

IDENTIFICATION				
PROVINCE/REGION (PUNJAB=1; SINDH=2; KPK=3; BALOCHISTAN=4; GB=5; ICT=6; AJK=7; FATA=8				
DISTRICT				
TEHSIL				
NAME OF HOUSEHOLD HEAD				
CLUSTER NUMBER				
HOUSEHOLD NUMBER				
NAME AND LINE NUMBER OF WOMAN				
CHECK COVER PAGE OF HOUSEHOLD QUESTIONNAIRE: HOUSEHOLD SELECTED FOR DV MODULE? (1=YES, 2=NO)				
CHECK HOUSEHOLD QUESTIONNAIRE Q. 44: WOMAN SELECTED FOR DV MODULE? (1=YES, 2=NO)				

	1	2	3	FINAL VISIT
DATE				<div>DAY</div> <div>MONTH</div> <div>YEAR</div> <div>INT. NO.</div> <div>RESULT*</div>
INTERVIEWER'S NAME				
RESULT*				
NEXT VISIT: DATE				
TIME				<div>TOTAL NUMBER OF VISITS</div>

LANGUAGE OF QUESTIONNAIRE**	0	1	LANGUAGE OF INTERVIEW**			NATIVE LANGUAGE OF RESPONDENT**			TRANSLATOR USED (YES = 1, NO = 2)	
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****LANGUAGE CODES:**

01 ENGLISH	03 SINDHI	05 SARAIKI
02 URDU	04 PUNJABI	06 BALUCHI
		07 PUSHTO
		08 OTHER

KEYED BY

NUMBER

INTRODUCTION AND CONSENT

Asalam-o-Alaikum. My name is _____. I am working with National Institute of Population Studies. We are conducting a survey about health and other topics all over Pakistan. The information we collect will help the government to plan health services. Your household was selected for the survey. The questions usually take about 60 to 90 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

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	HOURS <input type="text"/> <input type="text"/> MINUTES <input type="text"/> <input type="text"/>	
105	In what month and year were you born?	MONTH <input type="text"/> <input type="text"/> DON'T KNOW MONTH 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR 9998	
106	How old were you at your last birthday? COMPARE AND CORRECT 105 AND/OR 106 IF INCONSISTENT.	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	
107	Have you ever attended school?	YES 1 NO 2	→ 111
109	What is the highest class you completed? IF COMPLETED LESS THAN CLASS ONE, RECORD '00'. IF MA, MPHIL, PHD, MBBS, OR BSC/4 YEARS, WRITE '16'.	CLASS <input type="text"/> <input type="text"/>	
110	CHECK 109: <div style="display: flex; align-items: center;"> <div style="text-align: center;"> CLASS 00-09 <input type="text"/> ↓ </div> <div style="margin-left: 20px;"> CLASS 10 <input type="text"/> OR HIGHER </div> </div>		→ 113
111	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 PART OF THE SENTENCE 2 ABLE TO READ WHOLE SENTENCE 3 NO CARD WITH REQUIRED LANGUAGE 4 (SPECIFY LANGUAGE) _____ BLIND/VISUALLY IMPAIRED 5	

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
112	<p>CHECK 111:</p> <p align="center">CODE '2', '3' OR '4' <input type="checkbox"/> CIRCLED ↓</p> <p align="center">CODE '1' OR '5' CIRCLED <input type="checkbox"/></p>		→ 114
113	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	
114	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	
115	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	
116	Do you own a mobile telephone?	YES 1 NO 2	→ 118
117	Do you use your mobile phone for any financial transactions?	YES 1 NO 2	
118	Do you have an account in a bank or other financial institution that you yourself use?	YES 1 NO 2	
119	Have you ever used the internet?	YES 1 NO 2	→ 121A
120	In the last 12 months, have you used the internet? IF NECESSARY, PROBE FOR USE FROM ANY LOCATION, WITH ANY DEVICE.	YES 1 NO 2	→ 121A
121	During the last one month, how often did you use the internet: almost every day, at least once a week, less than once a week, or not at all?	ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4	
121A	What is your mother tongue?	URDU 01 PUNJABI 02 SINDHI 03 PUSHTO 04 BALOCHI 05 ENGLISH 06 BARAUHI 07 SIRAIKI 08 HINDKO 09 KASHMIRI 10 SHINA 11 BRUSHASKI 12 WAKHI 13 CHITRALI/ KHWAR 14 BALTI 15 PAHARI 16 POTOWARI 17 MARWARI 18 FARSI 19 OTHER 96	

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
200	Now I would like to ask you about all the pregnancies that you have had during your life. By this I mean all the children born to you whether they were born alive or dead, whether they are still living or not, whether they live with you or somewhere else, and all the pregnancies that you have had that did not result in a live birth. I understand that it is not easy to talk about children who have died, or pregnancies that ended before full term, but it is important that you tell us about all of them, so that the government can develop programs to improve children's health.										
201	First I would like to ask about all the births you have had during your life. Have you ever given birth?	YES 1 NO 2	→ 206								
202	Do you have any sons or daughters to whom you have given birth who are now living with you?	YES 1 NO 2	→ 204								
203	a) How many sons live with you? b) And how many daughters live with you? IF NONE, RECORD '00'.	a) 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> b) 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	a) How many sons are alive but do not live with you? b) And how many daughters are alive but do not live with you? IF NONE, RECORD '00'.	a) 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> b) 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, who made any movement, sound, or effort to breathe, or who showed any other signs of life even if for a very short time?	YES 1 NO 2	→ 207AA								
207	a) How many boys have died? b) And how many girls have died? IF NONE, RECORD '00'.	a) 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> b) 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>									
207AA	Women sometimes have pregnancies that do not result in a live born child. That is, a pregnancy can end in a miscarriage, or the child can be born dead. Have you ever had a pregnancy that did not end in a live birth?	YES 1 NO 2	→ 208								
207BB	How many pregnancies have you had that did not end in a live birth?	PREGNANCY LOSSES <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table>									
208	SUM ANSWERS TO 203, 205, 207, AND 207BB, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL PREGNANCIES <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 ____ pregnancies during your life. Is that correct? <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> YES <input type="checkbox"/> ↓ </div> <div style="text-align: center;"> NO <input type="checkbox"/> ↓ PROBE AND CORRECT 201-208 AS NECESSARY. </div> </div>										
210	CHECK 208: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> ONE OR MORE PREGNANCIES ↓ </div> <div style="text-align: center;"> NO PREGNANCIES <input type="checkbox"/> </div> </div>		→ 226								

SECTION 2. REPRODUCTION

211 Now I would like to record all your pregnancies, whether born alive, born dead, or lost before full term, starting with the first one you had.
RECORD NAMES OF ALL THE PREGNANCIES IN 212. RECORD TWINS AND TRIPLETS ON SEPARATE ROWS. IF THERE ARE MORE THAN 10 BIRTHS, USE AN ADDITIONAL QUESTIONNAIRE, STARTING WITH THE SECOND ROW.

212	212A	212B	212C	212D	213	215	216
PREG- NANCY HISTORY NUMBER	Think back to your first pregnan- cy. Was that a single or multiple pregnan- cy?	Was the baby born alive, born dead, or lost before birth?	Did that baby cry, move, or breathe when it was born?	What name was given to the child? RECORD NAME	Is (NAME) a boy or a girl?	On what day, month, and year was (NAME) born? PROBE: When is his/her birthday?	Is (NAME) still alive?
01	SING 1 MULT 2	BORN ALIVE 1 (SKIP TO 212D) ↙ BORN DEAD 2 LOST BEFORE FULL TERM 3 (SKIP TO 220AB) ↙	YES ... 1 NO ... 2 ↓ (SKIP TO 220AB)	_____ NAME	BOY ... 1 GIRL ... 2	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> YEAR	YES ... 1 NO ... 2 ↓ (SKIP TO 220)
02	SING 1 MULT 2	BORN ALIVE 1 (SKIP TO 212D) ↙ BORN DEAD 2 LOST BEFORE FULL TERM 3 (SKIP TO 220AB) ↙	YES ... 1 NO ... 2 ↓ (SKIP TO 220AB)	_____ NAME	BOY ... 1 GIRL ... 2	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> YEAR	YES ... 1 NO ... 2 ↓ (SKIP TO 220)
03	SING 1 MULT 2	BORN ALIVE 1 (SKIP TO 212D) ↙ BORN DEAD 2 LOST BEFORE FULL TERM 3 (SKIP TO 220AB) ↙	YES ... 1 NO ... 2 ↓ (SKIP TO 220AB)	_____ NAME	BOY ... 1 GIRL ... 2	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> YEAR	YES ... 1 NO ... 2 ↓ (SKIP TO 220)
04	SING 1 MULT 2	BORN ALIVE 1 (SKIP TO 212D) ↙ BORN DEAD 2 LOST BEFORE FULL TERM 3 (SKIP TO 220AB) ↙	YES ... 1 NO ... 2 ↓ (SKIP TO 220AB)	_____ NAME	BOY ... 1 GIRL ... 2	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> YEAR	YES ... 1 NO ... 2 ↓ (SKIP TO 220)

212	212A	212B	212C	212D	213	215	216
PREG- NANCY HISTORY NUMBER	Think back to your first pregnan- cy. Was that a single or multiple pregnan- cy?	Was the baby born alive, born dead, or lost before birth?	Did that baby cry, move, or breathe when it was born?	What name was given to the child? RECORD NAME	Is (NAME) a boy or a girl?	On what day, month, and year was (NAME) born? PROBE: When is his/her birthday?	Is (NAME) still alive?
05	SING 1 MULT 2	BORN ALIVE 1 (SKIP TO 212D) ↙ BORN DEAD 2 LOST BEFORE FULL TERM 3 (SKIP TO 220AB) ↙	YES ... 1 NO ... 2 ↓ (SKIP TO 220AB)	NAME	BOY ... 1 GIRL ... 2	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> YEAR	YES ... 1 NO ... 2 ↓ (SKIP TO 220)
06	SING 1 MULT 2	BORN ALIVE 1 (SKIP TO 212D) ↙ BORN DEAD 2 LOST BEFORE FULL TERM 3 (SKIP TO 220AB) ↙	YES ... 1 NO ... 2 ↓ (SKIP TO 220AB)	NAME	BOY ... 1 GIRL ... 2	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> YEAR	YES ... 1 NO ... 2 ↓ (SKIP TO 220)
07	SING 1 MULT 2	BORN ALIVE 1 (SKIP TO 212D) ↙ BORN DEAD 2 LOST BEFORE FULL TERM 3 (SKIP TO 220AB) ↙	YES ... 1 NO ... 2 ↓ (SKIP TO 220AB)	NAME	BOY ... 1 GIRL ... 2	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> YEAR	YES ... 1 NO ... 2 ↓ (SKIP TO 220)
08	SING 1 MULT 2	BORN ALIVE 1 (SKIP TO 212D) ↙ BORN DEAD 2 LOST BEFORE FULL TERM 3 (SKIP TO 220AB) ↙	YES ... 1 NO ... 2 ↓ (SKIP TO 220AB)	NAME	BOY ... 1 GIRL ... 2	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> YEAR	YES ... 1 NO ... 2 ↓ (SKIP TO 220)
09	SING 1 MULT 2	BORN ALIVE 1 (SKIP TO 212D) ↙ BORN DEAD 2 LOST BEFORE FULL TERM 3 (SKIP TO 220AB) ↙	YES ... 1 NO ... 2 ↓ (SKIP TO 220AB)	NAME	BOY ... 1 GIRL ... 2	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> YEAR	YES ... 1 NO ... 2 ↓ (SKIP TO 220)
10	SING 1 MULT 2	BORN ALIVE 1 (SKIP TO 212D) ↙ BORN DEAD 2 LOST BEFORE FULL TERM 3 (SKIP TO 220AB) ↙	YES ... 1 NO ... 2 ↓ (SKIP TO 220AB)	NAME	BOY ... 1 GIRL ... 2	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> YEAR	YES ... 1 NO ... 2 ↓ (SKIP TO 220)

217 IF ALIVE: How old was (NAME) at (NAME)'s last birthday? RECORD AGE IN COMPLETED YEARS.	218 IF ALIVE: Is (NAME) living with you?	219 IF ALIVE: RECORD HOUSEHOLD LINE NUMBER OF CHILD. RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD.	220 IF DEAD: How old was (NAME) when (he/she) died? IF '12 MONTHS' OR '1 YR', ASK: Did (NAME) have (his/her) first birthday? THEN ASK: Exactly how many months old was (NAME) when (he/she) died? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	220AB IF BORN DEAD OR LOST BEFORE BIRTH On what day, month, and year did this pregnancy end?	220AC How many months did this pregnancy last?	220AD Did you or someone else do something to end this pregnancy?	221 Were there any other pregnancies between the previous pregnancy and this pregnancy?
AGE IN YEARS <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/> ↓ (NEXT PREGNANCY)	DAYS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/> (NEXT PREGNANCY)	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> YEAR	MONTHS <input type="text"/> <input type="text"/>	YES ... 1 NO 2	
AGE IN YEARS <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/> ↓ (SKIP TO 221)	DAYS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/> (SKIP TO 221)	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> YEAR	MONTHS <input type="text"/> <input type="text"/>	YES ... 1 NO 2	YES 1 (ADD PREGNANCY) ← NO 2 (NEXT PREGNANCY) ←
AGE IN YEARS <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/> ↓ (SKIP TO 221)	DAYS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/> (SKIP TO 221)	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> YEAR	MONTHS <input type="text"/> <input type="text"/>	YES ... 1 NO 2	YES 1 (ADD PREGNANCY) ← NO 2 (NEXT PREGNANCY) ←
AGE IN YEARS <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/> ↓ (SKIP TO 221)	DAYS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/> (SKIP TO 221)	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> YEAR	MONTHS <input type="text"/> <input type="text"/>	YES ... 1 NO 2	YES 1 (ADD PREGNANCY) ← NO 2 (NEXT PREGNANCY) ←

217 IF ALIVE:	218 IF ALIVE:	219 IF ALIVE:	220 IF DEAD:	220AB IF BORN DEAD OR LOST BEFORE BIRTH	220AC	220AD	221
How old was (NAME) at (NAME)'s last birthday?	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 '12 MONTHS' OR '1 YR', ASK: Did (NAME) have (his/her) first birthday? THEN ASK: Exactly how many months old was (NAME) when (he/she) died?	On what day, month, and year did this pregnancy end?	How many months did this pregnancy last?	Did you or someone else do something to end this pregnancy?	Were there any other pregnancies between the previous pregnancy and this pregnancy?
RECORD AGE IN COMPLETED YEARS.			RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.		RECORD IN COMPLETED MONTHS.		
AGE IN YEARS <div><div></div><div></div></div>	YES ... 1 NO ... 2	HOUSEHOLD LINE NUMBER <div><div></div><div></div></div> (SKIP TO 221)	DAYS 1 <div><div></div><div></div></div> MONTHS 2 <div><div></div><div></div></div> YEARS 3 <div><div></div><div></div></div> (SKIP TO 221)	DAY <div><div></div><div></div></div> MONTH <div><div></div><div></div></div> YEAR <div><div></div><div></div><div></div><div></div></div>	MONTHS <div><div></div><div></div></div>	YES ... 1 NO ... 2	YES 1 (ADD PREGNANCY) ← NO 2 (NEXT PREGNANCY) ←
AGE IN YEARS <div><div></div><div></div></div>	YES ... 1 NO ... 2	HOUSEHOLD LINE NUMBER <div><div></div><div></div></div> (SKIP TO 221)	DAYS 1 <div><div></div><div></div></div> MONTHS 2 <div><div></div><div></div></div> YEARS 3 <div><div></div><div></div></div> (SKIP TO 221)	DAY <div><div></div><div></div></div> MONTH <div><div></div><div></div></div> YEAR <div><div></div><div></div><div></div><div></div></div>	MONTHS <div><div></div><div></div></div>	YES ... 1 NO ... 2	YES 1 (ADD PREGNANCY) ← NO 2 (NEXT PREGNANCY) ←
AGE IN YEARS <div><div></div><div></div></div>	YES ... 1 NO ... 2	HOUSEHOLD LINE NUMBER <div><div></div><div></div></div> (SKIP TO 221)	DAYS 1 <div><div></div><div></div></div> MONTHS 2 <div><div></div><div></div></div> YEARS 3 <div><div></div><div></div></div> (SKIP TO 221)	DAY <div><div></div><div></div></div> MONTH <div><div></div><div></div></div> YEAR <div><div></div><div></div><div></div><div></div></div>	MONTHS <div><div></div><div></div></div>	YES ... 1 NO ... 2	YES 1 (ADD PREGNANCY) ← NO 2 (NEXT PREGNANCY) ←
AGE IN YEARS <div><div></div><div></div></div>	YES ... 1 NO ... 2	HOUSEHOLD LINE NUMBER <div><div></div><div></div></div> (SKIP TO 221)	DAYS 1 <div><div></div><div></div></div> MONTHS 2 <div><div></div><div></div></div> YEARS 3 <div><div></div><div></div></div> (SKIP TO 221)	DAY <div><div></div><div></div></div> MONTH <div><div></div><div></div></div> YEAR <div><div></div><div></div><div></div><div></div></div>	MONTHS <div><div></div><div></div></div>	YES ... 1 NO ... 2	YES 1 (ADD PREGNANCY) ← NO 2 (NEXT PREGNANCY) ←
AGE IN YEARS <div><div></div><div></div></div>	YES ... 1 NO ... 2	HOUSEHOLD LINE NUMBER <div><div></div><div></div></div> (SKIP TO 221)	DAYS 1 <div><div></div><div></div></div> MONTHS 2 <div><div></div><div></div></div> YEARS 3 <div><div></div><div></div></div> (SKIP TO 221)	DAY <div><div></div><div></div></div> MONTH <div><div></div><div></div></div> YEAR <div><div></div><div></div><div></div><div></div></div>	MONTHS <div><div></div><div></div></div>	YES ... 1 NO ... 2	YES 1 (ADD PREGNANCY) ← NO 2 (NEXT PREGNANCY) ←
AGE IN YEARS <div><div></div><div></div></div>	YES ... 1 NO ... 2	HOUSEHOLD LINE NUMBER <div><div></div><div></div></div> (SKIP TO 221)	DAYS 1 <div><div></div><div></div></div> MONTHS 2 <div><div></div><div></div></div> YEARS 3 <div><div></div><div></div></div> (SKIP TO 221)	DAY <div><div></div><div></div></div> MONTH <div><div></div><div></div></div> YEAR <div><div></div><div></div><div></div><div></div></div>	MONTHS <div><div></div><div></div></div>	YES ... 1 NO ... 2	YES 1 (ADD PREGNANCY) ← NO 2 (NEXT PREGNANCY) ←

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
222	Have you had any pregnancies since the last pregnancy mentioned?	YES 1 (RECORD BIRTH(S) IN TABLE) ← NO 2	
223	COMPARE 208 WITH NUMBER OF PREGNANCIES IN PREGNANCY HISTORY <div style="display: flex; justify-content: space-around;"> <div> NUMBERS ARE SAME <input type="checkbox"/> </div> <div> NUMBERS ARE DIFFERENT <input type="checkbox"/> </div> </div> (PROBE AND RECONCILE) ←		
224	CHECK 215: ENTER THE NUMBER OF BIRTHS IN 2012-2018 IF NONE, RECORD '0'.	NUMBER OF BIRTHS <input type="text"/>	
225	<p>C FOR EACH BIRTH IN 2012-2018, 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 COMPLETED 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.)</p> <p>CHECK 220AC FOR EACH PREGNANCY THAT DID NOT END IN A LIVE BIRTH. CHECK 220AD. IF YES (CODE '1' CIRCLED), ENTER 'A' FOR ABORTION OR 'C' (IF CODE '2' CIRCLED) FOR MISCARRIAGE OR 'S' FOR STILLBIRTH, IN CALENDAR IN THE MONTH THAT THE PREGNANCY TERMINATED AND 'P' FOR THE REMAINING NUMBER OF COMPLETED MONTHS OF PREGNANCY.</p> <p>IF THERE ARE MORE THAN FOUR PREGNANCIES THAT DID NOT END IN A LIVE BIRTH, USE AN ADDITIONAL QUESTIONNAIRE STARTING ON THE SECOND LINE."</p>		
226	Are you pregnant now?	YES 1 NO 2 UNSURE 8	→ 229A
227	How many months pregnant are you? RECORD NUMBER OF COMPLETED MONTHS. <p>C ENTER 'P's IN THE CALENDAR, BEGINNING WITH THE MONTH OF INTERVIEW AND FOR THE TOTAL NUMBER OF COMPLETED MONTHS.</p>	MONTHS <input type="text"/> <input type="text"/>	
228	When you got pregnant, did you want to get pregnant at that time?	YES 1 NO 2	→ 229A
229	CHECK 208: TOTAL NUMBER OF BIRTHS <div style="display: flex; justify-content: space-around;"> <div> ONE OR MORE <input type="checkbox"/> a) Did you want to have a baby later on or did you not want any more children? </div> <div> NONE <input type="checkbox"/> b) Did you want to have a baby later on or did you not want any children? </div> </div>	LATER 1 NO MORE/NONE 2	
229A	CHECK 220AB, 220AC, AND 220AD <div style="display: flex; justify-content: space-around;"> <div> HAD ABORTION OR MISCARRIAGE OR STILLBIRTH SINCE JANUARY 2012 <input type="checkbox"/> </div> <div> DID NOT HAVE ABORTION OR MISCARRIAGE OR STILLBIRTH SINCE JANUARY 2012 <input type="checkbox"/> </div> </div>		→ 239

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
229B	<p>You mentioned that you had a pregnancy that (MISCARRIED/ABORTED/ENDED IN A STILLBIRTH) in the last 5 years. Now I would like to ask you about the last such pregnancy that ended.</p> <p>Did you seek health care (advice and treatment) after such pregnancy ended?</p>	<p>YES 1</p> <p>NO 2</p>	→ 239
229C	<p>From whom did you seek health care (advice and treatment)?</p> <p>Anyone else?</p>	<p>HEALTH PERSONNEL</p> <p>DOCTOR A</p> <p>NURSE/MIDWIFE/LHV B</p> <p>OTHER PERSON</p> <p>DAI-TBA C</p> <p>LADY H. WORKER D</p> <p>HOMEOPATH E</p> <p>HAKIM F</p> <p>DISPENSER/COMPOUNDER G</p> <p>OTHER X</p> <p align="center">(SPECIFY)</p>	
239	<p>When did your last menstrual period start?</p> <p>_____</p> <p align="center">(DATE, IF GIVEN)</p>	<p>DAYS AGO 1</p> <p>WEEKS AGO 2</p> <p>MONTHS AGO 3</p> <p>YEARS AGO 4</p> <p>IN MENOPAUSE/ HAS HAD HYSTERECTOMY 994</p> <p>BEFORE LAST BIRTH 995</p> <p>NEVER MENSTRUATED 996</p>	
240	<p>From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	→ 242
241	<p>Is this time just before her period begins, during her period, right after her period has ended, or halfway between two periods?</p>	<p>JUST BEFORE HER PERIOD BEGIN..... 1</p> <p>DURING HER PERIOD 2</p> <p>RIGHT AFTER HER PERIOD HAS ENDE..... 3</p> <p>HALFWAY BETWEEN TWO PERIODS 4</p> <p>OTHER 6</p> <p align="center">(SPECIFY)</p> <p>DON'T KNOW 8</p>	
242	<p>After the birth of a child, can a woman become pregnant before her menstrual period has returned?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	

SECTION 3. CONTRACEPTION

301	Now I would like to talk about family planning - the various ways or methods that a couple can use to delay or avoid a pregnancy. Have you ever heard of (METHOD)?	
01	Female Sterilization. PROBE: Women can have an operation to avoid having any more children.	YES 1 NO 2
02	Male Sterilization. PROBE: Men can have an operation to avoid having any more children.	YES 1 NO 2
03	IUD. PROBE: Women can have a loop or coil placed inside them by a doctor or a nurse which can prevent pregnancy up to ten years.	YES 1 NO 2
04	Injectables. PROBE: Women can have an injection by a health provider that stops them from becoming pregnant for one or more months.	YES 1 NO 2
05	Implants. PROBE: Women can have one or more small rods placed in their upper arm by a doctor, nurse or LHV which can prevent pregnancy up to five years.	YES 1 NO 2
06	Pill. PROBE: Women can take a pill every day to avoid becoming pregnant.	YES 1 NO 2
07	Condom. PROBE: Men can put a rubber sheath on their penis before sexual intercourse.	YES 1 NO 2
09	Emergency Contraception. PROBE: As an emergency measure, within three days after they have unprotected sexual intercourse, women can take special pills to prevent pregnancy.	YES 1 NO 2
10	Standard Days Method. PROBE: A woman uses a string of colored beads to know the days she can get pregnant. On the days she can get pregnant, she uses a condom or does not have sexual intercourse.	YES 1 NO 2
11	Lactational Amenorrhea Method (LAM). PROBE: Up to six months after childbirth, before the menstrual period has returned, women use a method requiring frequent breastfeeding day and night.	YES 1 NO 2
12	Rhythm Method. PROBE: To avoid pregnancy, women do not have sexual intercourse on the days of the month they think they can get pregnant.	YES 1 NO 2
13	Withdrawal. PROBE: Men can be careful and pull out before climax.	YES 1 NO 2
14	Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	YES, MODERN METHOD _____ A (SPECIFY) YES, TRADITIONAL METHOD _____ B (SPECIFY) NO Y
301A	Did you hear about any family planning methods before your marriage?	YES 1 NO 2

SECTION 3. CONTRACEPTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
302	CHECK 226: NOT PREGNANT <input type="checkbox"/> OR UNSURE ↓	PREGNANT <input type="checkbox"/> →	312
303	Are you or your husband currently doing something or using any method to delay or avoid getting pregnant?	YES 1 NO 2	→ 312
304	Which method are you using? RECORD 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 EMERGENCY CONTRACEPTION I STANDARD DAYS METHOD J LACTATIONAL AMENORRHEA METHOD K RHYTHM METHOD L WITHDRAWAL M OTHER MODERN METHOD X OTHER TRADITIONAL METHOD Y	→ 307 → 309 → 306 → 309
305	What is the brand name of the pills you are using? IF DON'T KNOW THE BRAND, ASK TO SEE THE PACKAGE.	NOVA PILLS 01 FAMILA 28 02 LO FEMENAL 03 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	→ 309
306	What is the brand name of the condoms you are using? IF DON'T KNOW THE BRAND, ASK TO SEE THE PACKAGE.	SATHI 01 TOUCH 02 JOSH 03 PRUDENCE 04 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	→ 309
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 FAMILY HEALTH CLINIC/RHSC 11 GOVERNMENT HOSPITAL 12 OTHER PUBLIC SECTOR _____ 16 (SPECIFY) PRIVATE/NGO MEDICAL SECTOR PRIVATE/NGO HOSPITAL/CLINIC 21 PRIVATE DOCTOR'S CLINIC 22 OTHER PRIVATE MEDICAL SECTOR _____ 26 (SPECIFY) OTHER _____ 96 (SPECIFY) DON'T KNOW 98	

SECTION 3. CONTRACEPTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP												
308	In what month and year was the sterilization performed?	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>													→ 310
309	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>													
310	CHECK 308 AND 309, 215 AND 220AB: ANY BIRTH OR PREGNANCY TERMINATION AFTER MONTH AND YEAR OF START OF USE OF CONTRACEPTION IN 308 OR 309 <div style="display: flex; justify-content: space-between;"> <div> NO <input type="checkbox"/> ↓ </div> <div> YES <input type="checkbox"/> ↓ GO BACK TO 308 OR 309, PROBE AND RECORD MONTH AND YEAR AT START OF CONTINUOUS USE OF CURRENT METHOD (MUST BE AFTER LAST BIRTH OR PREGNANCY TERMINATION). </div> </div>														
311	CHECK 308 AND 309: <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> YEAR IS 2012-2018 <input type="checkbox"/> C ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN THE CALENDAR AND IN EACH MONTH BACK TO THE DATE STARTED USING. THEN CONTINUE ↓ </div> <div style="text-align: center;"> YEAR IS 2011 OR EARLIER <input type="checkbox"/> C ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN THE CALENDAR AND EACH MONTH BACK TO JANUARY 2012 THEN (SKIP TO 324) ← </div> </div>														
312	I would like to ask you some questions about the times you or your husband 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 2012. 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: a) When was the last time you used a method? Which method was that? b) When did you start using that method? How long after the birth of (NAME)? c) How long did you use the method then? C 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 ILLUSTRATIVE QUESTIONS: d) 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? e) 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.														

SECTION 3. CONTRACEPTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
313	CHECK THE CALENDAR FOR USE OF ANY CONTRACEPTIVE METHOD IN ANY MONTH NO METHOD USED <input type="checkbox"/> ANY METHOD USED <input type="checkbox"/>		→ 315
314	Have you ever used anything or tried in any way to delay or avoid getting pregnant?	YES 1 NO 2	→ 326
315	CHECK 304: CIRCLE METHOD CODE: IF MORE THAN ONE METHOD CODE CIRCLED IN 304, CIRCLE CODE FOR HIGHEST METHOD IN LIST.	NO CODE CIRCLED 00 FEMALE STERILIZATION 01 MALE STERILIZATION 02 IUD 03 INJECTABLES 04 IMPLANTS 05 PILL 06 CONDOM 07 EMERGENCY CONTRACEPTION 09 STANDARD DAYS METHOD 10 LACTATIONAL AMENORRHEA METHOD 11 RHYTHM METHOD 12 WITHDRAWAL 13 OTHER MODERN METHOD 95 OTHER TRADITIONAL METHOD 96	→ 326 → 319 → 327 → 323
316	You first started using (CURRENT METHOD) in (DATE FROM 309). Where did you get it at that 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 FAMILY HEALTH CLINIC/RHSC 11 FAMILY WELFARE CENTRE/FWW 12 MOBILE SERVICE CAMP/ UNIT 13 MALE MOBILIZER 14 GOVERNMENT HOSPITAL 15 RURAL HEALTH CENTER 16 BASIC HEALTH UNIT 17 MCH CENTER 18 DISPENSORY 19 LADY HEALTH WORKER 20 LADY HEALTH VISITOR 21 COMMUNITY MIDWIFE 22 OTHER PUBLIC SECTOR _____ 26 (SPECIFY) PRIVATE/NGO MEDICAL SECTOR PRIVATE/NGO HOSPITAL/CLINIC 31 PRIVATE DOCTOR 32 PHARMACY/MEDICAL STORE 33 HOMEOPATH 34 DISPENSER/COMPOUNDER 35 OTHER PRIVATE MEDICAL SECTOR _____ 36 (SPECIFY) OTHER SOURCE SHOP (NOT PHARMACY/CHEMIST) 41 FRIEND/RELATIVE 42 HAKIM 43 DAI, TRADITIONAL BIRTH ATTENDANT 44 OTHER _____ 96 (SPECIFY)	
317	CHECK 304: CIRCLE METHOD CODE: IF MORE THAN ONE METHOD CODE CIRCLED IN 304, CIRCLE CODE FOR HIGHEST METHOD IN LIST.	IUD 03 INJECTABLES 04 IMPLANTS 05 PILL 06 CONDOM 07 EMERGENCY CONTRACEPTION 09 STANDARD DAYS METHOD 10 OTHER MODERN METHOD 95 OTHER TRADITIONAL METHOD 96	→ 323 → 322 → 323

SECTION 3. CONTRACEPTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
318	At that time, were you told about side effects or problems you might have with the method?	YES 1 NO 2	→ 321 → 320
319	When you got sterilized, were you told about side effects or problems you might have with the method?	YES 1 NO 2	→ 321
320	Were you ever told by a health or family planning worker about side effects or problems you might have with the method?	YES 1 NO 2	→ 322
321	Were you told what to do if you experienced side effects or problems?	YES 1 NO 2	
322	CHECK 318 AND 319: <div style="display: flex; justify-content: space-around; align-items: flex-start;"> <div style="text-align: center;"> <p>ANY <input type="checkbox"/> 'YES' ↓</p> <p>a) At that time, were you told about other methods of family planning that you could use?</p> </div> <div style="text-align: center;"> <p>OTHER <input type="checkbox"/> ↓</p> <p>b) When you obtained (CURRENT METHOD FROM 315) from (SOURCE OF METHOD FROM 307 OR 316), were you told about other methods of family planning that you could use?</p> </div> </div>	YES 1 NO 2	→ 323A
323	Were you ever told by a health or family planning worker about other methods of family planning that you could use?	YES 1 NO 2	
323A	Were you advised by a health or family planning worker about the following: a) Help you in selecting a method? b) Explained how to use the selected method?	<div style="display: flex; justify-content: space-around;"> <p>YES</p> <p>NO</p> </div> <div style="display: flex; justify-content: space-around;"> <p>a) HELP SELECT METHOD..... 1</p> <p>b) EXPLAIN METHOD USE..... 1</p> </div> <div style="display: flex; justify-content: space-around;"> <p>2</p> <p>2</p> </div>	
324	CHECK 304: CIRCLE METHOD CODE: IF MORE THAN ONE METHOD CODE CIRCLED IN 304, CIRCLE CODE FOR HIGHEST METHOD IN LIST.	FEMALE STERILIZATION 01 MALE STERILIZATION 02 IUD 03 INJECTABLES 04 IMPLANTS 05 PILL 06 CONDOM 07 EMERGENCY CONTRACEPTION 09 STANDARD DAYS METHOD 10 LACTATIONAL AMENORRHEA METHOD 11 RHYTHM METHOD 12 WITHDRAWAL 13 OTHER MODERN METHOD 95 OTHER TRADITIONAL METHOD 96	→ 327 → 327 → 327

SECTION 3. CONTRACEPTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
325	<p>Where did you obtain (CURRENT METHOD) the last time?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p align="center">(NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>FAMILY HEALTH CLINIC/RHSC 11</p> <p>FAMILY WELFARE CENTRE/FWM 12</p> <p>MOBILE SERVICE CAMP/ UNIT 13</p> <p>MALE MOBILIZER 14</p> <p>GOVERNMENT HOSPITAL 15</p> <p>RURAL HEALTH CENTER 16</p> <p>BASIC HEALTH UNIT 17</p> <p>MCH CENTER 18</p> <p>DISPENSORY 19</p> <p>LADY HEALTH WORKER 20</p> <p>LADY HEALTH VISITOR 21</p> <p>COMMUNITY MIDWIFE 22</p> <p>OTHER PUBLIC SECTOR</p> <p>_____ 26</p> <p align="center">(SPECIFY)</p> <p>PRIVATE/NGO MEDICAL SECTOR</p> <p>PRIVATE/NGO HOSPITAL/CLINIC 31</p> <p>PRIVATE DOCTOR 32</p> <p>PHARMACY/MEDICAL STORE 33</p> <p>HOMEOPATH 34</p> <p>DISPENSER/COMPOUNDER 35</p> <p>OTHER PRIVATE MEDICAL SECTOR</p> <p>_____ 36</p> <p align="center">(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP (NOT PHARMACY/CHEMIST) 41</p> <p>FRIEND/RELATIVE 42</p> <p>HAKIM 43</p> <p>DAI, TRAD. BIRTH ATTENDAN 44</p> <p>OTHER _____ 96</p> <p align="center">(SPECIFY)</p>	<p>→ 327</p>
326	Do you know of a place where you can obtain a method of family planning?	<p>YES 1</p> <p>NO 2</p>	
327	In the last 12 months, were you visited by a LHW?	<p>YES 1</p> <p>NO 2</p>	→ 329
328	Did the LHW talk to you about family planning?	<p>YES 1</p> <p>NO 2</p>	
329	<p>CHECK 202: CHILDREN LIVING WITH RESPONDENT</p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>a) In the last 12 months, have you visited a health facility for care for yourself or your children? b) In the last 12 months, have you visited a health facility for care for yourself?</p>	<p>YES 1</p> <p>NO 2</p>	→ 401
330	Did any staff member at the health facility speak to you about family planning methods?	<p>YES 1</p> <p>NO 2</p>	

SECTION 4. PREGNANCY AND POSTNATAL CARE

401	<p>CHECK 224:</p> <p align="center"> ONE OR MORE BIRTHS <input type="checkbox"/> IN 2012-2018 NO BIRTHS IN <input type="checkbox"/> 2012-2018 → 648 </p>		
402	<p>CHECK 215. RECORD THE BIRTH HISTORY NUMBER IN 403 AND THE NAME AND SURVIVAL STATUS IN 404 FOR EACH BIRTH IN 2012-2018. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. IF THERE ARE MORE THAN 2 BIRTHS, USE LAST COLUMN OF ADDITIONAL QUESTIONNAIRE(S).</p> <p>Now I would like to ask some questions about your children born in the last five years. (We will talk about each separately.)</p>		
403	<p>PREGNANCY HISTORY NUMBER FROM 212 IN PREGNANCY HISTORY.</p>	<p align="center">LAST BIRTH</p> <p>PREGNANCY HISTORY NUMBER <input type="text"/> <input type="text"/></p>	<p align="center">NEXT-TO-LAST BIRTH</p> <p>PREGNANCY HISTORY NUMBER <input type="text"/> <input type="text"/></p>
404	FROM 212D AND 216:	<p>NAME _____</p> <p>LIVING <input type="checkbox"/> DEAD <input type="checkbox"/></p>	<p>NAME _____</p> <p>LIVING <input type="checkbox"/> DEAD <input type="checkbox"/></p>
405	When you got pregnant with (NAME), did you want to get pregnant at that time?	<p>YES 1</p> <p align="center">(SKIP TO 408) ←</p> <p>NO 2</p>	<p>YES 1</p> <p align="center">(SKIP TO 426) ←</p> <p>NO 2</p>
406	<p>CHECK 203, 205, and 207:</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>ONLY ONE BIRTH <input type="checkbox"/></p> <p>a) Did you want to have a baby later on, or did you not want any children?</p> </div> <div style="text-align: center;"> <p>MORE THAN ONE BIRTH <input type="checkbox"/></p> <p>b) Did you want to have a baby later on, or did you not want any more children?</p> </div> </div>	<p>LATER 1</p> <p>NO MORE/NONE 2</p> <p align="center">(SKIP TO 408) ←</p>	<p>LATER 1</p> <p>NO MORE/NONE 2</p> <p align="center">(SKIP TO 426) ←</p>
407	How much longer did you want to wait?	<p>MONTHS 1 <input type="text"/> <input type="text"/></p> <p>YEARS 2 <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 998</p>	<p>MONTHS 1 <input type="text"/> <input type="text"/></p> <p>YEARS 2 <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 998</p>
408	Did you see anyone for antenatal care for this pregnancy?	<p>YES 1</p> <p>NO 2</p> <p align="center">(SKIP TO 414) ←</p>	
409	<p>Whom did you see?</p> <p>Anyone else?</p> <p>PROBE TO IDENTIFY EACH TYPE OF PERSON AND RECORD ALL MENTIONED.</p>	<p>HEALTH PERSONNEL</p> <p>DOCTOR A</p> <p>NURSE/MIDWIFE/LHV B</p> <p>OTHER PERSON</p> <p>DAI-TBA C</p> <p>LADY H. WORKER D</p> <p>HOMEOPATH E</p> <p>HAKIM F</p> <p>DISPENSER / COMPOUNDER G</p> <p>OTHER X</p> <p align="center">(SPECIFY)</p>	
409A	Were you satisfied with the service provided?	<p>YES 1</p> <p>NO 2</p>	

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____												
410	<p>Where did you receive antenatal care for this pregnancy?</p> <p>Anywhere else?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p align="center">(NAME OF PLACE)</p>	<p>HOME</p> <p>HER HOME A</p> <p>OTHER HOME B</p> <p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL C</p> <p>RHC/MCH D</p> <p>BHU E</p> <p>CMW F</p> <p>OTHER PUBLIC SECTOR</p> <p>_____ G</p> <p align="center">(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC H</p> <p>PVT. DOCTOR I</p> <p>HOMEOPATH J</p> <p>DISPENSER / COMPOUNDER K</p> <p>OTHER PRIVATE MEDICAL SECTOR</p> <p>_____ L</p> <p align="center">(SPECIFY)</p> <p>HAKIM M</p> <p>OTHER X</p> <p align="center">(SPECIFY)</p>													
411	<p>How many months pregnant were you when you first received antenatal care for this pregnancy?</p>	<p>MONTHS <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>													
412	<p>How many times did you receive antenatal care during this pregnancy?</p>	<p>NUMBER OF TIMES <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>													
413	<p>As part of your antenatal care during this pregnancy, were any of the following done at least once:</p> <p>a) Was your blood pressure measured?</p> <p>b) Did you give a urine sample?</p> <p>c) Did you give a blood sample?</p>	<table border="0"> <tr> <td></td> <td align="center">YES</td> <td align="center">NO</td> </tr> <tr> <td>a) BP</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>b) URINE</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>c) BLOOD</td> <td align="center">1</td> <td align="center">2</td> </tr> </table>		YES	NO	a) BP	1	2	b) URINE	1	2	c) BLOOD	1	2	
	YES	NO													
a) BP	1	2													
b) URINE	1	2													
c) BLOOD	1	2													
413A	<p>During (any of) your antenatal care visit(s), were you advised on the following:</p> <p>a) Early initiation of breastfeeding?</p> <p>b) Exclusive breastfeeding?</p> <p>c) Balanced diet during pregnancy?</p>	<table border="0"> <tr> <td></td> <td align="center">YES</td> <td align="center">NO</td> </tr> <tr> <td>a) EARLY BF</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>b) EXCLUSIVE BF ..</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>c) BALANCED DIE ..</td> <td align="center">1</td> <td align="center">2</td> </tr> </table>		YES	NO	a) EARLY BF	1	2	b) EXCLUSIVE BF ..	1	2	c) BALANCED DIE ..	1	2	
	YES	NO													
a) EARLY BF	1	2													
b) EXCLUSIVE BF ..	1	2													
c) BALANCED DIE ..	1	2													
414	<p>During this pregnancy, were you given an injection in the arm to prevent the baby from getting tetanus, that is, convulsions after birth?</p>	<p>YES 1</p> <p>NO 2</p> <p align="center">(SKIP TO 417) ←</p> <p>DON'T KNOW 8</p>													

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
415	During this pregnancy, how many times did you get a tetanus injection?	TIMES <input type="text"/> DON'T KNOW 8	
416	CHECK 415:	2 OR MORE TIMES <input type="checkbox"/> OTHER <input type="checkbox"/> (SKIP TO 420) ←	
417	At any time before this pregnancy, did you receive any tetanus injections?	YES 1 NO 2 (SKIP TO 420) ← DON'T KNOW 8	
418	Before this pregnancy, how many times did you receive a tetanus injection? IF 7 OR MORE TIMES, RECORD '7'.	TIMES <input type="text"/> DON'T KNOW 8	
419	CHECK 418: ONLY ONE <input type="checkbox"/> MORE THAN ONE <input type="checkbox"/> a) How many years ago did you receive that tetanus injection? b) How many years ago did you receive the last tetanus injection prior to this pregnancy?	YEARS AGO <input type="text"/> <input type="text"/>	
420	During this pregnancy, were you given or did you buy any iron tablets or iron syrup? SHOW TABLETS/SYRUP.	YES 1 NO 2 (SKIP TO 422) ← DON'T KNOW 8	
421	During the whole pregnancy, for how many days did you take the tablets or syrup? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER OF DAYS.	DAYS <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 998	
422	During this pregnancy, did you take any drug for intestinal worms?	YES 1 NO 2 DON'T KNOW 8	
426	When (NAME) was born, was (NAME) 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
427	Was (NAME) weighed at birth?	YES 1 NO 2 (SKIP TO 429) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 429) ← DON'T KNOW 8

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
428	How much did (NAME) weigh? RECORD WEIGHT IN KILOGRAMS FROM HEALTH CARD, IF AVAILABLE.	KG FROM CARD 1 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> KG FROM RECALL 2 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 99998	KG FROM CARD 1 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> KG FROM RECALL 2 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 99998
429	Who assisted with the delivery of (NAME)? Anyone else? PROBE FOR THE TYPE(S) OF PERSON(S) AND RECORD ALL MENTIONED. IF RESPONDENT SAYS NO ONE ASSISTED, PROBE TO DETERMINE WHETHER ANY ADULTS WERE PRESENT AT THE DELIVERY.	HEALTH PERSONNEL DOCTOR A NURSE B MIDWIFE C LHV D CMW E OTHER PERSON DAI/TRADITIONAL BIRTH ATTENDANT F FAMILY WELFARE WK G LADY H. WORKER H HOMEOPATH I HAKIM J RELATIVE/FRIEND K OTHER X _____ (SPECIFY) NO ONE ASSISTED Y	HEALTH PERSONNEL DOCTOR A NURSE B MIDWIFE C LHV D CMW E OTHER PERSON DAI/TRADITIONAL BIRTH ATTENDANT F FAMILY WELFARE WK G LADY H. WORKER H HOMEOPATH I HAKIM J RELATIVE/FRIEND K OTHER X _____ (SPECIFY) NO ONE ASSISTED Y
430	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 HER HOME 11 (SKIP TO 434) ← OTHER HOME 12 PUBLIC SECTOR GOVERNMENT HOSPITAL .. 21 RHC/MCH 22 BHU 23 CMW 24 OTHER PUBLIC SECTOR _____ 26 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC 31 OTHER PRIVATE MEDICAL SECTOR _____ 36 (SPECIFY) OTHER 96 (SPECIFY) (SKIP TO 434) ←	HOME HER HOME 11 (SKIP TO 434) ← OTHER HOME 12 PUBLIC SECTOR GOVERNMENT HOSPITAL .. 21 RHC/MCH 22 BHU 23 CMW 24 OTHER PUBLIC SECTOR _____ 26 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC 31 OTHER PRIVATE MEDICAL SECTOR _____ 36 (SPECIFY) OTHER 96 (SPECIFY) (SKIP TO 434) ←
431	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 <input type="text"/> <input type="text"/> DAYS 2 <input type="text"/> <input type="text"/> WEEKS 3 <input type="text"/> <input type="text"/> DON'T KNOW 998	

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
432	Was (NAME) delivered by caesarean, that is, did they cut your belly open to take the baby out?	YES 1 NO 2 (SKIP TO 434) ←	YES 1 NO 2 (SKIP TO 434) ←
433	When was the decision made to have the caesarean section? Was it before or after your labor pains started?	BEFORE 1 AFTER 2	BEFORE 1 AFTER 2
434	Immediately after the birth, was (NAME) put on your chest?	YES 1 NO 2 (SKIP TO 434B) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 459) ← DON'T KNOW 8
434A	Was (NAME)'s bare skin touching your bare skin?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
434B	CHECK 430: PLACE OF DELIVERY	CODE 11, 12, OR 96 <input type="checkbox"/> OTHER <input type="checkbox"/> CIRCLED <input type="checkbox"/> (SKIP TO 449) ←	
435	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 NO 2 (SKIP TO 438) ←	
436	How long after delivery did the first check take place? IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS 1 <input type="text"/> DAYS 2 <input type="text"/> WEEKS 3 <input type="text"/> DON'T KNOW 998	
437	Who checked on your health at that time? PROBE FOR MOST QUALIFIED PERSON.	HEALTH PERSONNEL DOCTOR 11 NURSE 12 MIDWIFE 13 LHV 14 CMW 15 OTHER PERSON DAI- TBA 21 FWW 22 LADY H.WORKER 23 HOMEOPATH 24 HAKIM 25 DISPENSER / COMPOUNDER 26 OTHER 96 (SPECIFY) _____	
437A	Did this person talk to you about using a family planning method?	YES 1 NO 2	

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	LAST BIRTH	NEXT-TO-LAST BIRTH
		NAME _____	NAME _____
438	Now I would like to talk to you about checks on (NAME)'s health after delivery – for example, someone examining (NAME), checking the cord, or seeing if (NAME) is OK. Did anyone check on (NAME)'s health while you were still in the facility?	YES 1 NO 2 (SKIP TO 441) ← DON'T KNOW 8	
439	How long after delivery was (NAME)'s health first checked? IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS 1 DAYS 2 WEEKS 3 DON'T KNOW 998	
440	Who checked on (NAME)'s health at that time? PROBE FOR MOST QUALIFIED PERSON.	HEALTH PERSONNEL DOCTOR 11 NURSE 12 MIDWIFE 13 LHV 14 CMW 15 OTHER PERSON DAI- TBA 21 FWW 22 LADY H.WORKER 23 HOMEOPATH 24 HAKIM 25 DISPENSER / COMPOUNDER 26 OTHER 96 (SPECIFY)	
441	Now I want to talk to you about what happened after you left the facility. Did anyone check on your health after you left the facility?	YES 1 NO 2 (SKIP TO 445) ←	
442	How long after delivery did that check take place? IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS 1 DAYS 2 WEEKS 3 DON'T KNOW 998	

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
443	<p>Who checked on your health at that time?</p> <p>PROBE FOR MOST QUALIFIED PERSON.</p>	<p>HEALTH PERSONNEL</p> <p>DOCTOR 11</p> <p>NURSE 12</p> <p>MIDWIFE 13</p> <p>LHV 14</p> <p>CMW 15</p> <p>OTHER PERSON</p> <p>DAI- TBA 21</p> <p>FWW 22</p> <p>LADY H.WORKER 23</p> <p>HOMEOPATH 24</p> <p>HAKIM 25</p> <p>DISPENSER / COMPOUNDER 26</p> <p>OTHER 96 (SPECIFY)</p>	
443A	Did this person talk to you about using a family planning method?	<p>YES 1</p> <p>NO 2</p>	
444	<p>Where did the check take place?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p align="center">(NAME OF PLACE)</p>	<p>HOME</p> <p>HER HOME 11</p> <p>OTHER HOME 12</p> <p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL 21</p> <p>RHC/MCH 22</p> <p>BHU 23</p> <p>CMW 24</p> <p>OTHER PUBLIC SECTOR</p> <p>_____ 26 (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/ CLINIC 31</p> <p>OTHER PRIVATE MEDICAL SECTOR</p> <p>_____ 36 (SPECIFY)</p> <p>OTHER 96 (SPECIFY)</p>	
445	I would like to talk to you about checks on (NAME)'s health after you left (FACILITY IN 430). Did any health care provider or a traditional birth attendant check on (NAME)'s health in the two months after you left (FACILITY IN 430)?	<p>YES 1</p> <p>NO 2</p> <p align="center">(SKIP TO 457) ←</p> <p>DON'T KNOW 8</p>	
446	<p>How many hours, days or weeks after the birth of (NAME) did that check take place?</p> <p>IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.</p>	<p>HOURS 1</p> <p>DAYS 2</p> <p>WEEKS 3</p> <p>DON'T KNOW 998</p>	

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	LAST BIRTH	NEXT-TO-LAST BIRTH
		NAME _____	NAME _____
447	<p>Who checked on (NAME)'s health at that time?</p> <p>PROBE FOR MOST QUALIFIED PERSON.</p>	<p>HEALTH PERSONNEL</p> <p>DOCTOR 11</p> <p>NURSE 12</p> <p>MIDWIFE 13</p> <p>LHV 14</p> <p>CMW 15</p> <p>OTHER PERSON</p> <p>DAI- TBA 21</p> <p>FWW 22</p> <p>LADY H.WORKER 23</p> <p>HOMEOPATH 24</p> <p>HAKIM 25</p> <p>DISPENSER / COMPOUNDER 26</p> <p>OTHER 96</p> <p>(SPECIFY) _____</p>	
448	<p>Where did this check of (NAME) take place?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>HOME</p> <p>HER HOME 11</p> <p>OTHER HOME 12</p> <p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL 21</p> <p>RHC/MCH 22</p> <p>BHU 23</p> <p>CMW 24</p> <p>OTHER PUBLIC SECTOR</p> <p>_____ 26</p> <p>(SPECIFY) _____</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/ CLINIC 31</p> <p>OTHER PRIVATE MEDICAL SECTOR</p> <p>_____ 36</p> <p>(SPECIFY) _____</p> <p>OTHER 96</p> <p>(SPECIFY) _____</p> <p>(SKIP TO 457) ←</p>	
449	<p>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 to (NAME)?</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 453) ←</p>	
450	<p>How long after delivery did the first check take place?</p> <p>IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.</p>	<p>HOURS 1</p> <p>DAYS 2</p> <p>WEEKS 3</p> <p>DON'T KNOW 998</p>	

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	LAST BIRTH	NEXT-TO-LAST BIRTH
		NAME _____	NAME _____
451	<p>Who checked on your health at that time?</p> <p>PROBE FOR MOST QUALIFIED PERSON.</p>	<p>HEALTH PERSONNEL</p> <p>DOCTOR 11</p> <p>NURSE 12</p> <p>MIDWIFE 13</p> <p>LHV 14</p> <p>CMW 15</p> <p>OTHER PERSON</p> <p>DAI- TBA 21</p> <p>FWW 22</p> <p>LADY H.WORKER 23</p> <p>HOMEOPATH 24</p> <p>HAKIM 25</p> <p>DISPENSER /</p> <p>COMPOUNDER 26</p> <p>OTHER 96</p> <p>(SPECIFY)</p>	
451A	Did this person talk to you about using a family planning method?	<p>YES 1</p> <p>NO 2</p>	
452	<p>Where did this first check take place?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>HOME</p> <p>HER HOME 11</p> <p>OTHER HOME 12</p> <p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL 21</p> <p>RHC/MCH 22</p> <p>BHU 23</p> <p>CMW 24</p> <p>OTHER PUBLIC SECTOR</p> <p>_____ 26</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/</p> <p>CLINIC 31</p> <p>OTHER PRIVATE</p> <p>MEDICAL SECTOR</p> <p>_____ 36</p> <p>(SPECIFY)</p> <p>OTHER 96</p> <p>(SPECIFY)</p>	
453	I would like to talk to you about checks on (NAME)'s health after delivery – for example, someone examining (NAME), checking the cord, or seeing if (NAME) is OK. In the two months after (NAME) was born, did any health care provider or a traditional birth attendant check on (NAME)'s health?	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 457) ←</p> <p>DON'T KNOW 8</p>	
454	<p>How many hours, days or weeks after the birth of (NAME) did the first check take place?</p> <p>IF LESS THAN ONE DAY, RECORD HOURS;</p> <p>IF LESS THAN ONE WEEK, RECORD DAYS.</p>	<p>HOURS AFTER BIRTH 1</p> <p>DAYS AFTER BIRTH 2</p> <p>WEEKS AFTER BIRTH 3</p> <p>DON'T KNOW 998</p>	

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	LAST BIRTH	NEXT-TO-LAST BIRTH																								
		NAME _____	NAME _____																								
455	<p>Who checked on (NAME)'s health at that time?</p> <p>PROBE FOR MOST QUALIFIED PERSON.</p>	<p>HEALTH PERSONNEL</p> <p>DOCTOR 11</p> <p>NURSE 12</p> <p>MIDWIFE 13</p> <p>LHV 14</p> <p>CMW 15</p> <p>OTHER PERSON</p> <p>DAI- TBA 21</p> <p>FWW 22</p> <p>LADY H.WORKER 23</p> <p>HOMEOPATH 24</p> <p>HAKIM 25</p> <p>DISPENSER / COMPOUNDER 26</p> <p>OTHER 96</p> <p>(SPECIFY) _____</p>																									
456	<p>Where did this first check of (NAME) take place?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>HOME</p> <p>HER HOME 11</p> <p>OTHER HOME 12</p> <p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL 21</p> <p>RHC/MCH 22</p> <p>BHU 23</p> <p>CMW 24</p> <p>OTHER PUBLIC SECTOR</p> <p>_____ 26</p> <p>(SPECIFY) _____</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/ CLINIC 31</p> <p>OTHER PRIVATE MEDICAL SECTOR</p> <p>_____ 36</p> <p>(SPECIFY) _____</p> <p>OTHER 96</p> <p>SPECIFY _____</p>																									
457	<p>During the first two days after (NAME)'s birth, did any health care provider do the following:</p> <p>a) Examine the cord?</p> <p>b) Measure (NAME)'s temperature?</p> <p>c) Counsel you on danger signs for newborns?</p> <p>d) Counsel you on breastfeeding?</p> <p>e) Observe (NAME) breastfeeding?</p>	<table border="0"> <thead> <tr> <th></th><th>YES</th><th>NO</th><th>DK</th></tr> </thead> <tbody> <tr> <td>a) CORD</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>b) TEMP.</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>c) SIGNS</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>d) COUNSEL BREAST-FEED</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>e) OBSERVE BREAST-FEED</td><td>1</td><td>2</td><td>8</td></tr> </tbody> </table>			YES	NO	DK	a) CORD	1	2	8	b) TEMP.	1	2	8	c) SIGNS	1	2	8	d) COUNSEL BREAST-FEED	1	2	8	e) OBSERVE BREAST-FEED	1	2	8
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d) COUNSEL BREAST-FEED	1	2	8																								
e) OBSERVE BREAST-FEED	1	2	8																								
458	<p>Has your menstrual period returned since the birth of (NAME)?</p>	<p>YES 1</p> <p>(SKIP TO 460) ←</p> <p>NO 2</p> <p>(SKIP TO 461) ←</p>																									

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
459	Did your period return between the birth of (NAME) and your next pregnancy?		YES 1 NO 2 (SKIP TO 463) ←
460	For how many months after the birth of (NAME) did you not have a period?	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98
461	CHECK 226: IS RESPONDENT PREGNANT?	NOT PREGNANT <input type="checkbox"/> PREGNANT OR UNSURE <input type="checkbox"/> (SKIP TO 463) ←	
462	Have you had sexual intercourse since the birth of (NAME)?	YES 1 NO 2 (SKIP TO 464) ←	
463	For how many months after the birth of (NAME) did you not have sexual intercourse?	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98
464	Did you ever breastfeed (NAME)?	YES 1 NO 2 (SKIP TO 466) ←	YES 1 NO 2
465	CHECK 404: IS CHILD LIVING?	LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 469A) ← (SKIP TO 471) ←	
466	How long after birth did you first put (NAME) to the breast? IF LESS THAN 1 HOUR, RECORD '00' HOURS; IF LESS THAN 24 HOURS, RECORD HOURS; OTHERWISE, RECORD DAYS.	IMMEDIATELY 000 HOURS 1 <input type="text"/> <input type="text"/> DAYS 2 <input type="text"/> <input type="text"/>	
467	In the first three days after delivery, was (NAME) given anything to drink other than breast milk?	YES 1 NO 2	
468	CHECK 404: IS CHILD LIVING?	LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 471) ←	LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 471) ←
469	Are you still breastfeeding (NAME)?	YES 1 NO 2 (SKIP TO 470) ←	
469A	Why did you (not breastfeed) stop breastfeeding (NAME)?	CHILD HAS GROWN 1 HEALTH PROBLEM 2 CHILD CANNOT SUCKLE 3 MOTHER GO FOR WORK 4 MOTHER'S FIGURE CONCER 5 OTHER 6 (SPECIFY) _____	
470	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
471		GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501A.	GO BACK TO 405 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 501A.

SECTION 5A. CHILD IMMUNIZATION (LAST BIRTH)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501A	CHECK 215 IN THE PREGNANCY HISTORY: ANY BIRTHS IN 2014-2018? ONE OR MORE BIRTHS IN 2014-2018 <input type="checkbox"/> NO BIRTHS IN 2014-2018 <input type="checkbox"/>		→ 601
502A	RECORD THE NAME AND PREGNANCY HISTORY NUMBER FROM 212D AND 212 OF THE LAST CHILD BORN IN 2014-2018. NAME OF LAST BIRTH _____ PREGNANCY HISTORY NUMBER <input type="text"/> <input type="text"/>		
503A	CHECK 216 FOR CHILD: LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>		→ 501B
504A	Do you have a card or other document where (NAME)'s vaccinations are written down?	YES, HAS ONLY A CARD 1 YES, HAS ONLY AN OTHER DOCUMENT 2 YES, HAS CARD AND OTHER DOCUMENT 3 NO, NO CARD AND NO OTHER DOCUMENT .. 4	→ 507A → 507A
505A	Did you ever have a vaccination card for (NAME)?	YES 1 NO 2	
506A	CHECK 504A: CODE '2' CIRCLED <input type="checkbox"/> CODE '4' CIRCLED <input type="checkbox"/>		→ 511A
507A	May I see the card or other document where (NAME)'s vaccinations are written down?	YES, ONLY CARD SEEN 1 YES, ONLY OTHER DOCUMENT SEEN 2 YES, CARD AND OTHER DOCUMENT SEEN .. 3 NO CARD AND NO OTHER DOCUMENT SEEN .. 4	→ 511A

SECTION 5A. CHILD IMMUNIZATION (LAST BIRTH)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																																															
	NAME OF LAST BIRTH _____ PREGNANCY HISTORY NUMBER	<div></div> <div></div>																																																																
508A	<p>COPY DATES FROM THE CARD. WRITE '44' IN 'DAY' COLUMN IF CARD SHOWS THAT A DOSE WAS GIVEN, BUT NO DATE IS RECORDED.</p> <table border="1"> <thead> <tr> <th></th> <th>DAY</th> <th>MONTH</th> <th>YEAR</th> </tr> </thead> <tbody> <tr><td>BCG</td><td></td><td></td><td></td></tr> <tr><td>ORAL POLIO VACCINE (OPV) 0 (BIRTH DOSE)</td><td></td><td></td><td></td></tr> <tr><td>ORAL POLIO VACCINE (OPV) 1</td><td></td><td></td><td></td></tr> <tr><td>ORAL POLIO VACCINE (OPV) 2</td><td></td><td></td><td></td></tr> <tr><td>ORAL POLIO VACCINE (OPV) 3</td><td></td><td></td><td></td></tr> <tr><td>DPT-HEP.B-HIB (PENTAVALENT) 1</td><td></td><td></td><td></td></tr> <tr><td>DPT-HEP.B-HIB (PENTAVALENT) 2</td><td></td><td></td><td></td></tr> <tr><td>DPT-HEP.B-HIB (PENTAVALENT) 3</td><td></td><td></td><td></td></tr> <tr><td>PNEUMOCOCCAL 1</td><td></td><td></td><td></td></tr> <tr><td>PNEUMOCOCCAL 2</td><td></td><td></td><td></td></tr> <tr><td>PNEUMOCOCCAL 3</td><td></td><td></td><td></td></tr> <tr><td>INACTIVATED POLIO VACCINE (IPV)</td><td></td><td></td><td></td></tr> <tr><td>MEASLES</td><td></td><td></td><td></td></tr> <tr><td>MEASLES, MUMPS AND RUBELLA (MMR)</td><td></td><td></td><td></td></tr> <tr><td>VITAMIN A (MOST RECENT)</td><td></td><td></td><td></td></tr> </tbody> </table>		DAY	MONTH	YEAR	BCG				ORAL POLIO VACCINE (OPV) 0 (BIRTH DOSE)				ORAL POLIO VACCINE (OPV) 1				ORAL POLIO VACCINE (OPV) 2				ORAL POLIO VACCINE (OPV) 3				DPT-HEP.B-HIB (PENTAVALENT) 1				DPT-HEP.B-HIB (PENTAVALENT) 2				DPT-HEP.B-HIB (PENTAVALENT) 3				PNEUMOCOCCAL 1				PNEUMOCOCCAL 2				PNEUMOCOCCAL 3				INACTIVATED POLIO VACCINE (IPV)				MEASLES				MEASLES, MUMPS AND RUBELLA (MMR)				VITAMIN A (MOST RECENT)				
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509A	<p>CHECK 508A: 'BCG' TO 'MMR' ALL RECORDED?</p> <p>NO <input type="checkbox"/> YES <input type="checkbox"/></p>		525A																																																															
510A	<p>In addition to what is recorded on (this document/these documents), did (NAME) receive any other vaccinations, including vaccinations received in national immunization day campaign?</p> <p>RECORD 'YES' ONLY IF THE RESPONDENT MENTIONS AT LEAST ONE OF THE VACCINATIONS IN 508A THAT ARE NOT RECORDED AS HAVING BEEN GIVEN.</p>	<p>YES 1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 508A THEN WRITE '00' IN THE CORRESPONDING DAY COLUMN FOR ALL VACCINATIONS NOT (THEN SKIP TO 525A)</p> <p>NO 2 DON'T KNOW 8 (WRITE '00' IN THE CORRESPONDING DAY COLUMN FOR ALL VACCINATIONS NOT GIVEN) (THEN SKIP TO 525A)</p>																																																																

SECTION 5A. CHILD IMMUNIZATION (LAST BIRTH)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																
	NAME OF LAST BIRTH _____	PREGNANCY HISTORY NUMBER <input type="text"/> <input type="text"/>																	
511A	Did (NAME) ever receive any vaccinations to prevent (NAME) from getting diseases, including vaccinations received in national immunization day campaign?	YES 1 NO 2 DON'T KNOW 8	→ 525A																
512A	Has (NAME) ever received 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																	
514A	Has (NAME) ever received oral polio vaccine, that is, about two drops in the mouth to prevent polio?	YES 1 NO 2 DON'T KNOW 8	→ 517A																
515A	Did (NAME) receive the first oral polio vaccine in the first two weeks after birth or later?	FIRST TWO WEEKS 1 LATER 2																	
516A	How many times did (NAME) receive the oral polio vaccine? RECORD 7 IF MORE THAN 7.	NUMBER OF TIMES <input type="text"/>																	
517A	Has (NAME) ever received a pentavalent vaccination, that is, an injection given in the thigh sometimes at the same time as polio drops?	YES 1 NO 2 DON'T KNOW 8	→ 519A																
518A	How many times did (NAME) receive the pentavalent vaccine?	NUMBER OF TIMES <input type="text"/>																	
519A	Has (NAME) ever received a pneumococcal vaccination, that is, an injection in the thigh to prevent pneumonia?	YES 1 NO 2 DON'T KNOW 8	→ 521A																
520A	How many times did (NAME) receive the pneumococcal vaccine?	NUMBER OF TIMES <input type="text"/>																	
521A	Has (NAME) ever received an inactivated polio vaccine (IPV), that is, an injection in the thigh to prevent polio?	YES 1 NO 2 DON'T KNOW 8																	
523A	Has (NAME) ever received a measles (Measles/MMR) vaccination, that is, an injection in the arm to prevent measles?	YES 1 NO 2 DON'T KNOW 8	→ 525A																
524A	How many times did (NAME) receive the measles (Measles/MMR) vaccine?	NUMBER OF TIMES <input type="text"/>																	
525A	In the last 7 days was (NAME) given: a) BABY ACTIVE b) PLUMPY'NUT? c) PLUMPY'DOZ?	<table> <tr> <td></td> <td>YES</td> <td>NO</td> <td>DK</td> </tr> <tr> <td>a) BABY ACTIVE</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>b) PLUMPY'NUT</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>c) PLUMPY'DOZ</td> <td>1</td> <td>2</td> <td>8</td> </tr> </table>		YES	NO	DK	a) BABY ACTIVE	1	2	8	b) PLUMPY'NUT	1	2	8	c) PLUMPY'DOZ	1	2	8	
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a) BABY ACTIVE	1	2	8																
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c) PLUMPY'DOZ	1	2	8																
526A	CONTINUE WITH 501B.																		

SECTION 5B. CHILD IMMUNIZATION (NEXT-TO-LAST BIRTH)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501B	CHECK 215 IN THE PREGNANCY HISTORY: ANY MORE BIRTHS IN 2014-2018? MORE BIRTHS IN 2014-2018 <input type="checkbox"/> NO MORE BIRTHS IN 2014-2018 <input type="checkbox"/>		→ 601
502B	RECORD THE NAME AND PREGNANCY HISTORY NUMBER FROM 212D AND 212 OF THE NEXT-TO-LAST CHILD BORN IN 2014-2018. NAME OF NEXT-TO-LAST BIRTH _____ PREGNANCY HISTORY NUMBER <input type="text"/> <input type="text"/>		
503B	CHECK 216 FOR CHILD: LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>		→ 526B
504B	Do you have a card or other document where (NAME)'s vaccinations are written down?	YES, HAS ONLY A CARD 1 YES, HAS ONLY AN OTHER DOCUMENT 2 YES, HAS CARD AND OTHER DOCUMENT 3 NO, NO CARD AND NO OTHER DOCUMENT .. 4	→ 507B → 507B
505B	Did you ever have a vaccination card for (NAME)?	YES 1 NO 2	
506B	CHECK 504B: CODE '2' CIRCLED <input type="checkbox"/> CODE '4' CIRCLED <input type="checkbox"/>		→ 511B
507B	May I see the card or other document where (NAME)'s vaccinations are written down?	YES, ONLY CARD SEEN 1 YES, ONLY OTHER DOCUMENT SEEN 2 YES, CARD AND OTHER DOCUMENT SEEN .. 3 NO CARD AND NO OTHER DOCUMENT SEEN .. 4	→ 511B

SECTION 5B. CHILD IMMUNIZATION (NEXT-TO-LAST BIRTH)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																																															
	NAME OF NEXT-TO-LAST BIRTH _____	PREGNANCY HISTORY NUMBER <table border="1"><tr><td></td><td></td></tr></table>																																																																
508B	<p>COPY DATES FROM THE CARD. WRITE '44' IN 'DAY' COLUMN IF CARD SHOWS THAT A DOSE WAS GIVEN, BUT NO DATE IS RECORDED.</p> <table border="1"> <thead> <tr> <th></th><th>DAY</th><th>MONTH</th><th>YEAR</th></tr> </thead> <tbody> <tr><td>BCG</td><td></td><td></td><td></td></tr> <tr><td>ORAL POLIO VACCINE (OPV) 0 (BIRTH DOSE)</td><td></td><td></td><td></td></tr> <tr><td>ORAL POLIO VACCINE (OPV) 1</td><td></td><td></td><td></td></tr> <tr><td>ORAL POLIO VACCINE (OPV) 2</td><td></td><td></td><td></td></tr> <tr><td>ORAL POLIO VACCINE (OPV) 3</td><td></td><td></td><td></td></tr> <tr><td>DPT-HEP.B-HIB (PENTAVALENT) 1</td><td></td><td></td><td></td></tr> <tr><td>DPT-HEP.B-HIB (PENTAVALENT) 2</td><td></td><td></td><td></td></tr> <tr><td>DPT-HEP.B-HIB (PENTAVALENT) 3</td><td></td><td></td><td></td></tr> <tr><td>PNEUMOCOCCAL 1</td><td></td><td></td><td></td></tr> <tr><td>PNEUMOCOCCAL 2</td><td></td><td></td><td></td></tr> <tr><td>PNEUMOCOCCAL 3</td><td></td><td></td><td></td></tr> <tr><td>INACTIVATED POLIO VACCINE (IPV)</td><td></td><td></td><td></td></tr> <tr><td>MEASLES</td><td></td><td></td><td></td></tr> <tr><td>MEASLES, MUMPS AND RUBELLA (MMR)</td><td></td><td></td><td></td></tr> <tr><td>VITAMIN A (MOST RECENT)</td><td></td><td></td><td></td></tr> </tbody> </table>		DAY	MONTH	YEAR	BCG				ORAL POLIO VACCINE (OPV) 0 (BIRTH DOSE)				ORAL POLIO VACCINE (OPV) 1				ORAL POLIO VACCINE (OPV) 2				ORAL POLIO VACCINE (OPV) 3				DPT-HEP.B-HIB (PENTAVALENT) 1				DPT-HEP.B-HIB (PENTAVALENT) 2				DPT-HEP.B-HIB (PENTAVALENT) 3				PNEUMOCOCCAL 1				PNEUMOCOCCAL 2				PNEUMOCOCCAL 3				INACTIVATED POLIO VACCINE (IPV)				MEASLES				MEASLES, MUMPS AND RUBELLA (MMR)				VITAMIN A (MOST RECENT)				
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509B	<p>CHECK 508B: 'BCG' TO 'MMR' ALL RECORDED?</p> <p style="text-align: center;">NO <input type="checkbox"/></p> <p style="text-align: right;">YES <input type="checkbox"/> → 525B</p>																																																																	
510B	<p>In addition to what is recorded on (this document/these documents), did (NAME) receive any other vaccinations, including vaccinations received in national immunization day campaign?</p> <p>RECORD 'YES' ONLY IF THE RESPONDENT MENTIONS AT LEAST ONE OF THE VACCINATIONS IN 508B THAT ARE NOT RECORDED AS HAVING BEEN GIVEN.</p>	<p>YES 1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 508B THEN WRITE '00' IN THE CORRESPONDING DAY COLUMN FOR ALL VACCINATIONS NOT (THEN SKIP TO 525B)</p> <p>NO 2 DON'T KNOW 8 (WRITE '00' IN THE CORRESPONDING DAY COLUMN FOR ALL VACCINATIONS NOT GIVEN) (THEN SKIP TO 525B)</p>																																																																

SECTION 5B. CHILD IMMUNIZATION (NEXT-TO-LAST BIRTH)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	NAME OF NEXT-TO-LAST BIRTH _____	PREGNANCY HISTORY NUMBER..... <input type="text"/> <input type="text"/>	
511B	Did (NAME) ever receive any vaccinations to prevent (NAME) from getting diseases, including vaccinations received in national immunization day campaign?	YES 1 NO 2 DON'T KNOW 8	<input type="checkbox"/> → 525B
512B	Has (NAME) ever received 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	
514B	Has (NAME) ever received oral polio vaccine, that is, about two drops in the mouth to prevent polio?	YES 1 NO 2 DON'T KNOW 8	<input type="checkbox"/> → 517B
515B	Did (NAME) receive the first oral polio vaccine in the first two weeks after birth or later?	FIRST TWO WEEKS 1 LATER 2	
516B	How many times did (NAME) receive the oral polio vaccine? RECORD 7 IF MORE THAN 7.	NUMBER OF TIMES <input type="text"/>	
517B	Has (NAME) ever received a pentavalent vaccination, that is, an injection given in the thigh sometimes at the same time as polio drops?	YES 1 NO 2 DON'T KNOW 8	<input type="checkbox"/> → 519B
518B	How many times did (NAME) receive the pentavalent vaccine?	NUMBER OF TIMES <input type="text"/>	
519B	Has (NAME) ever received a pneumococcal vaccination, that is, an injection in the thigh to prevent pneumonia?	YES 1 NO 2 DON'T KNOW 8	<input type="checkbox"/> → 521B
520B	How many times did (NAME) receive the pneumococcal vaccine?	NUMBER OF TIMES <input type="text"/>	
521B	Has (NAME) ever received an inactivated polio vaccine (IPV), that is, an injection in the thigh to prevent polio?	YES 1 NO 2 DON'T KNOW 8	
523B	Has (NAME) ever received a measles (Measles/MMR) vaccination, that is, an injection in the arm to prevent measles?	YES 1 NO 2 DON'T KNOW 8	<input type="checkbox"/> → 525B
524B	How many times did (NAME) receive the measles (Measles/MMR) vaccine?	NUMBER OF TIMES <input type="text"/>	
525B	In the last 7 days was (NAME) given: a) BABY ACTIVE b) PLUMPY'NUT? c) PLUMPY'DOZ?	YES NO DK a) BABY ACTIVE 1 2 8 b) PLUMPY'NUT 1 2 8 c) PLUMPY'DOZ 1 2 8	
526B	CHECK 215 IN PREGNANCY HISTORY: ANY MORE BIRTHS IN 2014-2018? MORE BIRTHS IN 2014-2018 <input type="checkbox"/> (GO TO 502B IN AN ADDITIONAL QUESTIONNAIRE) →	NO MORE BIRTHS IN 2014-2018 <input type="checkbox"/> →	601

SECTION 6. CHILD HEALTH AND NUTRITION

601	CHECK 224: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> ONE OR MORE BIRTHS IN 2012-2018 <input type="checkbox"/> </div> <div style="text-align: center;"> NO BIRTHS IN 2012-2018 <input type="checkbox"/> </div> </div> <div style="text-align: right; margin-top: -10px;">→ 648</div>		
602	CHECK 215: RECORD THE PREGNANCY HISTORY NUMBER IN 603 AND THE NAME AND SURVIVAL STATUS IN 604 FOR EACH BIRTH IN 2012-2018. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. IF THERE ARE MORE THAN 2 BIRTHS, USE LAST COLUMN OF ADDITIONAL QUESTIONNAIRE(S). Now I would like to ask some questions about your children born in the last five years. (We will talk about each separately.)		
603	PREGNANCY HISTORY NUMBER FROM 212 IN PREGNANCY HISTORY.	LAST BIRTH PREGNANCY HISTORY NUMBER <input type="text"/> <input type="text"/>	NEXT-TO-LAST BIRTH PREGNANCY HISTORY NUMBER <input type="text"/> <input type="text"/>
604	FROM 212D AND 216:	NAME _____ <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> LIVING <input type="checkbox"/> ↓ </div> <div style="text-align: center;"> DEAD <input type="checkbox"/> (SKIP TO 646) ← </div> </div>	NAME _____ <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> LIVING <input type="checkbox"/> ↓ </div> <div style="text-align: center;"> DEAD <input type="checkbox"/> (SKIP TO 646) ← </div> </div>
605	In the last six months, was (NAME) given a vitamin A dose like [this/any of these]? SHOW COMMON TYPES OF CAPSULES.	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
606	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
607	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
608	Has (NAME) had diarrhea in the last 2 weeks?	YES 1 NO 2 <div style="text-align: center;">(SKIP TO 618) ←</div> DON'T KNOW 8	YES 1 NO 2 <div style="text-align: center;">(SKIP TO 618) ←</div> DON'T KNOW 8
609	CHECK 469: CURRENTLY BREASTFEEDING? <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p align="center">YES <input type="checkbox"/></p> <p>a) Now I would like to know how much (NAME) was given to drink during the diarrhea including breastmilk. Was (NAME) given less than usual to drink, about the same amount, or more than usual to drink?</p> <p>IF LESS, PROBE: Was (NAME) given much less than usual to drink or somewhat less?</p> </div> <div style="width: 45%; border-left: 1px dashed black; padding-left: 10px;"> <p align="center">NO/ NOT ASKED <input type="checkbox"/></p> <p>b) Now I would like to know how much (NAME) was given to drink during the diarrhea. Was (NAME) given less than usual to drink, about the same amount, or more than usual to drink?</p> <p>IF LESS, PROBE: Was (NAME) given much less than usual to drink or somewhat less?</p> </div> </div>		
		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

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
610	<p>When (NAME) had diarrhea, was (NAME) given less than usual to eat, about the same amount, more than usual, or nothing to eat?</p> <p>IF LESS, PROBE: Was (NAME) given much less than usual to eat or somewhat less?</p>	<p>MUCH LESS 1</p> <p>SOMEWHAT LESS 2</p> <p>ABOUT THE SAME 3</p> <p>MORE 4</p> <p>STOPPED FOOD 5</p> <p>NEVER GAVE FOOD 6</p> <p>DON'T KNOW 8</p>	<p>MUCH LESS 1</p> <p>SOMEWHAT LESS 2</p> <p>ABOUT THE SAME 3</p> <p>MORE 4</p> <p>STOPPED FOOD 5</p> <p>NEVER GAVE FOOD 6</p> <p>DON'T KNOW 8</p>
611	<p>Did you seek advice or treatment for the diarrhea from any source?</p>	<p>YES 1</p> <p>NO 2</p> <p align="right">(SKIP TO 615) ←</p>	<p>YES 1</p> <p>NO 2</p> <p align="right">(SKIP TO 615) ←</p>
612	<p>Where did you seek advice or treatment?</p> <p>Anywhere else?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE(S).</p> <p>_____</p> <p align="center">(NAME OF PLACE(S))</p>	<p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL A</p> <p>RHC/MCH B</p> <p>BHU C</p> <p>LADY H.WORKER D</p> <p>OTHER PUBLIC SECTOR</p> <p>_____ E</p> <p align="center">(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PVT. HOSPITAL/CLINIC F</p> <p>CHEMIST/MEDICAL STOR .. G</p> <p>PVT. DOCTOR H</p> <p>HOMEOPATH I</p> <p>DISPENSER /</p> <p>COMPOUNDER J</p> <p>OTHER PRIVATE MEDICAL SECTOR</p> <p>_____ K</p> <p align="center">(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP L</p> <p>HAKIM M</p> <p>DAI, TBA N</p> <p>CMW O</p> <p>OTHER _____ X</p> <p align="center">(SPECIFY)</p>	<p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL A</p> <p>RHC/MCH B</p> <p>BHU C</p> <p>LADY H.WORKER D</p> <p>OTHER PUBLIC SECTOR</p> <p>_____ E</p> <p align="center">(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PVT. HOSPITAL/CLINIC F</p> <p>CHEMIST/MEDICAL STOR .. G</p> <p>PVT. DOCTOR H</p> <p>HOMEOPATH I</p> <p>DISPENSER /</p> <p>COMPOUNDER J</p> <p>OTHER PRIVATE MEDICAL SECTOR</p> <p>_____ K</p> <p align="center">(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP L</p> <p>HAKIM M</p> <p>DAI, TBA N</p> <p>CMW O</p> <p>OTHER _____ X</p> <p align="center">(SPECIFY)</p>
613	<p>CHECK 612:</p>	<p>TWO OR MORE CODES CIRCLED <input type="checkbox"/></p> <p>ONLY ONE CODE CIRCLED <input type="checkbox"/></p> <p align="right">(SKIP TO 615) ←</p>	<p>TWO OR MORE CODES CIRCLED <input type="checkbox"/></p> <p>ONLY ONE CODE CIRCLED <input type="checkbox"/></p> <p align="right">(SKIP TO 615) ←</p>

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	LAST BIRTH	NEXT-TO-LAST BIRTH
		NAME _____	NAME _____
614	Where did you first seek advice or treatment? USE LETTER CODE FROM 612.	FIRST PLACE <input type="checkbox"/>	FIRST PLACE <input type="checkbox"/>
615	Was (NAME) given any of the following at any time since (NAME) started having the diarrhea: a) A fluid made from a special packet called Nimkol/ORS? b) A pre-packaged ORS liquid? c) A government-recommended homemade fluid? d) Zinc tablets or syrup?	<div style="text-align: right; margin-bottom: 5px;">YES NO DK</div> a) FLUID FROM ORS PACKET .. 1 2 8 b) ORS LIQUID .. 1 2 8 c) HOMEMADE FLUID 1 2 8 d) ZINC 1 2 8	<div style="text-align: right; margin-bottom: 5px;">YES NO DK</div> a) FLUID FROM ORS PACKET .. 1 2 8 b) ORS LIQUID .. 1 2 8 c) HOMEMADE FLUID 1 2 8 d) ZINC 1 2 8
616	CHECK 615: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> ANY 'YES' <input type="checkbox"/> a) Was anything else given to treat the diarrhea? </div> <div style="width: 45%;"> ALL 'NO' OR 'DK' <input type="checkbox"/> b) Was anything given to treat the diarrhea? </div> </div>	YES 1 NO 2 (SKIP TO 618) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 618) ← DON'T KNOW 8
617	CHECK 615: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> ANY 'YES' <input type="checkbox"/> a) What else was given to treat the diarrhea? Anything else? </div> <div style="width: 45%;"> ALL 'NO' OR 'DK' <input type="checkbox"/> b) What was given to treat the diarrhea? Anything else? </div> </div> RECORD ALL TREATMENTS GIVEN.	PILL OR SYRUP ANTIBIOTIC A ANTIMOTILITY B OTHER (NOT ANTIBIOTIC OR ANTIMOTILITY) C UNKNOWN PILL OR SYRUP D INJECTION ANTIBIOTIC E NON-ANTIBIOTIC F UNKNOWN INJECTION G (IV) INTRAVENOUS H HOME REMEDY/ HERBAL MEDICINE I RICE STARCH J OTHER X (SPECIFY)	PILL OR SYRUP ANTIBIOTIC A ANTIMOTILITY B OTHER (NOT ANTIBIOTIC OR ANTIMOTILITY) C UNKNOWN PILL OR SYRUP D INJECTION ANTIBIOTIC E NON-ANTIBIOTIC F UNKNOWN INJECTION G (IV) INTRAVENOUS H HOME REMEDY/ HERBAL MEDICINE I RICE STARCH J OTHER X (SPECIFY)
618	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
620	Has (NAME) had an illness with a cough at any time in the last 2 weeks?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
621	Has (NAME) had fast, short, rapid breaths or difficulty breathing at any time in the last 2 weeks?	YES 1 NO 2 (SKIP TO 623) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 623) ← DON'T KNOW 8

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
622	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 624) ←	CHEST ONLY 1 NOSE ONLY 2 BOTH 3 OTHER 6 (SPECIFY) DON'T KNOW 8 (SKIP TO 624) ←
623	CHECK 618: HAD FEVER?	YES NO OR DK <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (SKIP TO 646) ←	YES NO OR DK <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (SKIP TO 646) ←
624	Did you seek advice or treatment for the illness from any source?	YES 1 NO 2 (SKIP TO 629) ←	YES 1 NO 2 (SKIP TO 629) ←
625	Where did you seek advice or treatment? Anywhere else? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE(S). _____ (NAME OF PLACE(S))	PUBLIC SECTOR GOVERNMENT HOSPITAL .. A RHC/MCH B BHU C LADY H.WORKER D OTHER PUBLIC SECTOR _____ E (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/ CLINIC F CHEMIST/MEDICAL STOR .. G PRIVATE DOCTOR H HOMEOPATH I DISPENSER / COMPOUNDER J OTHER PRIVATE MEDICAL SECTOR _____ K (SPECIFY) OTHER SOURCE SHOP L HAKIM M DAI/TBA N CMW O OTHER X (SPECIFY)	PUBLIC SECTOR GOVERNMENT HOSPITAL .. A RHC/MCH B BHU C LADY H.WORKER D OTHER PUBLIC SECTOR _____ E (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/ CLINIC F CHEMIST/MEDICAL STOR .. G PRIVATE DOCTOR H HOMEOPATH I DISPENSER / COMPOUNDER J OTHER PRIVATE MEDICAL SECTOR _____ K (SPECIFY) OTHER SOURCE SHOP L HAKIM M DAI/TBA N CMW O OTHER X (SPECIFY)
626	CHECK 625:	TWO OR MORE ONLY ONE CODES CODE CIRCLED CIRCLED <input type="checkbox"/> <input type="checkbox"/> (SKIP TO 628) ←	TWO OR MORE ONLY ONE CODES CODE CIRCLED CIRCLED <input type="checkbox"/> <input type="checkbox"/> (SKIP TO 628) ←
627	Where did you first seek advice or treatment? USE LETTER CODE FROM 625.	FIRST PLACE <input type="checkbox"/>	FIRST PLACE <input type="checkbox"/>

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
628	How many days after the illness began did you first seek advice or treatment for (NAME)? IF THE SAME DAY RECORD '00'.	DAYS <input type="text"/> <input type="text"/>	DAYS <input type="text"/> <input type="text"/>
629	At any time during the illness, did (NAME) take any drugs for the illness?	YES 1 NO 2 (SKIP TO 646) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 646) ← DON'T KNOW 8
630	What drugs did (NAME) take? Any other drugs? RECORD ALL MENTIONED.	ANTIMALARIAL DRUGS ARTEMISININ COMBINATION THERAPY (ACT) A SP/FANSIDAR B CHLOROQUINE C AMODIAQUINE D QUININE PILLS E INJECTION/IV F ARTESUNATE RECTAL G INJECTION/IV H OTHER ANTIMALARIAL I (SPECIFY) ANTIBIOTIC DRUGS PILL/SYRUP J INJECTION/IV K OTHER DRUGS PONSTAN L PARACETAMOL M IBUPROFEN N COUGH SYRUP O OTHER X (SPECIFY) DON'T KNOW Z	ANTIMALARIAL DRUGS ARTEMISININ COMBINATION THERAPY (ACT) A SP/FANSIDAR B CHLOROQUINE C AMODIAQUINE D QUININE PILLS E INJECTION/IV F ARTESUNATE RECTAL G INJECTION/IV H OTHER ANTIMALARIAL I (SPECIFY) ANTIBIOTIC DRUGS PILL/SYRUP J INJECTION/IV K OTHER DRUGS PONSTAN L PARACETAMOL M IBUPROFEN N COUGH SYRUP O OTHER X (SPECIFY) DON'T KNOW Z
646		GO BACK TO 604 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 647.	GO TO 604 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 647.

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
647	<p>CHECK 615(a) AND 615(b), ALL COLUMNS:</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>NO CHILD RECEIVED FLUID FROM ORS PACKET OR PRE-PACKAGED ORS LIQUID/ QUESTION NOT ASKED</p> <p><input type="checkbox"/></p> <p>↓</p> </div> <div style="text-align: center;"> <p>ANY CHILD RECEIVED FLUID FROM ORS PACKET OR PRE-PACKAGED ORS LIQUID</p> <p><input type="checkbox"/></p> <p>→ 649</p> </div> </div>		
648	<p>Have you ever heard of a special product called Nimkol/ORS OR PRE-PACKAGED ORS LIQUID you can get for the treatment of diarrhea?</p>	<p>YES 1</p> <p>NO 2</p>	
649	<p>CHECK 215 AND 218, ALL ROWS: NUMBER OF CHILDREN BORN IN 2015-2018 LIVING WITH THE RESPONDENT</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>ONE OR MORE <input type="checkbox"/></p> <p>↓</p> </div> <div style="text-align: center;"> <p>NONE <input type="checkbox"/></p> <p>→ 701</p> </div> </div> <p>_____ (NAME OF YOUNGEST CHILD LIVING WITH HER)</p> <p>↓</p>		

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP
650	<p>Now I would like to ask you about liquids or foods that (NAME FROM 649) 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 649) drink or eat:</p>	YES	NO	DK	
	a) Plain water?	a) 1	2	8	
	b) Juice or juice drinks?	b) 1	2	8	
	c) Clear broth?	c) 1	2	8	
	d) Milk such as tinned, powdered, or fresh animal milk? IF YES: How many times did (NAME) drink milk? IF 7 OR MORE TIMES, RECORD '7'.	d) 1	2	8	
		NUMBER OF TIMES DRANK	<input type="text"/>		
	e) Infant formula? IF YES: How many times did (NAME) drink infant formula? IF 7 OR MORE TIMES, RECORD '7'.	e) 1	2	8	
		NUMBER OF TIMES DRANK	<input type="text"/>		
	f) Any other liquids?	f) 1	2	8	
	g) Yogurt? IF YES: How many times did (NAME) eat yogurt? IF 7 OR MORE TIMES, RECORD '7'.	g) 1	2	8	
		NUMBER OF TIMES ATE	<input type="text"/>		
	h) Nestle, Cerelac, Nestum, Farex etc.?	h) 1	2	8	
	i) Bread, roti, rice, noodles, kicheri, daliya, sewain, sagudana, 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, cassava, arvi, kachalu or any other foods made from roots?	k) 1	2	8	
	l) Any dark green, leafy vegetables like kale, palak, sarsoon, bathu, chulai, kechanar, chana ka sag, phalian etc.?	l) 1	2	8	
	m) Ripe mangoes, papayas, peach, apricot?	m) 1	2	8	
	n) Any other fruits or vegetables (like cabbage, cauliflower, brinjal, apple, banana, pomegranate, plum etc.)?	n) 1	2	8	
	o) Liver, kidney, heart, or other organ meats?	o) 1	2	8	
	p) Any meat, such as beef, lamb, mutton, chicken, or duck?	p) 1	2	8	
	q) Eggs?	q) 1	2	8	
	r) Fresh or dried fish or shellfish?	r) 1	2	8	
	s) Any foods made from beans, peas, lentils, or nuts?	s) 1	2	8	
	t) Cheese or other food made from milk?	t) 1	2	8	
	u) Any other solid, semi-solid, or soft food?	u) 1	2	8	
651	<p>CHECK 650 (CATEGORIES 'g' THROUGH 'u'):</p> <p>NOT A SINGLE 'YES' <input type="checkbox"/> AT LEAST ONE 'YES' <input type="checkbox"/></p>				→ 653

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
652	<p>Did (NAME FROM 649) eat any solid, semi-solid, or soft foods yesterday during the day or at night?</p> <p>IF 'YES' PROBE: What kind of solid, semi-solid or soft foods did (NAME) eat?</p>	<p>YES 1</p> <p>(GO BACK TO 650 TO RECORD FOOD EATEN YESTERDAY)</p> <p>(THEN CONTINUE TO 653)</p> <p>NO 2</p>	<p>→ 654</p>
653	<p>How many times did (NAME FROM 649) eat solid, semi-solid, or soft foods yesterday during the day or at night?</p> <p>IF 7 OR MORE TIMES, RECORD '7'.</p>	<p>NUMBER OF TIMES <input type="text"/></p> <p>DON'T KNOW 8</p>	
654	<p>The last time (NAME FROM 649) passed stools, what was done to dispose of the stools?</p>	<p>CHILD USED TOILET OR LATRINE 01</p> <p>PUT/RINSED</p> <p> INTO TOILET OR LATRINE 02</p> <p>PUT/RINSED</p> <p> INTO DRAIN OR DITCH 03</p> <p>THROWN INTO GARBAGE 04</p> <p>BURIED 05</p> <p>LEFT IN THE OPEN 06</p> <p>OTHER 96</p> <p align="center">(SPECIFY)</p>	

SECTION 7. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
701	Are you currently married?	YES, CURRENTLY MARRIED 1 NO, NOT IN UNION 2	→ 704
703	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED 1 DIVORCED 2 SEPARATED 3	→ 708A
704	Is your husband living with you now or is he staying elsewhere?	LIVING WITH HER 1 STAYING ELSEWHERE 2	
705	RECORD THE HUSBAND'S NAME AND LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE. IF HE IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'.	NAME _____ LINE NO. <input type="text"/> <input type="text"/>	
706	Does your husband have other wives?	YES 1 NO 2 DON'T KNOW 8	→ 708A
707	Including yourself, in total, how many wives does he have?	TOTAL NUMBER OF WIVES <input type="text"/> <input type="text"/> DON'T KNOW 98	
708	Are you the first, second, ... wife?	RANK <input type="text"/> <input type="text"/>	
708A	Is/was there a blood relationship between you and your husband?	YES 1 NO 2	→ 709
708B	What type of relationship (is/was) it?	FIRST COUSIN ON FATHER'S SIDE 1 FIRST COUSIN ON MOTHER'S SIDE 2 SECOND COUSIN 3 OTHER RELATIONSHIP 6	
709	Have you been married only once or more than once?	ONLY ONCE 1 MORE THAN ONCE 2	
709A	While getting married, did you have a say in choosing your (first) husband?	YES 1 NO 2	
710	CHECK 709: <div style="display: flex; justify-content: space-between;"> <div style="text-align: center;"> MARRIED/ LIVED WITH A MAN ONLY ONCE ↓ <input type="checkbox"/> </div> <div style="text-align: center;"> MARRIED/ LIVED WITH A MAN MORE THAN ONCE ↓ <input type="checkbox"/> </div> </div> <p>a) In what month and year did you start living with your husband?</p> <p>b) Now I would like to ask about your first husband. In what month and year did you start living with him?</p>	MONTH <input type="text"/> <input type="text"/> DON'T KNOW MONTH 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR 9998	→ 712
711	How old were you when you first started living with him?	AGE <input type="text"/> <input type="text"/>	

SECTION 7. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
712	CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.		
713	<p>Now I would like to ask some questions about sexual activity in order to gain a better understanding of some important life issues. Let me assure you again that your answers are completely confidential and will not be told to anyone. If 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. How old were you when you had sexual intercourse for the very first time?</p>	<p>NEVER HAD SEXUAL INTERCOURSE 00 → 801</p> <p>AGE IN YEARS <input type="text"/> <input type="text"/></p>	
713A	<p>CHECK 701:</p> <p>CURRENTLY <input type="checkbox"/> MARRIED ↓</p> <p>WIDOWED, DIVORCED, <input type="checkbox"/> SEPARATED → 813</p>		
714	<p>I would like to ask you about your recent sexual activity. When was the last time you had sexual intercourse?</p> <p>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.</p>	<p>DAYS AGO 1 <input type="text"/> <input type="text"/></p> <p>WEEKS AGO 2 <input type="text"/> <input type="text"/></p> <p>MONTHS AGO 3 <input type="text"/> <input type="text"/></p> <p>YEARS AGO 4 <input type="text"/> <input type="text"/></p>	

SECTION 8. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
801	CHECK 304: NEITHER <input type="checkbox"/> STERILIZED ↓	HE OR SHE <input type="checkbox"/> STERILIZED	→ 813
802	CHECK 226: PREGNANT <input type="checkbox"/> ↓	NOT PREGNANT <input type="checkbox"/> OR UNSURE	→ 804
803	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	→ 805 → 812
804	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	→ 807 → 813 → 811
805	CHECK 226: NOT PREGNANT <input type="checkbox"/> OR UNSURE ↓	PREGNANT <input type="checkbox"/> ↓	
	a) How long would you like to wait from now before the birth of (a/another) child?	b) 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	→ 811 → 813
		OTHER 996 (SPECIFY)	→ 811
		DON'T KNOW 998	
806	CHECK 226: NOT PREGNANT <input type="checkbox"/> OR UNSURE ↓	PREGNANT <input type="checkbox"/>	→ 812
807	CHECK 303: USING A CONTRACEPTIVE METHOD? NOT <input type="checkbox"/> CURRENTLY USING ↓	CURRENTLY <input type="checkbox"/> USING	→ 813
808	CHECK 805: '24' OR MORE MONTHS <input type="checkbox"/> OR '02' OR MORE YEARS ↓	NOT <input type="checkbox"/> ASKED ↓	
		'00-23' MONTHS <input type="checkbox"/> OR '00-01' YEAR	→ 812
809	CHECK 714: DAYS, WEEKS OR <input type="checkbox"/> MONTHS AGO ↓	YEARS <input type="checkbox"/> AGO	→ 811
		NOT <input type="checkbox"/> ASKED	→ 811

SECTION 8. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
810	<p>CHECK 804:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>WANTS TO HAVE <input type="checkbox"/> A/ANOTHER CHILD</p> <p>a) 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?</p> <p>Any other reason?</p> </div> <div style="width: 45%;"> <p>WANTS NO MORE/ NONE <input type="checkbox"/></p> <p>b) 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?</p> <p>Any other reason?</p> </div> </div> <p align="center">RECORD ALL REASONS MENTIONED.</p>	<p>FERTILITY-RELATED REASONS</p> <p>NOT HAVING SEX B</p> <p>INFREQUENT SEX C</p> <p>MENOPAUSAL/HYSTERECTOMY D</p> <p>CAN'T GET PREGNANT E</p> <p>NOT MENSTRUATED SINCE LAST BIRTH F</p> <p>BREASTFEEDING G</p> <p>UP TO GOD/FATALISTIC H</p> <p>OPPOSITION TO USE</p> <p>RESPONDENT OPPOSED I</p> <p>HUSBAND/PARTNER OPPOSED J</p> <p>OTHERS OPPOSED K</p> <p>RELIGIOUS PROHIBITION L</p> <p>LACK OF KNOWLEDGE</p> <p>KNOWS NO METHOD M</p> <p>KNOWS NO SOURCE N</p> <p>METHOD-RELATED REASONS</p> <p>SIDE EFFECTS/HEALTH CONCERNS O</p> <p>LACK OF ACCESS/TOO FAR P</p> <p>COSTS TOO MUCH Q</p> <p>PREFERRED METHOD NOT AVAILABLE R</p> <p>NO METHOD AVAILABLE S</p> <p>INCONVENIENT TO USE T</p> <p>INTERFERES WITH BODY'S NORMAL PROCESSES U</p> <p>OTHER X (SPECIFY)</p> <p>DON'T KNOW Z</p>	
811	<p>CHECK 303: USING A CONTRACEPTIVE METHOD?</p> <div style="display: flex; justify-content: space-around;"> <p>NOT <input type="checkbox"/> ASKED</p> <p>NO, NOT <input type="checkbox"/> CURRENTLY USING</p> <p>YES, <input type="checkbox"/> CURRENTLY USING</p> </div>		→ 813
812	<p>Do you think you will use a contraceptive method to delay or avoid pregnancy at any time in the future?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
813	<p>CHECK 216:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>HAS LIVING <input type="checkbox"/> CHILDREN</p> <p>a) 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?</p> </div> <div style="width: 45%;"> <p>NO LIVING <input type="checkbox"/> CHILDREN</p> <p>b) If you could choose exactly the number of children to have in your whole life, how many would that be?</p> </div> </div> <p align="center">PROBE FOR A NUMERIC RESPONSE.</p>	<p>NONE 00</p> <p>NUMBER <input style="width: 40px; border: 1px solid black;" type="text"/> <input style="width: 40px; border: 1px solid black;" type="text"/></p> <p>OTHER 96 (SPECIFY)</p>	<p>→ 815</p> <p>→ 815</p>
814	<p>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?</p>	<p align="center">BOYS GIRLS EITHER</p> <p>NUMBER .. <input style="width: 30px; border: 1px solid black;" type="text"/> <input style="width: 30px; border: 1px solid black;" type="text"/> <input style="width: 30px; border: 1px solid black;" type="text"/> <input style="width: 30px; border: 1px solid black;" type="text"/> <input style="width: 30px; border: 1px solid black;" type="text"/> <input style="width: 30px; border: 1px solid black;" type="text"/></p> <p>OTHER 96 (SPECIFY)</p>	

SECTION 8. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP															
815	In the last few months have you: a) Heard about family planning on the radio? b) Seen anything about family planning on the television? c) Read about family planning in a newspaper or magazine? d) Received a voice or text message about family planning on a mobile phone?	<table> <tr> <td></td><td>YES</td><td>NO</td></tr> <tr> <td>a) RADIO</td><td>1</td><td>2</td></tr> <tr> <td>b) TELEVISION</td><td>1</td><td>2</td></tr> <tr> <td>c) NEWSPAPER OR MAGAZINE</td><td>1</td><td>2</td></tr> <tr> <td>d) MOBILE PHONE</td><td>1</td><td>2</td></tr> </table>		YES	NO	a) RADIO	1	2	b) TELEVISION	1	2	c) NEWSPAPER OR MAGAZINE	1	2	d) MOBILE PHONE	1	2	
	YES	NO																
a) RADIO	1	2																
b) TELEVISION	1	2																
c) NEWSPAPER OR MAGAZINE	1	2																
d) MOBILE PHONE	1	2																
815A	CHECK 815: HEARD MESSAGE <input type="checkbox"/> (ANY YES IN 815)	NOT HEARD <input type="checkbox"/> MESSAGE	→ 817															
816	What messages did it convey to you? Anything else? RECORD ALL MENTIONED	LIMITING THE FAMILY SIZE A DISADVANTAGES OF GETTING MARRIED AT YOUNG AGE B SPACING BIRTHS C USE OF CONTRACEPTION D WELFARE OF FAMILY E MATERNAL AND CHILD HEALTH F LESS CHILDREN MEANS PROSPEROUS LIFE G MORE CHILDREN MEANS POVERTY AND STARVATION H IMPORTANCE OF BREASTFEEDING I IMPORTANCE OF GIRLS' EDUCATION J REDUCTION IN MATERNAL DEATHS K OTHER X (SPECIFY) DON'T KNOW/DO NOT REMEMBER Z																
816A	Do you think that the message you heard was effective or not effective in encouraging couples to use family planning?	EFFECTIVE 1 NOT EFFECTIVE 2 DON'T KNOW 8																
817	CHECK 701: CURRENTLY MARRIED <input type="checkbox"/> ↓	WIDOWED, DIVORCED, SEPARATED <input type="checkbox"/>	→ 901															
818	CHECK 303: USING A CONTRACEPTIVE METHOD? CURRENTLY USING <input type="checkbox"/> ↓	NOT CURRENTLY USING <input type="checkbox"/> NOT ASKED <input type="checkbox"/>	→ 820 → 822															
819	Would you say that using contraception is mainly your decision, mainly your husband's decision, or did you both decide together?	MAINLY RESPONDENT 1 MAINLY HUSBAND 2 JOINT DECISION 3 OTHER 6 (SPECIFY)	→ 821															
820	Would you say that not using contraception is mainly your decision, mainly your husband's decision, or did you both decide together?	MAINLY RESPONDENT 1 MAINLY HUSBAND 2 JOINT DECISION 3 OTHER 6 (SPECIFY)																
821	CHECK 304: NEITHER ARE STERILIZED <input type="checkbox"/> ↓	HE OR SHE ARE STERILIZED <input type="checkbox"/>	→ 901															
822	Does your husband want the same number of children that you want, or does he want more or fewer than you want?	SAME NUMBER 1 MORE CHILDREN 2 FEWER CHILDREN 3 DON'T KNOW 8																

SECTION 9. HUSBAND'S BACKGROUND AND WOMAN'S WORK

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
901	CHECK 701: CURRENTLY MARRIED <input type="checkbox"/> WIDOWED, DIVORCED, <input type="checkbox"/> SEPARATED		→ 908A
902	How old was your husband on his last birthday?	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	
903	Did your husband ever attend school?	YES 1 NO 2	→ 906
905	What was the highest class he completed? IF COMPLETED LESS THAN CLASS ONE, RECORD '00'. IF MA, MPHIL, PHD, MBBS, OR BSC/4 YEAR,	CLASS <input type="text"/> <input type="text"/> DON'T KNOW 98	
906	Has your husband done any work in the last 7 days?	YES 1 NO 2 DON'T KNOW 8	→ 908
907	Has your husband done any work in the last 12 months?	YES 1 NO 2 DON'T KNOW 8	→ 908A
908	What is your husband's occupation? That is, what kind of work does he mainly do?	_____ _____ _____ <input type="text"/> <input type="text"/>	
908A	Aside from housework, women work for cash or kind, did you work for cash or kind at any time before you (first) got married?	YES 1 NO 2	
908B	Did you work after you (first) got married?	YES 1 NO 2	→ 909
908C	When did you start work after (first) marriage? IF LESS THAN ONE-YEAR WRITE '00'	YEARS <input type="text"/> <input type="text"/>	
909	Aside from your own housework, have you done any work in the last seven days?	YES 1 NO 2	→ 913
910	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	→ 913
911	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	→ 913
912	Have you done any work in the last 12 months?	YES 1 NO 2	→ 917
913	What is your occupation? That is, what kind of work do you mainly do?	_____ _____ _____ <input type="text"/> <input type="text"/>	

SECTION 9. HUSBAND'S BACKGROUND AND WOMAN'S WORK

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
914	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	
915	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	
915A	Do you work at home or away from home?	AT HOME 1 AWAY FROM HOME 2	
916	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	
917	CHECK 701: CURRENTLY MARRIED <input type="checkbox"/> WIDOWED, DIVORCED, SEPARATED <input type="checkbox"/>		925
918	CHECK 916: CODE '1' OR '2' <input type="checkbox"/> OTHER <input type="checkbox"/>		921
919	Who usually decides how the money you earn will be used: you, your husband, or you and your husband jointly?	RESPONDENT 1 HUSBAND 2 RESPONDENT AND HUSBAND JOINTLY 3 OTHER _____ 6 (SPECIFY)	
920	Would you say that the money that you earn is more than what your husband earns, less than what he earns, or about the same?	MORE THAN HIM 1 LESS THAN HIM 2 ABOUT THE SAME 3 HUSBAND HAS NO EARNINGS 4 DON'T KNOW 8	922
921	Who usually decides how your husband's earnings will be used: you, your husband, or you and your husband jointly?	RESPONDENT 1 HUSBAND 2 RESPONDENT AND HUSBAND JOINTLY 3 HUSBAND HAS NO EARNINGS 4 OTHER _____ 6 (SPECIFY)	
922	Who usually makes decisions about health care for yourself: 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	
923	Who usually makes decisions about making major household purchases?	RESPONDENT 1 HUSBAND 2 RESPONDENT AND HUSBAND JOINTLY 3 SOMEONE ELSE 4 OTHER 6	

SECTION 9. HUSBAND'S BACKGROUND AND WOMAN'S WORK

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
924	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	
924A	Did you inherit any land or house?	YES, AGRICULTURAL LAND 1 YES, NON-AGRICULTURAL LAND 2 YES, RESIDENTIAL PLOT 3 YES, HOUSE 4 NO 5	
925	Do you own this or any other house either alone or jointly with someone else?	ALONE ONLY 1 JOINTLY ONLY 2 BOTH ALONE AND JOINTLY 3 DOES NOT OWN 4	→ 928
926	Do you have a title deed for any house you own?	YES 1 NO 2 DON'T KNOW 8	→ 928
927	Is your name on the title deed?	YES 1 NO 2 DON'T KNOW 8	
927A	Do you have the autonomy to sell the house you own?	YES 1 NO 2	
928	Do you own any agricultural or non-agricultural land either alone or jointly with someone else?	ALONE ONLY 1 JOINTLY ONLY 2 BOTH ALONE AND JOINTLY 3 DOES NOT OWN 4	→ 931
929	Do you have a title deed for any land you own?	YES 1 NO 2 DON'T KNOW 8	→ 931
930	Is your name on the title deed?	YES 1 NO 2 DON'T KNOW 8	
930A	Do you have the autonomy to sell the land you own?	YES 1 NO 2	
931	PRESENCE OF OTHERS AT THIS POINT (PRESENT AND LISTENING, PRESENT BUT NOT LISTENING, OR NOT PRESENT)	<div> PRES./ PRES./ LISTEN. LISTEN. NOT LISTEN. LISTEN. PRES. </div> CHILDREN < 10 1 2 3 HUSBAND 1 2 3 OTHER MALES 1 2 3 OTHER FEMALES 1 2 3	
932	In your opinion, is a husband justified in hitting or beating his wife in the following situations: a) If she goes out without telling him? b) If she neglects the children? c) If she argues with him? d) If she refuses to have sex with him? e) If she burns the food? f) If she neglects the in-laws?	<div> YES NO DK </div> a) GOES OUT 1 2 8 b) NEGLECTS CHILDREN .. 1 2 8 c) ARGUES 1 2 8 d) REFUSES SEX 1 2 8 e) BURNS FOOD 1 2 8 f) NEGLECTS IN-LAWS .. 1 2 8	

SECTION 10. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1001	Now I would like to talk about something else. Have you ever heard of HIV or AIDS?	YES 1 NO 2	→ 1042
1002	HIV is the virus that can lead to AIDS. Can people reduce their chance of getting HIV by having just one uninfected sex partner who has no other sex partners?	YES 1 NO 2 DON'T KNOW 8	
1003	Can people get HIV from mosquito bites?	YES 1 NO 2 DON'T KNOW 8	
1004	Can people reduce their chance of getting HIV by using a condom every time they have sex?	YES 1 NO 2 DON'T KNOW 8	
1005	Can people get HIV by sharing food with a person who has HIV?	YES 1 NO 2 DON'T KNOW 8	
1006	Can people get HIV because of witchcraft or other supernatural means?	YES 1 NO 2 DON'T KNOW 8	
1007	Is it possible for a healthy-looking person to have HIV?	YES 1 NO 2 DON'T KNOW 8	
1008	Can HIV be transmitted from a mother to her baby: a) During pregnancy? b) During delivery? c) By breastfeeding?	<div style="text-align: right; margin-bottom: 5px;">YES NO DK</div> a) DURING PREGNANCY .. 1 2 8 b) DURING DELIVERY 1 2 8 c) BREASTFEEDING 1 2 8	
1009	CHECK 1008: <div style="text-align: center;"> AT LEAST <input type="checkbox"/> ONE 'YES' ↓ </div> <div style="text-align: center; margin-top: 10px;"> OTHER <input type="checkbox"/> → </div>		→ 1027
1010	Are there any special drugs that a doctor or a nurse can give to a woman infected with HIV to reduce the risk of transmission to the baby?	YES 1 NO 2 DON'T KNOW 8	
1027	I don't want to know the results, but have you ever been tested for HIV?	YES 1 NO 2	→ 1031
1028	How many months ago was your most recent HIV test?	MONTHS AGO <input style="width: 40px; border: 1px solid black;" type="text"/> <input style="width: 40px; border: 1px solid black;" type="text"/> TWO OR MORE YEARS 95	
1029	I don't want to know the results, but did you get the results of the test?	YES 1 NO 2	

SECTION 10. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1030	<p>Where was the test done?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p align="center">(NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL 11</p> <p>GOVERNMENT HEALTH CENTER 12</p> <p>STAND-ALONE HTC CENTER 13</p> <p>OTHER PUBLIC SECTOR</p> <p>_____ 16</p> <p align="center">(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC/</p> <p>PRIVATE DOCTOR 21</p> <p>STAND-ALONE HTC CENTER 22</p> <p>PHARMACY 23</p> <p>OTHER PRIVATE MEDICAL SECTOR</p> <p>_____ 26</p> <p align="center">(SPECIFY)</p> <p>OTHER SOURCE</p> <p>HOME 31</p> <p>WORKPLACE 32</p> <p>OTHER _____ 96</p> <p align="center">(SPECIFY)</p>	<p>→ 1035</p>
1031	<p>Do you know of a place where people can go to get an HIV test?</p>	<p>YES 1</p> <p>NO 2</p>	<p>→ 1035</p>
1032	<p>Where is that?</p> <p>Any other place?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p align="center">(NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL A</p> <p>GOVERNMENT HEALTH CENTER B</p> <p>STAND-ALONE HTC CENTER C</p> <p>OTHER PUBLIC SECTOR</p> <p>_____ D</p> <p align="center">(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC/</p> <p>PRIVATE DOCTOR E</p> <p>STAND-ALONE HTC CENTER F</p> <p>PHARMACY G</p> <p>OTHER PRIVATE MEDICAL SECTOR</p> <p>_____ H</p> <p align="center">(SPECIFY)</p> <p>OTHER _____ X</p> <p align="center">(SPECIFY)</p>	
1032A	<p>Do you think there is a treatment for HIV?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW/NOT SURE/DEPENDS 8</p>	<p>→ 1035</p>
1032B	<p>Do you know from where HIV treatment (Anti Retroviral Treatment) can be received?</p>	<p>YES 1</p> <p>NO 2</p>	
1035	<p>Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had HIV?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW/NOT SURE/DEPENDS 8</p>	
1036	<p>Do you think children living with HIV should be allowed to attend school with children who do not have HIV?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW/NOT SURE/DEPENDS 8</p>	

SECTION 10. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1037	Do you think people hesitate to take an HIV test because they are afraid of how other people will react if the test result is positive for HIV?	YES 1 NO 2 DON'T KNOW/NOT SURE/DEPENDS 8	
1038	Do people talk badly about people living with HIV, or who are thought to be living with HIV?	YES 1 NO 2 DON'T KNOW/NOT SURE/DEPENDS 8	
1039	Do people living with HIV, or thought to be living with HIV, lose the respect of other people?	YES 1 NO 2 DON'T KNOW/NOT SURE/DEPENDS 8	
1039A	Do people living with HIV, get discriminatory treatment from the health service providers?	YES 1 NO 2 DON'T KNOW/NOT SURE/DEPENDS 8	
1040	Do you agree or disagree with the following statement: I would be ashamed if someone in my family had HIV.	AGREE 1 DISAGREE 2 DON'T KNOW/NOT SURE/DEPENDS 8	
1041	Do you fear that you could get HIV if you come into contact with the saliva of a person living with HIV?	YES 1 NO 2 SAYS SHE HAS HIV 3 DON'T KNOW/NOT SURE/DEPENDS 8	
1042	CHECK 1001: HEARD ABOUT <input type="checkbox"/> HIV OR AIDS ↓ a) Apart from HIV, have you heard about other infections that can be transmitted through sexual contact? NOT HEARD ABOUT <input type="checkbox"/> HIV OR AIDS ↓ b) Have you heard about infections that can be transmitted through sexual contact?	YES 1 NO 2	
1043	CHECK 713: HAS HAD SEXUAL <input type="checkbox"/> INTERCOURSE ↓ NEVER HAD SEXUAL <input type="checkbox"/> INTERCOURSE → 1051		
1044	CHECK 1042: HEARD ABOUT OTHER SEXUALLY TRANSMITTED INFECTIONS? YES <input type="checkbox"/> → 1046 NO <input type="checkbox"/>		
1045	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	
1046	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	
1047	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	
1048	CHECK 1045, 1046, AND 1047: HAS HAD AN <input type="checkbox"/> INFECTION (ANY 'YES') ↓ HAS NOT HAD AN <input type="checkbox"/> INFECTION OR DOES NOT KNOW → 1051		

SECTION 10. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1049	The last time you had (PROBLEM FROM 1045/1046/1047), did you seek any kind of advice or treatment?	YES 1 NO 2	→ 1051
1050	Where did you go? Any other 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 GOVERNMENT HOSPITAL A GOVERNMENT HEALTH CENTER B STAND-ALONE HTC CENTER C FAMILY PLANNING CLINIC D MOBILE HTC SERVICES E OTHER PUBLIC SECTOR F (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR G STAND-ALONE HTC CENTER H PHARMACY I OTHER PRIVATE MEDICAL SECTOR J (SPECIFY) OTHER SOURCE SHOP K OTHER X (SPECIFY)	
1051	If a wife knows her husband has a disease that she can get during sexual intercourse, is she justified in asking that they use a condom when they have sex?	YES 1 NO 2 DON'T KNOW 8	
1052	Is a wife justified in refusing to have sex with her husband when she knows he has sex with women other than his wives?	YES 1 NO 2 DON'T KNOW 8	
1053	CHECK 701: CURRENTLY MARRIED <input type="checkbox"/> WIDOWED, DIVORCED, <input type="checkbox"/> SEPARATED		→ 1101
1054	Can you say no to your husband if you do not want to have sexual intercourse?	YES 1 NO 2 DEPENDS/NOT SURE 8	
1055	Could you ask your husband to use a condom if you wanted him to?	YES 1 NO 2 DEPENDS/NOT SURE 8	

SECTION 11. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1101	<p>Now I would like to ask you some other questions relating to health matters. Have you had an injection for any reason in the last 12 months?</p> <p>IF YES: How many injections have you had?</p> <p>IF NUMBER OF INJECTIONS IS 90 OR MORE, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'. IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.</p>	<p>NUMBER OF INJECTIONS <input type="text"/> <input type="text"/></p> <p>NONE 00</p>	→ 1104
1102	<p>Among these injections, how many were administered by a doctor, a nurse, a pharmacist, a dentist, or any other health worker?</p> <p>IF NUMBER OF INJECTIONS IS 90 OR MORE, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'. IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.</p>	<p>NUMBER OF INJECTIONS <input type="text"/> <input type="text"/></p> <p>NONE 00</p>	→ 1104
1103	The last time you got an injection from a health worker, did he/she take the syringe and needle from a new, unopened package?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
1104	Do you currently smoke cigarettes every day, some days, or not at all?	<p>EVERY DAY 1</p> <p>SOME DAYS 2</p> <p>NOT AT ALL 3</p>	→ 1106
1105	On average, how many cigarettes do you currently smoke each day?	NUMBER OF CIGARETTES <input type="text"/> <input type="text"/>	
1106	Do you currently smoke or use any other type of tobacco every day, some days, or not at all?	<p>EVERY DAY 1</p> <p>SOME DAYS 2</p> <p>NOT AT ALL 3</p>	→ 1107A
1107	<p>What other type of tobacco do you currently smoke or use?</p> <p>RECORD ALL MENTIONED.</p>	<p>PIPES FULL OF TOBACCO A</p> <p>WATER PIPE/HUKAA/SHEESHA B</p> <p>SNUFF BY MOUTH C</p> <p>SNUFF BY NOSE D</p> <p>CHEWING TOBACCO/NUSWAR E</p> <p>BETEL QUID/PAAN WITH TOBACCO F</p> <p>OTHER X</p> <p align="center">(SPECIFY)</p>	
1107A	Do you currently use any types of drugs?	<p>YES 1</p> <p>NO 2</p>	
1107B	Have you ever heard of an illness called tuberculosis or TB?	<p>YES 1</p> <p>NO 2</p>	→ 1107G
1107C	<p>How does tuberculosis spread from one person to another?</p> <p>Any other ways?</p> <p>RECORD ALL MENTIONED.</p>	<p>THROUGH THE AIR WHEN COUGHING OR SNEEZING A</p> <p>BY SHARING UTENSILS B</p> <p>BY TOUCHING A PERSON WITH TB C</p> <p>THROUGH SHARING FOOD D</p> <p>THROUGH SEXUAL CONTACT E</p> <p>THROUGH MOSQUITO BITES F</p> <p>OTHER X</p> <p align="center">(SPECIFY)</p> <p>DON'T KNOW Z</p>	
1107D	Can tuberculosis be cured?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	→ 1107F
1107E	<p>What is the duration of treatment of TB now a days?</p> <p>IF MORE THAN 7 MONTHS, RECORD 7.</p>	<p>MONTHS <input type="text"/></p> <p>DON'T KNOW 8</p>	

SECTION 11. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP															
1107F	Have you ever been told by a doctor or nurse or LHV that god forbid you have/had tuberculosis?	YES 1 NO 2																
1107G	Have you ever heard of illness called Hepatitis B or C?	YES 1 NO 2	→ 1108															
1107H	Is there anything a person can do to avoid getting Hepatitis B or C?	YES 1 NO 2 DON'T KNOW 8	→ 1107J															
1107I	What can a person do to avoid getting Hepatitis B or C? Any other ways? RECORD ALL MENTIONED.	PRACTICE SAFE SEX A SAFE BLOOD TRANSFER B USE DISPOABLE SYRINGE C AVOID CONTAMINATED FOOD/WATER D AVOID CONTACT WITH INFECTED PERSON E ENSURE INSTRUMENTS OF DENTISTS ARE PROPERLY STERILIZED F OTHER X (SPECIFY) DON'T KNOW Z																
1107J	I don't want to know the results, but have you ever been tested for Hepatitis B or C?	YES 1 NO 2	→ 1108															
1107K	How many months ago was your most recent test for Hepatitis B or C?	MONTHS <input type="text"/> <input type="text"/> TWO OR MORE YEARS 95																
1108	Many different factors can prevent women from getting medical advice or treatment for themselves. When you are sick and want to get medical advice or treatment, is each of the following a big problem or not a big problem: a) Getting permission to go to the doctor? b) Getting money needed for advice or treatment? c) The distance to the health facility? d) Not wanting to go alone?	<table border="0"> <thead> <tr> <th></th><th>BIG PROBLEM</th><th>NOT A BIG PROBLEM</th></tr> </thead> <tbody> <tr> <td>a) PERMISSION TO GO</td><td>1</td><td>2</td></tr> <tr> <td>b) GETTING MONEY</td><td>1</td><td>2</td></tr> <tr> <td>c) DISTANCE</td><td>1</td><td>2</td></tr> <tr> <td>d) GO ALONE</td><td>1</td><td>2</td></tr> </tbody> </table>		BIG PROBLEM	NOT A BIG PROBLEM	a) PERMISSION TO GO	1	2	b) GETTING MONEY	1	2	c) DISTANCE	1	2	d) GO ALONE	1	2	
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1109	Are you covered by any health insurance?	YES 1 NO 2	→ 1110A															
1110	What type of health insurance are you covered by? RECORD ALL MENTIONED.	MUTUAL HEALTH ORGANIZATION/ COMMUNITY-BASED HEALTH INSURANCE A HEALTH INSURANCE THROUGH EMPLOYER B SEHAT SAHULAT C OTHER PRIVATELY PURCHASED COMMERCIAL HEALTH INSURANCE D OTHER X (SPECIFY)																
1110A	Do you receive any cash/kind benefit from Benazir Income Support Program through government of Pakistan?	YES 1 NO 2																

SECTION 12. DOMESTIC VIOLENCE MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																								
1200	<p>CHECK COVER PAGE: WOMAN SELECTED FOR DV MODULE?</p> <p>WOMAN SELECTED <input type="checkbox"/> FOR THIS SECTION ↓</p> <p>WOMAN <input type="checkbox"/> NOT SELECTED →</p>		1233																								
1201	<p>CHECK FOR PRESENCE OF OTHERS: DO NOT CONTINUE UNTIL PRIVACY IS ENSURED.</p> <p>PRIVACY OBTAINED 1 ↓</p> <p>PRIVACY NOT POSSIBLE 2 →</p>		1232																								
1201A	<p>READ TO THE RESPONDENT:</p> <p>Now I would like to ask you questions about some other important aspects of a woman's life. You may find some of these questions very personal. However, your answers are crucial for helping to understand the condition of women in Pakistan. Let me assure you that your answers are completely confidential and will not be told to anyone and no one else in your household will know that you were asked these questions. 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.</p>																										
1202	<p>CHECK 701:</p> <p>CURRENTLY MARRIED <input type="checkbox"/> ↓</p> <p>WIDOWED, DIVORCED, SEPARATED <input type="checkbox"/> ↓</p> <p>(READ IN PAST TENSE AND USE 'LAST' WITH 'HUSBAND')</p>																										
1203	<p>First, I am going to ask you about some situations which happen to some women. Please tell me if these apply to your relationship with your (last) husband?</p> <p>a) He (is/was) jealous or angry if you (talk/talked) to other men? b) He frequently (accuses/accused) you of being unfaithful? c) He (does/did) not permit you to meet your female friends? d) He (tries/tried) to limit your contact with your family? e) He (insists/insisted) on knowing where you (are/were) at all times?</p>	<table> <thead> <tr> <th></th><th>YES</th><th>NO</th><th>DK</th></tr> </thead> <tbody> <tr> <td>JEALOUS</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>ACCUSES</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>NOT MEET FRIENDS ..</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>NO FAMILY</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>WHERE YOU ARE</td><td>1</td><td>2</td><td>8</td></tr> </tbody> </table>		YES	NO	DK	JEALOUS	1	2	8	ACCUSES	1	2	8	NOT MEET FRIENDS ..	1	2	8	NO FAMILY	1	2	8	WHERE YOU ARE	1	2	8	
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WHERE YOU ARE	1	2	8																								
1204	<p>Now I need to ask some more questions about your relationship with your (last) husband.</p> <p>A. Did your (last) husband ever:</p> <p>a) say or do something to humiliate you in front of others? b) threaten to hurt or harm you or someone you care about? c) insult you or make you feel bad about yourself?</p>	<p>B. How often did this happen during the last 12 months: often, only sometimes, or not at all?</p> <table> <thead> <tr> <th>EVER</th><th>OFTEN</th><th>SOME-TIMES</th><th>NOT IN LAST 12 MONTHS</th></tr> </thead> <tbody> <tr> <td>a) YES 1 NO 2 ↓</td><td>→ 1</td><td>2</td><td>3</td></tr> <tr> <td>b) YES 1 NO 2 ↓</td><td>→ 1</td><td>2</td><td>3</td></tr> <tr> <td>c) YES 1 NO 2 ↓</td><td>→ 1</td><td>2</td><td>3</td></tr> </tbody> </table>	EVER	OFTEN	SOME-TIMES	NOT IN LAST 12 MONTHS	a) YES 1 NO 2 ↓	→ 1	2	3	b) YES 1 NO 2 ↓	→ 1	2	3	c) YES 1 NO 2 ↓	→ 1	2	3									
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SECTION 12. DOMESTIC VIOLENCE MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																																							
1205	A. Did your (last) husband ever do any of the following things to you:	B. How often did this happen during the last 12 months: often, only sometimes, or not at all?																																																								
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1206	<p>CHECK 1205A (a-j):</p> <p align="center"> AT LEAST ONE 'YES' <input type="checkbox"/> NOT A SINGLE 'YES' <input type="checkbox"/> </p>	→ 1209																																																								
1207	<p>How long after you first got married with your (last) husband did (this/any of these things) first happen?</p> <p>IF LESS THAN ONE YEAR, RECORD '00'.</p>	<p>NUMBER OF YEARS <input type="text"/> <input type="text"/></p> <p>BEFORE MARRIAGE 95</p>																																																								
1208	<p>Did the following ever happen as a result of what your (last) husband did to you:</p> <p>a) You had cuts, bruises, or aches?</p> <p>b) You had eye injuries, sprains, dislocations, or burns?</p> <p>c) You had deep wounds, broken bones, broken teeth, or any other serious injury?</p>	<p>YES 1 NO 2</p> <p>YES 1 NO 2</p> <p>YES 1 NO 2</p>																																																								
1209	Have you ever hit, slapped, kicked, or done anything else to physically hurt your (last) husband at times when he was not already beating or physically hurting you?	<p>YES 1 NO 2</p>	→ 1211																																																							
1210	In the last 12 months, how often have you done this to your (last) husband: often, only sometimes, or not at all?	<p>OFTEN 1 SOMETIMES 2 NOT AT ALL 3</p>																																																								
1211	Does (did) your (last) husband drink alcohol or consume other drugs?	<p>YES 1 NO 2</p>	→ 1213																																																							

SECTION 12. DOMESTIC VIOLENCE MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																				
1212	How often does (did) he get drunk or high on drugs: often, only sometimes, or never?	OFTEN 1 SOMETIMES 2 NEVER 3																					
1213	Are (Were) you afraid of your (last) husband: most of the time, sometimes, or never?	MOST OF THE TIME AFRAID 1 SOMETIMES AFRAID 2 NEVER AFRAID 3																					
1214	CHECK 709: MARRIED MORE <input type="checkbox"/> THAN ONCE ↓	MARRIED ONLY <input type="checkbox"/> ONCE	→ 1216																				
1215	A. So far we have been talking about the behavior of your (current/last) husband. Now I want to ask you about the behavior of any previous husband. a) Did any previous husband ever hit, slap, kick, or do anything else to hurt you physically? b) Did any previous husband physically force you to have intercourse or perform any other sexual acts against your will?	B. How long ago did this last happen? <table border="1"> <thead> <tr> <th>EVER</th><th>0 - 11 MONTHS AGO</th><th>12+ MONTHS AGO</th><th>DON'T REMEMBER</th></tr> </thead> <tbody> <tr> <td>YES 1</td><td>→ 1</td><td>2</td><td>3</td></tr> <tr> <td>NO 2 ↓</td><td></td><td></td><td></td></tr> <tr> <td>YES 1</td><td>→ 1</td><td>2</td><td>3</td></tr> <tr> <td>NO 2 ↓</td><td></td><td></td><td></td></tr> </tbody> </table>	EVER	0 - 11 MONTHS AGO	12+ MONTHS AGO	DON'T REMEMBER	YES 1	→ 1	2	3	NO 2 ↓				YES 1	→ 1	2	3	NO 2 ↓				
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NO 2 ↓																							
1216	From the time you were 15 years old has anyone other than (your/any) husband hit you, slapped you, kicked you, or done anything else to hurt you physically?	YES 1 NO 2 REFUSED TO ANSWER/ NO ANSWER 3	→ 1219																				
1217	Who has hurt you in this way? Anyone else? RECORD ALL MENTIONED.	MOTHER/STEP-MOTHER A FATHER/STEP-FATHER B SISTER/BROTHER C DAUGHTER/SON D OTHER RELATIVE E CURRENT BOYFRIEND F FORMER BOYFRIEND G MOTHER-IN-LAW H FATHER-IN-LAW I OTHER IN-LAW J TEACHER K EMPLOYER/SOMEONE AT WORK L POLICE/SOLDIER M OTHER _____ X (SPECIFY)																					
1218	In the last 12 months, how often has (this person/have these persons) physically hurt you: often, only sometimes, or not at all?	OFTEN 1 SOMETIMES 2 NOT AT ALL 3																					
1219	CHECK 201, 207AA, AND 226: EVER BEEN PREGNANT <input type="checkbox"/> (‘YES’ ON 201 OR 207AA OR 226) ↓	NEVER BEEN PREGNANT <input type="checkbox"/>	→ 1222A																				

SECTION 12. DOMESTIC VIOLENCE MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1220	Has any one ever hit, slapped, kicked, or done anything else to hurt you physically while you were pregnant?	YES 1 NO 2	→ 1222A
1221	Who has done any of these things to physically hurt you while you were pregnant? Anyone else? RECORD ALL MENTIONED.	CURRENT HUSBAND A MOTHER/STEP-MOTHER B FATHER/STEP-FATHEI C SISTER/BROTHER D DAUGHTER/SON E OTHER RELATIVE F FORMER HUSBAND G CURRENT BOYFRIEND H FORMER BOYFRIEND I MOTHER-IN-LAW J FATHER-IN-LAW K OTHER IN-LAW L TEACHER M EMPLOYER/SOMEONE AT WOR N POLICE/SOLDIER O OTHER X (SPECIFY)	
1221A	As a consequence of this did you suffer from abortion, miscarriage, stillbirth, or had any other health problems?	HAD ABORTION 1 HAD MISCARRIAGE 2 HAD STILLBIRTH 3 HAD OTHER HEALTH PROBLEM 4 NO PROBLEMS 5	
1222A	Now I want to ask you about things that may have been done to you by someone other than (your/any) husband. At any time in your life, as a child or as an adult, has anyone ever forced you in any way to have sexual intercourse or perform any other sexual acts when you did not want to?	YES 1 NO 2 REFUSED TO ANSWER/ NO ANSWER 3	→ 1224A
1223	Who was the person who was forcing you the very first time this happened?	CURRENT HUSBAND 01 FORMER HUSBAND 02 CURRENT/FORMER BOYFRIEND 03 FATHER/STEP-FATHEI 04 BROTHER/STEP-BROTHE 05 OTHER RELATIVE 06 IN-LAW 07 OWN FRIEND/ACQUAINTANC 08 FAMILY FRIEND 09 TEACHER 10 EMPLOYER/SOMEONE AT WOR 11 POLICE/SOLDIER 12 PRIEST/RELIGIOUS LEADER 13 STRANGER 14 OTHER 96 (SPECIFY)	
1224	In the last 12 months, has anyone other than (your/any) husband physically forced you to have sexual intercourse when you did not want to?	YES 1 NO 2	→ 1225
1224A	CHECK 1205A (h-j) and 1215A(b) AT LEAST ONE <input type="checkbox"/> "YES" ↓ NOT A <input type="checkbox"/> SINGLE "YES" →		→ 1226
1225	How old were you the first time you were forced to have sexual intercourse or perform any other sexual acts by anyone, including (your/any) husband?	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/> DON'T KNOW 98	

SECTION 12. DOMESTIC VIOLENCE MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1226	CHECK 1205A (a-j), 1215A (a,b), 1216, 1220, AND 1222A: <div style="display: flex; justify-content: space-around;"> AT LEAST ONE 'YES' <input type="checkbox"/> NOT A SINGLE 'YES' <input type="checkbox"/> </div>		→ 1230
1227	Thinking about what you yourself have experienced among the different things we have been talking about, have you ever tried to seek help?	YES 1 NO 2	→ 1229
1228	From whom have you sought help? Anyone else? RECORD ALL MENTIONED.	OWN FAMILY A HUSBAND'S FAMILY B CURRENT/FORMER HUSBAND C CURRENT/FORMER BOYFRIEND D FRIEND E NEIGHBOR F RELIGIOUS LEADER G DOCTOR/MEDICAL PERSONNEL H POLICE I LAWYER J SOCIAL SERVICE ORGANIZATION K WOMEN'S CRISIS CENTER L SHELTER HOMES M PUBLIC HEALTH FACILITY N PRIVATE HEALTH FACILITY O GOVT. SOCIAL WELFARE CENTER P LOCAL LEADERS (WADERA, KHAN) Q PUBLIC REPRESENTATIVE R OTHER X (SPECIFY) DON'T KNOW/DON'T REMEMBER Y REFUSED/NO ANSWER Z	
1228A	Were you satisfied with the help provided?	YES 1 NO 2	
1228B	What were the reasons that made you seek help?	ENCOURAGED BY FRIENDS/FAMILY A PUBLIC CAMPAIGN B KNOWLEDGE ABOUT HELPLINE C SERVICE PROVIDER'S ATTITUDE D COULD NOT ENDURE MORE E BADLY INJURED F THREATENED OR TRIED TO KILL HIM G THREATENED TO HIT CHILDREN H SAW CHILDREN SUFFERING I THROWN OUT OF THE HOME J AFRAID OF MORE VIOLENCE K OTHER X (SPECIFY) DON'T KNOW/DON'T REMEMBER Y REFUSED/NO ANSWER Z	
1228C	Did you face any consequences due to seeking help?	GOT THREATS A EMBARRASSED/ASHAMED B BLAMED C MARRIAGE BREAKUP D LOST CHILDREN E EXPLOITATION BY THE PERSON WHO APPROACHED TO HELP F FACED NO CONSEQUENCES G OTHER X (SPECIFY) DON'T KNOW Y REFUSED/NO ANSWER Z	→ 1229B
1229	Have you ever told any one about this?	YES 1 NO 2	→ 1229B

SECTION 12. DOMESTIC VIOLENCE MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																
1229A	What were the reasons for not seeking help?	FEAR OF THREATS A FEAR OF CONSEQUENCES B MORE VIOLENC C VIOLENCE WAS NOT SERIOL D EMBARRASSED/ASHAMED E AFRAID WOULD NOT BE BELIEVED OR WOULD BE BLAMED F NO TRUST ON ANY ONE TO HEL G UNAWARE IF ANYONE CAN HEL H UNAWARE IF A FEMALE CAN HELP .. I AFRAID OF MARRIAGE BREAKU J AFRAID WOULD LOSE CHILDREI K BRING BAD NAME TO FAMIL) L DID NOT KNOW HER OPTIONS/ WAY OUT M OTHER X (SPECIFY) DON'T KNOW Y REFUSED/NO ANSWEI Z																	
1229B	Did you have to face any consequences due to this violence?	ISOLATED SELF A FIRED FROM JOB B QUIT JOB C STOP PARTICIPATING IN DECISION MAKING D GOT DIVORCED E NOT FACED ANY CONSEQUENCES .. F OTHER X (SPECIFY) DON'T KNOW Y REFUSED/NO ANSWEI Z																	
1230	As far as you know, did your father ever beat your mother?	YES 1 NO 2 DON'T KNOW 8																	
THANK THE RESPONDENT FOR HER COOPERATION AND REASSURE HER ABOUT THE CONFIDENTIALITY OF HER ANSWERS. FILL OUT THE QUESTIONS BELOW WITH REFERENCE TO THE DOMESTIC VIOLENCE																			
1231	DID YOU HAVE TO INTERRUPT THE INTERVIEW BECAUSE SOME ADULT WAS TRYING TO LISTEN, OR CAME INTO THE ROOM, OR INTERFERED IN ANY OTHER WAY?	<table border="0"> <thead> <tr> <th></th><th>YES, ONCE</th><th>YES, MORE THAN ONCE</th><th>NO</th></tr> </thead> <tbody> <tr> <td>HUSBAND</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>OTHER MALE ADUL'</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>FEMALE ADULT</td><td>1</td><td>2</td><td>3</td></tr> </tbody> </table>		YES, ONCE	YES, MORE THAN ONCE	NO	HUSBAND	1	2	3	OTHER MALE ADUL'	1	2	3	FEMALE ADULT	1	2	3	
	YES, ONCE	YES, MORE THAN ONCE	NO																
HUSBAND	1	2	3																
OTHER MALE ADUL'	1	2	3																
FEMALE ADULT	1	2	3																
1232	INTERVIEWER'S COMMENTS/EXPLANATION FOR NOT COMPLETING THE DOMESTIC VIOLENCE MODULE. _____ _____ _____																		
1233	RECORD THE TIME	HOURS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 30px; height: 30px;"></td><td style="width: 30px; height: 30px;"></td></tr></table> MINUTES <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 30px; height: 30px;"></td><td style="width: 30px; height: 30px;"></td></tr></table>																	

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT INTERVIEW:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

EDITOR'S OBSERVATIONS

INSTRUCTIONS:

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

CODES FOR EACH COLUMN:

COLUMN 1: BIRTHS, PREGNANCIES, CONTRACEPTIVE USE (2)

B BIRTHS
P PREGNANCIES
A ABORTION
C MISCARRIAGE
S STILLBIRTH

0 NO METHOD
1 FEMALE STERILIZATION
2 MALE STERILIZATION
3 IUD
4 INJECTABLES
5 IMPLANTS
6 PILL
7 CONDOM
9 EMERGENCY CONTRACEPTION
J STANDARD DAYS METHOD
K LACTATIONAL AMENORRHEA METHOD
L RHYTHM METHOD

M WITHDRAWAL
X OTHER MODERN METHOD
Y OTHER TRADITIONAL METHOD

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

			COL. 1	COL. 2
	12	DEC	01	
	11	NOV	02	
	10	OCT	03	
2	09	SEP	04	
	08	AUG	05	
	07	JUL	06	
	06	JUN	07	
	05	MAY	08	
0	04	APR	09	
	03	MAR	10	
	02	FEB	11	
	01	JAN	12	
	12	DEC	13	
	11	NOV	14	
	10	OCT	15	
2	09	SEP	16	
	08	AUG	17	
	07	JUL	18	
	06	JUN	19	
	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	
2	09	SEP	28	
	08	AUG	29	
	07	JUL	30	
	06	JUN	31	
	05	MAY	32	
0	04	APR	33	
	03	MAR	34	
	02	FEB	35	
	01	JAN	36	
	12	DEC	37	
	11	NOV	38	
	10	OCT	39	
2	09	SEP	40	
	08	AUG	41	
	07	JUL	42	
	06	JUN	43	
	05	MAY	44	
0	04	APR	45	
	03	MAR	46	
	02	FEB	47	
	01	JAN	48	
	12	DEC	49	
	11	NOV	50	
	10	OCT	51	
2	09	SEP	52	
	08	AUG	53	
	07	JUL	54	
	06	JUN	55	
	05	MAY	56	
0	04	APR	57	
	03	MAR	58	
	02	FEB	59	
	01	JAN	60	
	12	DEC	61	
	11	NOV	62	
	10	OCT	63	
2	09	SEP	64	
	08	AUG	65	
	07	JUL	66	
	06	JUN	67	
	05	MAY	68	
0	04	APR	69	
	03	MAR	70	
	02	FEB	71	
	01	JAN	72	
	12	DEC	73	
	11	NOV	74	
	10	OCT	75	
2	09	SEP	76	
	08	AUG	77	
	07	JUL	78	
	06	JUN	79	
	05	MAY	80	
0	04	APR	81	
	03	MAR	82	
	02	FEB	83	
	01	JAN	84	

