's basic needs?	SUFFICIENT 1 MODERATELY SUFFICIENT 2 NOT SUFFICIENT 3	→ 201
119	Have you done any work in the last 12 months?	YES 1 NO 2	→ 201
120	What have you been doing over the last 12 months?	GOING TO SCHOOL 1 LOOKING FOR WORK 2 INACTIVE 3 COULD NOT WORK/HANDICAPPED 4 OTHER 6 (SPECIFY)	

SECTION 2. MARRIAGE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP															
201	CHECK 103A: CURRENTLY MARRIED ☐ NOT CURRENTLY MARRIED (SEPARATED/DESERTED DIVORCED/WIDOWED) ☐		→ 207															
202	Is your wife staying with you now or is she staying elsewhere?	STAYING WITH HIM 1 STAYING ELSEWHERE 2																
203	Do you currently have one wife or more than one wife?	ONE WIFE 1 MORE THAN ONE WIFE 2	→ 205															
204	Altogether, how many wives do you have?	TOTAL NUMBER OF WIVES																
205	CHECK 203: ONE WIFE ☐ MORE THAN ONE WIFE ☐ Please tell me the name of your wife. Please tell me the name of each of your current wives. 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'. 206 ASK 206 FOR EACH PERSON.	<table border="1"> <thead> <tr> <th>NAME</th><th>LINE NUMBER</th><th>AGE</th></tr> </thead> <tbody> <tr><td>_____</td><td> </td><td> </td></tr> <tr><td>_____</td><td> </td><td> </td></tr> <tr><td>_____</td><td> </td><td> </td></tr> <tr><td>_____</td><td> </td><td> </td></tr> </tbody> </table>	NAME	LINE NUMBER	AGE	_____			_____			_____			_____			206 How old was (NAME) on her last birthday?
NAME	LINE NUMBER	AGE																

206A	CHECK 203: ONE WIFE ☐ MORE THAN ONE WIFE ☐		→ 208A															
207	Have you been married only once or more than once?	ONLY ONCE 1 MORE THAN ONCE 2	→ 208A															
208	In what month and year did you start living with your wife?	MONTH DON'T KNOW MONTH 98 YEAR DON'T KNOW YEAR 9998	→ 210															
208A	Now I would like to ask about your first wife. In what month and year did you start living with her?																	
209	How old were you when you started living with her?	AGE																
210	CHECK FOR THE PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.																	
211	Now I would like to ask you some questions about sexual activity in order to gain a better understanding of some important life issues. How old were you when you had sexual intercourse for the very first time?	NEVER HAD SEXUAL INTERCOURSE 00 AGE IN YEARS FIRST TIME WHEN STARTED LIVING WITH (FIRST) WIFE 95																

SECTION 3. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
301	CHECK 203: ONE OR MORE WIVES ☐ ↓ QUESTION NOT ASKED ☐		→ 307
302	(Is your wife /Are any of your wives) currently pregnant?	YES 1 NO 2 DON'T KNOW 8	
303	CHECK 302: NO WIFE PREGNANT OR DON'T KNOW ☐ ↓ 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? WIFE(WIVES) PREGNANT ☐ ↓ Now I have some questions about the future. After the child(ren) you and your (wife/wives) are expecting now, would you like to have another child, or would you prefer not to have any more children?	HAVE (A/ANOTHER) CHILD 1 NO MORE/NONE 2 COUPLE INFECUND 3 WIFE (WIVES) STERILIZED 4 RESPONDENT STERILIZED 5 UNDECIDED/DON'T KNOW 8	→ 307
304	CHECK 205: ONE WIFE ☐ ↓ MORE THAN ONE WIFE ☐		→ 306
305	CHECK 303: WIFE NOT PREGNANT OR DON'T KNOW ☐ ↓ How long would you like to wait from now before the birth of (a/another) child? WIFE PREGNANT ☐ ↓ After the birth of the child you are expecting now, how long would you like to wait before the birth of another child?	MONTHS 1 YEARS 2 SOON/NOW 993 COUPLE INFECUND 994 OTHER 996 (SPECIFY) DON'T KNOW 998	→ 307
306	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 ARE INFECUND 994 OTHER 996 (SPECIFY) DON'T KNOW 998	
307	Do you have any living children?	YES 1 NO 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
308	CHECK 307: 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 → 310 NUMBER OTHER 96 → 310 (SPECIFY)	
309	How many of these children would you like to be boys, how many would you like to be girls and for how many would the sex not matter?	BOYS GIRLS EITHER NUMBER OTHER 96 (SPECIFY)	
310	In the last month have you: Heard about family planning on the radio? Seen shows about family planning on the television? Read about family planning in a newspaper or magazine? Read about family planning in a poster, billboard or leaflet? Heard about family planning from a community event?	YES NO RADIO 1 2 TELEVISION 1 2 NEWSPAPER OR MAGAZINE . 1 2 POSTER/BILLBOARD 1 2 COMMUNITY EVENT 1 2	
311	In the last month have you heard about family planning from any community health workers?	YES 1 NO 2 → 313	
312	Were these government or non-government worker?	GOVERNMENT A NON-GOVERNMENT B DON'T KNOW C	
313	I will now read you some statements about contraception. Please tell me if you agree or disagree with each one. a) Contraception is women's business and a man should not have to worry about it. b) Women who use contraception may become promiscuous.	DIS- AGREE AGREE DK CONTRACEPTION WOMAN'S BUSINESS . 1 2 8 WOMAN MAY BECOME PROMISCUOUS ... 1 2 8	

SECTION 5. PARTICIPATION IN HEALTH CARE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
502	Do you think that women need to have a medical checkup when they are pregnant even if they are not sick?	YES 1 NO 2 DON'T KNOW 8	☐ → 504
503	At what month of pregnancy do you think that women need to have their first checkup?	MONTH DON'T KNOW 98	
504	During their pregnancy, do you think that women need to eat more, the same, or less than they did before their pregnancy?	MORE 1 SAME 2 LESS 3 DON'T KNOW 8	
505	CHECK 307: HAS LIVING CHILDREN ☐ DOES NOT HAVE LIVING CHILDREN ☐		→ 601
506	How many years old is your youngest child?	AGE IN YEARS	
507	CHECK 506: YOUNGEST CHILD IS 0-3 YEARS OLD ☐ YOUNGEST CHILD 4 YEARS OR OLDER ☐		→ 601
508	What is the name of your youngest child? WRITE NAME OF YOUNGEST CHILD _____ (NAME OF YOUNGEST CHILD)		
509	Did your wife go to a health facility for antenatal care when she was pregnant with (NAME OF YOUNGEST CHILD)?	YES 1 NO 2 DON'T KNOW 8	→ 511
510	Did any medical persons such as a doctor, nurse, FWV or others visit your wife when she was pregnant with (NAME)?	YES 1 NO 2 DON'T KNOW 8	☐ → 512

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
511	Were you present during any of the antenatal care visits?	YES 1 NO 2	
512	At any time during this pregnancy, did any medical persons such as a doctor, nurse, FWV or others talk to you about this particular pregnancy?	YES 1 NO 2	
513	At any time during this pregnancy, did you ever talk with your wife about what the medical persons such as a doctor, nurse FWV or others told her about her own health or that of the baby's health?	YES 1 NO 2	
514	Where did your wife give birth to (NAME)?	HOME OWN HOME 11 PUBLIC SECTOR HOSP./MEDICAL COLLEGE 21 SPE. MED. COLLEGE 22 (SPECIFY) DISTRICT HOSPITAL 23 MCWC 24 UPAZILLA HEALTH COMPLEX 25 H & FAMILY WELFARE CENTRE 26 NGO SECTOR NGO STATIC CLINIC 31 OTHER 36 (SPECIFY) PRIVATE MED. SECTOR PVT. HOSPITAL/CLINIC 41 PVT. MED. COLLEGE HOSPITAL. 42 (SPECIFY) OTHER 96 (SPECIFY)	
515	Were you present at the birth of (NAME) in (NAME OF PLACE IN 514)?	YES 1 NO 2	
516	In the first two months after (NAME) was born, did your wife visit a health facility to have her own health or the baby's health checked?	YES 1 NO 2 DON'T KNOW 8	→ 518
517	In the first two months after (NAME) was born, did a medical person such as a doctor, nurse, FWV or others make a visit to check on your wife's or baby's health?	YES 1 NO 2 DON'T KNOW 8	→ 519
518	Were you present during any of the visits?	YES 1 NO 2	
519	Did (NAME OF THE YOUNGEST CHILD) ever receive any vaccinations to prevent him/her from getting diseases?	YES 1 NO 2 DON'T KNOW 8	→ 601
520	Did you take (NAME) to be vaccinated at any time?	YES 1 NO 2	

SECTION 6. HIV/AIDS AND STI

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	Now I would like to talk about something else. Have you ever heard of an illness called AIDS?	YES 1 NO 2	→ 613
602	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	
603	Can people get the AIDS virus from mosquito bites?	YES 1 NO 2 DON'T KNOW 8	
604	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	
605	Can people get the AIDS virus by sharing food with a person who has AIDS?	YES 1 NO 2 DON'T KNOW 8	
606A	Can people get the AIDS virus because of witchcraft or other supernatural means?	YES 1 NO 2 DON'T KNOW 8	
606B	Can people get the AIDS virus by using unsterilized needle or syringe?	YES 1 NO 2 DON'T KNOW 8	
606C	Can people get the AIDS virus through unsafe blood transfusions?	YES 1 NO 2 DON'T KNOW 8	
608	Is it possible for a healthy-looking person to have the AIDS virus?	YES 1 NO 2 DON'T KNOW 8	
613	CHECK 601: HEARD ABOUT AIDS ☐ ↓ Apart from AIDS, have you heard about other infections that can be transmitted through sexual contact? NOT HEARD ABOUT AIDS ☐ ↓ Have you heard about infections that can be transmitted through sexual contact?	YES 1 NO 2	
613A	Have you heard about: a) Syphilis? b) Gonorrhea?	YES NO SYPHILIS 1 2 GONORRHEA 1 2	
614	CHECK 211: HAS HAD SEXUAL INTERCOURSE ☐ NEVER HAD SEXUAL INTERCOURSE ☐		→ 622
615	CHECK 613/613A: HEARD ABOUT OTHER SEXUALLY TRANSMITTED INFECTIONS? YES ☐ NO ☐		→ 617
616	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	
617	Sometimes men experience an abnormal discharge from their penis. During the last 12 months, have you had a discharge from your penis?	YES 1 NO 2 DON'T KNOW 8	
618	Sometimes men experience a sore or ulcer on or near their penis. During the last 12 months, have you had a sore or ulcer on or near your penis?	YES 1 NO 2 DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
618A	During the last 12 months, have you had pain or burning sensation during urination?	YES 1 NO 2 DON'T KNOW 8									
619	CHECK 616, 617, 618 AND 618A HAS HAD AN INFECTION (ANY 'YES') ☐ HAS NOT HAD AN INFECTION OR DOES NOT KNOW ☐		→ 622								
620	The last time you had (PROBLEM FROM 616, 617, 618 and 618A), did you seek any kind of advice or treatment?	YES 1 NO 2	→ 622								
621	Where did you go? Any other place? PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S). IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER VCT CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE(S))	PUBLIC SECTOR MEDICAL COLLEGE HOSPITAL A SPECIALIZED GOVT. HOSPITAL B (SPECIFY) DISTRICT HOSPITAL C MCWC D UHC E H&FWC F SATELITE CLINIC/EPI OUTREACH SITE G COMMUNITY CLINIC H FAMILY WELFARE ASST. I OTHER J (SPECIFY) NGO SECTOR NGO STATIC CLINIC K NGO SATELLITE CLINIC L NGO DEPO HOLDER M NGO FIELD WORKER N OTHER O (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC/ P QUALIFIED DOCTOR Q UNQUALIFIED DOCTOR R PHARMACY/DRUG STORE S PRIVATE MEDICAL COLLEGE HOSPITAL T (SPECIFY) OTHER U (SPECIFY) OTHER SOURCE OTHER X (SPECIFY)									
622	Husbands and wives do not always agree on everything. If a wife knows her husband has a disease that she can get during sexual intercourse, is she justified in refusing to have sex with him?	YES 1 NO 2 DON'T KNOW 8									
623	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									
624	RECORD THE TIME.	HOUR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> MINUTES <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>									

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

NAME OF SUPERVISOR: _____ DATE: _____

EDITOR'S OBSERVATIONS

NAME OF EDITOR: _____ DATE: _____

BANGLADESH DEMOGRAPHIC AND HEALTH SURVEY 2011
VERBAL AUTOPSY FORM 1
FOR NEONATAL DEATHS (0-28 DAYS OF AGE)

NIPORT, MOHFW, and
Mitra and Associates

IDENTIFICATION				
DIVISION _____				
DISTRICT _____				
UPAZILA _____				
UNION OR WARD _____				
VILLAGE OR MOHALLA OR BLOCK _____				
CLUSTER NUMBER _____				
HOUSEHOLD NUMBER _____				
RURAL = 1, CITY CORPORATION = 2, OTHER THAN CC = 3 _____				
NAME OF HOUSEHOLD HEAD _____				
NAME AND LINE NUMBER OF RESPONDENT _____				
NAME AND LINE NUMBER OF DEAD CHILD _____				

INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY MONTH YEAR 2 0 1 1
INTERVIEWER'S NAME	_____	_____	_____	INT. NUMBER
RESULT*				RESULT
NEXT VISIT: DATE TIME				TOTAL NUMBER OF VISITS
*RESULT CODES: 1 COMPLETED 2 NO HOUSEHOLD MEMBER AT HOME 3 MOTHER/KNOWLEDGABLE RESPONDENT NOT PRESENT 4 MOTHER OR KNOWLEDGABLE RESPONDENT POSTPONED 5 MOTHER OR KNOWLEDGABLE RESPONDENT REFUSED 6 DWELLING VACANT/DESTROYED/NOT FOUND 7 OTHER _____ (SPECIFY)				
SUPERVISOR NAME _____ DATE _____	FIELD EDITOR NAME _____ DATE _____		OFFICE EDITOR	KEYED BY

INFORMED CONSENT

Hello. My name is _____ and I am working with NIPORT, the Ministry of Health and Family Welfare, and Mitra and Associates. We are collecting information on the causes of death in the community. We would very much appreciate your participation in this effort. The questions usually take about 30 to 45 minutes. We learned during our earlier visit that (NAME) has died recently. As part of this survey, we want to ask you about the circumstances leading to the death of the deceased. Whatever information you provide will be kept strictly confidential. No information identifying you or the deceased will ever be released to anyone outside of this information-collection activity.

Participation in this survey is voluntary and if we should come to any question you don't want to answer, just let me know and I will go on to the next question; or you can stop the interview at any time. However, we hope that you will participate in this survey since the results will help the government improve services for Bangladeshi people.

At this time, do you want to ask me anything about the purpose or content of this interview?

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
SECTION 4. RESPONDENT'S ACCOUNT OF ILLNESS/EVENTS LEADING TO DEATH			
401	Could you tell me about the illness/events that led to her/his death? 		
402	CAUSE OF DEATH 1 ACCORDING TO RESPONDENT. 		
403	CAUSE OF DEATH 2 ACCORDING TO RESPONDENT. 		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																												
SECTION 5. PREGNANCY HISTORY																																															
501	I would like to ask you some questions concerning the mother and symptoms that (NAME) had/showed at birth and shortly after. Some of these questions may not appear to be directly related to the baby's death. Please bear with me and answer all the questions. They will help us to get a clear picture of all possible symptoms that (NAME) had.																																														
502	How many births, including stillbirths, did the mother have before this baby?	NUMBER OF BIRTHS/ STILLBIRTHS..... DON'T KNOW 98																																													
503	How many months was the pregnancy when the baby was born?	MONTHS DON'T KNOW 98																																													
504	Did the pregnancy end earlier than expected?	YES 1 NO 2 DON'T KNOW 8	→ 506 → 506																																												
505	How many weeks before the expected date of delivery?	WEEKS DON'T KNOW 98																																													
506	During the pregnancy did the mother suffer from any of the following known illnesses:	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>1 High blood pressure?</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>2 Heart disease?</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>3 Diabetes?</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>4 Epilepsy/convulsion?</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>5 Did she suffer from any other medically diagnosed illness?</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table> (SPECIFY) ↩		YES	NO	DK	1 High blood pressure?	1	2	8	2 Heart disease?	1	2	8	3 Diabetes?	1	2	8	4 Epilepsy/convulsion?	1	2	8	5 Did she suffer from any other medically diagnosed illness?	1	2	8																					
	YES	NO	DK																																												
1 High blood pressure?	1	2	8																																												
2 Heart disease?	1	2	8																																												
3 Diabetes?	1	2	8																																												
4 Epilepsy/convulsion?	1	2	8																																												
5 Did she suffer from any other medically diagnosed illness?	1	2	8																																												
507	During the last 3 months of pregnancy did the mother suffer from any of the following illnesses:	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>01 Vaginal bleeding?</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>02 Smelly vaginal discharge?</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>03 Puffy face?</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>04 Headache?</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>05 Blurred vision?</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>06 Convulsion?</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>07 Febrile illness?</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>08 Severe abdominal pain that was not labor pain?</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>09 Pallor and shortness of breath (both present)?</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>10 Did she suffer from any other illness?</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table> (SPECIFY) ↩		YES	NO	DK	01 Vaginal bleeding?	1	2	8	02 Smelly vaginal discharge?	1	2	8	03 Puffy face?	1	2	8	04 Headache?	1	2	8	05 Blurred vision?	1	2	8	06 Convulsion?	1	2	8	07 Febrile illness?	1	2	8	08 Severe abdominal pain that was not labor pain?	1	2	8	09 Pallor and shortness of breath (both present)?	1	2	8	10 Did she suffer from any other illness?	1	2	8	
	YES	NO	DK																																												
01 Vaginal bleeding?	1	2	8																																												
02 Smelly vaginal discharge?	1	2	8																																												
03 Puffy face?	1	2	8																																												
04 Headache?	1	2	8																																												
05 Blurred vision?	1	2	8																																												
06 Convulsion?	1	2	8																																												
07 Febrile illness?	1	2	8																																												
08 Severe abdominal pain that was not labor pain?	1	2	8																																												
09 Pallor and shortness of breath (both present)?	1	2	8																																												
10 Did she suffer from any other illness?	1	2	8																																												
508	Was the child a single or multiple birth?	SINGLETON 1 TWIN 2 TRIPLET OR MORE 3 DON'T KNOW 8	→ 601 → 601																																												

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
509	What was the birth order of the child that died?	FIRST 1 SECOND 2 THIRD OR HIGHER 3 DON'T KNOW 8	
SECTION 6. DELIVERY HISTORY			
601	Where was the child born?	HOSPITAL 1 OTHER HEALTH FACILITY 2 HOME 3 OTHER 6 (SPECIFY) DON'T KNOW 8	
602	Who assisted with the delivery? Anyone else? PROBE FOR THE TYPE(S) OF PERSON(S) AND RECORD ALL MENTIONED. IF RESPONDENT SAYS NO ONE ASSISTED, PROBE TO DETERMINE WHETHER ANY ADULTS WERE PRESENT DURING THE DELIVERY.	HEALTH PERSONNEL QUAL. DOCTOR A NURSE/MIDWIFE/ PARAMEDIC B FAMILY WELFARE VISITOR C COMMUNITY SKILLED BIRTH ATTNDNT D MA/SACMO E HEALTH ASST. F FAMILY WELFARE ASSISTANT G OTHER PERSON TRAINED TBA H UNTRAINED TBA I UNQUALIFIED DOCTOR J RELATIVES K NEIGHBOURS/FRIENDS L NGO WORKER M OTHER X (SPECIFY) DON'T KNOW Y NO ONE ASSISTED Z	
603	When did the water break?	BEFORE LABOR STARTED 1 DURING LABOR 2 DON'T KNOW 8	
604	How many hours after the water broke was the baby born?	LESS THAN 24 HOUR 1 24 HOURS OR MORE 2 DON'T KNOW 8	
605	Was the water foul smelling?	YES 1 NO 2 DON'T KNOW 8	
606	Did the baby stop moving in the womb?	YES 1 NO 2 DON'T KNOW 8	→ 608 → 608
607	When did the baby stop moving in the womb?	BEFORE LABOR STARTED 1 DURING LABOR 2 DON'T KNOW 8	
608	Did a birth attendant listen for fetal heart sounds during labor?	YES 1 NO 2 DON'T KNOW 8	→ 610 → 610

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
609	Were fetal heart sounds present?	YES 1 NO 2 DON'T KNOW 8	
610	Was there excess bleeding on the day labor started?	YES 1 NO 2 DON'T KNOW 8	
611	Did the mother have a fever on the day labor started?	YES 1 NO 2 DON'T KNOW 8	
612	How long did the labor pains last?	LESS THAN 12 HOUR 1 12-23 HOURS 2 24 HOURS OR MORE 3 DON'T KNOW 8	
613	Was it a normal vaginal delivery?	YES 1 NO 2 DON'T KNOW 8	→ 615 → 615
614	What type of delivery was it?	FORCEPS/VACUUM 1 CAESAREAN SECTION 2 OTHER 6 (SPECIFY) DON'T KNOW 8	→ 701
615	Which part of the baby came first?	HEAD 1 BOTTOM 2 FEET 3 ARM/HAND 4 OTHER 6 (SPECIFY) DON'T KNOW 8	
616	Did the umbilical cord come out before the baby was born?	YES 1 NO 2 DON'T KNOW 8	

SECTION 7. CONDITION OF THE BABY SOON AFTER BIRTH

701	At birth what was the size of the baby?	SMALLER THAN NORMAL 1 NORMAL 2 LARGER THAN NORMAL 3 DON'T KNOW 8	
702	Was the baby premature?	YES 1 NO 2 DON'T KNOW 8	→ 704 → 704
703	How many months or weeks along was the pregnancy? INDICATE PERIOD OF PREGNANCY.	MONTHS 1 WEEKS 2 DON'T KNOW 998	
704	What was the birth weight of the baby?	KILOGRAMS DON'T KNOW 98	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
705	Was anything applied to the umbilical cord stump after birth?	YES 1 NO 2 DON'T KNOW 8	→ 707 → 707
706	What was it?	ANTIBIOTICS (POWDER/OINTM) A ANTISEPTIC (DETOL/SAVLON HEXISOL) B SPIRIT/ALCOHOL C MUSTARD OIL WITH GARLIC D CHEWED RICE E TUMERIC JUICE/POWDER F GINGER JUICE G SHIDUR H BORIC POWDER I GENTIAN VIOLET (BLUE INK) J TALCOM POWDER K OTHER X (SPECIFY) DON'T KNOW Z	
707	Were there any signs of injury or broken bones?	YES 1 NO 2 DON'T KNOW 8	→ 709 → 709
708	Where were marks or signs of injury?	 (SPECIFY)	
709	Was there any sign of paralysis?	YES 1 NO 2 DON'T KNOW 8	
710	Did the baby have any malformation?	YES 1 NO 2 DON'T KNOW 8	→ 712 → 712
711	What kind of malformation did the baby have?	SWELLING/DEFECT ON THE BACK ... A VERY LARGE HEAD B VERY SMALL HEAD C DEFECT OF LIP AND/OR PALATE D OTHER MALFORMATION X (SPECIFY) DON'T KNOW Y	
712	What was the color of the baby at birth?	NORMAL 1 PALE 2 BLUE 3 DON'T KNOW 8	
713	Did the baby breathe after birth, even a little?	YES 1 NO 2 DON'T KNOW 8	
714	Was the baby given assistance to breathe?	YES 1 NO 2 DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
715	Did the baby ever cry after birth, even a little?	YES 1 NO 2 DON'T KNOW 8	
716	Did the baby ever move, even a little?	YES 1 NO 2 DON'T KNOW 8	
717	CHECK 713, 715, AND 716 FOR CODES 'NO': ALL THREE CODES 'NO': THE BABY DIDN'T BREATHE, ☐ THE BABY DIDN'T CRY, ☐ THE BABY DIDN'T MOVE ☐ OTHER ☐		801
718	If the baby did not cry, breathe or move, was it born dead?	YES 1 NO 2 DON'T KNOW 8	→ 801 → 801
719	Was the baby macerated, that is, showed signs of decay?	YES 1 NO 2 DON'T KNOW 8	→ 1001 → 1001 → 1001

SECTION 8. HISTORY OF INJURIES/ACCIDENTS

801	Did the baby suffer from any injury or accident that led to her/his death?	YES 1 NO 2 DON'T KNOW 8	→ 804 → 804
802	What kind of injury or accident did the baby suffer?	ROAD TRAFFIC ACCIDENT 01 FALL 02 DROWNING 03 POISONING 04 BURNS 05 VIOLENCE/ASSAULT 06 OTHER 96 (SPECIFY) DON'T KNOW 98	
803	Was the injury or accident intentionally inflicted by someone else?	YES 1 NO 2 DON'T KNOW 8	
804	Did the baby suffer from any animal/insect bite that led to her/his death?	YES 1 NO 2 DON'T KNOW 8	→ 901 → 901
805	What type of animal/insect?	DOG 1 SNAKE 2 INSECT 3 OTHER 6 (SPECIFY) DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
SECTION 9. NEONATAL ILLNESS HISTORY			
901	Was the baby ever able to suckle or bottle-feed?	YES 1 NO 2 DON'T KNOW 8	→ 905 → 905
902	How soon after birth did the baby suckle or bottle-feed?	HOURS 1 DAYS 2 DON'T KNOW 998	
903	Did the baby stop suckling or bottle-feeding?	YES 1 NO 2 DON'T KNOW 8	→ 905 → 905
904	How many days after birth did the baby stop suckling or bottle-feeding?	DAYS DON'T KNOW 98	
905	Was the breastfeeding exclusive?	YES 1 NO 2 DON'T KNOW 8	
906	Did the baby have convulsions?	YES 1 NO 2 DON'T KNOW 8	→ 908 → 908
907	How soon after birth did the convulsions start?	DAYS DON'T KNOW 98	
908	Did the baby become stiff and arched backwards?	YES 1 NO 2 DON'T KNOW 8	
909	Did the child have bulging of the fontanelle?	YES 1 NO 2 DON'T KNOW 8	→ 911 → 911
910	How many days after birth did the baby have the bulging?	DAYS DON'T KNOW 98	
911	Did the baby become unresponsive or unconscious?	YES 1 NO 2 DON'T KNOW 8	→ 913 → 913
912	How many days after birth did the baby become unresponsive or unconscious?	DAYS DON'T KNOW 98	
913	Did the baby have a fever?	YES 1 NO 2 DON'T KNOW 8	→ 915 → 915
914	How many days after birth did the baby have a fever?	DAYS DON'T KNOW 98	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
915	Did the baby become cold to the touch?	YES 1 NO 2 DON'T KNOW 8	→ 917 → 917
916	How many days after birth did the baby become cold to the touch?	DAYS DON'T KNOW 98	
917	Did the baby have a cough?	YES 1 NO 2 DON'T KNOW 8	→ 919 → 919
918	How many days after birth did the baby start to cough?	DAYS DON'T KNOW 98	
919	Did the baby have fast breathing?	YES 1 NO 2 DON'T KNOW 8	→ 921 → 921
920	How many days after birth did the baby start breathing fast?	DAYS DON'T KNOW 98	
921	Did the baby have difficulty breathing?	YES 1 NO 2 DON'T KNOW 8	→ 926 → 926
922	How many days after birth did the baby start having difficulty in breathing?	DAYS DON'T KNOW 98	
923	Did the baby have chest indrawing?	YES 1 NO 2 DON'T KNOW 8	
924	Did the baby have grunting? DEMONSTRATE.	YES 1 NO 2 DON'T KNOW 8	
925	Did the baby have flaring of the nostrils?	YES 1 NO 2 DON'T KNOW 8	
926	Did the baby have diarrhea?	YES 1 NO 2 DON'T KNOW 8	→ 930 → 930
927	How many days after birth did the baby have diarrhea?	DAYS DON'T KNOW 98	
928	When the diarrhea was most severe, how many times did the baby pass stools in a day?	NUMBER DON'T KNOW 98	
929	Was there blood in the stools?	YES 1 NO 2 DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
930	Did the baby have vomiting?	YES 1 NO 2 DON'T KNOW 8	→ 933 → 933
931	How many days after birth did vomiting start?	DAYS DON'T KNOW 98	
932	When the vomiting was most severe, how many times did the baby vomit in a day?	NUMBER OF TIMES A DAY DON'T KNOW 98	
933	Did the baby have abdominal distension?	YES 1 NO 2 DON'T KNOW 8	→ 935 → 935
934	How many days after birth did the baby have abdominal distension?	DAYS DON'T KNOW 98	
935	Did the baby have redness or discharge from the umbilical cord stump?	YES 1 NO 2 DON'T KNOW 8	
936	Did the baby have a pustular skin rash?	YES 1 NO 2 DON'T KNOW 8	
937	Did the baby have yellow palms or soles?	YES 1 NO 2 DON'T KNOW 8	→ 1001 → 1001
938	How many days after birth did the yellow palms or soles begin?	DAYS DON'T KNOW 98	
939	For how many days did the baby have yellow palms or soles?	DAYS DON'T KNOW 98	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
SECTION 10. MOTHER'S HEALTH AND CONTEXTUAL FACTORS			
1001	What was the age of the mother at the time the baby died?	YEARS DON'T KNOW 98	
1002	Did the mother receive antenatal care?	YES 1 NO 2 DON'T KNOW 8	
1003	Did the mother receive tetanus toxoid (TT) vaccine?	YES 1 NO 2 DON'T KNOW 8	→ 1005 → 1005
1004	How many doses?	NUMBER OF DOSES DON'T KNOW 98	
1005	How is the mother's health now?	HEALTHY 1 ILL 2 NOT ALIVE 3 DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1106	What did the health care worker say?		

SECTION 12 DATA ABSTRACTED FROM DEATH CERTIFICATE

1201	Do you have a death certificate for the baby?	YES 1 NO 2 DON'T KNOW 8	→1301 →1301
1202	Can I see the death certificate? COPY DAY, MONTH AND YEAR OF DEATH FROM THE DEATH CERTIFICATE.	DAY MONTH YEAR	
1203	COPY DAY, MONTH AND YEAR OF ISSUE OF DEATH CERTIFICATE.	DAY MONTH YEAR	
1204	RECORD THE CAUSE OF DEATH FROM THE FIRST (TOP) LINE OF THE DEATH CERTIFICATE: _____		
1205	RECORD THE CAUSE OF DEATH FROM THE SECOND LINE OF THE DEATH CERTIFICATE (IF ANY): _____		
1206	RECORD THE CAUSE OF DEATH FROM THE THIRD LINE OF THE DEATH CERTIFICATE (IF ANY): _____		
1207	RECORD THE CAUSE OF DEATH FROM THE FOURTH LINE OF THE DEATH CERTIFICATE (IF ANY): _____		

SECTION 13. DATA ABSTRACTED FROM OTHER HEALTH RECORDS							
1301	OTHER HEALTH RECORDS AVAILABLE	YES 1 NO 2	→ 1311				
1302	FOR EACH TYPE OF HEALTH RECORD SUMMARIZE DETAILS FOR LAST 2 VISITS (IF MORE THAN 2) AND RECORD DATE OF ISSUE. (RECORD INFORMATION ABOUT MOTHER AND STILLBORN DECEASED CHILD)						
1303	BURIAL PERMIT (CAUSE OF DEATH) _____ _____						
1304	POST MORTEM RESULTS (CAUSE OF DEATH) _____ _____						
1305	VACCINATION/MCH/ANC CARD (RELEVANT INFORMATION) _____ _____						
1306	HOSPITAL PRESCRIPTION (RELEVANT INFORMATION) _____ _____						
1307	TREATMENT CARDS (RELEVANT INFORMATION) _____ _____						
1308	HOSPITAL DISCHARGE (RELEVANT INFORMATION) _____ _____						
1309	LABORATORY RESULTS (RELEVANT INFORMATION) _____ _____						
1310	OTHER HOSPITAL DOCUMENTS SPECIFY: _____ _____ _____						
1311	RECORD THE TIME AT THE END OF INTERVIEW	HOURS MINUTES	<table border="1"> <tr> <td></td><td></td></tr> <tr> <td></td><td></td></tr> </table>				

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

NAME OF THE SUPERVISOR: _____ DATE: _____

BANGLADESH DEMOGRAPHIC AND HEALTH SURVEY 2011
VERBAL AUTOPSY FORM 2
DEATH OF CHILD AGED 4 WEEKS TO 5 YEARS

NIPORT, MOHFW, and
Mitra and Associates

IDENTIFICATION				
DIVISION _____ DISTRICT _____ UPAZILA _____ UNION OR WARD _____ VILLAGE OR MOHALLA OR BLOCK _____ CLUSTER NUMBER _____ HOUSEHOLD NUMBER _____ RURAL = 1, CITY CORPORATION = 2, OTHER URBAN = 3 _____ NAME OF HOUSEHOLD HEAD _____ NAME AND LINE NUMBER OF MOTHER _____ NAME AND LINE NUMBER OF DEAD CHILD _____				
INTERVIEWING VISITS				
	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY _____ MONTH _____ YEAR 2 0 1 1
FIELD EDITOR'S NAME	_____	_____	_____	F.EDITOR _____
RESULT*	_____	_____	_____	RESULT _____
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS
TIME	_____	_____		
*RESULT CODES: 1 COMPLETED 2 NOT AT HOME 3 POSTPONED 4 REFUSED 5 PARTLY COMPLETED 6 NO APPROPRIATE RESPONDENT FOUND 7 OTHER _____ (SPECIFY)				
LANGUAGE OF QUESTIONNAIRE: 1 LANGUAGE OF INTERVIEW: LANGUAGE OF RESPONDENT				
LANGUAGE CODES: _____ TRANSLATOR USED: (YES = 1, NO = 2)				
SUPERVISOR: NAME _____	DATE _____	OFFICE EDITOR	KEYED BY	

RECORD THE NAME AND LINE NUMBER OF THE HOUSEHOLD MEMBER WHO IS IDENTIFIED AS MOST KNOWLEDGEABLE ABOUT THE CIRCUMSTANCES OF THE DEATH OF THE CHILD.

NAME OF RESPONDENT _____

LINE NUMBER FROM
HOUSEHOLD SCHEDULE

--	--

Hello. My name is _____ and I am working with Mitra and Associates under the authority of NIPORT of the Ministry of Health and Social Welfare.

We are collecting information on the causes of death of children in the community. We would very much appreciate your participation in this effort.

We learned during our earlier visit that [NAME OF CHILD] had died recently. We want to ask you about the circumstances leading to this death.

Whatever information you provide will be kept strictly confidential and will not be shared with anyone other than members of our survey team.

Participation in this survey is voluntary; some of the questions may be painful and you can choose not to answer any individual question or all of the questions. You may also stop the interview completely at any time without any consequences at all. However, we hope that you will participate in this survey since the results will help the government improve services for people.

At this time, do you want to ask me anything about the purpose or content of this interview?

May I begin the interview now?

Signature of interviewer: _____

Date: _____

RESPONDENT AGREES

1
↓

RESPONDENT DOES NOT AGREE

2 → END

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
SECTION 4. RESPONDENT'S ACCOUNT OF ILLNESS/EVENTS LEADING TO DEATH			
401	Could you tell me about the illness/events that led to her his/death?		
402	CAUSE OF DEATH 1 ACCORDING TO RESPONDENT		
403	CAUSE OF DEATH 2 ACCORDING TO RESPONDENT		
SECTION 5. HISTORY OF PREVIOUSLY KNOWN MEDICAL CONDITIONS			
501	I would like to ask you some questions concerning previously known medical conditions the deceased had; injuries and accidents that the deceased suffered; and signs and symptoms that (NAME) had/showed when s/he was ill. Some of these questions may not appear to be directly related to his/her death. Please bear with me and answer all the questions. They will help us to get a clear picture of all possible symptoms that the deceased had. Please tell me if the deceased suffer from any of the following illnesses:		
502	Heart disease?	YES 1 NO 2 DON'T KNOW 8	
503	Diabetes?	YES 1 NO 2 DON'T KNOW 8	
504	Asthma?	YES 1 NO 2 DON'T KNOW 8	
505	Epilepsy?	YES 1 NO 2 DON'T KNOW 8	
506	Malnutrition?	YES 1 NO 2 DON'T KNOW 8	
507	Cancer?	YES 1 NO 2 DON'T KNOW 8	→ 509 → 509

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
508	Can you specify the type or site of cancer?	TYPE/SITE _____ _____	
509	Tuberculosis?	YES 1 NO 2 DON'T KNOW 8	
510	HIV/AIDS?	YES 1 NO 2 DON'T KNOW 8	
511	Did s/he suffer from any other medically diagnosed illness?	YES 1 NO 2 DON'T KNOW 8	→ 601 → 601
512	Can you specify the illness?	ILLNESS _____ _____	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
SECTION 6 HISTORY OF INJURIES/ACCIDENTS			
601	Did s/he suffer from any injury or accident that led to her/his death?	YES 1 NO 2 DON'T KNOW 8	→606 →606
602	What kind of injury or accident did the deceased suffer?	ROAD TRAFFIC ACCIDENT 01 FALL 02 DROWNING 03 POISONING 04 BURNS 05 VIOLENCE/ASSAULT 06 OTHER 96 (SPECIFY)	
603	Was the injury or accident intentionally inflicted by someone else?	YES 1 NO 2 DON'T KNOW 8	
606	Did s/he suffer from any animal/insect bite that led to her/his death?	YES 1 NO 2 DON'T KNOW 8	→608 →608
607	What type of animal/insect?	DOG 1 SNAKE 2 INSECT 3 OTHER 6 (SPECIFY) DON'T KNOW 8	
608	CHECK QUESTION 304 FOR AGE AT DEATH: UNDER ONE YEAR ☐ ONE YEAR OR OLDER ☐		→801
SECTION 7. SYMPTOMS AND SIGNS NOTED DURING THE FINAL ILLNESS OF INFANTS			
701	Was the child small at birth?	YES 1 NO 2 DON'T KNOW 8	
702	Was the child born prematurely?	YES 1 NO 2 DON'T KNOW 8	→704 →704
703	How many months or weeks premature? INDICATE PERIOD OF PREGNANCY	WEEKS 1 MONTHS 2 DON'T KNOW 998	
704	Was the child growing normally?	YES 1 NO 2 DON'T KNOW 8	
705	Did the child have bulging of the fontanelle?	YES 1 NO 2 DON'T KNOW 8	→801 →801
706	For how many days before death did s/he have the bulging?	DAYS DON'T KNOW 98	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
SECTION 8. STATUS OF MOTHER AND SYMPTOMS NOTED DURING THE FINAL ILLNESS FOR ALL CHILDREN			
801	How is the mother's health now?	HEALTHY 1 ILL 2 NOT ALIVE 3 DON'T KNOW 8	
802	For how long was the child ill before s/he died?	DAYS 1 MONTHS 2 DON'T KNOW 998	
803	Did s/he have a fever?	YES 1 NO 2 DON'T KNOW 8	→808 →808
804	For how long did s/he have a fever?	DAYS 1 MONTHS 2 DON'T KNOW 998	
805	Was the fever severe?	YES 1 NO 2 DON'T KNOW 8	
806	Was the fever continuous or on and off?	CONTINUOUS 1 ON AND OFF 2 DON'T KNOW 8	
807	Did s/he have chills/rigor?	YES 1 NO 2 DON'T KNOW 8	
808	Did s/he have a cough?	YES 1 NO 2 DON'T KNOW 8	→812 →812
809	For how long did s/he have a cough?	DAYS 1 MONTHS 2 DON'T KNOW 998	
810	Was the cough severe?	YES 1 NO 2 DON'T KNOW 8	
811	Did the child vomit after he/she coughed?	YES 1 NO 2 DON'T KNOW 8	
812	Did s/he have fast breathing?	YES 1 NO 2 DON'T KNOW 8	→818 →818
813	For how long did s/he have fast breathing?	DAYS DON'T KNOW 98	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
814	Did s/he have difficulty in breathing?	YES 1 NO 2 DON'T KNOW 8	→820 →820
815	For how long did s/he have difficulty in breathing?	DAYS DON'T KNOW 98	
816	Did s/he have chest indrawing?	YES 1 NO 2 DON'T KNOW 8	→818 →818
817	For how long did s/he have chest indrawing?	DAYS DON'T KNOW 98	
818	Did s/he have noisy breathing (grunting or wheezing)? DEMONSTRATE	YES 1 NO 2 DON'T KNOW 8	
819	Did s/he have flaring of the nostrils?	YES 1 NO 2 DON'T KNOW 8	
820	Did s/he have diarrhoea?	YES 1 NO 2 DON'T KNOW 8	→824 →824
821	For how long did s/he have diarrhoea?	DAYS DON'T KNOW 98	
822	When the diarrhoea was most severe, how many times did s/he pass stool in a day?	NUMBER DON'T KNOW 98	
823	At any time during the final illness was there blood in the stool?	YES 1 NO 2 DON'T KNOW 8	
824	Did s/he vomit?	YES 1 NO 2 DON'T KNOW 8	→827 →827
825	For how long did s/he vomit?	DAYS DON'T KNOW 98	
826	When the vomiting was most severe, how many times did s/he vomit in a day?	DAYS DON'T KNOW 98	
827	Did s/he have abdominal pain?	YES 1 NO 2 DON'T KNOW 8	→830 →830

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
828	For how long did s/he have abdominal pain?	DAYS 1 MONTHS 2 DON'T KNOW 998	
829	Was the abdominal pain severe?	YES 1 NO 2 DON'T KNOW 8	
830	Did s/he have abdominal distension?	YES 1 NO 2 DON'T KNOW 8	→834 →834
831	For how long did s/he have abdominal distension?	DAYS 1 MONTHS 2 DON'T KNOW 998	
832	Did the distension develop rapidly within days or gradually over months?	RAPIDLY WITHIN DAYS 1 GRADUALLY OVER MONTHS 2 DON'T KNOW 8	
833	Was there a period of a day or longer during which s/he did not pass any stool?	YES 1 NO 2 DON'T KNOW 8	
834	Did s/he have any mass in the abdomen?	YES 1 NO 2 DON'T KNOW 8	→836 →836
835	For how long did s/he have the mass in the abdomen?	DAYS 1 MONTHS 2 DON'T KNOW 998	
836	Did s/he have headache?	YES 1 NO 2 DON'T KNOW 8	→839 →839
837	For how long did s/he have headache?	DAYS 1 MONTHS 2 DON'T KNOW 998	
838	Was the headache severe?	YES 1 NO 2 DON'T KNOW 8	
839	Did s/he have a stiff or painful neck?	YES 1 NO 2 DON'T KNOW 8	→841 →841
840	For how long did s/he have a stiff or painful neck?	DAYS DON'T KNOW 98	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
841	Did s/he become unconscious?	YES 1 NO 2 DON'T KNOW 8	 →844 →844
842	For how long was s/he unconscious?	DAYS DON'T KNOW 98	
843	Did the unconsciousness start suddenly, quickly within a single day, or slowly over many days?	SUDDENLY 1 FAST (IN A DAY) 2 SLOWLY (MANY DAYS) 3 DON'T KNOW 8	
844	Did s/he have convulsions?	YES 1 NO 2 DON'T KNOW 8	 →846 →846
845	For how long did s/he have convulsions?	DAYS 1 MONTHS 2 DON'T KNOW 998	
846	Did s/he have paralysis of the lower limbs?	YES 1 NO 2 DON'T KNOW 8	 →849 →849
847	How long did s/he have paralysis of the lower limbs?	DAYS 1 MONTHS 2 DON'T KNOW 998	
848	Did the paralysis of the lower limbs start suddenly, quickly within a single day, or slowly over many days?	SUDDENLY 1 FAST (IN A DAY) 2 SLOWLY (MANY DAYS) 3 DON'T KNOW 8	
849	Was there any change in the amount of urine s/he passed daily?	YES 1 NO 2 DON'T KNOW 8	 →852 →852
850	For how long did s/he have the change in the amount of urine s/he passed daily?	DAYS 1 MONTHS 2 DON'T KNOW 998	
851	How much urine did s/he pass?	TOO MUCH 1 TOO LITTLE 2 NO URINE AT ALL 3 DON'T KNOW 8	
852	During the illness that led to death, did s/he have any skin rash?	YES 1 NO 2 DON'T KNOW 8	 →856 →856

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																								
853	For how long did s/he have the skin rash?	DAYS DON'T KNOW 98																									
854	Was the rash located on: 1 The face? 2 The trunk? 3 On the arms and legs? 4 Any other place?	<table> <tr> <th></th><th>YES</th><th>NO</th><th>DK</th></tr> <tr> <td>FACE</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>TRUNK</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>ARMS AND LEGS</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>OTHER PLACE _____</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td colspan="4">SPECIFY</td></tr> </table>		YES	NO	DK	FACE	1	2	8	TRUNK	1	2	8	ARMS AND LEGS	1	2	8	OTHER PLACE _____	1	2	8	SPECIFY				
	YES	NO	DK																								
FACE	1	2	8																								
TRUNK	1	2	8																								
ARMS AND LEGS	1	2	8																								
OTHER PLACE _____	1	2	8																								
SPECIFY																											
855	What did the rash look like?	MEASLES RASH 1 RASH WITH CLEAR FLUID 2 RASH WITH PUS 3 DON'T KNOW 8																									
856	Did s/he have red eyes?	YES 1 NO 2 DON'T KNOW 8																									
857	Did s/he have bleeding from the nose, mouth, or anus?	YES 1 NO 2 DON'T KNOW 8																									
858	Did s/he have weight loss?	YES 1 NO 2 DON'T KNOW 8	→861 →861																								
859	For how long before death did s/he have the weight loss?	DAYS 1 MONTHS 2 DON'T KNOW 998																									
860	Did s/he look very thin and wasted?	YES 1 NO 2 DON'T KNOW 8																									
861	Did s/he have mouth sores or white patches in the mouth or on the tongue?	YES 1 NO 2 DON'T KNOW 8	→863 →863																								
862	For how long did s/he have mouth sores or white patches in the mouth or on the tongue?	DAYS DON'T KNOW 98																									
863	Did s/he have any swelling?	YES 1 NO 2 DON'T KNOW 8	→866 →866																								
864	For how long did s/he have the swelling?	DAYS 1 MONTHS 2 DON'T KNOW 998																									

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
865	Was the swelling on: 1 The face? 2 The joints? 3 The ankles? 4 The whole body? 5 Any other place?	YES NO DK FACE. 1 2 8 JOINTS 1 2 8 ANKLES 1 2 8 WHOLE BODY 1 2 8 OTHER PLACE 1 2 8 SPECIFY: ↙	
866	Did s/he have any lumps?	YES 1 NO 2 →869 DON'T KNOW 8 →869	
867	For how long did s/he have the lumps?	DAYS 1 MONTHS 2 DON'T KNOW 998	
868	Were the lumps on: 1 The neck? 2 The armpit? 3 The groin? 4 Any other place?	YES NO DK NECK 1 2 8 ARMPIT 1 2 8 GROIN 1 2 8 OTHER PLACE 1 2 8 SPECIFY: ↙	
869	Did s/he have yellow discoloration of the eyes?	YES 1 NO 2 →871 DON'T KNOW 8 →871	
870	For how long did s/he have the yellow discoloration of the eyes?	DAYS 1 MONTHS 2 DON'T KNOW 998	
871	Did her/his hair color change to reddish or yellowish?	YES 1 NO 2 →873 DON'T KNOW 8 →873	
872	For how long did s/he have reddish/yellowish hair?	DAYS 1 MONTHS 2 DON'T KNOW 998	
873	Did s/he look pale (thinning/lack of blood) or have pale palms, eyes or nail beds?	YES 1 NO 2 →875 DON'T KNOW 8 →875	
874	For how long did s/he look pale (thinning/lack of blood) or have pale palms, eyes, or nail beds?	DAYS..... DON'T KNOW 98	
875	Did s/he have sunken eyes?	YES 1 NO 2 →901 DON'T KNOW 8 →901	
876	For how long did s/he have sunken eyes?	DAYS DON'T KNOW 98	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																				
SECTION 9. TREATMENT AND HEALTH SERVICE USE FOR THE FINAL ILLNESS																							
901	Was s/he vaccinated for measles?	YES 1 NO 2 DON'T KNOW 8																					
902	Did s/he receive any treatment for the illness that led to death?	YES 1 NO 2 DON'T KNOW 8	→ 909 → 909																				
903	Can you please list the drugs s/he was given for the illness that led to death? COPY FROM PRESCRIPTION/DISCHARGE NOTES IF AVAILABLE.	_____ _____ _____																					
904	What type of treatment did s/he receive: 1 Oral rehydration salts and/or intravenous fluids (drip) treatment? 2 Blood transfusion? 3 Treatment/food through a tube passed through the nose? 4 Any other treatment?	<table border="0"> <thead> <tr> <th></th><th>YES</th><th>NO</th><th>DK</th></tr> </thead> <tbody> <tr> <td>ORS/DRIP TREATMENT</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>BLOOD TRANSFUSION</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>THROUGH THE NOSE</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>OTHER (SPECIFY) _____</td><td>1</td><td>2</td><td>8</td></tr> </tbody> </table>		YES	NO	DK	ORS/DRIP TREATMENT	1	2	8	BLOOD TRANSFUSION	1	2	8	THROUGH THE NOSE	1	2	8	OTHER (SPECIFY) _____	1	2	8	
	YES	NO	DK																				
ORS/DRIP TREATMENT	1	2	8																				
BLOOD TRANSFUSION	1	2	8																				
THROUGH THE NOSE	1	2	8																				
OTHER (SPECIFY) _____	1	2	8																				
905	Please tell me at which of the following places or facilities the baby received treatment during the illness that led to death: Anywhere else?	HOME YOUR HOME A PUBLIC SECTOR HOSP./MEDICAL COLLEGE B SPE. MEDICAL COLLEGE C (SPECIFY) _____ DISTRICT HOSPITAL D MCWC E UPAZILLA HEALTH COMPLEX F H & FAMILY WELFARE CENTRE G SAT. CLINIC/EPI OUTREACH H COMM. CLINIC I OTHER J (SPECIFY) _____ NGO SECTOR NGO STATIC CLINIC K NGO SAT CLINIC L OTHER M (SPECIFY) _____ PRIVATE MED. SECTOR PVT. HOSPITAL/CLINIC N QUALIFIED DOC. CHAMBER O UNQUALIFIED DOC. CHAMBER P PHARMACY Q PVT. MED COLL. HOSPITAL R OTHER X (SPECIFY) _____																					

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
905A	CHECK Q.905: CODE B TO O,R ☐ CIRCLED ☐	OTHER CODE CIRCLED ☐	→909
906	In the month before death, how many contacts with formal health services did s/he have?	NUMBER OF CONTACT!:..... DON'T KNOW 98	
907	Did a health care worker tell you the cause of death?	YES..... 1 NO 2 DON'T KNOW..... 8	→909 →909
908	What did the health care worker say?	 	
909	Did s/he have any operation for the illness?	YES..... 1 NO 2 DON'T KNOW..... 8	→1001 →1001
910	How long before death did s/he have the operation?	DAYS DON'T KNOW 98	
911	On what part of the body was the operation?	ABDOMEN 1 CHEST 2 HEAD 3 OTHER 6 (SPECIFY) DON'T KNOW..... 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
SECTION 10. DATA ABSTRACTED FROM DEATH CERTIFICATE			
1001	Do you have a death certificate for the deceased?	YES 1 NO 2 DON'T KNOW 8	→ 1101 → 1101
1002	Can I see the death certificate? COPY DAY, MONTH AND YEAR OF DEATH FROM THE DEATH CERTIFICATE.	DAY MONTH YEAR 	
1003	COPY DAY, MONTH AND YEAR OF ISSUE OF DEATH CERTIFICATE.	DAY MONTH YEAR 	
1004	RECORD THE CAUSE OF DEATH FROM THE FIRST (TOP) LINE OF THE DEATH CERTIFICATE: _____		
1005	RECORD THE CAUSE OF DEATH FROM THE SECOND LINE OF THE DEATH CERTIFICATE (IF ANY): _____		
1006	RECORD THE CAUSE OF DEATH FROM THE THIRD LINE OF THE DEATH CERTIFICATE (IF ANY): _____		
1007	RECORD THE CAUSE OF DEATH FROM THE FOURTH LINE OF THE DEATH CERTIFICATE (IF ANY): _____		

SECTION 11. DATA ABSTRACTED FROM OTHER HEALTH RECORDS							
1101	OTHER HEALTH RECORDS AVAILABLE	YES 1 NO 2	→ 1111				
1102	FOR EACH TYPE OF HEALTH RECORD SUMMARIZE DETAILS FOR LAST 2 VISITS (IF MORE THAN 2) AND RECORD DATE OF ISSUE						
1103	BURIAL PERMIT (CAUSE OF DEATH) _____ _____						
1104	POST MORTEM RESULTS (CAUSE OF DEATH) _____ _____						
1105	MCH/ANC CARD (RELEVANT INFORMATION) _____ _____						
1106	HOSPITAL PRESCRIPTION (RELEVANT INFORMATION) _____ _____						
1107	TREATMENT CARDS (RELEVANT INFORMATION) _____ _____						
1108	HOSPITAL DISCHARGE (RELEVANT INFORMATION) _____ _____						
1109	LABORATORY RESULTS (RELEVANT INFORMATION) _____ _____						
1110	OTHER HOSPITAL DOCUMENTS SPECIFY: _____ _____ _____						
1111	RECORD THE TIME AT THE END OF INTERVIEW	HOURS MINUTES	<table border="1"> <tr> <td></td><td></td> </tr> <tr> <td></td><td></td> </tr> </table>				

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

NAME OF THE SUPERVISOR: _____ DATE: _____

Bangladesh Demographic and Health Survey 2011
COMMUNITY QUESTIONNAIRE

NIPORT, MOHFW, and
Mitra and Associates

IDENTIFICATION			
DIVISION _____ (BARISAL=1; CHITTAGONG=2; DHAKA=3; KHULNA=4; RAJSHAHI=5; RANGPUR=6; SYLHET=7)			
DISTRICT _____			
THANA _____			
UNION/WARD _____			
VILLAGE/MOHALLA/BLOCK _____			
CLUSTER NUMBER			
TYPE OF AREA: 1 = RURAL AREA; 2 = CITY CORPORATION 3 = OTHER THAN CITY CORPORATION			
GPS READING:		Degrees Minutes Thousandths N Degrees Minutes Thousandths E	
LATITUDE			
LONGITUDE			
ALTITUDE/ELEVATION.....			
WAYPOINT.....			
DATE OF VISIT _____		DAY	
RESULTS OF THE INTERVIEW: [COMPLETED =1, INCOMPLETE = 2, OTHER (SPECIFY) = 6]		MONTH	
		YEAR.....	
		RESULT	
		INTERVIEWER CODE.....	
NAME OF INTERVIEWER _____			
NAME OF PERSONS INTERVIEWED		POSITION SEX ELECTED OFFICIAL..... 01 RELIGIOUS LEADER..... 02 TEACHER/EDUCATOR 03 DOCTOR/HEALTH OFFICIAL 04 SERVICE HOLDER..... 05 BUSINESS PERSON 06 OTHER..... 96 (SPECIFY) MALE..... 1 FEMALE 2 	
1 _____			
2 _____			
3 _____			
4 _____			
5 _____			
6 _____			
BEGINNING TIME:		HOUR MINUTES.....	

1. Community information

INFORMED CONSENT

AFTER ASSEMBLING THE INFORMANTS, READ THE FOLLOWING GREETING:

Hello. I am representing the NIPORT of the Ministry of Health and Family Welfare. We are carrying out a survey of communities to get a picture of services available to the communities and to understand when and why people use health services. I would like to ask you some questions about your community and about sources of health care in it and around it as a way of better understanding how to serve the population. Please be assured that this discussion is strictly confidential and you may choose to stop the interview at any time. May I continue?

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
100	PERMISSION RECEIVED TO CONTINUE?	YES..... 1 NO..... 2	☐ Stop
100A	CHECK RURAL AREA ☐	URBAN AREA ☐	107
102	Which is the most common type of transportation, i.e, most of the people use to go to the Thana Headquarters?	CAR/BUS/TEMPO..... 01 MOTORCYCLE..... 02 MOTOR LAUNCH..... 03 BICYCLE..... 04 ANIMAL CART..... 05 BOAT..... 06 PATH..... 07 RICKSHAW/RICKSHAW VAN..... 08 TRAIN..... 09 BABY TAXI..... 10 OTHER..... 96 (SPECIFY)	
103	How long does it take to go to the Thana Headquarters using the transportation (MENTIONED IN Q 102)?	MINUTES..... DON'T KNOW..... 998	
103a	What was the transportation cost to go to the thana headquarters using the transportation (MENTIONED IN Q102)? ONE WAY TRIP	TK.....	
105	Which is the most common type of transportation, i.e, most of the people use to go to the District Headquarters?	CAR/BUS/TEMPO.....01 MOTORCYCLE.....02 MOTOR LAUNCH.....03 BICYCLE.....04 ANIMAL CART.....05 BOAT.....06 PATH.....07 RICKSHAW/RICKSHAW VAN.....08 TRAIN.....09 BABY TAXI.....10 OTHER..... 96 (SPECIFY)	
106	How long does it take to go to the District Headquarters using the transportation (MENTIONED IN Q 105)?	MINUTES..... DON'T KNOW.....998	
106a	What was the transportation cost for one way trip to go to the District headquarters using the transportation (MENTIONED IN Q105)?	TK.....	
107	What is the main access route to this village/mohalla ?	ALL WEATHER ROAD/ PACCA ROAD/MOTORABLE.....1 SEASONAL ROAD/EARTHEN.....2 WATERWAY.....3 PATH.....4 OTHER.....6 (SPECIFY)	

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO																																				
108	What are the main economic activities in this area/village? (CIRCLE ALL MENTIONED)	AGRICULTURE A LIVESTOCK B FISHING C COMMERCE D MANUFACTURING E DAY LABOR F SERVICE G OTHER X (SPECIFY)																																					
109A	CHECK RURAL AREA ☐	URBAN AREA ☐	111A																																				
110	How far is the nearest weekly market from this village? IF LESS THAN ONE MILE/KILOMETER, RECORD "00". RECORD "97" IF DISTANCE IS MORE THAN 97 MILES/KILOMETERS. RECORD "98" IF DON'T KNOW.	MILE 1 KILOMETER 2																																					
111A	Is telephone service always accessible in this village?	YES 1 NO 2																																					
112	Is electricity available here?	YES 1 NO 2																																					
113	What is the primary source of water for the majority of people in this village?	PIPED 01 PUBLIC TAP 02 WELL 03 TUBE WELL 04 RIVER/STREAM/LAKE 05 RAINWATER 06 OTHER 96																																					
114	In this village/mohalla, are there any of the following : MOTHER'S CLUB OR LADIES ASSOCIATIONS? GRAMEEN BANK MEMBER ? VOLUNTARY ORGANIZATION MEMBER ? BRAC INCOME GENERATING ACTIVITIES PROSHIKA ASHA COTTAGE INDUSTRIES OF BSIC COOPERATIVE SOCIETY OTHER NGO INCOME GENERATING ACTIVITIES	<table border="0"> <thead> <tr> <th></th><th>YES</th><th>NO</th></tr> </thead> <tbody> <tr> <td>MOTHERS CLUB</td><td>1</td><td>2</td></tr> <tr> <td>GRAMEEN BANK</td><td>1</td><td>2</td></tr> <tr> <td>V0 MEMBER</td><td>1</td><td>2</td></tr> <tr> <td>BRAC</td><td>1</td><td>2</td></tr> <tr> <td>PROSHIKA</td><td>1</td><td>2</td></tr> <tr> <td>ASHA</td><td>1</td><td>2</td></tr> <tr> <td>BSIC</td><td>1</td><td>2</td></tr> <tr> <td>COOPERATIVE SOCIETY ..</td><td>1</td><td>2</td></tr> <tr> <td>NGOS</td><td>1</td><td>2</td></tr> </tbody> </table>		YES	NO	MOTHERS CLUB	1	2	GRAMEEN BANK	1	2	V0 MEMBER	1	2	BRAC	1	2	PROSHIKA	1	2	ASHA	1	2	BSIC	1	2	COOPERATIVE SOCIETY ..	1	2	NGOS	1	2							
	YES	NO																																					
MOTHERS CLUB	1	2																																					
GRAMEEN BANK	1	2																																					
V0 MEMBER	1	2																																					
BRAC	1	2																																					
PROSHIKA	1	2																																					
ASHA	1	2																																					
BSIC	1	2																																					
COOPERATIVE SOCIETY ..	1	2																																					
NGOS	1	2																																					
115	Please tell me if the following things are in this village/mohalla. IF YES, WRITE '00'. IF NO, ASK: How far is it? IF DO NOT KNOW, PUT '98'. A. How far is the madrasa from this village/mohalla? B. How far is the primary school? C. How far is the boy's high school from this village/mohalla? D. How far is the girl's high school from this village/mohalla? E. How far is the high school (co-education)? F. How far is the post office from this village/mohalla? G. How far is the cinema hall from this village/mohalla?	<table border="0"> <tbody> <tr> <td>MILE</td><td>1</td><td> </td></tr> <tr> <td>KILOMETER</td><td>2</td><td> </td></tr> <tr> <td>MILE</td><td>1</td><td> </td></tr> <tr> <td>KILOMETER</td><td>2</td><td> </td></tr> <tr> <td>MILE</td><td>1</td><td> </td></tr> <tr> <td>KILOMETER</td><td>2</td><td> </td></tr> <tr> <td>MILE</td><td>1</td><td> </td></tr> <tr> <td>KILOMETER</td><td>2</td><td> </td></tr> <tr> <td>MILE</td><td>1</td><td> </td></tr> <tr> <td>KILOMETER</td><td>2</td><td> </td></tr> <tr> <td>MILE</td><td>1</td><td> </td></tr> <tr> <td>KILOMETER</td><td>2</td><td> </td></tr> </tbody> </table>	MILE	1		KILOMETER	2		MILE	1		KILOMETER	2		MILE	1		KILOMETER	2		MILE	1		KILOMETER	2		MILE	1		KILOMETER	2		MILE	1		KILOMETER	2		
MILE	1																																						
KILOMETER	2																																						
MILE	1																																						
KILOMETER	2																																						
MILE	1																																						
KILOMETER	2																																						
MILE	1																																						
KILOMETER	2																																						
MILE	1																																						
KILOMETER	2																																						
MILE	1																																						
KILOMETER	2																																						
117	Is there any shop or any person in this village/mohalla, that sells family planning methods?	YES 1 NO 2 DON'T KNOW 8																																					

2. Identification of Health Facilities

Now we would like to ask you some questions about health facilities from which people in this village/mohalla can obtain services if they want. We would like for you to tell us about all of the facilities known by the general population of this village/mohalla that are of specific types. Please start with the ones that are closest to this village/mohalla.

201. HEALTH FACILITY	202. Where is the (HEALTH FACILITY) located?	203. What is the (HEALTH FACILITY)'s operating authority?	204. How far in miles/kilometers is the (HEALTH FACILITY) located from the center of the village? IF LOCATED IN THE VILLAGE/MOHALLA, RECORD '00'.	205. How many minutes does it take to go to the (HEALTH FACILITY) using the most common type of transportation?	206. When did the (HEALTH FACILITY) first open?	207. Is the (HEALTH FACILITY) located in this thana/ union?
01A. HOSPITAL (Nearest) NAME: _____ DON'T KNOW NONE	DISTRICT: _____ THANA: _____ LOCATION: _____	GOVERNMENT01 NGO02 PRIVATE03 RELIGIOUS04 OTHER96 DK98	MILES1 KILOMETERS ...2 DON'T KNOW98	MINUTES DON'T KNOW998	YEAR DON'T KNOW9998	YES 1→ 02A NO 2→ 01B
01B. HOSPITAL (in this thana) NAME: _____ DON'T KNOW NONE	DISTRICT: _____ THANA: _____ LOCATION: _____	GOVERNMENT01 NGO02 PRIVATE03 RELIGIOUS04 OTHER96 DK98	MILES1 KILOMETERS ...2 DON'T KNOW98	MINUTES DON'T KNOW998	YEAR DON'T KNOW9998	
02A. THANA HEALTH CENTER (THC) (nearest) NAME: _____ DON'T KNOW NONE	DISTRICT: _____ THANA: _____ LOCATION: _____	GOVERNMENT01	MILES1 KILOMETERS ...2 DON'T KNOW98	MINUTES DON'T KNOW998	YEAR DON'T KNOW9998	YES 1→ 03A NO 2→ 02B
02B. THANA HEALTH CENTER (THC) (in this thana) NAME: _____ DON'T KNOW NONE	DISTRICT: _____ THANA: _____ LOCATION: _____	GOVERNMENT01	MILES1 KILOMETERS ...2 DON'T KNOW98	MINUTES DON'T KNOW998	YEAR DON'T KNOW9998	

201. HEALTH FACILITY	202. Where is the (HEALTH FACILITY) located?	203. What is the (HEALTH FACILITY)'s operating authority?	204. How far in miles/kilometers is the (HEALTH FACILITY) located from the center of the village? IF LOCATED IN THE VILLAGE/MOHALLA, RECORD '00'.	205. How many minutes does it take to go to the (HEALTH FACILITY) using the most common type of transportation?	206. When did the (HEALTH FACILITY) first open?	207. Is the (HEALTH FACILITY) located in this thana/ union?
03A. FAMILY WELFARE CENTER (nearest) NAME: _____ DON'T KNOW NONE	DISTRICT: _____ THANA: _____ LOCATION: _____	GOVERNMENT01	MILES1 _____ KILOMETERS ...2 _____ DON'T KNOW98	MINUTES _____ DON'T KNOW998	YEAR DON'T KNOW9998	YES ... 1→ 04A NO2→ 03B
03B. FAMILY WELFARE CENTER (in this union) NAME: _____ DON'T KNOW NONE	DISTRICT: _____ THANA: _____ LOCATION: _____	GOVERNMENT01	MILES1 _____ KILOMETERS ...2 _____ DON'T KNOW98	MINUTES _____ DON'T KNOW998	YEAR DON'T KNOW9998	
04A. MATERNAL AND CHILD WELFARE CENTER (MCWC) (nearest) NAME: _____ DON'T KNOW NONE	DISTRICT: _____ THANA: _____ LOCATION: _____	GOVERNMENT01	MILES1 _____ KILOMETERS ...2 _____ DON'T KNOW98	MINUTES _____ DON'T KNOW998	YEAR DON'T KNOW9998	YES ... 1→ 06A NO2→ 04B
04B. MATERNAL AND CHILD WELFARE CENTER (MCWC) (DISTRICT) NAME: _____ DON'T KNOW NONE	DISTRICT: _____ THANA: _____ LOCATION: _____	GOVERNMENT01	MILES1 _____ KILOMETERS ...2 _____ DON'T KNOW98	MINUTES _____ DON'T KNOW998	YEAR DON'T KNOW9998	

List all of the PRIVATE CLINICS that are available for people in this village/mohalla to use.

201. HEALTH FACILITY	202. Where is the (HEALTH FACILITY) located?	203. What is the (HEALTH FACILITY)'s operating authority?	204. How far in miles/kilometers is the (HEALTH FACILITY) located from the center of the village? IF LOCATED IN THE VILLAGE/MOHALLA, RECORD '00'.	205. How many minutes does it take to go to the (HEALTH FACILITY) using the most common type of transportation?	206. When did the (HEALTH FACILITY) first open?	207. Is the (HEALTH FACILITY) located in this thana?
06. A. PRIVATE CLINIC (nearest) NAME: _____ DON'T KNOW NONE	DISTRICT: _____ THANA: _____ LOCATION: _____	PRIVATE.....03 RELIGIOUS.....04 OTHER.....96 DK.....98	MILES1 KILOMETERS ..2 DON'T KNOW98	MINUTES DON'T KNOW998	YEAR..... DON'T KNOW.....9998	YES.... 1→ 06B NO..... 2→ 07A
06. B. PRIVATE CLINIC NAME: _____ DON'T KNOW NONE	DISTRICT: _____ THANA: _____ LOCATION: _____	PRIVATE.....03 RELIGIOUS.....04 OTHER.....96 DK.....98	MILES1 KILOMETERS ..2 DON'T KNOW98	MINUTES DON'T KNOW998	YEAR..... DON'T KNOW.....9998	YES.... 1→ 06C NO..... 2→ 07A
06. C. PRIVATE CLINIC NAME: _____ DON'T KNOW NONE	DISTRICT: _____ THANA: _____ LOCATION: _____	PRIVATE.....03 RELIGIOUS.....04 OTHER.....96 DK.....98	MILES1 KILOMETERS ..2 DON'T KNOW98	MINUTES DON'T KNOW998	YEAR..... DON'T KNOW.....9998	YES.... 1→ 06D NO..... 2→ 07A
06. D. PRIVATE CLINIC NAME: _____ DON'T KNOW NONE	DISTRICT: _____ THANA: _____ LOCATION: _____	PRIVATE.....03 RELIGIOUS.....04 OTHER.....96 DK.....98	MILES1 KILOMETERS ..2 DON'T KNOW98	MINUTES DON'T KNOW998	YEAR..... DON'T KNOW.....9998	

List all of the OTHER NGO CLINICS (NON-RSDHP OR NON-UFHP) that are available for people in this village/mohalla to use.

201. HEALTH FACILITY	202. Where is the (HEALTH FACILITY) located?	203. What is the (HEALTH FACILITY)'s operating authority?	204. How far in miles/kilometers is the (HEALTH FACILITY) located from the center of the village? IF LOCATED IN THE VILLAGE/MOHALLA, RECORD '00'.	205. How many minutes does it take to go to the (HEALTH FACILITY) using the most common type of transportation?	206. When did the (HEALTH FACILITY) first open?	207. Is the (HEALTH FACILITY) located in this thana?
07. A. NGO CLINIC (nearest) NAME: _____ DON'T KNOW NONE	DISTRICT: _____ THANA: _____ LOCATION: _____	NGO 02	MILES 1 KILOMETERS ...2 DON'T KNOW 98	MINUTES ... DON'T KNOW998	YEAR DON'T KNOW9998	YES.... 1→ 07B NO..... 2→ 08A
07. B. NGO CLINIC NAME: _____ DON'T KNOW NONE	DISTRICT: _____ THANA: _____ LOCATION: _____	NGO 02	MILES 1 KILOMETERS ...2 DON'T KNOW 98	MINUTES ... DON'T KNOW998	YEAR DON'T KNOW9998	YES.... 1→ 07C NO..... 2→ 08A
07. C. NGO CLINIC NAME: _____ DON'T KNOW NONE	DISTRICT: _____ THANA: _____ LOCATION: _____	NGO 02	MILES 1 KILOMETERS ...2 DON'T KNOW 98	MINUTES ... DON'T KNOW998	YEAR DON'T KNOW9998	YES.... 1→ 07D NO..... 2→ 08A
07. C. NGO CLINIC NAME: _____ DON'T KNOW NONE	DISTRICT: _____ THANA: _____ LOCATION: _____	NGO 02	MILES 1 KILOMETERS ...2 DON'T KNOW 98	MINUTES ... DON'T KNOW998	YEAR DON'T KNOW9998	

List all of the COMMUNITY CLINICS that are available for people in this village/mohalla to use.

201. HEALTH FACILITY	202. Where is the (HEALTH FACILITY) located?	203. What is the (HEALTH FACILITY)'s operating authority?	204. How far in miles/kilometers is the (HEALTH FACILITY) located from the center of the village? IF LOCATED IN THE VILLAGE/MOHALLA, RECORD '00'.	205. How many minutes does it take to go to the (HEALTH FACILITY) using the most common type of transportation?	206. When did the (HEALTH FACILITY) first open?	207. Is the (HEALTH FACILITY) located in this thana ?
08. A. COMMUNITY CLINIC (nearest) NAME: _____ DON'T KNOW NONE	DISTRICT: _____ THANA: _____ LOCATION: _____	GOVERNMENT 01	MILES1 KILOMETERS ...2 DON'T KNOW 98	MINUTES ... DON'T KNOW 998	YEAR DON'T KNOW 9998	YES1→ 08B NO2→ 09A
08. B. COMMUNITY CLINIC (nearest) NAME: _____ DON'T KNOW NONE	DISTRICT: _____ THANA: _____ LOCATION: _____	GOVERNMENT 01	MILES1 KILOMETERS ...2 DON'T KNOW 98	MINUTES ... DON'T KNOW 998	YEAR DON'T KNOW 9998	YES1→ 08C NO2→ 09A
08. C. COMMUNITY CLINIC (nearest) NAME: _____ DON'T KNOW NONE	DISTRICT: _____ THANA: _____ LOCATION: _____	GOVERNMENT 01	MILES1 KILOMETERS ...2 DON'T KNOW 98	MINUTES ... DON'T KNOW 998	YEAR DON'T KNOW 9998	YES1→ 08C NO2→ 09A
08. D. COMMUNITY CLINIC (nearest) NAME: _____ DON'T KNOW NONE	DISTRICT: _____ THANA: _____ LOCATION: _____	GOVERNMENT 01	MILES1 KILOMETERS ...2 DON'T KNOW 98	MINUTES ... DON'T KNOW 998	YEAR DON'T KNOW 9998	

List all of the RURAL DISPENSARIES that are available for people in this village/mohalla to use.

201. HEALTH FACILITY	202. Where is the (HEALTH FACILITY) located?	203. What is the (HEALTH FACILITY)'s operating authority?	204. How far in miles/kilometers is the (HEALTH FACILITY) located from the center of the village? IF LOCATED IN THE VILLAGE/MOHALLA, RECORD '00'.	205. How many minutes does it take to go to the (HEALTH FACILITY) using the most common type of transportation?	206. When did the (HEALTH FACILITY) first open?	207. Is the (HEALTH FACILITY) located in this thana ?
09. A. RURAL DISPENSARY (nearest) NAME: _____ DON'T KNOW NONE	DISTRICT: _____ THANA: _____ LOCATION: _____	GOVERNMENT01	MILES1 KILOMETERS ...2 DON'T KNOW98	MINUTES ... DON'T KNOW998	YEAR DON'T KNOW9998	YES ... 1→ 09B NO2→ 10A
09. B. RURAL DISPENSARY NAME: _____ DON'T KNOW NONE	DISTRICT: _____ THANA: _____ LOCATION: _____	GOVERNMENT01	MILES1 KILOMETERS ...2 DON'T KNOW98	MINUTES ... DON'T KNOW998	YEAR DON'T KNOW9998	YES ... 1→ 09C NO2→ 10A
09. C. RURAL DISPENSARY NAME: _____ DON'T KNOW NONE	DISTRICT: _____ THANA: _____ LOCATION: _____	GOVERNMENT01	MILES1 KILOMETERS ...2 DON'T KNOW98	MINUTES ... DON'T KNOW998	YEAR DON'T KNOW9998	YES ... 1→ 09D NO2→ 10A
09. D. RURAL DISPENSARY NAME: _____ DON'T KNOW NONE	DISTRICT: _____ THANA: _____ LOCATION: _____	GOVERNMENT01	MILES1 KILOMETERS ...2 DON'T KNOW98	MINUTES ... DON'T KNOW998	YEAR DON'T KNOW9998	

List all of the SATELLITE CLINICS that provide services to individuals in this village/mohalla.

201. HEALTH FACILITY	202. Where is the (HEALTH FACILITY) located?	203. What is the (HEALTH FACILITY)'s operating authority?	204. How far in miles/kilometers is the (HEALTH FACILITY) located from the center of the village? IF LOCATED IN THE VILLAGE/MOHALLA, RECORD '00'.	205. How many minutes does it take to go to the (HEALTH FACILITY) using the most common type of transportation?	206. When did (HEALTH FACILITY) first open?	207. Is the (HEALTH FACILITY) located in this village?
10A. SATELLITE CLINIC (Nearest) NAME: _____ DON'T KNOW NONE	DISTRICT: _____ THANA: _____ LOCATION: _____	GOVERNMENT..... 01 NGO..... 02 PRIVATE..... 03 RELIGIOUS..... 04 OTHER..... 96 DK..... 98	MILES1 KILOMETERS ...2 DON'T KNOW 98	MINUTES .. DON'T KNOW 998	YEAR..... DON'T KNOW9998	YES.....1 NO.....2
10B. SATELLITE CLINIC NAME: _____ DON'T KNOW NONE	DISTRICT: _____ THANA: _____ LOCATION: _____	GOVERNMENT..... 01 NGO..... 02 PRIVATE..... 03 RELIGIOUS..... 04 OTHER..... 96 DK..... 98	MILES1 KILOMETERS ...2 DON'T KNOW 98	MINUTES .. DON'T KNOW 998	YEAR..... DON'T KNOW9998	YES.....1 NO.....2
10C. SATELLITE CLINIC NAME: _____ DON'T KNOW NONE	DISTRICT: _____ THANA: _____ LOCATION: _____	GOVERNMENT..... 01 NGO..... 02 PRIVATE..... 03 RELIGIOUS..... 04 OTHER..... 96 DK..... 98	MILES1 KILOMETERS ...2 DON'T KNOW 98	MINUTES .. DON'T KNOW 998	YEAR..... DON'T KNOW9998	YES.....1 NO.....2
10D. SATELLITE CLINIC NAME: _____ NONE	DISTRICT: _____ THANA: _____ LOCATION: _____	GOVERNMENT..... 01 NGO..... 02 PRIVATE..... 03 RELIGIOUS..... 04 OTHER..... 96 DK..... 98	MILES1 KILOMETERS ...2 DON'T KNOW 98	MINUTES .. DON'T KNOW 998	YEAR..... DON'T KNOW9998	

3: List of the Health and Family Planning Workers. Please provide us the name of all health and family planning fieldworkers working in this cluster/village/mohalla

Name of the fieldworker	301. What is the title/position of (NAME)?	302. Under what authority does (NAME) work ?	303. Does he/she live in this locality?	304. Where does he/she live?	305. What services does he/she provide?
01. NAME: _____ NONE	FWV1 SACMO/MA2 FWA3 FWA with CSBA.....4 HEALTH ASSISTANT5 HA with CSBA6 COMMUNITY MOBILIZER.....7 OTHER8 DON'T KNOW9	GOVERNMENT01 NGO02 PRIVATE03 RELIGIOUS04 OTHER96 DON'T KNOW98	YES1 (GO TO 305) NO2	DISTRICT: THANA: UNION: VILLAGE:	UNPROMPTED PROMPTED NO HEALTH1 2 3 FAMILY PLANNING1 2 3 BOTH1 2 3 ORS1 2 3 DON'T KNOW1 2 3
02. NAME: _____ NONE	FWV1 SACMO/MA2 FWA3 FWA with CSBA.....4 HEALTH ASSISTANT5 HA with CSBA6 COMMUNITY MOBILIZER.....7 OTHER8 DON'T KNOW9	GOVERNMENT01 NGO02 PRIVATE03 RELIGIOUS04 OTHER96 DON'T KNOW98	YES1 (GO TO 305) NO2	DISTRICT: THANA: UNION: VILLAGE:	UNPROMPTED PROMPTED NO HEALTH1 2 3 FAMILY PLANNING1 2 3 BOTH1 2 3 ORS1 2 3 DON'T KNOW1 2 3
03. NAME: _____ NONE	FWV1 SACMO/MA2 FWA3 FWA with CSBA.....4 HEALTH ASSISTANT5 HA with CSBA6 COMMUNITY MOBILIZER.....7 OTHER8 DON'T KNOW9	GOVERNMENT01 NGO02 PRIVATE03 RELIGIOUS04 OTHER96 DON'T KNOW98	YES1 (GO TO 305) NO2	DISTRICT: THANA: UNION: VILLAGE:	UNPROMPTED PROMPTED NO HEALTH1 2 3 FAMILY PLANNING1 2 3 BOTH1 2 3 ORS1 2 3 DON'T KNOW1 2 3
04. NAME: _____ NONE	FWV1 SACMO/MA2 FWA3 FWA with CSBA.....4 HEALTH ASSISTANT5 HA with CSBA6 COMMUNITY MOBILIZER.....7 OTHER8 DON'T KNOW9	GOVERNMENT01 NGO02 PRIVATE03 RELIGIOUS04 OTHER96 DON'T KNOW98	YES1 (GO TO 305) NO2	DISTRICT: THANA: UNION: VILLAGE:	UNPROMPTED PROMPTED NO HEALTH1 2 3 FAMILY PLANNING1 2 3 BOTH1 2 3 ORS1 2 3 DON'T KNOW1 2 3

Name of the fieldworker	301. What is the title/position of (NAME)?	302. Under what authority does (NAME) work ?	303. Does he/she live in this locality?	304. Where does he/she live?	305. What services does he/she provide?
05. NAME: _____ NONE	FWV 1 SACMO/MA 2 FWA 3 FWA with CSBA 4 HEALTH ASSISTANT 5 HA with CSBA 6 COMMUNITY MOBILIZER 7 OTHER 8 DON'T KNOW 9	GOVERNMENT 01 NGO 02 PRIVATE 03 RELIGIOUS 04 OTHER 96 DON'T KNOW 98	YES 1 (GO TO 305) NO 2	DISTRICT: THANA: UNION: VILLAGE:	UNPROMPTED PROMPTED NO HEALTH 1 2 3 FAMILY PLANNING 1 2 3 BOTH 1 2 3 ORS 1 2 3 DON'T KNOW 1 2 3

4: List Depotholders.

Please tell us about any depotholders who may work in this village, that is, a person who sells family planning or ORS from his or her house.

400. Name of the depotholder	401. Under what authority does (NAME) work ?	402. Does he/she live in this locality?	403. Where does he/she live?	404. What services does he/she provide?
01. NAME: _____ NONE	GOVERNMENT01 NGO.....02 PRIVATE.....03 RELIGIOUS04 OTHER96 DON'T KNOW98	YES1 (GO TO 404)  1 NO2	DISTRICT: THANA: UNION: VILLAGE:	UNPROMPTED PROMPTED NO HEALTH1 2 3 FAMILY PLANNING.....1 2 3 BOTH.....1 2 3 ORS.....1 2 3 DON'T KNOW1 2 3
02. NAME: _____ NONE	GOVERNMENT01 NGO.....02 PRIVATE.....03 RELIGIOUS04 OTHER96 DON'T KNOW98	YES1 (GO TO 404)  1 NO2	DISTRICT: THANA: UNION: VILLAGE:	UNPROMPTED PROMPTED NO HEALTH1 2 3 FAMILY PLANNING.....1 2 3 BOTH.....1 2 3 ORS.....1 2 3 DON'T KNOW1 2 3
03. NAME: _____ NONE	GOVERNMENT01 NGO.....02 PRIVATE.....03 RELIGIOUS04 OTHER96 DON'T KNOW98	YES1 (GO TO 404)  1 NO2	DISTRICT: THANA: UNION: VILLAGE:	UNPROMPTED PROMPTED NO HEALTH1 2 3 FAMILY PLANNING.....1 2 3 BOTH.....1 2 3 ORS.....1 2 3 DON'T KNOW1 2 3

5: Availability of Doctors (allopathic, homeopathic) and Pharmacies

Please tell us about the doctors and pharmacies working in this village/mohalla.

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
501	Are there any allopathic/MBBS doctors in this village/mohalla?	YES1 NO2	→ 503
502	How many allopathic/MBBS doctors are in this village/mohalla?	ONE1 2-52 MORE THAN 53 DON'T KNOW8	
503	How far away is the nearest allopathic/MBBS doctor? CIRCLE '00 » IF IN VILLAGE /MOHALLA.	MILE1 KILOMETER2 DK.....98 IN THIS VILLAGE/ MOHALLA.....00	
504	Are there any homeopathic doctors in this village/mohalla?	YES1 NO2	→ 506
505	How many homeopathic doctors are in this village/mohalla?	ONE1 2-52 MORE THAN 53 DON'T KNOW8	
506	How far away is the nearest homeopathic doctor? CIRCLE '00 » IF IN VILLAGE /MOHALLA.	MILE1 KILOMETER2 DK.....98 IN THIS VILLAGE/ MOHALLA.....00	
507	Are there any ayurvedic/unani doctors in this village/mohalla?	YES1 NO2	→ 509
508	How many ayurvedic/unani doctors are in this village/mohalla?	ONE1 2-52 MORE THAN 53 DON'T KNOW8	
509	How far away is the nearest ayurvedic/unani doctor? CIRCLE '00 » IF IN VILLAGE /MOHALLA.	MILE1 KILOMETER2 DK.....98 IN THIS VILLAGE/ MOHALLA.....00	
510	Are there any pharmacies in this village/mohalla?	YES1 NO2	→ 512
511	How many pharmacies are in this village/mohalla?	ONE1 2-52 MORE THAN 53 DON'T KNOW8	
512	How far away is the nearest pharmacy? CIRCLE '00 » IF IN VILLAGE /MOHALLA.	MILE1 KILOMETER2 DK.....98 IN THIS VILLAGE/ MOHALLA.....00	

601. Please provide us the name of all doctors working in this village/mohalla.

601. Please provide us the name of all doctors working in this village/mohalla.

[illegible]

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
701a	Is there any SBA working in this village/moholla ?	YES1 NO2	
701b	How far away is the nearest SBA ?	MILE1 KILOMETER2 DK.....98 IN THIS VILLAGE/ MOHALLA.....00	
701c	Please provide us the name and address of all SBA working in this village?	NAME & ADDRESS : _____ _____ NAME & ADDRESS : _____ _____ NAME & ADDRESS : _____ _____ NAME & ADDRESS : _____ _____	
	ENDING TIME	HOUR..... MINUTES.....	