

2022 NEPAL DEMOGRAPHIC AND HEALTH SURVEY  
 WOMAN'S QUESTIONNAIRE

NEPAL  
 MINISTRY OF HEALTH AND POPULATION

IDENTIFICATION										
NAME AND CODE OF DISTRICT _____			<table border="1" style="width: 100%; height: 20px;"> <tr><td></td><td></td></tr> </table>							
NAME AND CODE OF GAUNPALIKA/MUNICIPALITY _____			<table border="1" style="width: 100%; height: 20px;"> <tr><td></td><td></td></tr> </table>							
WARD NUMBER .....			<table border="1" style="width: 100%; height: 20px;"> <tr><td></td><td></td></tr> </table>							
NAME OF HOUSEHOLD HEAD _____										
CLUSTER NUMBER .....			<table border="1" style="width: 100%; height: 20px;"> <tr><td></td><td></td><td></td><td></td></tr> </table>							
HOUSEHOLD NUMBER .....			<table border="1" style="width: 100%; height: 20px;"> <tr><td></td><td></td><td></td><td></td></tr> </table>							
NAME AND LINE NUMBER OF WOMAN _____			<table border="1" style="width: 100%; height: 20px;"> <tr><td></td><td></td></tr> </table>							
CHECK COVER PAGE OF HOUSEHOLD QUESTIONNAIRE: HOUSEHOLD SELECTED FOR MAN'S SURVEY? (1=YES, 2=NO)				<table border="1" style="width: 100%; height: 20px;"> <tr><td></td></tr> </table>						
INTERVIEWER VISITS										
	1	2	3	FINAL VISIT						
DATE	_____	_____	_____	DAY <table border="1" style="width: 100%; height: 20px;"> <tr><td></td><td></td></tr> </table>						
INTERVIEWER'S NAME	_____	_____	_____	MONTH <table border="1" style="width: 100%; height: 20px;"> <tr><td></td><td></td></tr> </table>						
RESULT*	_____	_____	_____	YEAR <table border="1" style="width: 100%; height: 20px;"> <tr><td style="text-align: center;">2</td><td style="text-align: center;">0</td><td style="text-align: center;">7</td><td></td></tr> </table>	2	0	7			
2	0	7								
NEXT VISIT: DATE	_____	_____		INT. NO. <table border="1" style="width: 100%; height: 20px;"> <tr><td></td><td></td><td></td><td></td></tr> </table>						
TIME	_____	_____		RESULT* <table border="1" style="width: 100%; height: 20px;"> <tr><td></td></tr> </table>						
				TOTAL NUMBER OF VISITS <table border="1" style="width: 100%; height: 20px;"> <tr><td></td></tr> </table>						
*RESULT CODES: 1 COMPLETED      4 REFUSED 2 NOT AT HOME      5 PARTLY COMPLETED      7 OTHER _____ SPECIFY 3 POSTPONED      6 INCAPACITATED										
LANGUAGE OF QUESTIONNAIRE**	<table border="1" style="width: 100%; height: 20px;"> <tr><td style="text-align: center;">0</td><td style="text-align: center;">1</td></tr> </table>	0	1	LANGUAGE OF INTERVIEW**	<table border="1" style="width: 100%; height: 20px;"> <tr><td></td><td></td></tr> </table>			NATIVE LANGUAGE OF RESPONDENT** <table border="1" style="width: 100%; height: 20px;"> <tr><td></td><td></td></tr> </table>		
0	1									
LANGUAGE OF QUESTIONNAIRE**	<b>ENGLISH</b>		TRANSLATOR USED (YES = 1, NO = 2) <table border="1" style="width: 100%; height: 20px;"> <tr><td></td></tr> </table>							
**LANGUAGE CODES: 01 ENGLISH      03 MAITHILI 02 NEPALI      04 BHOJPURI										
TEAM	TEAM SUPERVISOR									
<table border="1" style="width: 100%; height: 20px;"> <tr><td></td><td></td></tr> </table> NUMBER			_____ NAME			<table border="1" style="width: 100%; height: 20px;"> <tr><td></td><td></td><td></td><td></td></tr> </table> NUMBER				

INTRODUCTION AND CONSENT

Hello. My name is \_\_\_\_\_. I am working for New ERA to collect data on 2022 Nepal Demographic and Health Survey being conducted under the aegis of the Ministry of Health and Population. We are conducting a survey about health and other topics all over Nepal. The information we collect will help the government to plan health services. Your household was selected for the survey. The questions usually take about 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"/>	
102	What province were you born in?	PROVINCE NO 1 ..... 01 MADHESH ..... 02 BAGMATI ..... 03 GANDAKI ..... 04 LUMBINI ..... 05 KARNALI ..... 06 SUDURPASCHIM ..... 07  OUTSIDE OF NEPAL ..... 96	→ 104
103	What country were you born in?	COUNTRY _____ <input type="text"/>	
104	How long have you been living continuously in (NAME OF CURRENT CITY, TOWN OR VILLAGE OF RESIDENCE)?  IF LESS THAN ONE YEAR, RECORD '00' YEARS.	YEARS ..... <input type="text"/> <input type="text"/> ALWAYS ..... 95 VISITOR ..... 96	→ 110
105	CHECK 104:  00 - 04 YEARS <input type="checkbox"/> 05 YEARS <input type="checkbox"/> OR MORE		→ 107
106	In what month and year did you move here?	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	
107	Just before you moved here, which province did you live in?	PROVINCE NO 1 ..... 01 MADHESH ..... 02 BAGMATI ..... 03 GANDAKI ..... 04 LUMBINI ..... 05 KARNALI ..... 06 SUDURPASCHIM ..... 07  OUTSIDE OF NEPAL ..... 96	

**SECTION 1. RESPONDENT'S BACKGROUND**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
108	Just before you moved here, did you live in a city (metropolitan or sub-metropolitan or municipality), or in a rural area?	CITY (METROPOLITAN OR SUB-METROPOLITAN OR MUNICIPALITY) ..... 1 RURAL AREA ..... 2	
109	Why did you move to this place?	EMPLOYMENT ..... 01 EDUCATION/TRAINING ..... 02 MARRIAGE FORMATION ..... 03 FAMILY REUNIFICATION/OTHER FAMILY-RELATED REASON ..... 04 FORCED DISPLACEMENT ..... 05 NATURAL DISASTER ..... 06 OTHER _____ 96 (SPECIFY)	
110	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	
111	How old were you at your last birthday?  COMPARE AND CORRECT 110 AND/OR 111 IF INCONSISTENT.	AGE IN COMPLETED YEARS ..... <input type="text"/> <input type="text"/>	
112	In general, would you say your health is very good, good, moderate, bad, or very bad?	VERY GOOD ..... 1 GOOD ..... 2 MODERATE ..... 3 BAD ..... 4 VERY BAD ..... 5	
113	Have you ever attended school?	YES ..... 1 NO ..... 2	→ 115
113A	Has (NAME) ever participated in a literacy program or any other program that involves learning to read and write (not including primary school)?	YES ..... 1 NO ..... 2	→ 117
115	What is the highest grade you have completed?  IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL, RECORD '00'.	GRADE ..... <input type="text"/> <input type="text"/>	
116	CHECK 115:  GRADE 12 OR LOWER <input type="checkbox"/> ABOVE GRADE 12 <input type="checkbox"/>		→ 119
117	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	
118	CHECK 117:  CODE '2', '3' OR '4' CIRCLED <input type="checkbox"/> CODE '1' OR '5' CIRCLED <input type="checkbox"/>		→ 120

## SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
119	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	
120	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	
121	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	
122	Do you own a mobile phone?	YES ..... 1 NO ..... 2	→ 124
123	Is your mobile phone a smart phone?	YES ..... 1 NO ..... 2	
124	In the last 12 months, have you used a mobile phone to make financial transactions such as sending or receiving money, paying bills, purchasing goods or services, or receiving wages?	YES ..... 1 NO ..... 2	
125	Do you have an account in a bank or other financial institution that you yourself use?	YES ..... 1 NO ..... 2	→ 127
126	Did you yourself put money in or take money out of this account in the last 12 months?	YES ..... 1 NO ..... 2	
127	Have you ever used the Internet from any location on any device?	YES ..... 1 NO ..... 2	→ 130
128	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	→ 130
129	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	
130	What is your religion?	HINDU ..... 01 BUDDHIST ..... 02 MUSLIM ..... 03 KIRAT ..... 04 CHRISTIAN ..... 05  OTHER _____ 96 (SPECIFY)	
131	What is your caste/ethnic group?	HILL BRAHMIN ..... 01 HILL CHHETRI ..... 02 TERAI BRAHMIN/CHETTRI ..... 03 OTHER TERAJ CASTE ..... 04 HILL DALIT ..... 05 TERAI DALIT ..... 06 NEWAR ..... 07 HILL JANAJATI ..... 08 TERAI JANAJATI ..... 09 MUSLIM ..... 10  OTHER _____ 96 (SPECIFY)	

**SECTION 2. REPRODUCTION**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP				
201	Now I would like to ask about all the births you have had during your life. Have you ever given birth?	YES ..... 1 NO ..... 2	→ 206				
202	Do you have any sons or daughters to whom you have given birth who are now living with you?	YES ..... 1 NO ..... 2	→ 204				
203	a) How many sons live with you? b) And how many daughters live with you?  IF NONE, RECORD '00'.	a) SONS AT HOME ..... b) DAUGHTERS AT HOME .....	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></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 ..... b) DAUGHTERS ELSEWHERE .....	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></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	→ 208				
207	a) How many boys have died? b) And how many girls have died?  IF NONE, RECORD '00'.	a) BOYS DEAD ..... b) GIRLS DEAD .....	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>				
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL LIVE BIRTHS .....	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>				
209	CHECK 208: Just to make sure that I have this right: you have had in TOTAL ____ births during your life. Is that correct?  <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <p>YES</p> <input type="checkbox"/> <p>↓</p> </div> <div style="text-align: center;"> <p>NO</p> <input type="checkbox"/> <p>↑</p> </div> </div> <p style="text-align: center;">PROBE AND CORRECT 201-208 AS NECESSARY.</p>						
210	Women sometimes have a pregnancy that does not result in a live birth. For example, a pregnancy can end in a miscarriage, an abortion, 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	→ 212				
211	How many miscarriages, abortions, and stillbirths have you had?	PREGNANCY LOSSES .....	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>				
212	SUM ANSWERS TO 208 AND 211 AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL PREGNANCY OUTCOMES ..	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>				
213	CHECK 212:  <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <p>ONE OR MORE PAST PREGNANCIES</p> <input type="checkbox"/> <p>↓</p> </div> <div style="text-align: center;"> <p>NO PAST PREGNANCIES</p> <input type="checkbox"/> <p>→</p> </div> </div>		→ 232				

SECTION 2. REPRODUCTION

214 Now I would like to record all your pregnancies including live births, stillbirths, miscarriages, and abortions, starting with your first pregnancy.

RECORD ALL PREGNANCIES IN 215-228. RECORD TWINS AND TRIPLETS ON SEPARATE LINES. IF THERE ARE MORE THAN 3 PREGNANCIES, USE AN ADDITIONAL QUESTIONNAIRE.

215	216	217	218	219	220	221	222
<p>Think back to your (first/next) pregnancy. Was that a single pregnancy, twins, or triplets?</p> <p>IF MULTIPLE PREGNANCY COPY VALUE FOR 215 IN NEXT ROW(S)</p> <p>PREGNANCY HISTORY LINE NUMBER</p>	<p>IF 215=1, ASK: Was the baby born alive, born dead, or did you have a miscarriage or abortion?</p> <p>IF 215 &gt; 1, ASK: Was the (first/next) baby in this pregnancy born alive or born dead?</p>	<p>Did the baby cry, move, or breathe?</p>	<p>What name was given to the baby?</p> <p>RECORD NAME.</p>	<p>Is (NAME) a boy or a girl?</p>	<p>CHECK 216 AND 217: TYPE OF PREGNANCY OUTCOME.</p> <p>NOTE: IF 217=1, THEN PREGNANCY OUTCOME= BORN ALIVE.</p> <p>IF BORN ALIVE, ASK: On what day, month, and year was (NAME) born?</p> <p>IF BORN DEAD, A MISCARRIAGE, OR AN ABORTION, ASK: On what day, month, and year did this pregnancy end?</p>	<p>How long did this pregnancy last in weeks or months?</p> <p>RECORD IN COMPLETED WEEKS OR MONTHS.</p>	<p>FOR ROW 01, ASK: Were there any other pregnancies before this pregnancy?</p> <p>AFTER ROW 01:</p> <p>IF 215=1 OR THIS IS THE FIRST BIRTH OF A MULTIPLE PREGNANCY, ASK: Were there any other pregnancies between the previous pregnancy and this pregnancy?</p> <p>IF 215 &gt; 1 AND THIS IS NOT THE FIRST BIRTH OF THE PREGNANCY, SKIP TO 216 IN NEXT ROW.</p>
<p>01 SING 1</p> <p>TWINS 2</p> <p>TRIP 3</p> <p>NO. OF OUT-COMES <input type="text"/></p>	<p>BORN ALIVE 1 (SKIP TO 218) ↙</p> <p>BORN DEAD 2</p> <p>MISCARRIAGE 3 (SKIP TO 220) ↙</p> <p>ABORTION 4</p>	<p>YES 1</p> <p>NO 2 (SKIP TO 220) ↓</p>	<p>NAME</p>	<p>BOY 1</p> <p>GIRL 2</p>	<p>DAY <input type="text"/><input type="text"/></p> <p>MONTH <input type="text"/><input type="text"/></p> <p>YEAR <input type="text"/><input type="text"/><input type="text"/><input type="text"/></p>	<p>WEEKS 1 <input type="text"/><input type="text"/></p> <p>MONTHS 2 <input type="text"/><input type="text"/></p>	<p>YES 1 (ADD PREGNANCY) ↙</p> <p>NO 2 (NEXT PREGNANCY) ↙</p>
<p>02 SING 1</p> <p>TWINS 2</p> <p>TRIP 3</p> <p>NO. OF OUT-COMES <input type="text"/></p>	<p>BORN ALIVE 1 (SKIP TO 218) ↙</p> <p>BORN DEAD 2</p> <p>MISCARRIAGE 3 (SKIP TO 220) ↙</p> <p>ABORTION 4</p>	<p>YES 1</p> <p>NO 2 (SKIP TO 220) ↓</p>	<p>NAME</p>	<p>BOY 1</p> <p>GIRL 2</p>	<p>DAY <input type="text"/><input type="text"/></p> <p>MONTH <input type="text"/><input type="text"/></p> <p>YEAR <input type="text"/><input type="text"/><input type="text"/><input type="text"/></p>	<p>WEEKS 1 <input type="text"/><input type="text"/></p> <p>MONTHS 2 <input type="text"/><input type="text"/></p>	<p>YES 1 (ADD PREGNANCY) ↙</p> <p>NO 2 (NEXT PREGNANCY) ↙</p>
<p>03 SING 1</p> <p>TWINS 2</p> <p>TRIP 3</p> <p>NO. OF OUT-COMES <input type="text"/></p>	<p>BORN ALIVE 1 (SKIP TO 218) ↙</p> <p>BORN DEAD 2</p> <p>MISCARRIAGE 3 (SKIP TO 220) ↙</p> <p>ABORTION 4</p>	<p>YES 1</p> <p>NO 2 (SKIP TO 220) ↓</p>	<p>NAME</p>	<p>BOY 1</p> <p>GIRL 2</p>	<p>DAY <input type="text"/><input type="text"/></p> <p>MONTH <input type="text"/><input type="text"/></p> <p>YEAR <input type="text"/><input type="text"/><input type="text"/><input type="text"/></p>	<p>WEEKS 1 <input type="text"/><input type="text"/></p> <p>MONTHS 2 <input type="text"/><input type="text"/></p>	<p>YES 1 (ADD PREGNANCY) ↙</p> <p>NO 2 (NEXT PREGNANCY) ↙</p>
222A	<p>Have you had any pregnancies that ended since the last pregnancy mentioned?</p>		<p>YES ..... 1 → ADD TO TABLE</p> <p>NO ..... 2</p>				

222B READ THE LIST OF PREGNANCY OUTCOMES IN ORDER TO THE RESPONDENT AND ASK IF THEY ARE ALL THAT SHE HAS EVER HAD, AND IF THEY ARE LISTED IN ORDER STARTING FROM THE FIRST ONE.

DOES THE RESPONDENT AGREE?  
 IF NOT, PROBE FOR THE CORRECT INFORMATION AND REVISE THE PREGNANCY HISTORY ACCORDINGLY.  
 IF YES, PROCEED TO 223 ROW 1.

SECTION 2. REPRODUCTION

223		224		225		226		227		228	
				IF BORN ALIVE AND STILL LIVING:				IF BORN ALIVE AND NOW DEAD:			
CHECK 216, 217 AND 221:  IF 216=1 OR 217=1, THEN PREGNANCY OUTCOME = BORN ALIVE.  IF 216=2 OR 3, THEN CHECK 221. IF 221 ≥ 7 MONTHS OR 28 WEEKS, THEN PREGNANCY OUTCOME = BORN DEAD. IF 221 < 7 MONTHS OR 28 WEEKS, FINAL PREGNANCY OUTCOME = MISCARRIAGE.  IF 216=4, THEN PREGNANCY OUTCOME = ABORTION.		Is (NAME) still alive?		How old was (NAME) at (his/her) last birthday?  RECORD AGE IN COMPLETED YEARS.		Is (NAME) living with you?		RECORD HOUSEHOLD LINE NUMBER OF CHILD. RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD.		How old was (NAME) when (he/she) died?  IF '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.	
01	BORN ALIVE 1  BORN DEAD 2 MISCARRIAGE 3 ABORTION 4	YES 1  NO 2 ↓ (SKIP TO 228)	AGE IN YEARS <input type="text"/> <input type="text"/>	YES 1  NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/> ↓ (SKIP TO 223 IN NEXT ROW)	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 223 IN NEXT ROW)					
02	BORN ALIVE 1  BORN DEAD 2 MISCARRIAGE 3 ABORTION 4	YES 1  NO 2 ↓ (SKIP TO 228)	AGE IN YEARS <input type="text"/> <input type="text"/>	YES 1  NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/> ↓ (SKIP TO 223 IN NEXT ROW)	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 223 IN NEXT ROW)					
03	BORN ALIVE 1  BORN DEAD 2 MISCARRIAGE 3 ABORTION 4	YES 1  NO 2 ↓ (SKIP TO 228)	AGE IN YEARS <input type="text"/> <input type="text"/>	YES 1  NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/> ↓ (SKIP TO 223 IN NEXT ROW)	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 223 IN NEXT ROW)					

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
230	<p align="center">COMPARE 212 WITH NUMBER OF PREGNANCY OUTCOMES IN PREGNANCY HISTORY</p> <p align="center">NUMBER IN PREGNANCY HISTORY IS GREATER THAN OR EQUAL TO 212 <input type="checkbox"/></p>	<p align="center">NUMBER IN PREGNANCY HISTORY IS LESS THAN 212 <input type="checkbox"/></p> <p align="center">(PROBE AND RECONCILE) ←</p>	
231	<p><b>C</b> FOR EACH LIVE BIRTH IN 2073-2078, 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 LIVE BIRTH, 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>FOR EACH PREGNANCY THAT DID NOT END IN A LIVE BIRTH IN 2073-2078, ENTER 'T' IN THE CALENDAR IN THE MONTH THAT THE PREGNANCY TERMINATED AND 'P' FOR THE REMAINING NUMBER OF COMPLETED MONTHS OF PREGNANCY.</p> <p>IF DURATION OF PREGNANCY WAS REPORTED IN WEEKS, MULTIPLY THE NUMBER OF WEEKS BY 0.23 TO CONVERT TO THE NUMBER OF MONTHS. ROUND DOWN TO THE NEAREST WHOLE NUMBER TO GET THE NUMBER OF COMPLETED MONTHS.</p>		
232	Are you pregnant now?	YES ..... 1 NO ..... 2 UNSURE ..... 8	→ 235A
233	How many weeks or months pregnant are you?  RECORD NUMBER OF COMPLETED WEEKS OR MONTHS.  <b>C</b> ENTER 'P's IN THE CALENDAR, BEGINNING WITH THE MONTH OF INTERVIEW AND FOR THE TOTAL NUMBER OF COMPLETED MONTHS.  IF DURATION OF PREGNANCY WAS REPORTED IN WEEKS, MULTIPLY THE NUMBER OF WEEKS BY 0.23 TO CONVERT TO THE NUMBER OF MONTHS. ROUND DOWN TO THE NEAREST WHOLE NUMBER TO GET THE NUMBER OF COMPLETED MONTHS.	WEEKS ..... 1 <input type="text"/> <input type="text"/>  MONTHS ..... 2 <input type="text"/> <input type="text"/>	
234	When you got pregnant, did you want to get pregnant at that time?	YES ..... 1 NO ..... 2	→ 236
235	CHECK 208: TOTAL NUMBER OF LIVE BIRTHS  ONE OR MORE <input type="checkbox"/> NONE <input type="checkbox"/> a) Did you want to have a baby later on or did you not want any more children?      b) Did you want to have a baby later on or did you not want any children?	LATER ..... 1 NO MORE/NONE ..... 2	→ 236
235A	CHECK 111: AGE  AGE 15-19 YEARS <input type="checkbox"/> AGE 20-49 YEARS <input type="checkbox"/>		→ 236
235B	Have you received iron-folic acid supplementation in the last 3 months? SHOW TABLETS.	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
236	When did your last menstrual period start?  _____ (DATE, IF GIVEN)	DAYS AGO ..... 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> WEEKS AGO ..... 2 MONTHS AGO ..... 3 YEARS AGO ..... 4  IN MENOPAUSE/ HAS HAD HYSTERECTOMY ..... 994 BEFORE LAST PREGNANCY ..... 995 NEVER MENSTRUATED ..... 996									→ 240  → 241
237	CHECK 236: WAS THE LAST MENSTRUAL PERIOD WITHIN THE LAST YEAR?  YES, WITHIN <input type="checkbox"/> LAST YEAR ↓ NO, ONE YEAR <input type="checkbox"/> OR MORE →		→ 240								
238	During your last menstrual period, what did you use to collect or absorb your menstrual blood?  Anything else?	REUSABLE SANITARY PADS ..... A DISPOSABLE SANITARY PADS ..... B TAMPONS ..... C MENSTRUAL CUP ..... D CLOTH ..... E TOILET PAPER ..... F COTTON WOOL PAD ..... G UNDERWEAR ONLY ..... H OTHER _____ X (SPECIFY) NOTHING ..... Y									
239	During your last menstrual period, were you able to wash and change in privacy while at home?	YES ..... 1 NO ..... 2 AWAY FROM HOME DURING LAST MENSTRUAL PERIOD ..... 3									
239A	During your menstrual period, which activities are you excluded from doing?	ENTERING THE TEMPLE ..... A GETTING INVOLVED IN RELIGIOUS ACTIVITIES ..... B TOUCH OR COOKING FOOD ..... C EATING WITH FAMILY MEMBERS ..... D STAYING IN THE MAIN HOUSE ..... E TOUCHING PLANTS ..... F TOUCHING OTHER PEOPLE ..... G TOUCHING CATTLE ..... H FETCH WATER ..... I SLEEP WITH HUSBAND ..... J  OTHER _____ X (SPECIFY) NOTHING ..... Y									
240	How old were you when you had your first menstrual period?	AGE ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> DON'T KNOW ..... 98									
241	From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 243								
242	Is this time just before her period begins, during her period, right after her period has ended, or halfway between two periods?	JUST BEFORE HER PERIOD BEGINS ..... 1 DURING HER PERIOD ..... 2 RIGHT AFTER HER PERIOD HAS ENDED ..... 3 HALFWAY BETWEEN TWO PERIODS ..... 4  OTHER _____ 6 (SPECIFY) DON'T KNOW ..... 8									
243	After the birth of a child, can a woman become pregnant before her menstrual period has returned?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8									

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	IUCD. PROBE: Women can have a loop or coil placed inside them by a doctor or a nurse which can prevent pregnancy for one or more years.	YES ..... 1 NO ..... 2	
04	Injectables or Sayana Press. PROBE: Women can have an injection by a health provider that stops them from becoming pregnant for one or more months.	YES ..... 1 NO ..... 2	
05	Implants. PROBE: Women can have one or more small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years.	YES ..... 1 NO ..... 2	
06	Pill. PROBE: Women can take a pill every day to avoid becoming pregnant.	YES ..... 1 NO ..... 2	
07	Condom. PROBE: Men can put a rubber sheath on their penis before sexual intercourse.	YES ..... 1 NO ..... 2	
09	Emergency Contraception. PROBE: As an emergency measure, within 3 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 6 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	

**SECTION 3. CONTRACEPTION**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
302	CHECK 232:  NOT PREGNANT <input type="checkbox"/> OR UNSURE ↓	PREGNANT <input type="checkbox"/>	→ 317
303	Are you or your partner currently doing something or using any method to delay or avoid getting pregnant?	YES ..... 1 NO ..... 2	→ 307
304	Are you or your partner sterilized?  IF YES: Who is sterilized, you or your partner?	YES, RESPONDENT STERILIZED ONLY ..... 1 YES, PARTNER STERILIZED ONLY ..... 2 YES, BOTH STERILIZED ..... 3 NO, NEITHER STERILIZED ..... 4	→ 306
305	CHECK 304:  RESPONDENT <input type="checkbox"/> STERILIZED ONLY ↓  PROCEED TO 307. CIRCLE CODE 'A' AND FOLLOW THE SKIP INSTRUCTION.		
		PARTNER <input type="checkbox"/> STERILIZED ONLY ↓  PROCEED TO 307. CIRCLE CODE 'B' AND FOLLOW THE SKIP INSTRUCTION.	
		BOTH <input type="checkbox"/> STERILIZED ↓  PROCEED TO 307. CIRCLE CODE 'A' AND CODE 'B' AND FOLLOW THE SKIP INSTRUCTION.	
306	Just to check, are you or your partner doing any of the following to avoid pregnancy: deliberately avoiding sex on certain days, using a condom, using withdrawal or using emergency contraception?	YES ..... 1 NO ..... 2	→ 317
307	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 IUCD ..... 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	→ 312 → 314 → 314 → 310 → 311 → 314
308	Now I'm going to show you two pictures. Please point to the picture that best matches what was used the last time you received your injectable.  SHOW IMAGES OF SAYANA PRESS AND REGULAR SYRINGE.	DMPA-SC/SAYANA PRESS ..... 1 NEEDLE AND SYRINGE ..... 2 DON'T KNOW ..... 8	→ 314
309	The last time you received your injectable, did you inject DMPA-SC/Sayana Press yourself or did a health care provider do it for you?	SELF-INJECTION ..... 1 INJECTION GIVEN BY HEALTH CARE PROVIDER ..... 2 DON'T KNOW ..... 8	→ 314
310	What is the brand name of the pills you are using?  IF DON'T KNOW THE BRAND, ASK TO SEE THE PACKAGE.	NILOCON WHITE ..... 01 SUNAULO GULAPH ..... 02 FEMINYL ..... 03 FEMICON ..... 04 OK PILLS ..... 05 MOHP-NO BRAND ..... 06  OTHER _____ 96 (SPECIFY) DON'T KNOW ..... 98	→ 314

SECTION 3. CONTRACEPTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP						
311	What is the brand name of the condoms you are using?  IF DON'T KNOW THE BRAND, ASK TO SEE THE PACKAGE.	DHAAL ..... 01 PANTHER ..... 02 DZIRE ..... 03 KAMASUTRA ..... 04 JODI ..... 05 NUMBER 1 ..... 06 BLACK COBRA ..... 07 MOHP-NO BRAND ..... 08  OTHER _____ 96 (SPECIFY) DON'T KNOW ..... 98	→ 314						
312	In what facility did the sterilization take place?  PROBE TO IDENTIFY THE TYPE OF SOURCE.  IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.	<b>PUBLIC SECTOR</b> GOVERNMENT HOSPITAL ..... 11 PHC/PRIMARY HOSPITAL ..... 12 INSTITUTIONALIZED FAMILY PLANNING CLINICS ..... 13 MOBILE CAMP ..... 14  OTHER PUBLIC FACILITIES _____ 16 (SPECIFY)  <b>PRIVATE MEDICAL SECTOR</b> PRIVATE HOSPITAL ..... 21 PRIVATE CLINIC ..... 22 OTHER PRIVATE MEDICAL FACILITIES _____ 26 (SPECIFY)  <b>NGO MEDICAL SECTOR</b> FPAN ..... 31 MARIE STOPES ..... 32 OTHER NGO MEDICAL FACILITIES _____ 36 (SPECIFY)  OTHER _____ 96 (SPECIFY) DON'T KNOW ..... 98							
313	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></table> YEAR ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table>							→ 315
314	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></table> YEAR ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table>							
315	CHECK 313 AND 314, AND 220: ANY LIVE BIRTH, STILLBIRTH, MISCARRIAGE OR ABORTION AFTER MONTH AND YEAR OF START OF USE OF CONTRACEPTION IN 313 OR 314?  NO <input type="checkbox"/> YES <input type="checkbox"/>	GO BACK TO 313 OR 314, PROBE AND RECORD MONTH AND YEAR AT START OF CONTINUOUS USE OF CURRENT METHOD (MUST BE AFTER LAST BIRTH OR PREGNANCY TERMINATION).							

SECTION 3. CONTRACEPTION (CAPI OPTION)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
316	<p>CHECK 313 AND 314:</p> <p style="text-align: center;">YEAR IS 2073-2078 <input type="checkbox"/></p> <p><b>C</b> ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN THE CALENDAR AND IN EACH MONTH BACK TO THE DATE STARTED USING.</p> <p style="text-align: center;">THEN CONTINUE ↓</p>	<p style="text-align: center;">YEAR IS 2072 OR EARLIER <input type="checkbox"/></p> <p><b>C</b> ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN THE CALENDAR AND EACH MONTH BACK TO BAISAKH 2073 .</p> <p style="text-align: center;">THEN ↙ (SKIP TO 329)</p>	
317	<p>I would like to ask you some questions about the times you or your partner may have used a method to avoid getting pregnant during the last few years.</p> <p><b>C</b> USE CALENDAR TO PROBE FOR EARLIER PERIODS OF USE AND NONUSE, STARTING WITH MOST RECENT USE, BACK TO BAISAKH 2073. USE NAMES OF CHILDREN, DATES OF BIRTH, AND PERIODS OF PREGNANCY AS REFERENCE POINTS.</p>		
317A	MONTH AND YEAR OF START OF INTERVAL OF USE OR NON-USE.	MONTH ..... <input type="text"/> <input type="text"/> YEAR ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
317B	Between (EVENT) in (MONTH/YEAR) and (EVENT) in (MONTH/YEAR), did you or your partner use any method of contraception?	YES ..... 1 NO ..... 2	→ 317I
317C	Which method was that?	METHOD CODE ..... <input type="text"/>	
317D	How many months after (EVENT) in (MONTH/YEAR) did you start to use (METHOD)?  CIRCLE '95' IF RESPONDENT GIVES THE DATE OF STARTING TO USE THE METHOD.	IMMEDIATELY ..... 00 MONTHS ..... <input type="text"/> <input type="text"/> DATE GIVEN ..... 95	→ 317F
317E	RECORD MONTH AND YEAR RESPONDENT STARTED USING METHOD.	MONTH ..... <input type="text"/> <input type="text"/> YEAR ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
317F	For how many months did you use (METHOD)?  CIRCLE '95' IF RESPONDENT GIVES THE DATE OF TERMINATION OF USE.	MONTHS ..... <input type="text"/> <input type="text"/> DATE GIVEN ..... 95	→ 317H
317G	RECORD MONTH AND YEAR RESPONDENT STOPPED USING METHOD.	MONTH ..... <input type="text"/> <input type="text"/> YEAR ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
317H	Why did you stop using (METHOD)?	REASON STOPPED ..... <input type="text"/>	
317I	GO BACK TO 317A FOR NEXT GAP; OR, IF NO MORE GAPS, GO TO 318.		

**SECTION 3. CONTRACEPTION**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
318	Have you used emergency contraception in the last 12 months? That is, have you taken special pills within 3 or 5 days after having unprotected sexual intercourse to prevent pregnancy?	YES ..... 1 NO ..... 2	
319	CHECK THE CALENDAR FOR USE OF ANY CONTRACEPTIVE METHOD IN ANY MONTH  NO METHOD USED <input type="checkbox"/> ANY METHOD USED <input type="checkbox"/>		→ 321
320	Have you ever used anything or tried in any way to delay or avoid getting pregnant?	YES ..... 1 NO ..... 2	→ 331
321	CHECK 307:  CIRCLE METHOD CODE:  IF MORE THAN ONE METHOD CODE CIRCLED IN 307, CIRCLE CODE FOR HIGHEST METHOD IN LIST.	NO CODE CIRCLED ..... 00 FEMALE STERILIZATION ..... 01 MALE STERILIZATION ..... 02 IUCD ..... 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	→ 331 → 324 → 332        → 332   → 332
322	You first started using (CURRENT METHOD) in (DATE FROM 314). Where did you get it at that time?           PROBE TO IDENTIFY THE TYPE OF SOURCE.  IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.	<b>PUBLIC SECTOR</b> GOVERNMENT HOSPITAL ..... 11 PHC/PRIMARY HOSPITAL ..... 12 HEALTH POST ..... 13 BASIC HEALTH CARE CENTER ..... 14 URBAN HEALTH CENTER ..... 15 COMMUNITY HEALTH UNIT ..... 17 FCHV ..... 18  OTHER PUBLIC FACILITIES _____ 16 (SPECIFY)  <b>PRIVATE MEDICAL SECTOR</b> PRIVATE HOSPITAL ..... 21 PRIVATE CLINIC ..... 22 PHARMACY ..... 23 SANGINI OUTLET ..... 24 OTHER PRIVATE MEDICAL FACILITIES _____ 26 (SPECIFY)  <b>NGO MEDICAL SECTOR</b> FPAN ..... 31 MARIE STOPES ..... 32 OTHER NGO MEDICAL FACILITIES _____ 36 (SPECIFY)  <b>OTHER SOURCE</b> SHOP ..... 41 FRIEND/RELATIVE ..... 43  OTHER _____ 96 (SPECIFY)	

SECTION 3. CONTRACEPTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
323	At that time, were you told about side effects or problems you might have with the method?	YES ..... 1 NO ..... 2	→ 325
324	When you got sterilized, were you told about side effects or problems you might have with the method?	YES ..... 1 NO ..... 2	
325	Were you told what to do if you experienced side effects or problems?	YES ..... 1 NO ..... 2	
326	At that time, were you told about other methods of family planning that you could use?	YES ..... 1 NO ..... 2	
327	CHECK 307:  CIRCLE METHOD CODE:  IF MORE THAN ONE METHOD CODE CIRCLED IN 307, CIRCLE CODE FOR HIGHEST METHOD IN LIST.	FEMALE STERILIZATION ..... 01 IUCD ..... 03 INJECTABLES ..... 04 IMPLANTS ..... 05 PILL ..... 06 CONDOM ..... 07 EMERGENCY CONTRACEPTION ..... 09 STANDARD DAYS METHOD ..... 10 OTHER MODERN METHOD ..... 95	→ 332
328	At that time, were you told that you could switch to another method if you wanted to or needed to?	YES ..... 1 NO ..... 2	→ 330
329	CHECK 307:  CIRCLE METHOD CODE:  IF MORE THAN ONE METHOD CODE CIRCLED IN 307, CIRCLE CODE FOR HIGHEST METHOD IN LIST.	FEMALE STERILIZATION ..... 01 MALE STERILIZATION ..... 02 IUCD ..... 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	→ 332          → 332  → 332

**SECTION 3. CONTRACEPTION**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
330	<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, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.</p>	<p><b>PUBLIC SECTOR</b></p> <p>GOVERNMENT HOSPITAL ..... 11</p> <p>PHC/PRIMARY HOSPITAL ..... 12</p> <p>HEALTH POST ..... 13</p> <p>BASIC HEALTH CARE CENTER ..... 14</p> <p>URBAN HEALTH CENTER ..... 15</p> <p>COMMUNITY HEALTH UNIT ..... 17</p> <p>FCHV ..... 18</p> <p>OTHER PUBLIC FACILITIES _____ 16 (SPECIFY)</p> <p><b>PRIVATE MEDICAL SECTOR</b></p> <p>PRIVATE HOSPITAL ..... 21</p> <p>PRIVATE CLINIC ..... 22</p> <p>PHARMACY ..... 23</p> <p>SANGINI OUTLET ..... 24</p> <p>OTHER PRIVATE MEDICAL FACILITIES _____ 26 (SPECIFY)</p> <p><b>NGO MEDICAL SECTOR</b></p> <p>FPAN ..... 31</p> <p>MARIE STOPES ..... 32</p> <p>OTHER NGO MEDICAL FACILITIES _____ 36 (SPECIFY)</p> <p><b>OTHER SOURCE</b></p> <p>SHOP ..... 41</p> <p>FRIEND/RELATIVE ..... 43</p> <p>OTHER _____ 96 (SPECIFY)</p>	<p>→ 332</p>
331	<p>Do you know of a place where you can obtain a method of family planning?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	
332	<p>In the last 12 months, were you visited by a fieldworker (FCHV)?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	<p>→ 334</p>
333	<p>Did the fieldworker (FCHV) talk to you about family planning?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	
334	<p>CHECK 202: CHILDREN LIVING WITH RESPONDENT</p> <p align="center">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>	<p>→ 401</p>
335	<p>Did any staff member at the health facility speak to you about family planning methods?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
401	CHECK 220 AND 225:  ONE OR MORE PREGNANCY OUTCOMES 0-35 MONTHS BEFORE THE SURVEY <input type="checkbox"/>	NO PREGNANCY OUTCOMES 0-35 MONTHS BEFORE THE SURVEY <input type="checkbox"/>	601
402	CHECK 220. LIST THE PREGNANCY HISTORY NUMBER IN 215 FOR EACH PREGNANCY OUTCOME 0-35 MONTHS BEFORE THE SURVEY, STARTING FROM THE LAST ONE. CLASSIFY EACH PREGNANCY OUTCOME BY TYPE USING 223 AND THE ORDER OF OUTCOMES IN THE PREGNANCY HISTORY.  <b>PREGNANCY OUTCOME TYPE</b> MOST RECENT LIVE BIRTH 1 PRIOR LIVE BIRTH 2 MOST RECENT STILLBIRTH 3 PRIOR STILLBIRTH 4 ABORTION OR MISCARRIAGE 5	PREGNANCY HISTORY NUMBER .. <input type="text"/> <input type="text"/> PREGNANCY OUTCOME TYPE ..... <input type="text"/> PREGNANCY HISTORY NUMBER .. <input type="text"/> <input type="text"/> PREGNANCY OUTCOME TYPE ..... <input type="text"/> PREGNANCY HISTORY NUMBER .. <input type="text"/> <input type="text"/> PREGNANCY OUTCOME TYPE ..... <input type="text"/> PREGNANCY HISTORY NUMBER .. <input type="text"/> <input type="text"/> PREGNANCY OUTCOME TYPE ..... <input type="text"/> PREGNANCY HISTORY NUMBER .. <input type="text"/> <input type="text"/> PREGNANCY OUTCOME TYPE ..... <input type="text"/> PREGNANCY HISTORY NUMBER .. <input type="text"/> <input type="text"/> PREGNANCY OUTCOME TYPE ..... <input type="text"/>	
403	Now I would like to ask some questions about your pregnancies in the last 3 years. (We will talk about each separately, starting with the last one you had.)		
404	PREGNANCY HISTORY NUMBER FROM 402.	PREGNANCY HISTORY NUMBER ..... <input type="text"/> <input type="text"/>	
405	PREGNANCY OUTCOME TYPE FROM 402.	MOST RECENT LIVE BIRTH ..... 1 PRIOR LIVE BIRTH ..... 2 MOST RECENT STILLBIRTH ..... 3 PRIOR STILLBIRTH ..... 4 MISCARRIAGE/ABORTION ..... 5	407
406	RECORD DATE PREGNANCY ENDED FROM 220.	DAY ..... <input type="text"/> <input type="text"/> MONTH ..... <input type="text"/> <input type="text"/> YEAR ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	408
407	RECORD NAME FROM 218.  NAME _____		
408	CHECK 405:  PREGNANCY TYPE 1 OR 2 <input type="checkbox"/> PREGNANCY TYPE 3, 4, OR 5 <input type="checkbox"/>  a) When you got pregnant with (NAME), did you want to get pregnant at that time? b) When you got pregnant with the pregnancy that ended in (DATE FROM 406), did you want to get pregnant at that time?	YES ..... 1 NO ..... 2	411

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
NO.	NAME OR DATE _____	PREGNANCY HISTORY NUMBER .. <input type="text"/> <input type="text"/>	
409	Did you want to have a baby later on, or not at all?	LATER ..... 1 NOT AT ALL ..... 2	→ 411
410	How much longer did you want to wait?	MONTHS ..... 1 <input type="text"/> <input type="text"/> YEARS ..... 2 <input type="text"/> <input type="text"/> DON'T KNOW ..... 998	
411	CHECK 405: PREGNANCY OUTCOME TYPE	MOST RECENT LIVE BIRTH ..... 1 PRIOR LIVE BIRTH ..... 2 MOST RECENT STILLBIRTH ..... 3 PRIOR STILLBIRTH ..... 4 ABORTION/MISCARRIAGE ..... 5	→ 434 → 434 → 475
412	Did you see anyone for antenatal care for this pregnancy?	YES ..... 1 NO ..... 2	→ 414
412A	Why did you not see anyone for antenatal care for this pregnancy?	DID NOT FEEL THE NEED ..... A FACILITY NOT OPEN ..... B NO TRANSPORTATION ..... C FEAR OF GETTING COVID-19 ..... D COST TOO MUCH ..... E DUE TO LOCKDOWN ..... F OTHER _____ X (SPECIFY)	
413	CHECK 405: PREGNANCY OUTCOME TYPE  MOST RECENT LIVE BIRTH <input type="checkbox"/> (SKIP TO 420) ←	MOST RECENT STILLBIRTH <input type="checkbox"/> →	→ 426
414	Whom did you see?  Anyone else?  PROBE TO IDENTIFY EACH TYPE OF PERSON AND RECORD ALL MENTIONED.	<b>HEALTH PERSONNEL</b> DOCTOR ..... A NURSE/MIDWIFE ..... B HEALTH ASST./AHW ..... C <b>OTHER PERSON</b> TRADITIONAL BIRTH ATTENDANT ..... D FCHV ..... E OTHER _____ X (SPECIFY)	

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
NO.	NAME OR DATE _____	PREGNANCY HISTORY NUMBER .. <input type="text"/> <input type="text"/>	
415	<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, PRIVATE, OR NGO SECTOR, RECORD 'X' AND WRITE THE NAME OF THE PLACE(S).</p>	<p><b>HOME</b></p> <p>HER HOME ..... A</p> <p>OTHER HOME ..... B</p> <p><b>PUBLIC SECTOR</b></p> <p>GOVERNMENT HOSPITAL ..... C</p> <p>PHC/PRIMARY HOSPITAL ..... D</p> <p>HEALTH POST ..... E</p> <p>BASIC HEALTH CARE CENTER ..... F</p> <p>URBAN HEALTH CENTER ..... G</p> <p>COMMUNITY HEALTH UNIT ..... H</p> <p>OTHER PUBLIC FACILITIES _____ I (SPECIFY)</p> <p><b>PRIVATE MEDICAL SECTOR</b></p> <p>PRIVATE HOSPITAL ..... J</p> <p>PRIVATE CLINIC ..... K</p> <p>PHARMACY ..... L</p> <p>OTHER PRIVATE MEDICAL FACILITIES _____ M (SPECIFY)</p> <p><b>NGO MEDICAL SECTOR</b></p> <p>FPAN ..... N</p> <p>MARIE STOPES ..... O</p> <p>OTHER NGO MEDICAL FACILITIES _____ P (SPECIFY)</p> <p>OTHER _____ X (SPECIFY)</p>	
416	How many weeks or months pregnant were you when you first received antenatal care for this pregnancy?	<p>WEEKS ..... 1 <input type="text"/><input type="text"/></p> <p>MONTHS ..... 2 <input type="text"/><input type="text"/></p> <p>DON'T KNOW ..... 998</p>	
417	How many times did you receive antenatal care during this pregnancy?	<p>NUMBER OF TIMES ..... <input type="text"/><input type="text"/></p> <p>DON'T KNOW ..... 98</p>	→ 418
417A	<p>CHECK 417: NUMBER OF TIMES</p> <p>1-3 TIMES <input type="checkbox"/></p> <p>4 OR MORE TIMES <input type="checkbox"/></p>		→ 418
417B	Why did you not receive at least 4 antenatal care during this pregnancy?	<p>DID NOT FEEL THE NEED ..... A</p> <p>FACILITY NOT OPEN ..... B</p> <p>NO TRANSPORTATION ..... C</p> <p>FEAR OF GETTING COVID-19 ..... D</p> <p>COST TOO MUCH ..... E</p> <p>OTHER _____ X (SPECIFY)</p>	

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																																												
NO.	NAME OR DATE _____	PREGNANCY HISTORY NUMBER .. <input type="text"/> <input type="text"/>																																																													
418	<p>As part of your antenatal care during this pregnancy, did a healthcare provider do any of the following:</p> <p>a) Measure your blood pressure?                      b) Take a urine sample?                      c) Take a blood sample?                      d) Listen to the baby's heartbeat?                      e) Talk with you about which foods you should eat?                      f) Talk with you about breastfeeding?                      g) Ask you if you had vaginal bleeding?                      h) Told you pregnant women should eat healthy food?                      i) Told you pregnant women should eat one extra meal per day?                      j) Weight you?                      k) Counsel you about weight gain?                      l) Abdominal examination?                      m) Talk with you about staying active?                      n) Getting adequate rest during pregnancy?</p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> <th style="text-align: center;">DK</th> </tr> </thead> <tbody> <tr><td>a) BP .....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">8</td></tr> <tr><td>b) URINE .....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">8</td></tr> <tr><td>c) BLOOD .....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">8</td></tr> <tr><td>d) HEARTBEAT .....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">8</td></tr> <tr><td>e) FOODS TO EAT .....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">8</td></tr> <tr><td>f) BREASFEEDING .....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">8</td></tr> <tr><td>g) BLEEDING .....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">8</td></tr> <tr><td>h) HEALTHY FOOD .....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">8</td></tr> <tr><td>i) EXTRA MEAL .....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">8</td></tr> <tr><td>j) WEIGHT .....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">8</td></tr> <tr><td>k) WEIGHT GAIN .....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">8</td></tr> <tr><td>l) ABDOMINAL EXAM .....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">8</td></tr> <tr><td>m) STAYING ACTIVE .....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">8</td></tr> <tr><td>n) ADEQUATE REST .....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">8</td></tr> </tbody> </table>		YES	NO	DK	a) BP .....	1	2	8	b) URINE .....	1	2	8	c) BLOOD .....	1	2	8	d) HEARTBEAT .....	1	2	8	e) FOODS TO EAT .....	1	2	8	f) BREASFEEDING .....	1	2	8	g) BLEEDING .....	1	2	8	h) HEALTHY FOOD .....	1	2	8	i) EXTRA MEAL .....	1	2	8	j) WEIGHT .....	1	2	8	k) WEIGHT GAIN .....	1	2	8	l) ABDOMINAL EXAM .....	1	2	8	m) STAYING ACTIVE .....	1	2	8	n) ADEQUATE REST .....	1	2	8	
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420	<p>During this pregnancy, were you given an injection (Tetanus Diphtheria) in the arm to prevent the baby from getting tetanus after birth?</p>	<p>YES ..... 1                      NO ..... 2                      DON'T KNOW ..... 8</p>	→ 423																																																												
421	<p>During this pregnancy, how many times did you get a tetanus injection?</p>	<p>TIMES ..... <input type="text"/>                      DON'T KNOW ..... 8</p>																																																													
422	<p>CHECK 421:</p> <p style="text-align: center;">ONE TIME <input type="checkbox"/> OR DK ↓</p>	<p style="text-align: center;">TWO OR MORE TIMES <input type="checkbox"/></p>	→ 426																																																												
423	<p>At any time before this pregnancy, did you receive any tetanus injections?</p>	<p>YES ..... 1                      NO ..... 2                      DON'T KNOW ..... 8</p>	→ 426																																																												
424	<p>Before this pregnancy, how many times did you receive a tetanus injection?</p> <p>IF 7 OR MORE TIMES, RECORD '7'.</p>	<p>TIMES ..... <input type="text"/>                      DON'T KNOW ..... 8</p>																																																													
425	<p>CHECK 424:</p> <p style="text-align: center;">ONLY <input type="checkbox"/> ONE ↓</p> <p style="text-align: center;">MORE <input type="checkbox"/> THAN ONE ↓</p> <p>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?</p>	<p>YEARS AGO ..... <input type="text"/> <input type="text"/></p>																																																													
426	<p>During this pregnancy, were you given or did you buy any iron tablets or iron syrup?</p> <p>SHOW TABLETS.</p>	<p>YES ..... 1                      NO ..... 2                      DON'T KNOW ..... 8</p>	→ 429																																																												

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
NO.	NAME OR DATE _____	PREGNANCY HISTORY NUMBER .. <input type="text"/> <input type="text"/>	
427	<p>Where did you get the iron tablets or syrup?</p> <p>Anywhere else?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD 'X' AND WRITE THE NAME OF THE PLACE(S).</p>	<p><b>PUBLIC SECTOR</b></p> <p>GOVERNMENT HOSPITAL ..... A</p> <p>PHC/PRIMARY HOSPITAL ..... B</p> <p>HEALTH POST ..... C</p> <p>BASIC HEALTH CARE CENTER ..... D</p> <p>URBAN HEALTH CENTER ..... E</p> <p>COMMUNITY HEALTH UNIT ..... F</p> <p>FCHV ..... G</p> <p>OTHER PUBLIC FACILITIES _____ H (SPECIFY)</p> <p><b>PRIVATE MEDICAL SECTOR</b></p> <p>PRIVATE HOSPITAL ..... I</p> <p>PRIVATE CLINIC ..... J</p> <p>PHARMACY ..... K</p> <p>OTHER PRIVATE MEDICAL FACILITIES _____ L (SPECIFY)</p> <p><b>NGO MEDICAL SECTOR</b></p> <p>FPAN ..... M</p> <p>MARIE STOPES ..... N</p> <p>OTHER NGO MEDICAL FACILITIES _____ O (SPECIFY)</p> <p><b>OTHER SOURCE</b></p> <p>SHOP ..... P</p> <p>MARKET ..... Q</p> <p>OTHER _____ X (SPECIFY)</p>	
428	<p>During the whole pregnancy, for how many days did you take the iron tablets or syrup?</p> <p>IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER OF DAYS.</p>	<p>DAYS ..... <input type="text"/><input type="text"/><input type="text"/></p> <p>DON'T KNOW ..... 998</p>	
428A	<p>CHECK 428:</p> <p>LESS THAN 180 DAYS <input type="checkbox"/>      OTHER <input type="checkbox"/> → 429</p>		
428B	<p>What is the main reason for not taking the iron/folic acid tablets for 180 days?</p>	<p>DID NOT LIKE TASTE ..... 1</p> <p>DID NOT RECEIVE COMPLETE DOSE ..... 2</p> <p>NOT AVAILABLE ..... 3</p> <p>NOT AWARE ..... 4</p> <p>FORGOT TO TAKE ..... 5</p> <p>DUE TO LOCKDOWN ..... 7</p> <p>OTHER _____ 6 (SPECIFY)</p>	
429	<p>During this pregnancy, did you take any medicine for intestinal worms?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>	
430	<p>During this pregnancy, did you receive food or cash assistance through the various programs?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>	<p>→ 434</p>



SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
NO.	NAME OR DATE _____	PREGNANCY HISTORY NUMBER .. <input type="text"/> <input type="text"/>	
436	<p>CHECK 405:</p> <p>PREGNANCY TYPE <input type="checkbox"/> 1 OR 2</p> <p>PREGNANCY TYPE <input type="checkbox"/> 3 OR 4</p> <p>a) Was (NAME) delivered by caesarean, that is, did they cut your belly open to take the baby out?</p> <p>b) Was this stillbirth delivered by caesarean, that is, did they cut your belly open to take the baby out?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	<p>→ 437</p>
436A	<p>Why did you not deliver in a health facility?</p>	<p>COST TOO MUCH ..... A</p> <p>FACILITY NOT OPEN ..... B</p> <p>TOO FAR/NO TRANSPORTATION ..... C</p> <p>DID NOT TRUST FACILITY/POOR SERVICE ..... D</p> <p>NO FEMALE PROVIDER ..... E</p> <p>HUSBAND/FAMILY NOT ALLOWED ..... F</p> <p>DID NOT FEEL THE NEED ..... G</p> <p>NOT CUSTOMARY ..... H</p> <p>FEAR OF COVID-19 ..... I</p> <p>CHILD BORN BEFORE REACHING FACILITY DUE TO LOCKDOWN ..... J</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p> <p>DON'T KNOW ..... Z</p>	
437	<p>CHECK 405: PREGNANCY OUTCOME TYPE</p>	<p>MOST RECENT LIVE BIRTH ..... 1</p> <p>PRIOR LIVE BIRTH ..... 2</p> <p>MOST RECENT STILLBIRTH ..... 3</p> <p>PRIOR STILLBIRTH ..... 4</p>	<p>→ 441</p> <p>→ 445</p> <p>→ 487</p>
438	<p>After the birth, was (NAME) put on your chest?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>	<p>→ NB1</p>
439	<p>Was (NAME)'s bare skin touching your bare skin?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>	<p>→ NB1</p>
440	<p>How long after birth was (NAME) put on the bare skin of your chest?</p> <p>IF LESS THAN 1 HOUR, RECORD '00' HOURS; IF LESS THAN 24 HOURS, RECORD HOURS; OTHERWISE, RECORD DAYS.</p>	<p>IMMEDIATELY ..... 000</p> <p>HOURS ..... 1 <input type="text"/><input type="text"/></p> <p>DAYS ..... 2 <input type="text"/><input type="text"/></p>	
NB1	<p>How long after the birth was (NAME) bathed for the first time?</p> <p>IF LESS THAN 1 HOUR, RECORD '00' HOURS; IF LESS THAN 24 HOURS, RECORD HOURS; OTHERWISE, RECORD DAYS.</p>	<p>IMMEDIATELY ..... 000</p> <p>HOURS ..... 1 <input type="text"/><input type="text"/></p> <p>DAYS ..... 2 <input type="text"/><input type="text"/></p> <p>DON'T KNOW ..... 998</p>	
NB2	<p>CHECK 435: PLACE OF DELIVERY</p> <p>CODE <input type="checkbox"/> 11, 12, OR 96 CIRCLED</p>	<p>CODE <input type="checkbox"/> 21- 46</p>	<p>→ NB6</p>
NB3	<p>What was used to cut the cord?</p>	<p>RAZOR BLADE ..... 1</p> <p>KNIFE ..... 2</p> <p>SCISSORS ..... 3</p> <p>OTHER _____ 6</p> <p>(SPECIFY)</p> <p>DON'T KNOW ..... 8</p>	<p>→ NB6</p>

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
NO.	NAME OR DATE _____	PREGNANCY HISTORY NUMBER ... <input type="text"/> <input type="text"/>	
NB4	Was it new or had it ever been used before?	NEW ..... 1 USED BEFORE ..... 2 DON'T KNOW ..... 8	
NB5	Was it boiled before it was used to cut the cord?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
NO.	NAME OR DATE _____	PREGNANCY HISTORY NUMBER .. <input type="text"/> <input type="text"/>	
NB6	From the time the cord was cut till it fell off, was anything applied to the cord?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 440A
NB7	What was applied?  Anything else?	CHLORHEXIDINE (NAVI MALAM) ..... A OTHER ANTISEPTIC (ALCOHOL, SPIRIT, GENTIAN VIOLET) ..... B MUSTARD OIL ..... C ASH ..... D ANIMAL DUNG ..... E  OTHER _____ X (SPECIFY) DON'T KNOW ..... Z	
CH1	CHECK NB7: SUBSTANCE APPLIED TO CORD  CODE 'A' <input type="checkbox"/> NOT CIRCLED ↓	CODE 'A' <input type="checkbox"/> →	→ CH3
CH2	Was chlorhexidine (Navi Malam) applied to the cord at any time? SHOW SAMPLE OF CHLORHEXIDINE	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 440A
CH3	How long after the cord was cut was chlorhexidine (Navi Malam) first applied?  IF LESS THAN 1 HOUR, RECORD '00' HOURS; IF LESS THAN 24 HOURS, RECORD HOURS; OTHERWISE, RECORD DAYS.	HOURS ..... 1 <input type="text"/> <input type="text"/> DAYS ..... 2 <input type="text"/> <input type="text"/> DON'T KNOW ..... 998	
CH4	For how many days was chlorhexidine (Navi Malam) applied to the cord?  IF 7 OR MORE DAYS, RECORD '7'.	DAYS ..... <input type="text"/> DON'T KNOW ..... 8	
440A	Was (NAME) given vitamin K intramuscular injection within 28 days of birth?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
441	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	
442	Was (NAME) weighed at birth?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 444
443	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	
444	CHECK 405: PREGNANCY OUTCOME TYPE  MOST RECENT LIVE BIRTH <input type="checkbox"/> ↓	PRIOR LIVE BIRTH <input type="checkbox"/> →	→ 480

SECTION 4. PREGNANCY AND POSTNATAL CARE

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445	CHECK 435: PLACE OF DELIVERY  FACILITY BIRTH: ANY CODE <input type="checkbox"/> 21 THROUGH 46 CIRCLED ↓	CODE 11, 12, OR 96 <input type="checkbox"/> CIRCLED → 464																					
MH17	Please tell me if the doctors, nurses or other healthcare providers in the health facility where you delivered, did the following happen all of the time, some of the time, or not at all:  a) Treat you with respect? b) Explain to you why they were doing examinations or c) Take the best care of you?	<table border="0"> <tr> <td></td> <td>ALL OF THE TIME</td> <td>SOME OF THE TIME</td> <td>NOT AT ALL</td> </tr> <tr> <td>a) RESPECT .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>b) EXPLAIN .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>c) BEST CARE .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> </table>		ALL OF THE TIME	SOME OF THE TIME	NOT AT ALL	a) RESPECT .....	1	2	8	b) EXPLAIN .....	1	2	8	c) BEST CARE .....	1	2	8					
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b) EXPLAIN .....	1	2	8																				
c) BEST CARE .....	1	2	8																				
MH18	At any time during your stay in the health facility, did you:  a) Share a bed with another patient? b) Rest or sleep on the floor without any mattress?	<table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> <td>DK</td> </tr> <tr> <td>a) SHARE BED .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>b) SLEEP ON FLOOR .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> </table>		YES	NO	DK	a) SHARE BED .....	1	2	8	b) SLEEP ON FLOOR .....	1	2	8									
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MH21	At any time during your stay in the health facility, did any staff member:  a) Slap you? b) Hit or punch you? c) Physically threaten you? d) Physically mistreat or harm you in any other way?	<table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> <td>DK</td> </tr> <tr> <td>a) SLAP .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>b) HIT OR PUNCH .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>c) PHYSICALLY THREATEN .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>d) OTHER PHYSICAL HARM .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> </table>		YES	NO	DK	a) SLAP .....	1	2	8	b) HIT OR PUNCH .....	1	2	8	c) PHYSICALLY THREATEN .....	1	2	8	d) OTHER PHYSICAL HARM .....	1	2	8	
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MH22	At any time during your stay in the health facility, did any staff member:  a) Shout at you? b) Say or do something to humiliate you? c) Verbally threaten you? d) Verbally mistreat you in any other way?	<table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> <td>DK</td> </tr> <tr> <td>a) SHOUT .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>b) HUMILATE .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>c) VERBALLY THREATEN .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>d) OTHER VERBAL MISTREATMENT .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> </table>		YES	NO	DK	a) SHOUT .....	1	2	8	b) HUMILATE .....	1	2	8	c) VERBALLY THREATEN .....	1	2	8	d) OTHER VERBAL MISTREATMENT .....	1	2	8	
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447	CHECK 405:  PREGNANCY TYPE <input type="checkbox"/> 1 ↓      PREGNANCY TYPE <input type="checkbox"/> 3 ↓  a) How long after (NAME) was delivered did you stay in (FACILITY IN 435)? b) For the stillbirth you had in (DATE FROM 406), how long after the baby was born did you stay in (FACILITY IN 435)?  IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.	<table border="0"> <tr> <td>HOURS .....</td> <td>1</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>DAYS .....</td> <td>2</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>WEEKS .....</td> <td>3</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>DON'T KNOW .....</td> <td></td> <td></td> <td>998</td> </tr> </table>	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					
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DON'T KNOW .....			998																				
448	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.  Before you left the facility, did anyone check on your health?	<table border="0"> <tr> <td>YES .....</td> <td>1</td> </tr> <tr> <td>NO .....</td> <td>2</td> </tr> </table>	YES .....	1	NO .....	2	→ 451																
YES .....	1																						
NO .....	2																						

SECTION 4. PREGNANCY AND POSTNATAL CARE

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449	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 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> DAYS ..... 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> WEEKS ..... 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> DON'T KNOW ..... 998							
450	Who checked on your health at that time?  PROBE FOR MOST QUALIFIED PERSON.	<b>HEALTH PERSONNEL</b> DOCTOR ..... 11 NURSE/MIDWIFE ..... 12 HEALTH ASST./AHW ..... 13 <b>OTHER PERSON</b> TRADITIONAL BIRTH ATTENDANT ..... 21 FCHV ..... 22 OTHER _____ 96 (SPECIFY)							
451	CHECK 405: PREGNANCY OUTCOME TYPE  MOST RECENT LIVE BIRTH <input type="checkbox"/>	MOST RECENT STILLBIRTH <input type="checkbox"/> → 455	→ 455						
452	Now I would like to talk to you about checks on (NAME'S) health -- for example, someone examining (NAME), checking the cord, or talking to you about how to care for (NAME).  Before (NAME) left the facility, did anyone check on (NAME'S) health?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 455						
453	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 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> DAYS ..... 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> WEEKS ..... 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> DON'T KNOW ..... 998							
454	Who checked on (NAME)'s health at that time?  PROBE FOR MOST QUALIFIED PERSON.	<b>HEALTH PERSONNEL</b> DOCTOR ..... 11 NURSE/MIDWIFE ..... 12 HEALTH ASST./AHW ..... 13 <b>OTHER PERSON</b> TRADITIONAL BIRTH ATTENDANT ..... 21 FCHV ..... 22 OTHER _____ 96 (SPECIFY)							
455	Now I would like 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	→ 459						

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP						
NO.	NAME OR DATE _____	PREGNANCY HISTORY NUMBER .. <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>							
456	<p>How long after delivery 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 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>DAYS ..... 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>WEEKS ..... 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>DON'T KNOW ..... 998</p>							
457	<p>Who checked on your health at that time?</p> <p>PROBE FOR MOST QUALIFIED PERSON.</p>	<p><b>HEALTH PERSONNEL</b></p> <p>DOCTOR ..... 11</p> <p>NURSE/MIDWIFE ..... 12</p> <p>HEALTH ASST./AHW ..... 13</p> <p><b>OTHER PERSON</b></p> <p>TRADITIONAL BIRTH ATTENDANT ..... 21</p> <p>FCHV ..... 22</p> <p>OTHER _____ 96</p> <p style="text-align: center;">(SPECIFY)</p>							
458	<p>Where did the check take place?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.</p>	<p><b>HOME</b></p> <p>HER HOME ..... 11</p> <p>OTHER HOME ..... 12</p> <p><b>PUBLIC SECTOR</b></p> <p>GOVERNMENT HOSPITAL ..... 21</p> <p>PHC/PRIMARY HOSPITAL ..... 22</p> <p>HEALTH POST ..... 23</p> <p>BASIC HEALTH CARE CENTER ..... 24</p> <p>URBAN HEALTH CENTER ..... 25</p> <p>COMMUNITY HEALTH UNIT ..... 27</p> <p>OTHER PUBLIC FACILITIES _____ 26</p> <p style="text-align: center;">(SPECIFY)</p> <p><b>PRIVATE MEDICAL SECTOR</b></p> <p>PRIVATE HOSPITAL ..... 31</p> <p>PRIVATE CLINIC ..... 32</p> <p>PHARMACY ..... 33</p> <p>OTHER PRIVATE MEDICAL FACILITIES _____ 36</p> <p style="text-align: center;">(SPECIFY)</p> <p><b>NGO MEDICAL SECTOR</b></p> <p>FPAN ..... 41</p> <p>MARIE STOPES ..... 42</p> <p>OTHER NGO MEDICAL FACILITIES _____ 46</p> <p style="text-align: center;">(SPECIFY)</p> <p>OTHER _____ 96</p> <p style="text-align: center;">(SPECIFY)</p>							
459	<p>CHECK 405: PREGNANCY OUTCOME TYPE</p> <p style="text-align: center;">MOST RECENT LIVE BIRTH <input type="checkbox"/></p>	<p style="text-align: center;">MOST RECENT STILLBIRTH <input type="checkbox"/></p>	<p style="text-align: right;">→ 474</p>						
460	<p>After (NAME) left (FACILITY IN 435) did any health care provider or a traditional birth attendant check on (NAME)'s health?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>	<p style="text-align: right;">→ 473</p>						

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP						
NO.	NAME OR DATE _____	PREGNANCY HISTORY NUMBER .. <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>							
461	<p>How long 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>	<table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table> <p>HOURS ..... 1</p> <p>DAYS ..... 2</p> <p>WEEKS ..... 3</p> <p>DON'T KNOW ..... 998</p>							
462	<p>Who checked on (NAME)'s health at that time?</p> <p>PROBE FOR MOST QUALIFIED PERSON.</p>	<p><b>HEALTH PERSONNEL</b></p> <p>DOCTOR ..... 11</p> <p>NURSE/MIDWIFE ..... 12</p> <p>HEALTH ASST./AHW ..... 13</p> <p><b>OTHER PERSON</b></p> <p>TRADITIONAL BIRTH ATTENDANT ..... 21</p> <p>FCHV ..... 22</p> <p>OTHER _____ 96</p> <p align="center">(SPECIFY)</p>							
463	<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, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.</p>	<p><b>HOME</b></p> <p>HER HOME ..... 11</p> <p>OTHER HOME ..... 12</p> <p><b>PUBLIC SECTOR</b></p> <p>GOVERNMENT HOSPITAL ..... 21</p> <p>PHC/PRIMARY HOSPITAL ..... 22</p> <p>HEALTH POST ..... 23</p> <p>BASIC HEALTH CARE CENTER ..... 24</p> <p>URBAN HEALTH CENTER ..... 25</p> <p>COMMUNITY HEALTH UNIT ..... 27</p> <p>OTHER PUBLIC FACILITIES _____ 26</p> <p align="center">(SPECIFY)</p> <p><b>PRIVATE MEDICAL SECTOR</b></p> <p>PRIVATE HOSPITAL ..... 31</p> <p>PRIVATE CLINIC ..... 32</p> <p>PHARMACY ..... 33</p> <p>OTHER PRIVATE MEDICAL FACILITIES _____ 36</p> <p align="center">(SPECIFY)</p> <p><b>NGO MEDICAL SECTOR</b></p> <p>FPAN ..... 41</p> <p>MARIE STOPES ..... 42</p> <p>OTHER NGO MEDICAL FACILITIES _____ 46</p> <p align="center">(SPECIFY)</p> <p>OTHER _____ 96</p> <p align="center">(SPECIFY)</p>	<p align="right">473</p>						

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
NO.	NAME OR DATE _____	PREGNANCY HISTORY NUMBER .. <input type="text"/> <input type="text"/>	
464	<p>CHECK 405:</p> <p>PREGNANCY TYPE <input type="checkbox"/> 1 ↓ PREGNANCY TYPE <input type="checkbox"/> 3 ↓</p> <p>a) 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>b) 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 delivered the stillbirth you had in (DATE FROM 406)?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	→ 468
465	<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 <input type="text"/> <input type="text"/></p> <p>DAYS ..... 2 <input type="text"/> <input type="text"/></p> <p>WEEKS ..... 3 <input type="text"/> <input type="text"/></p> <p>DON'T KNOW ..... 998</p>	
466	<p>Who checked on your health at that time?</p> <p>PROBE FOR MOST QUALIFIED PERSON.</p>	<p><b>HEALTH PERSONNEL</b></p> <p>DOCTOR ..... 11</p> <p>NURSE/MIDWIFE ..... 12</p> <p>HEALTH ASST./AHW ..... 13</p> <p><b>OTHER PERSON</b></p> <p>TRADITIONAL BIRTH ATTENDANT ..... 21</p> <p>FCHV ..... 22</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p>	
467	<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, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.</p>	<p><b>HOME</b></p> <p>HER HOME ..... 11</p> <p>OTHER HOME ..... 12</p> <p><b>PUBLIC SECTOR</b></p> <p>GOVERNMENT HOSPITAL ..... 21</p> <p>PHC/PRIMARY HOSPITAL ..... 22</p> <p>HEALTH POST ..... 23</p> <p>BASIC HEALTH CARE CENTER ..... 24</p> <p>URBAN HEALTH CENTER ..... 25</p> <p>COMMUNITY HEALTH UNIT ..... 27</p> <p>OTHER PUBLIC FACILITIES _____ 26</p> <p>(SPECIFY)</p> <p><b>PRIVATE MEDICAL SECTOR</b></p> <p>PRIVATE HOSPITAL ..... 31</p> <p>PRIVATE CLINIC ..... 32</p> <p>PHARMACY ..... 33</p> <p>OTHER PRIVATE MEDICAL FACILITIES _____ 36</p> <p>(SPECIFY)</p> <p><b>NGO MEDICAL SECTOR</b></p> <p>FPAN ..... 41</p> <p>MARIE STOPES ..... 42</p> <p>OTHER NGO MEDICAL FACILITIES _____ 46</p> <p>(SPECIFY)</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p>	

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
NO.	NAME OR DATE _____	PREGNANCY HISTORY NUMBER .. <input type="text"/> <input type="text"/>	
468	CHECK 405: PREGNANCY OUTCOME TYPE  MOST RECENT LIVE BIRTH <input type="checkbox"/>	MOST RECENT STILLBIRTH <input type="checkbox"/>	→ 474
469	I would like to talk to you about checks on (NAME's) health -- for example, someone examining (NAME), checking the cord, or talking to you about how to care for (NAME).  After (NAME) was born, did any health care provider or a traditional birth attendant check on (NAME's) health?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 473
470	How long after the birth of (NAME) did that check take place?  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	
471	Who checked on (NAME)'s health at that time?  PROBE FOR MOST QUALIFIED PERSON.	<b>HEALTH PERSONNEL</b> DOCTOR ..... 11 NURSE/MIDWIFE ..... 12 HEALTH ASST./AHW ..... 13 <b>OTHER PERSON</b> TRADITIONAL BIRTH ATTENDANT ..... 21 FCHV ..... 22 OTHER _____ 96 (SPECIFY)	
472	Where did this first check of (NAME) take place?  PROBE TO IDENTIFY THE TYPE OF SOURCE.  IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.	<b>HOME</b> HER HOME ..... 11 OTHER HOME ..... 12 <b>PUBLIC SECTOR</b> GOVERNMENT HOSPITAL ..... 21 PHC/PRIMARY HOSPITAL ..... 22 HEALTH POST ..... 23 BASIC HEALTH CARE CENTER ..... 24 URBAN HEALTH CENTER ..... 25 COMMUNITY HEALTH UNIT ..... 27 OTHER PUBLIC FACILITIES _____ 26 (SPECIFY) <b>PRIVATE MEDICAL SECTOR</b> PRIVATE HOSPITAL ..... 31 PRIVATE CLINIC ..... 32 PHARMACY ..... 33 OTHER PRIVATE MEDICAL FACILITIES _____ 36 (SPECIFY) <b>NGO MEDICAL SECTOR</b> FPAN ..... 41 MARIE STOPES ..... 42 OTHER NGO MEDICAL FACILITIES _____ 46 (SPECIFY) OTHER _____ 96 (SPECIFY)	

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																
NO.	NAME OR DATE _____	PREGNANCY HISTORY NUMBER .. <input type="text"/> <input type="text"/>																																	
473	During the first 2 days after (NAME)'s birth, did any health care provider do the following: a) Examine the cord? b) Measure (NAME)'s temperature? c) Tell you how to recognize if your baby needs immediate medical attention? d) Talk with you about breastfeeding? e) Observe (NAME) breastfeeding? f) Tell you where you could get help with breastfeeding? g) Tell you where to seek treatment if your baby needs immediate medical attention?	<table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> <td>DK</td> </tr> <tr> <td>a) CORD .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>b) TEMPERATURE .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>c) MEDICAL ATTENTION .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>d) TALK ABOUT BREASTFEEDING .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>e) OBSERVE BREASTFEEDING .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>f) HELP WITH BREASTFEEDING .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>g) PLACE FOR HELP .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> </table>		YES	NO	DK	a) CORD .....	1	2	8	b) TEMPERATURE .....	1	2	8	c) MEDICAL ATTENTION .....	1	2	8	d) TALK ABOUT BREASTFEEDING .....	1	2	8	e) OBSERVE BREASTFEEDING .....	1	2	8	f) HELP WITH BREASTFEEDING .....	1	2	8	g) PLACE FOR HELP .....	1	2	8	
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g) PLACE FOR HELP .....	1	2	8																																
474	During the first 2 days after the birth, did any healthcare provider do the following to you: a) Measure your blood pressure? b) Discuss your vaginal bleeding with you? c) Discuss family planning with you? d) Tell you how to recognize if you need immediate medical attention? e) Talk with you about your mental health? f) Talk with you about which foods you should eat? g) Talk with you about having two additional meals	<table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> <td>DK</td> </tr> <tr> <td>a) BLOOD PRESSURE .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>b) BLEEDING .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>c) FAMILY PLANNING .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>d) OWN MEDICAL ATTENTION ..</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>e) MENTAL HEALTH .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>f) FOOD TO EAT .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>f) ADDITIONAL MEALS .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> </table>		YES	NO	DK	a) BLOOD PRESSURE .....	1	2	8	b) BLEEDING .....	1	2	8	c) FAMILY PLANNING .....	1	2	8	d) OWN MEDICAL ATTENTION ..	1	2	8	e) MENTAL HEALTH .....	1	2	8	f) FOOD TO EAT .....	1	2	8	f) ADDITIONAL MEALS .....	1	2	8	
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f) ADDITIONAL MEALS .....	1	2	8																																
475	CHECK 215: IS THIS PREGNANCY THE WOMAN'S LAST PREGNANCY?  YES <input type="checkbox"/> NO <input type="checkbox"/>		479																																
476	CHECK 405:  PREGNANCY TYPE 1 <input type="checkbox"/> ..... PREGNANCY TYPE 3 OR 5 <input type="checkbox"/> a) Has your menstrual period returned since the birth of (NAME)? b) Has your menstrual period returned since the pregnancy that ended in (DATE FROM 406)?	<table border="0"> <tr> <td>YES .....</td> <td>1</td> </tr> <tr> <td>NO .....</td> <td>2</td> </tr> </table>	YES .....	1	NO .....	2																													
YES .....	1																																		
NO .....	2																																		
477	CHECK 232: IS RESPONDENT PREGNANT?  NOT PREGNANT <input type="checkbox"/> PREGNANT OR UNSURE <input type="checkbox"/>		479																																
478	CHECK 405:  PREGNANCY TYPE 1 <input type="checkbox"/> ..... PREGNANCY TYPE 3 OR 5 <input type="checkbox"/> a) Have you had sexual intercourse since the birth of (NAME)? b) Have you had sexual intercourse since the pregnancy that ended in (DATE FROM 406)?	<table border="0"> <tr> <td>YES .....</td> <td>1</td> </tr> <tr> <td>NO .....</td> <td>2</td> </tr> </table>	YES .....	1	NO .....	2																													
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479	CHECK 405: PREGNANCY OUTCOME TYPE	<table border="0"> <tr> <td>MOST RECENT LIVE BIRTH .....</td> <td>1</td> </tr> <tr> <td>MOST RECENT STILLBIRTH .....</td> <td>3</td> </tr> <tr> <td>MISCARRIAGE/ABORTION .....</td> <td>5</td> </tr> </table>	MOST RECENT LIVE BIRTH .....	1	MOST RECENT STILLBIRTH .....	3	MISCARRIAGE/ABORTION .....	5	487																										
MOST RECENT LIVE BIRTH .....	1																																		
MOST RECENT STILLBIRTH .....	3																																		
MISCARRIAGE/ABORTION .....	5																																		
480	Did you ever breastfeed (NAME)?	<table border="0"> <tr> <td>YES .....</td> <td>1</td> </tr> <tr> <td>NO .....</td> <td>2</td> </tr> </table>	YES .....	1	NO .....	2	482																												
YES .....	1																																		
NO .....	2																																		
481	CHECK 224 FOR CHILD:	<table border="0"> <tr> <td>LIVING <input type="checkbox"/></td> <td>486</td> </tr> <tr> <td>DEAD <input type="checkbox"/></td> <td>487</td> </tr> </table>	LIVING <input type="checkbox"/>	486	DEAD <input type="checkbox"/>	487																													
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DEAD <input type="checkbox"/>	487																																		



SECTION 5. CHILD IMMUNIZATION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501	CHECK 220, 224 AND 225 IN THE PREGNANCY HISTORY: ANY SURVIVING CHILDREN BORN 0-35 MONTHS BEFORE THE SURVEY?  ONE OR MORE SURVIVING CHILDREN BORN 0-35 MONTHS BEFORE THE SURVEY <input type="checkbox"/>	NO SURVIVING CHILDREN BORN 0-35 MONTHS BEFORE THE SURVEY <input type="checkbox"/> → 601	
502	Now I would like to ask some questions about vaccinations received by your children born in the last 3 years. (We will talk about each separately, starting with the youngest.)		
503	RECORD THE NAME AND PREGNANCY HISTORY NUMBER FROM 215 AND 218 OF THE SURVIVING CHILDREN BORN 0-35 MONTHS BEFORE THE SURVEY, STARTING WITH THE LAST ONE.  NAME OF CHILD _____ PREGNANCY HISTORY NUMBER .. <input type="text"/> <input type="text"/>		
504	Do you have a card or other document where (NAME)'s vaccinations are written down?	YES, HAS ONLY A CARD ..... 1 → 507 YES, HAS ONLY ANOTHER DOCUMENT ..... 2 → 507 YES, HAS CARD AND OTHER DOCUMENT ..... 3 NO, NO CARD AND NO OTHER DOCUMENT .. 4	
505	Did you ever have a vaccination card for (NAME)?	YES ..... 1 NO ..... 2	
506	CHECK 504:  CODE '2' CIRCLED <input type="checkbox"/> CODE '4' CIRCLED <input type="checkbox"/> → 513		
507	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 → 513	
508	RECORD (NAME'S) DATE OF BIRTH FROM THE VACCINATION CARD OR OTHER DOCUMENT.	DAY ..... <input type="text"/> <input type="text"/> MONTH ..... <input type="text"/> <input type="text"/> YEAR ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>  DATE OF BIRTH NOT ON CARD ..... 95	

SECTION 5. CHILD IMMUNIZATION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																																																																																																																																								
	NAME OF LIVE BIRTH _____	PREGNANCY HISTORY NUMBER . . . . . <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>																																																																																																																																																									
509	<p>COPY VACCINATION DATES FROM THE CARD FOR (NAME).  RECORD '44' IN 'DAY' COLUMN IF CARD SHOWS THAT A DOSE WAS GIVEN, BUT NO DATE IS RECORDED.  RECORD '00' IN 'DAY' COLUMN IF CARD IS BLANK FOR THE DOSE.</p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:45%;"></th> <th style="width:10%;">DAY</th> <th style="width:10%;">MONTH</th> <th style="width:10%;">YEAR</th> <th style="width:10%;"></th> <th style="width:10%;"></th> <th style="width:10%;"></th> <th style="width:10%;"></th> </tr> </thead> <tbody> <tr><td>BCG</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>ORAL POLIO VACCINE (OPV) 1</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>ORAL POLIO VACCINE (OPV) 2</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>ORAL POLIO VACCINE (OPV) 3</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>FRACTIONAL INACTIVATED POLIO VACCINE (fIPV) 1</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>FRACTIONAL INACTIVATED POLIO VACCINE (fIPV) 2</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>DPT-HEP.B-HIB (PENTAVALENT) 1</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>DPT-HEP.B-HIB (PENTAVALENT) 2</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>DPT-HEP.B-HIB (PENTAVALENT) 3</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>PNEUMOCOCCAL 1</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>PNEUMOCOCCAL 2</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>PNEUMOCOCCAL 3</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>ROTAVIRUS 1</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>ROTAVIRUS 2</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>JAPANESE ENCEPHALITIS</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>MEASLES RUBELLA 1</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>MEASLES RUBELLA 2</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>VITAMIN A (MOST RECENT)</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </tbody> </table>		DAY	MONTH	YEAR					BCG								ORAL POLIO VACCINE (OPV) 1								ORAL POLIO VACCINE (OPV) 2								ORAL POLIO VACCINE (OPV) 3								FRACTIONAL INACTIVATED POLIO VACCINE (fIPV) 1								FRACTIONAL INACTIVATED POLIO VACCINE (fIPV) 2								DPT-HEP.B-HIB (PENTAVALENT) 1								DPT-HEP.B-HIB (PENTAVALENT) 2								DPT-HEP.B-HIB (PENTAVALENT) 3								PNEUMOCOCCAL 1								PNEUMOCOCCAL 2								PNEUMOCOCCAL 3								ROTAVIRUS 1								ROTAVIRUS 2								JAPANESE ENCEPHALITIS								MEASLES RUBELLA 1								MEASLES RUBELLA 2								VITAMIN A (MOST RECENT)									
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510	<p>ASK THE RESPONDENT FOR PERMISSION TO PHOTOGRAPH VACCINATION CARD OR OTHER DOCUMENT WHERE VACCINATIONS ARE WRITTEN. IF PERMISSION IS GRANTED, PHOTOGRAPH CARD.</p>	<p>PHOTOGRAPH TAKEN . . . . . 1  PHOTOGRAPH NOT TAKEN,  PERMISSION NOT RECEIVED . . . . . 2  PHOTOGRAPH NOT TAKEN,  OTHER REASON _____ 6  (SPECIFY)</p>																																																																																																																																																									
511	<p>CHECK 509: 'BCG' TO 'MEASLES RUBELLA 2' ALL HAVE A DATE RECORDED OR '44' RECORDED IN THE 'DAY' COLUMN?</p> <p align="center">NO <input type="checkbox"/></p>	<p align="center">YES <input type="checkbox"/> → 529</p>																																																																																																																																																									

SECTION 5. CHILD IMMUNIZATION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	NAME OF LIVE BIRTH _____	PREGNANCY HISTORY NUMBER ..... <input type="text"/> <input type="text"/>	
512	<p>In addition to what is recorded on (this document/these documents), did (NAME) receive any other vaccinations, including vaccinations received in campaigns or immunization days or child health days?</p> <p>RECORD 'YES' ONLY IF THE RESPONDENT MENTIONS AT LEAST ONE OF THE VACCINATIONS IN 509 THAT ARE NOT RECORDED AS HAVING BEEN GIVEN.</p>	<p>YES ..... 1            (USE THE LIST SHOWN IN CAPI TO SELECT THE OTHER VACCINATIONS GIVEN.            NOTE THAT CAPI WILL CHANGE THE ANSWER IN 509 IN THE 'DAY' COLUMN FROM '00' TO '66' FOR THE SELECTED VACCINATIONS.)            (THEN SKIP TO 529)</p> <p>NO ..... 2            DON'T KNOW ..... 8</p>	
512A	<p>CHECK 509: ANY VACCINATIONS RECORDED ON THE CARD?</p> <p>YES <input type="checkbox"/> SKIP TO 529 ←</p> <p>NO <input type="checkbox"/> → 529A</p>		
513	Did (NAME) ever receive any vaccinations to prevent (NAME) from getting diseases, including vaccinations received in campaigns or immunization days or child health days?	<p>YES ..... 1            NO ..... 2            DON'T KNOW ..... 8</p>	→ 529A
514	Has (NAME) ever received a BCG vaccination against tuberculosis, that is, an injection in the right arm or shoulder that usually causes a scar?	<p>YES ..... 1            NO ..... 2            DON'T KNOW ..... 8</p>	
517	Has (NAME) ever received oral polio vaccine, that is, about two drops in the mouth to prevent polio?	<p>YES ..... 1            NO ..... 2            DON'T KNOW ..... 8</p>	→ 521
519	How many times did (NAME) receive the oral polio vaccine?	NUMBER OF TIMES ..... <input type="text"/>	
520	When (NAME) received the polio drops, did (NAME) also get an fIPV injection in the arm to protect against polio?	<p>YES ..... 1            NO ..... 2            DON'T KNOW ..... 8</p>	→ 521
520A	How many times did (NAME) receive the fIPV vaccine?	NUMBER OF TIMES ..... <input type="text"/>	
521	Has (NAME) ever received a pentavalent vaccination, that is, an injection given in the thigh sometimes at the same time as polio drops?	<p>YES ..... 1            NO ..... 2            DON'T KNOW ..... 8</p>	→ 523
522	How many times did (NAME) receive the pentavalent vaccine?	NUMBER OF TIMES ..... <input type="text"/>	
523	Has (NAME) ever received a pneumococcal vaccination, that is, an injection in the thigh to prevent pneumonia?	<p>YES ..... 1            NO ..... 2            DON'T KNOW ..... 8</p>	→ 525
524	How many times did (NAME) receive the pneumococcal vaccine?	NUMBER OF TIMES ..... <input type="text"/>	
525	Has (NAME) ever received a rotavirus vaccination, that is, liquid in the mouth to prevent diarrhea?	<p>YES ..... 1            NO ..... 2            DON'T KNOW ..... 8</p>	→ 526A

SECTION 5. CHILD IMMUNIZATION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	NAME OF LIVE BIRTH _____	PREGNANCY HISTORY NUMBER ..... <input type="text"/> <input type="text"/>	
526	How many times did (NAME) receive the rotavirus vaccine?	NUMBER OF TIMES ..... <input type="text"/>	
526A	Has (NAME) ever received Japanese Encephalitis vaccination, that is given in the right thigh to prevent encephalitis?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
527	Has (NAME) ever received a measles vaccination, that is, an injection in the arm to prevent measles?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 529
528	How many times did (NAME) receive the measles rubella vaccine?	NUMBER OF TIMES ..... <input type="text"/>	
529	<p>Where did (NAME) receive most of his/her vaccinations?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.</p>	<p><b>PUBLIC SECTOR</b></p> <p>GOVERNMENT HOSPITAL ..... 11 PHC/PRIMARY HOSPITAL ..... 12 HEALTH POST ..... 13 BASIC HEALTH CARE CENTER ..... 14 URBAN HEALTH CENTER ..... 15 COMMUNITY HEALTH UNIT ..... 17 IMMUNIZATION CLINIC ..... 18</p> <p>OTHER PUBLIC FACILITIES _____ 16 (SPECIFY)</p> <p><b>PRIVATE MEDICAL SECTOR</b></p> <p>PRIVATE HOSPITAL ..... 21 PRIVATE CLINIC ..... 22 PHARMACY ..... 23 PRIVATE DOCTOR ..... 24</p> <p>OTHER PRIVATE MEDICAL FACILITIES _____ 26 (SPECIFY)</p> <p><b>NGO MEDICAL SECTOR</b></p> <p>NGO HOSPITAL ..... 31 NGO CLINIC ..... 32 OTHER NGO MEDICAL FACILITIES _____ 36 (SPECIFY)</p> <p><b>OTHER SOURCE</b></p> <p>NID VACCINATION CAMPAIGN ..... 41</p> <p>OTHER _____ 96 (SPECIFY)</p>	
529A	Did any of (NAME)'s vaccinations get delayed or missed due to COVID-19 situation?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
530	<p>CHECK 220 AND 224 IN PREGNANCY HISTORY: ANY MORE SURVIVING CHILDREN BORN 0-35 MONTHS BEFORE THE SURVEY?</p> <p>MORE SURVIVING CHILDREN BORN 0-35 MONTHS BEFORE THE SURVEY <input type="checkbox"/></p> <p>(GO TO 503 FOR THE NEXT SURVIVING CHILD) ←</p>	<p>NO MORE SURVIVING CHILDREN BORN 0-35 MONTHS BEFORE THE SURVEY <input type="checkbox"/></p> <p>→ 601</p>	

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																
601	CHECK 220, 224, AND 225 IN THE PREGNANCY HISTORY: ANY SURVIVING CHILDREN BORN 0-59 MONTHS BEFORE THE SURVEY?  ONE OR MORE SURVIVING CHILDREN BORN 0-59 MONTHS BEFORE THE SURVEY <input type="checkbox"/>	NO SURVIVING CHILDREN BORN 0-59 MONTHS BEFORE THE SURVEY <input type="checkbox"/> → 643																	
602	Now I would like to ask some questions about the health of your children born in the last 5 years. (We will talk about each separately, starting with the youngest.)																		
603	RECORD THE NAME FROM 218 AND PREGNANCY HISTORY NUMBER FROM 215 OF THE SURVIVING CHILDREN BORN 0-59 MONTHS BEFORE THE SURVEY, STARTING WITH THE LAST ONE.  NAME OF CHILD _____ PREGNANCY HISTORY NUMBER .. <input type="text"/> <input type="text"/>																		
604	In the last 12 months, was (NAME) given the following:  b) Baal vita?  SHOW BAAL VITA MULTIPLE MICRONUTRIENT POWDER SACHET.	<table border="0"> <tr> <td></td> <td align="right">YES</td> <td align="right">NO</td> <td align="right">DK</td> </tr> <tr> <td>b) BAAL VITA .....</td> <td align="right">1</td> <td align="right">2</td> <td align="right">8</td> </tr> </table>		YES	NO	DK	b) BAAL VITA .....	1	2	8									
	YES	NO	DK																
b) BAAL VITA .....	1	2	8																
604C	Have you receive counseling on Baal vita?  NOTE: ONLY ASKED FOR THE LAST CHILD.	<table border="0"> <tr> <td>YES .....</td> <td align="right">1</td> </tr> <tr> <td>NO .....</td> <td align="right">2</td> </tr> <tr> <td>DON'T KNOW .....</td> <td align="right">8</td> </tr> </table>	YES .....	1	NO .....	2	DON'T KNOW .....	8											
YES .....	1																		
NO .....	2																		
DON'T KNOW .....	8																		
605	In the last 6 months, was (NAME) given a vitamin A dose like [this/any of these]?  SHOW COMMON TYPES OF CAPSULES.	<table border="0"> <tr> <td>YES .....</td> <td align="right">1</td> </tr> <tr> <td>NO .....</td> <td align="right">2</td> </tr> <tr> <td>DON'T KNOW .....</td> <td align="right">8</td> </tr> </table>	YES .....	1	NO .....	2	DON'T KNOW .....	8											
YES .....	1																		
NO .....	2																		
DON'T KNOW .....	8																		
606	In the last 6 months, was (NAME) given any medicine for intestinal worms?	<table border="0"> <tr> <td>YES .....</td> <td align="right">1</td> </tr> <tr> <td>NO .....</td> <td align="right">2</td> </tr> <tr> <td>DON'T KNOW .....</td> <td align="right">8</td> </tr> </table>	YES .....	1	NO .....	2	DON'T KNOW .....	8											
YES .....	1																		
NO .....	2																		
DON'T KNOW .....	8																		
607	In the last 3 months, has any healthcare provider or FCHV measured:  a) (NAME)'s weight? b) (NAME)'s length or height? c) Around (NAME)'s upper arm?	<table border="0"> <tr> <td></td> <td align="right">YES</td> <td align="right">NO</td> <td align="right">DK</td> </tr> <tr> <td>a) WEIGHT .....</td> <td align="right">1</td> <td align="right">2</td> <td align="right">8</td> </tr> <tr> <td>b) LENGTH/HEIGHT .....</td> <td align="right">1</td> <td align="right">2</td> <td align="right">8</td> </tr> <tr> <td>c) UPPER ARM .....</td> <td align="right">1</td> <td align="right">2</td> <td align="right">8</td> </tr> </table>		YES	NO	DK	a) WEIGHT .....	1	2	8	b) LENGTH/HEIGHT .....	1	2	8	c) UPPER ARM .....	1	2	8	
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c) UPPER ARM .....	1	2	8																
607D	CHECK 607:  CODE '2' CIRCLED IN A, B, AND C <input type="checkbox"/> OTHER <input type="checkbox"/> → 607F																		
607E	Why was (NAME) not measured?	<table border="0"> <tr> <td>DID NOT KNOW CHILD HAS BE MEASURED ..</td> <td align="right">A</td> </tr> <tr> <td>NOT RECEIVED COUNSELING OR INFORMATION ON GROWTH MONITORING</td> <td align="right">B</td> </tr> <tr> <td>DUE TO FEAR OF COVID-19 .....</td> <td align="right">C</td> </tr> <tr> <td>DUE TO LOCKDOWN .....</td> <td align="right">D</td> </tr> <tr> <td>OTHER _____ (SPECIFY)</td> <td align="right">X</td> </tr> </table>	DID NOT KNOW CHILD HAS BE MEASURED ..	A	NOT RECEIVED COUNSELING OR INFORMATION ON GROWTH MONITORING	B	DUE TO FEAR OF COVID-19 .....	C	DUE TO LOCKDOWN .....	D	OTHER _____ (SPECIFY)	X	→ 607G						
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OTHER _____ (SPECIFY)	X																		
607F	Did the health care provider or FCHV talk with you about how (NAME) is growing?	<table border="0"> <tr> <td>YES .....</td> <td align="right">1</td> </tr> <tr> <td>NO .....</td> <td align="right">2</td> </tr> <tr> <td>DON'T KNOW .....</td> <td align="right">8</td> </tr> </table>	YES .....	1	NO .....	2	DON'T KNOW .....	8											
YES .....	1																		
NO .....	2																		
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607G	Have you ever received the child grant for (NAME)?	<table border="0"> <tr> <td>YES .....</td> <td align="right">1</td> </tr> <tr> <td>NO .....</td> <td align="right">2</td> </tr> <tr> <td>DON'T KNOW .....</td> <td align="right">8</td> </tr> </table>	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?	<table border="0"> <tr> <td>YES .....</td> <td align="right">1</td> </tr> <tr> <td>NO .....</td> <td align="right">2</td> </tr> <tr> <td>DON'T KNOW .....</td> <td align="right">8</td> </tr> </table>	YES .....	1	NO .....	2	DON'T KNOW .....	8	→ 618										
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DON'T KNOW .....	8																		

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	NAME OF LIVE BIRTH _____	PREGNANCY HISTORY NUMBER ..... <input type="text"/> <input type="text"/>	
609	<p>CHECK 485: CURRENTLY BREASTFEEDING?</p> <p>YES <input type="checkbox"/></p> <p>NO/ NOT ASKED <input type="checkbox"/></p> <p>a) Now I would like to know how much (NAME) was given to drink during the diarrhea, including breast milk. 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> <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>	<p>MUCH LESS ..... 1</p> <p>SOMEWHAT LESS ..... 2</p> <p>ABOUT THE SAME ..... 3</p> <p>MORE ..... 4</p> <p>NOTHING TO DRINK ..... 5</p> <p>DON'T KNOW ..... 8</p>	
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>	
611	<p>Did you seek advice or treatment for the diarrhea from any source?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	→ 615

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	NAME OF LIVE BIRTH _____	PREGNANCY HISTORY NUMBER ..... <input type="text"/> <input type="text"/>																	
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, PRIVATE, OR NGO SECTOR, RECORD 'X' AND WRITE THE NAME OF THE PLACE(S).</p>	<p><b>PUBLIC SECTOR</b></p> <p>GOVERNMENT HOSPITAL ..... A</p> <p>PHC/PRIMARY HOSPITAL ..... B</p> <p>HEALTH POST ..... C</p> <p>BASIC HEALTH CARE CENTER ..... D</p> <p>URBAN HEALTH CENTER ..... E</p> <p>COMMUNITY HEALTH UNIT ..... F</p> <p>FCHV ..... G</p> <p>OTHER PUBLIC FACILITIES _____ H (SPECIFY)</p> <p><b>PRIVATE MEDICAL SECTOR</b></p> <p>PRIVATE HOSPITAL ..... I</p> <p>PRIVATE CLINIC ..... J</p> <p>PHARMACY ..... K</p> <p>OTHER PRIVATE MEDICAL FACILITIES _____ L (SPECIFY)</p> <p><b>NGO MEDICAL SECTOR</b></p> <p>FPAN ..... M</p> <p>MARIE STOPES ..... N</p> <p>OTHER NGO MEDICAL FACILITIES _____ O (SPECIFY)</p> <p><b>OTHER SOURCE</b></p> <p>SHOP ..... P</p> <p>TRADITIONAL PRACTITIONER ..... Q</p> <p>OTHER _____ X (SPECIFY)</p>																	
613	CHECK 612:	<p>TWO OR MORE CODES CIRCLED <input type="checkbox"/></p> <p>ONLY ONE CODE CIRCLED <input type="checkbox"/></p>	→ 615																
614	<p>Where did you first seek advice or treatment?</p> <p>USE LETTER CODE FROM 612.</p>	FIRST PLACE ..... <input type="text"/>																	
615	<p>Was (NAME) given any of the following at any time since (NAME) started having the diarrhea:</p> <p>a) A fluid made from a special packet called Jeevan Jal/ Navajeevan/Orestal/Electrobion?</p> <p>b) Pre-packaged ORS liquid</p> <p>c) Zinc tablets or syrup?</p>	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>a) FLUID FROM ORS PACKET ..</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>b) PRE-PACKAGED LIQUID .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>c) ZINC .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DK	a) FLUID FROM ORS PACKET ..	1	2	8	b) PRE-PACKAGED LIQUID .....	1	2	8	c) ZINC .....	1	2	8	
	YES	NO	DK																
a) FLUID FROM ORS PACKET ..	1	2	8																
b) PRE-PACKAGED LIQUID .....	1	2	8																
c) ZINC .....	1	2	8																
615E	CHECK 615:	<p>ZINC GIVEN? CODE '1' CIRCLED IN ( C ) <input type="checkbox"/></p> <p>OTHER <input type="checkbox"/></p>	→ 616																
615F	How many days was (NAME) given zinc?	<p>DAYS ..... <input type="text"/> <input type="text"/></p> <p>DON'T KNOW ..... 98</p>																	

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	NAME OF LIVE BIRTH _____	PREGNANCY HISTORY NUMBER ..... <input type="text"/> <input type="text"/>	
616	CHECK 615: ANY 'YES' <input type="checkbox"/> a) Was anything else given to treat the diarrhea? ALL 'NO' OR 'DK' <input type="checkbox"/> b) Was anything given to treat the diarrhea?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 618
617	CHECK 615: ANY 'YES' <input type="checkbox"/> a) What else was given to treat the diarrhea? ALL 'NO' OR 'DK' <input type="checkbox"/> b) What was given to treat the diarrhea?  RECORD ALL TREATMENTS GIVEN.	<b>PILL OR SYRUP</b> ANTIBIOTIC ..... A ANTIMOTILITY ..... B OTHER (NOT ANTIBIOTIC OR ANTIMOTILITY) ..... C UNKNOWN PILL OR SYRUP ..... D  <b>INJECTION</b> ANTIBIOTIC ..... E NON-ANTIBIOTIC ..... F UNKNOWN INJECTION ..... G  (IV) INTRAVENOUS ..... H  HOME REMEDY/HERBAL MEDICINE ..... I  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	
621	Has (NAME) had an illness with a cough at any time in the last 2 weeks?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
622	Has (NAME) had fast, short, rapid breaths or difficulty breathing at any time in the last 2 weeks?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 624
623	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	→ 625
624	CHECK 618: HAD FEVER? YES <input type="checkbox"/> NO OR DON'T KNOW <input type="checkbox"/>		→ 634
625	Did you seek advice or treatment for the illness from any source?	YES ..... 1 NO ..... 2	→ 630

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	NAME OF LIVE BIRTH _____	PREGNANCY HISTORY NUMBER ..... <input type="text"/> <input type="text"/>	
626	<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, PRIVATE, OR NGO SECTOR, RECORD 'X' AND WRITE THE NAME OF THE PLACE(S).</p>	<p><b>PUBLIC SECTOR</b></p> <p>GOVERNMENT HOSPITAL ..... A</p> <p>PHC/PRIMARY HOSPITAL ..... B</p> <p>HEALTH POST ..... C</p> <p>BASIC HEALTH CARE CENTER ..... D</p> <p>URBAN HEALTH CENTER ..... E</p> <p>COMMUNITY HEALTH UNIT ..... F</p> <p>FCHV ..... G</p> <p>OTHER PUBLIC FACILITIES _____ H (SPECIFY)</p> <p><b>PRIVATE MEDICAL SECTOR</b></p> <p>PRIVATE HOSPITAL ..... I</p> <p>PRIVATE CLINIC ..... J</p> <p>PHARMACY ..... K</p> <p>OTHER PRIVATE MEDICAL FACILITIES _____ L (SPECIFY)</p> <p><b>NGO MEDICAL SECTOR</b></p> <p>FPAN ..... M</p> <p>MARIE STOPES ..... N</p> <p>OTHER NGO MEDICAL FACILITIES _____ O (SPECIFY)</p> <p><b>OTHER SOURCE</b></p> <p>SHOP ..... P</p> <p>TRADITIONAL PRACTITIONER ..... Q</p> <p>OTHER _____ X (SPECIFY)</p>	
627	<p>CHECK 626:</p> <p>TWO OR MORE CODES CIRCLED <input type="checkbox"/></p> <p>ONLY ONE CODE CIRCLED <input type="checkbox"/> → 629</p>		
628	<p>Where did you first seek advice or treatment?</p> <p>USE LETTER CODE FROM 626.</p>	<p>FIRST PLACE ..... <input type="text"/></p>	
629	<p>How many days after the illness began did you first seek advice or treatment for (NAME)?</p> <p>IF THE SAME DAY RECORD '00'.</p>	<p>DAYS ..... <input type="text"/> <input type="text"/></p>	
630	<p>At any time during the illness, did (NAME) take any medicine for the illness?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>	<p>→ 634</p>

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	NAME OF LIVE BIRTH _____	PREGNANCY HISTORY NUMBER ..... <input type="text"/> <input type="text"/>	
631	<p>What medicine did (NAME) take?</p> <p>Any other medicine?</p> <p>RECORD ALL MENTIONED.</p> <p>IF MEDICINE NOT KNOWN, ASK TO SEE THE PACKAGE OR PRESCRIPTION.</p>	<p><b>ANTIMALARIAL MEDICINE</b></p> <p>ARTEMISININ COMBINATION THERAPY (ACT) ..... A</p> <p>SP/FANSIDAR ..... B</p> <p>CHLOROQUINE ..... C</p> <p>AMODIAQUINE ..... D</p> <p>QUININE</p> <p>PILLS ..... E</p> <p>INJECTION/IV ..... F</p> <p>ARTESUNATE</p> <p>RECTAL ..... G</p> <p>INJECTION/IV ..... H</p> <p>OTHER</p> <p>ANTIMALARIAL _____ I</p> <p>(SPECIFY)</p> <p><b>ANTIBIOTIC MEDICINE</b></p> <p>ANTIBIOTIC PILL/SYRUP ..... J</p> <p>ANTIBIOTIC INJECTION ..... K</p> <p>OTHER UNKNOWN PILL/SYRUP ..... L</p> <p>OTHER UNKNOWN INJECTION/IV ..... M</p> <p><b>OTHER MEDICINE</b></p> <p>NON-ANTIBIOTIC PILLS/SYRUP ..... N</p> <p>NON-ANTIBIOTIC INJECTIONS ..... O</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p> <p>DON'T KNOW ..... Z</p>	
634	<p>CHECK 220, 224, AND 225 IN PREGNANCY HISTORY: ANY MORE SURVIVING CHILDREN BORN 0-59 MONTHS BEFORE THE SURVEY?</p> <p>MORE SURVIVING CHILDREN BORN 0-59 MONTHS BEFORE THE SURVEY <input type="checkbox"/></p> <p>(GO TO 603 FOR THE NEXT SURVIVING CHILD) ←</p>	<p>NO MORE SURVIVING CHILDREN BORN 0-59 MONTHS BEFORE THE SURVEY <input type="checkbox"/></p> <p>→ 635</p>	

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																																																												
635	<p>CHECK 220, 225, AND 226, ALL ROWS: NUMBER OF CHILDREN BORN 0-23 MONTHS BEFORE THE SURVEY LIVING WITH THE RESPONDENT</p> <p style="text-align: center;">ONE OR MORE <input type="checkbox"/></p> <p style="text-align: center;">↓</p> <p style="text-align: center;">(NAME OF YOUNGEST CHILD LIVING WITH HER)</p> <p style="text-align: center;">↓</p>	<p style="text-align: center;">NONE <input type="checkbox"/></p> <p style="text-align: right;">→ 643</p>																																																																													
636	<p>Now I would like to ask you about liquids that (NAME FROM 635) had yesterday during the day or at night. Please tell me about all drinks, whether (NAME) had them at home, or somewhere else.</p> <p>Yesterday during the day or at night, did (NAME) drink:</p> <p>a) Plain water?</p> <p>b) Infant formula such as Lactogen, Farex, or Nan?</p> <p>IF YES: How many times did (NAME) drink infant formula? IF 7 OR MORE TIMES, RECORD '7'.</p> <p>c) Milk from animals, such as fresh, tinned milk or powdered milk?</p> <p>IF YES: How many times did (NAME) drink milk? IF 7 OR MORE TIMES, RECORD '7'.</p> <p>IF YES: Was the milk a sweet or flavored type of milk?</p> <p>d) Lassi?</p> <p>IF YES: How many times did (NAME) drink lassi? IF 7 OR MORE TIMES, RECORD '7'.</p> <p>IF YES: Was the lassi a sweet or flavored type of lassi?</p> <p>f) Horlicks, Bournvita, or Viva?</p> <p>g) Fruit juice, fruit drinks such as Real or Frooti, or sugar cane juice?</p> <p>h) Sweet bottled drinks such as Coke, Fanta, Sprite, or energy drinks such as Red Bull?</p> <p>i) Chiya, coffee, or herbal drinks?</p> <p>IF YES: Was the drink sweetened?</p> <p>j) Clear broth or clear soup?</p> <p>k) Any other liquids?</p> <p>IF YES: What was the drink?</p> <p>IF YES: Was the drink sweetened?</p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;"></th> <th style="width: 15%; text-align: center;">YES</th> <th style="width: 15%; text-align: center;">NO</th> <th style="width: 15%; text-align: center;">DK</th> </tr> </thead> <tbody> <tr> <td>a) .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>b) .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>NUMBER OF TIMES DRANK FORMULA <input type="checkbox"/></td> <td></td> <td></td> <td style="text-align: center;">8</td> </tr> <tr> <td>c) .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>NUMBER OF TIMES DRANK MILK <input type="checkbox"/></td> <td></td> <td></td> <td style="text-align: center;">8</td> </tr> <tr> <td>SWEET/ FLAVORED ....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>d) .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>NUMBER OF TIMES DRANK LASSI <input type="checkbox"/></td> <td></td> <td></td> <td style="text-align: center;">8</td> </tr> <tr> <td>SWEET/ FLAVORED ....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>f) .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>g) .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>h) .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>i) .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>SWEETENED ..</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>j) .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>k) .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>OTHER DRINK(S) _____ (SPECIFY)</td> <td></td> <td></td> <td></td> </tr> <tr> <td>SWEETENED ..</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> </tbody> </table>		YES	NO	DK	a) .....	1	2	8	b) .....	1	2	8	NUMBER OF TIMES DRANK FORMULA <input type="checkbox"/>			8	c) .....	1	2	8	NUMBER OF TIMES DRANK MILK <input type="checkbox"/>			8	SWEET/ FLAVORED ....	1	2	8	d) .....	1	2	8	NUMBER OF TIMES DRANK LASSI <input type="checkbox"/>			8	SWEET/ FLAVORED ....	1	2	8	f) .....	1	2	8	g) .....	1	2	8	h) .....	1	2	8	i) .....	1	2	8	SWEETENED ..	1	2	8	j) .....	1	2	8	k) .....	1	2	8	OTHER DRINK(S) _____ (SPECIFY)				SWEETENED ..	1	2	8	
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## SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP												
637	<p>Now I would like to ask you about foods that (NAME) had yesterday during the day or at night. I am interested in foods your child ate whether at home or somewhere else. Please think about snacks and small meals as well as main meals.</p> <p>I will ask you about different foods, and I would like to know whether your child ate the food even if it was combined with other foods.</p> <p>Please do not answer 'yes' for any food or ingredient only used in a small amount to add flavor to a dish.</p> <p>Yesterday during the day or at night, did (NAME) eat:</p> <p>a) Dahi?</p> <p>IF YES: How many times did (NAME) eat dahi? IF 7 OR MORE TIMES, RECORD '7'.</p>	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>a) .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>NUMBER OF TIMES ATE DAHI <input type="text"/></td> <td></td> <td></td> <td>8</td> </tr> </tbody> </table>		YES	NO	DK	a) .....	1	2	8	NUMBER OF TIMES ATE DAHI <input type="text"/>			8	
	YES	NO	DK												
a) .....	1	2	8												
NUMBER OF TIMES ATE DAHI <input type="text"/>			8												
	b) Rice, paratha, naan, roti, pau roti, makai, or dhido?	b) ..... 1 2 8													
	c) Carrots or ripe yellow pumpkin?	c) ..... 1 2 8													
	d) Potato, yam, wild yam, or white sweet potato?	d) ..... 1 2 8													
	e) Saag, spinach, mustard greens, fennel greens, pumpkin shoots, taro leaves, or amaranth greens?	e) ..... 1 2 8													
	v) Gundruk, braised greens, fenugreek greens, or broccoli?	v) ..... 1 2 8													
	f) Any other vegetables, such as tomato, cauliflower, cabbage, gourd, eggplant or other vegetables?	f) ..... 1 2 8													
	g) Papaya, ripe mango, apricot, or persimmon?	g) ..... 1 2 8													
	h) Any other fruits, such as apple, banana, guava, watermelon, mulberries or other fruits?	h) ..... 1 2 8													
	i) Liver or organ meat?	i) ..... 1 2 8													
	j) Sausages, ham, bacon, or canned meat?	j) ..... 1 2 8													
	k) Any other meat, such as goat, mountain goat, lamb/sheep, pig, yak, or chicken?	k) ..... 1 2 8													
	l) Eggs?	l) ..... 1 2 8													
	m) Fish or dried fish?	m) ..... 1 2 8													

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	<p>n) Lito, jaulo, daal, chickpeas, beans, soybeans, or quanti?</p> <p>o) Almonds, peanuts, cashews, pistachios, or walnuts?</p> <p>p) Paneer or cheese?</p> <p>r) Any sweet foods such as cake, biscuits, cookies, jeri/jalebi, mithai, toffees, or ice cream?</p> <p>s) Chips, Kurekure, Chisbal, tayari chaw chaw such as Wai Wai or Yum Yum, samosa, pakora, puri, or tareko khaja?</p> <p>u) Any other solid, semi-solid, or soft food?</p> <p>IF YES: What was the food?</p> <p>MARK THE APPROPRIATE FOOD GROUP FOR EACH ADDITIONAL FOOD, IF THE GROUP IS NOT YET CODED 'YES'.</p> <p>IF UNABLE TO DETERMINE WHICH GROUP THE ADDITIONAL FOOD BELONGS TO, RECORD THE NAME OF THE FOOD.</p>	<p>n) ..... 1            2            8</p> <p>o) ..... 1            2            8</p> <p>p) ..... 1            2            8</p> <p>r) ..... 1            2            8</p> <p>s) ..... 1            2            8</p> <p>u) ..... 1            2            8</p> <p>OTHER FOOD(S) _____ (SPECIFY)</p>	
638	<p>CHECK 637 (CATEGORIES 'a' THROUGH 'r'):</p> <p>NOT A SINGLE 'YES' <input type="checkbox"/> AT LEAST ONE 'YES' <input type="checkbox"/> → 640</p>		
639	<p>Did (NAME) 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 637 TO RECORD FOOD EATEN YESTERDAY) ←</p> <p>(THEN CONTINUE TO 640) ←</p> <p>NO ..... 2 → 641</p>	
640	<p>How many times did (NAME) 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>	
641	<p>In the last 6 months, did any healthcare provider or FCHV talk with you about how or what to feed (NAME)?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8 → 641D</p>	
641A	<p>Who gave you this advice/counseling on nutrition?</p>	<p><b>HEALTH PERSONNEL</b></p> <p>DOCTOR ..... A</p> <p>NURSE/MIDWIFE/ANM ..... B</p> <p>HEALTH ASSISTANT/AHW ..... C</p> <p>MCHW ..... D</p> <p>VHW ..... E</p> <p><b>OTHER PERSON</b></p> <p>TRADITIONAL BIRTH ATTENDANT ..... F</p> <p>FCHV ..... G</p> <p>MOTHER'S GROUP ..... H</p> <p>SOCIAL MOBILIZER ..... I</p> <p>TRADITIONAL HEALERS ..... J</p> <p>OTHER _____ X (SPECIFY)</p>	

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
641B	When did you receive the advice or counseling?	VISIT TO HEALTH FACILITY ..... A DURING FCHV HOME VISIT ..... B DURING HEALTH MOTHER'S GROUP MEETING ..... C  OTHER _____ X (SPECIFY)	
641C	What did they talk with you about?	BREASTFEEDING, NOT FEEDING WATER OR OTHER LIQUIDS BEFORE SIX MONTHS .. A INTRODUCING SOFT OR SOLID FOOD WHEN THE BABY REACHES SIX MONTHS OF AGE B GIVING A VARIETY OF FOODS ..... C HOW OFTEN TO FEED FOODS ..... D GIVING ANIMAL SOURCE FOOD (EGGS, MILK, MEAT, FISH) ..... E GIVING FRUITS AND VEGETABLES ..... F NOT FEEDING SUGAR-SWEETENED BEVERAGES ..... G  OTHER _____ X (SPECIFY)	
641D	Is there growth monitoring promotion in this ward (at your closest health facility)?	YES ..... 1 NO ..... 2	→ 642
641E	Where did you attend the growth monitoring promotion sessions?	PHC OUTREACH CLINIC ..... 1 HEALTH FACILITY ..... 2  OTHER _____ 6 (SPECIFY) DID NOT PARTICIPATE ..... 7 DON'T KNOW ..... 8	→ 642
641F	Was there individual nutrition and health counseling at the growth monitoring session?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
641G	Did the health worker explain how to interpret the growth chart?  SHOW GROWTH CHART	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
641H	Was (NAME)'s weight taken at the following health contacts?  a) At birth? b) At immunization? c) At sick child visit?	YES NO  AT BIRTH ..... 1 2 IMMUNIZATION ..... 1 2 SICK CHILD VISITS ..... 1 2	
642	The last time (NAME) passed stools, what was done to dispose of the stools?	CHILD USED TOILET OR LATRINE ..... 01 PUT/RINSED INTO TOILET OR LATRINE ..... 02 PUT/RINSED INTO DRAIN OR DITCH ..... 03 THROWN INTO GARBAGE ..... 04 BURIED ..... 05 LEFT IN THE OPEN ..... 06  OTHER _____ 96 (SPECIFY)	

## SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP	
643	<p>Now I'd like to ask you about foods and drinks that you consumed yesterday during the day or night, whether you ate or drank it at home or somewhere else. Please think about snacks and small meals as well as main meals.</p> <p>I will ask you about different foods and drinks, and I would like to know whether you ate the food even if it was combined with other foods.</p> <p>Please do not answer 'yes' for any food or ingredient only used in a small amount to add flavor to a dish.</p> <p>Yesterday during the day or at night, did you eat or drink:</p>		<p style="text-align: center;">YES</p>	<p style="text-align: center;">NO</p>	<p style="text-align: center;">DK</p>	
	a) Rice, paratha, naan, roti, pau roti, maize, or dhido?	a) .....	1	2	8	
	b) Carrots or ripe yellow pumpkin?	b) .....	1	2	8	
	c) Potato, yam, wild yam, or white sweet potato?	c) .....	1	2	8	
	d) Saag, spinach, mustard greens, fennel greens, pumpkin shoots, taro leaves, or amaranth greens?	d) .....	1	2	8	
	y) Gundruk, braised greens, fenugreek greens, or broccoli?	y) .....	1	2	8	
	e) Any other vegetables, such as tomato, cauliflower, cabbage, gourd, eggplant or other vegetables?	e) .....	1	2	8	
	f) Papaya, ripe mango, apricot, or persimmon?	f) .....	1	2	8	
	g) Any other fruits, such as apple, banana, guava, watermelon, mulberries or other fruits?	g) .....	1	2	8	
	h) Liver or organ meat?	h) .....	1	2	8	
	i) Sausages, ham, bacon, or canned meat?	i) .....	1	2	8	
	j) Any other meat, such as goat, mountain goat,	j) .....	1	2	8	
	k) Eggs?	k) .....	1	2	8	
	l) Fish or dried fish?	l) .....	1	2	8	
	m) Daal, chickpeas, beans, soybeans, or quanti?	m) .....	1	2	8	
	n) Almonds, peanuts, cashews, pistachios, or walnuts?	n) .....	1	2	8	



SECTION 7. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
701	Are you currently married or living together with a man as if married?	YES, CURRENTLY MARRIED ..... 1 YES, LIVING WITH A MAN ..... 2 NO, NOT IN UNION ..... 3	→ 706 → 709
702	Have you ever been married or lived together with a man as if married?	YES, FORMERLY MARRIED ..... 1 YES, LIVED WITH A MAN ..... 2 NO ..... 3	→ 721
703	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED ..... 1 DIVORCED ..... 2 SEPARATED ..... 3	
704	CHECK 702:  YES, <input type="checkbox"/> FORMERLY MARRIED ↓  YES, <input type="checkbox"/> LIVED WITH A MAN →		→ 714
705	Did you have a marriage certificate for your last marriage?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 714 → 707
706	Do you have a marriage certificate for this marriage?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 709
707	Was this marriage ever registered with the civil authority?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
708	CHECK 701:  YES, <input type="checkbox"/> CURRENTLY MARRIED ↓  NO, <input type="checkbox"/> NOT IN A UNION →		→ 714
709	Is your (husband/partner) living with you now or is he staying elsewhere?	LIVING WITH HER ..... 1 STAYING ELSEWHERE ..... 2	
710	RECORD THE HUSBAND'S/PARTNER'S NAME AND LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE. IF HE IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'.	NAME _____  LINE NO. .... <input type="text"/> <input type="text"/>	
711	Does your (husband/partner) have other wives or does he live with other women as if married?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 714
712	Including yourself, in total, how many wives or live-in partners does he have?	TOTAL NUMBER OF WIVES AND LIVE-IN PARTNERS ..... <input type="text"/> <input type="text"/> DON'T KNOW ..... 98	
713	Are you the first, second, ... wife?	RANK ..... <input type="text"/> <input type="text"/> DON'T KNOW ..... 98	
714	Have you been married or lived with a man only once or more than once?	ONLY ONCE ..... 1 MORE THAN ONCE ..... 2	

SECTION 7. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
715	<p>CHECK 714:</p> <p>MARRIED/ LIVED WITH A MAN ONLY ONCE <input type="checkbox"/></p> <p>MARRIED/ LIVED WITH A MAN MORE THAN ONCE <input type="checkbox"/></p> <p>a) In what month and year did you start living with your (husband/partner)?</p> <p>b) Now I would like to ask about your first (husband/partner). In what month and year did you start living with him?</p>	<p>MONTH ..... <input type="text"/></p> <p>DON'T KNOW MONTH ..... 98</p> <p>YEAR ..... <input type="text"/></p> <p>DON'T KNOW YEAR ..... 9998</p>	<p>→ 717</p>
716	<p>How old were you when you first started living with him?</p>	<p>AGE ..... <input type="text"/></p>	
717	<p>CHECK 714:</p> <p>MARRIED/LIVED WITH A MAN MORE THAN ONCE <input type="checkbox"/></p> <p>MARRIED/LIVED WITH A MAN ONLY ONCE <input type="checkbox"/></p>		<p>→ 721</p>
718	<p>CHECK 701:</p> <p>YES, CURRENTLY MARRIED <input type="checkbox"/></p> <p>YES, LIVING WITH A MAN <input type="checkbox"/></p> <p>NO, <input type="checkbox"/></p>		<p>→ 721</p>
719	<p>Now I'd like to ask you about your current (husband/partner). In what month and year did you start living with him?</p>	<p>MONTH ..... <input type="text"/></p> <p>DON'T KNOW MONTH ..... 98</p> <p>YEAR ..... <input type="text"/></p> <p>DON'T KNOW YEAR ..... 9998</p>	<p>→ 721</p>
720	<p>How old were you when you first started living with your current (husband/partner)?</p>	<p>AGE ..... <input type="text"/></p>	
<p><b>721 CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.</b></p>			
722	<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</p> <p>AGE IN YEARS ..... <input type="text"/></p>	<p>→ 738</p>
723	<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"/></p> <p>WEEKS AGO ..... 2 <input type="text"/></p> <p>MONTHS AGO ..... 3 <input type="text"/></p> <p>YEARS AGO ..... 4 <input type="text"/></p>	<p>→ 737</p>



## SECTION 7. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
729	<p>From where did you obtain the condom the last time?</p> <p>PROBE TO IDENTIFY TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.</p>	<p><b>PUBLIC SECTOR</b></p> <p>GOVERNMENT HOSPITAL ..... 11</p> <p>PHC/PRIMARY HOSPITAL ..... 12</p> <p>HEALTH POST ..... 13</p> <p>BASIC HEALTH CARE CENTER ..... 14</p> <p>URBAN HEALTH CENTER ..... 15</p> <p>COMMUNITY HEALTH UNIT ..... 17</p> <p>FCHV ..... 18</p> <p>OTHER PUBLIC FACILITIES _____ 16 (SPECIFY)</p> <p><b>PRIVATE MEDICAL SECTOR</b></p> <p>PRIVATE HOSPITAL ..... 21</p> <p>PRIVATE CLINIC ..... 22</p> <p>PHARMACY ..... 23</p> <p>SANGINI OUTLET ..... 24</p> <p>OTHER PRIVATE MEDICAL FACILITIES _____ 26 (SPECIFY)</p> <p><b>NGO MEDICAL SECTOR</b></p> <p>FPAN ..... 31</p> <p>MARIE STOPEs ..... 32</p> <p>OTHER NGO MEDICAL FACILITIES _____ 36 (SPECIFY)</p> <p><b>OTHER SOURCE</b></p> <p>SHOP ..... 41</p> <p>FRIEND/RELATIVE ..... 43</p> <p>OTHER _____ 96 (SPECIFY)</p> <p>DON'T KNOW ..... 98</p>	
730	<p>What was your relationship to this person with whom you had sexual intercourse?</p> <p>IF BOYFRIEND: Were you living together as if married?</p> <p>IF YES, RECORD '2'.</p> <p>IF NO, RECORD '3'.</p>	<p>HUSBAND ..... 1</p> <p>LIVE-IN PARTNER ..... 2</p> <p>BOYFRIEND NOT LIVING WITH RESPONDENT ..... 3</p> <p>CASUAL ACQUAINTANCE ..... 4</p> <p>CLIENT/SEX WORKER ..... 5</p> <p>OTHER _____ 6 (SPECIFY)</p>	
731	<p>Apart from this person, have you had sexual intercourse with any other person in the last 12 months?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	→ 737
732	<p>The last time you had sexual intercourse with this second person, was a condom used?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	



SECTION 8. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
801	CHECK 307: NOT ASKED <input type="checkbox"/> NEITHER ARE STERILIZED <input type="checkbox"/>	HE OR SHE STERILIZED <input type="checkbox"/>	→ 813								
802	CHECK 232: PREGNANT <input type="checkbox"/>	NOT PREGNANT OR UNSURE <input type="checkbox"/>	→ 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 232: NOT PREGNANT OR UNSURE <input type="checkbox"/> 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 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> YEARS ..... 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> SOON/NOW ..... 993 SAYS SHE CAN'T GET PREGNANT AFTER MARRIAGE ..... 994 OTHER _____ (SPECIFY) 996 DON'T KNOW ..... 998									→ 811 → 813 → 811
806	CHECK 232: NOT PREGNANT OR UNSURE <input type="checkbox"/>	PREGNANT <input type="checkbox"/>	→ 812								
807	CHECK 307: USING A CONTRACEPTIVE METHOD? NOT ASKED <input type="checkbox"/>	CURRENTLY USING <input type="checkbox"/>	→ 813								
808	CHECK 805: '24' OR MORE MONTHS OR '02' OR MORE YEARS <input type="checkbox"/> NOT ASKED <input type="checkbox"/>	'00-23' MONTHS OR '00-01' YEAR <input type="checkbox"/>	→ 812								
809	CHECK 723: DAYS, WEEKS OR MONTHS AGO <input type="checkbox"/>	YEARS AGO <input type="checkbox"/> NOT ASKED <input type="checkbox"/>	→ 811 → 811								

SECTION 8. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
810	<p>CHECK 804:</p> <p>WANTS TO HAVE A/ANOTHER CHILD <input type="checkbox"/></p> <p>WANTS NO MORE/NONE <input type="checkbox"/></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>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> <p>Any other reason? _____</p> <p>RECORD ALL REASONS MENTIONED.</p>	<p>NOT MARRIED ..... A</p> <p><b>FERTILITY-RELATED REASONS</b></p> <p>NOT HAVING SEX ..... B</p> <p>INFREQUENT SEX/HUSBAND AWAY ..... 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><b>OPPOSITION TO USE</b></p> <p>RESPONDENT OPPOSED ..... I</p> <p>HUSBAND/PARTNER OPPOSED ..... J</p> <p>OTHERS OPPOSED ..... K</p> <p>RELIGIOUS PROHIBITION ..... L</p> <p><b>LACK OF KNOWLEDGE</b></p> <p>KNOWS NO METHOD ..... M</p> <p>KNOWS NO SOURCE ..... N</p> <p><b>METHOD-RELATED REASONS</b></p> <p>INCONVENIENT TO USE ..... O</p> <p>CHANGES IN MENSTRUAL BLEEDING ..... P</p> <p>METHODS COULD CAUSE INFERTILITY ..... Q</p> <p>INTERFERES WITH BODY'S NORMAL PROCESSES ..... R</p> <p>OTHER SIDE EFFECTS ..... S</p> <p><b>COST/ACCESS/AVAILABILITY</b></p> <p>LACK OF ACCESS/TOO FAR ..... T</p> <p>COSTS TOO MUCH ..... U</p> <p>PREFERRED METHOD NOT AVAILABLE ..... V</p> <p>NO METHOD AVAILABLE ..... W</p> <p>NOT GETTING DUE TO FEAR OF COVID-19 ..... Y</p> <p>OTHER _____ (SPECIFY) X</p> <p>DON'T KNOW ..... Z</p>	
811	<p>CHECK 307: USING A CONTRACEPTIVE METHOD?</p> <p>NOT ASKED <input type="checkbox"/></p> <p>YES, CURRENTLY USING <input type="checkbox"/></p>		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 224:</p> <p>HAS LIVING CHILDREN <input type="checkbox"/></p> <p>NO LIVING CHILDREN <input type="checkbox"/></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> <p>b) If you could choose exactly the number of children to have in your whole life, how many would that be?</p> <p>PROBE FOR A NUMERIC RESPONSE.</p>	<p>NONE ..... 00</p> <p>NUMBER ..... <input type="text"/> <input type="text"/></p> <p>OTHER _____ (SPECIFY) 96</p>	815
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>BOYS      GIRLS      EITHER</p> <p>NUMBER .. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>OTHER _____ (SPECIFY) 96</p>	

**SECTION 8. FERTILITY PREFERENCES**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																											
815	In the last 12 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? e) Seen anything about family planning on social media such as Facebook, Twitter, or Instagram? f) Seen anything about family planning on a poster, leaflet or brochure? g) Seen anything about family planning on an outdoor sign or billboard? h) Heard anything about family planning at community meetings or events?	<table border="0"> <tr> <td></td> <td align="right">YES</td> <td align="right">NO</td> </tr> <tr> <td>a) RADIO .....</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>b) TELEVISION .....</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>c) NEWSPAPER OR MAGAZINE .....</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>d) MOBILE PHONE .....</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>e) FACEBOOK/TWITTER/ INSTAGRAM .....</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>f) POSTER/LEAFLET/BROCHURE .....</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>g) OUTDOOR SIGN/BILLBOARD .....</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>h) COMMUNITY MEETINGS/EVENTS ..</td> <td align="right">1</td> <td align="right">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	e) FACEBOOK/TWITTER/ INSTAGRAM .....	1	2	f) POSTER/LEAFLET/BROCHURE .....	1	2	g) OUTDOOR SIGN/BILLBOARD .....	1	2	h) COMMUNITY MEETINGS/EVENTS ..	1	2	
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g) OUTDOOR SIGN/BILLBOARD .....	1	2																												
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817	CHECK 701: YES, <input type="checkbox"/> CURRENTLY MARRIED ↓ YES, <input type="checkbox"/> LIVING WITH A MAN ↓ NO, <input type="checkbox"/>	NOT IN A UNION →	→ 901																											
818	Who usually makes the decision on whether or not you should use contraception, you, your (husband/partner), you and your (husband/partner) jointly, or someone else?	<table border="0"> <tr> <td>RESPONDENT .....</td> <td align="right">1</td> <td></td> </tr> <tr> <td>HUSBAND/PARTNER .....</td> <td align="right">2</td> <td align="right">→ 820</td> </tr> <tr> <td>RESPONDENT AND HUSBAND/PARTNER JOINTLY .....</td> <td align="right">3</td> <td></td> </tr> <tr> <td>SOMEONE ELSE .....</td> <td align="right">4</td> <td></td> </tr> <tr> <td>OTHER _____ (SPECIFY)</td> <td align="right">6</td> <td align="right">→ 820</td> </tr> </table>	RESPONDENT .....	1		HUSBAND/PARTNER .....	2	→ 820	RESPONDENT AND HUSBAND/PARTNER JOINTLY .....	3		SOMEONE ELSE .....	4		OTHER _____ (SPECIFY)	6	→ 820													
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SOMEONE ELSE .....	4																													
OTHER _____ (SPECIFY)	6	→ 820																												
819	When making this decision with your (husband/partner), would you say that your opinion is more important, equally important, or less important than your (husband's/partner's) opinion?	<table border="0"> <tr> <td>MORE IMPORTANT .....</td> <td align="right">1</td> </tr> <tr> <td>EQUALLY IMPORTANT .....</td> <td align="right">2</td> </tr> <tr> <td>LESS IMPORTANT .....</td> <td align="right">3</td> </tr> </table>	MORE IMPORTANT .....	1	EQUALLY IMPORTANT .....	2	LESS IMPORTANT .....	3																						
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EQUALLY IMPORTANT .....	2																													
LESS IMPORTANT .....	3																													
820	Has your (husband/partner) or any other family member ever tried to pressure you to become pregnant when you did not want to become pregnant?	<table border="0"> <tr> <td>YES .....</td> <td align="right">1</td> </tr> <tr> <td>NO .....</td> <td align="right">2</td> </tr> </table>	YES .....	1	NO .....	2																								
YES .....	1																													
NO .....	2																													
821	CHECK 307: NOT ASKED <input type="checkbox"/> ↓ NEITHER ARE <input type="checkbox"/> STERILIZED ↓ HE OR SHE ARE <input type="checkbox"/>	STERILIZED →	→ 901																											
822	Does your (husband/partner) want the same number of children that you want, or does he want more or fewer than you want?	<table border="0"> <tr> <td>SAME NUMBER .....</td> <td align="right">1</td> </tr> <tr> <td>MORE CHILDREN .....</td> <td align="right">2</td> </tr> <tr> <td>FEWER CHILDREN .....</td> <td align="right">3</td> </tr> <tr> <td>DON'T KNOW .....</td> <td align="right">8</td> </tr> </table>	SAME NUMBER .....	1	MORE CHILDREN .....	2	FEWER CHILDREN .....	3	DON'T KNOW .....	8																				
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SECTION 9. HUSBAND'S BACKGROUND AND WOMAN'S WORK

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
901	CHECK 701:  CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/>	NOT IN UNION <input type="checkbox"/>	→ 909
902	How old was your (husband/partner) on his last birthday?	AGE IN COMPLETED YEARS ..... <input type="text"/> <input type="text"/>	
903	Did your (husband/partner) ever attend school?	YES ..... 1 NO ..... 2	→ 906
905	What was the highest grade he completed?  IF COMPLETED LESS THAN ONE GRADE, RECORD '00'.	GRADE ..... <input type="text"/> <input type="text"/> DON'T KNOW ..... 98	
906	Has your (husband/partner) done any work in the last 7 days?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 908
907	Has your (husband/partner) done any work in the last 12 months?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 909
908	What is your (husband's/partner's) occupation? That is, what kind of work does he mainly do?	_____ _____ _____	<input type="text"/> <input type="text"/>
909	Aside from your own housework, have you done any work in the last 7 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 7 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 7 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"/>
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	

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
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	
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/LIVING WITH A MAN <input type="checkbox"/> NOT IN UNION <input type="checkbox"/> → 925		
918	CHECK 916:  CODE '1' OR '2' CIRCLED <input type="checkbox"/> OTHER <input type="checkbox"/> → 921		
919	Who usually decides how the money you earn will be used: you, your (husband/partner), or you and your (husband/partner) jointly?	RESPONDENT ..... 1 HUSBAND/PARTNER ..... 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY ..... 3 OTHER _____ 6 (SPECIFY)	
920	Would you say that the money that you earn is more than what your (husband/partner) earns, less than what he earns, or about the same?	MORE THAN HIM ..... 1 LESS THAN HIM ..... 2 ABOUT THE SAME ..... 3 HUSBAND/PARTNER HAS NO EARNINGS ..... 4 → 922 DON'T KNOW ..... 8	
921	Who usually decides how your (husband's/partner's) earnings will be used: you, your (husband/partner), or you and your (husband/partner) jointly?	RESPONDENT ..... 1 HUSBAND/PARTNER ..... 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY ..... 3 HUSBAND/PARTNER HAS NO EARNINGS ..... 4 OTHER _____ 6 (SPECIFY)	
922	Who usually makes decisions about health care for yourself: you, your (husband/partner), you and your (husband/partner) jointly, or someone else?	RESPONDENT ..... 1 HUSBAND/PARTNER ..... 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY ..... 3 SOMEONE ELSE ..... 4 OTHER ..... 6	
923	Who usually makes decisions about making major household purchases?	RESPONDENT ..... 1 HUSBAND/PARTNER ..... 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY ..... 3 SOMEONE ELSE ..... 4 OTHER ..... 6	
924	Who usually makes decisions about visits to your family or relatives?	RESPONDENT ..... 1 HUSBAND/PARTNER ..... 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY ..... 3 SOMEONE ELSE ..... 4 OTHER ..... 6	

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																				
925	Do you own this or any other house either alone or jointly with someone else?	ALONE ONLY ..... 01 JOINTLY WITH HUSBAND/PARTNER ONLY ..... 02 JOINTLY WITH SOMEONE ELSE ONLY ..... 03 JOINTLY WITH HUSBAND/PARTNER AND SOMEONE ELSE ..... 04 BOTH ALONE AND JOINTLY ..... 05 DOES NOT OWN ..... 06	→ 928																																				
926	Do you have a title deed or other government recognized document for any house you own?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 928																																				
927	Is your name on this document?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8																																					
928	Do you own any agricultural or non-agricultural land either alone or jointly with someone else?	ALONE ONLY ..... 01 JOINTLY WITH HUSBAND/PARTNER ONLY ..... 02 JOINTLY WITH SOMEONE ELSE ONLY ..... 03 JOINTLY WITH HUSBAND/PARTNER AND SOMEONE ELSE ..... 04 BOTH ALONE AND JOINTLY ..... 05 DOES NOT OWN ..... 06	→ 931																																				
929	Do you have a title deed or other government recognized document for any land you own?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 931																																				
930	Is your name on this document?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8																																					
931	PRESENCE OF OTHERS AT THIS POINT (PRESENT AND LISTENING, PRESENT BUT NOT LISTENING, OR NOT PRESENT)	<table border="1"> <thead> <tr> <th></th> <th>PRES./ LISTEN.</th> <th>PRES./ NOT LISTEN.</th> <th>NOT PRES.</th> </tr> </thead> <tbody> <tr> <td>CHILDREN &lt; 10</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>HUSBAND</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>OTHER MALES</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>OTHER FEMALES</td> <td>1</td> <td>2</td> <td>3</td> </tr> </tbody> </table>		PRES./ LISTEN.	PRES./ NOT LISTEN.	NOT PRES.	CHILDREN < 10	1	2	3	HUSBAND	1	2	3	OTHER MALES	1	2	3	OTHER FEMALES	1	2	3																	
	PRES./ LISTEN.	PRES./ NOT LISTEN.	NOT PRES.																																				
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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:	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>a) GOES OUT</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>b) NEGLECTS CHILDREN</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>c) ARGUES</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>d) REFUSES SEX</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>e) BURNS FOOD</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>f) DOWRY</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>g) ROUTINE</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>h) OTHER MEN</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DK	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) DOWRY	1	2	8	g) ROUTINE	1	2	8	h) OTHER MEN	1	2	8	
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SECTION 10. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																
1000	Now I would like to talk about HIV and AIDS.																		
1001	Have you ever heard of HIV or AIDS?	YES ..... 1 NO ..... 2	→ 1040																
1002	CHECK 111: AGE 15-24 YEARS <input type="checkbox"/> ↓ 25 YEARS OR OLDER <input type="checkbox"/>		→ 1008																
1003	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																	
1004	Can people get HIV from mosquito bites?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8																	
1005	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																	
1006	Can people get HIV by sharing food with a person who has HIV?	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	Have you heard of ARVs, that is, antiretroviral medicines that treat HIV?	YES ..... 1 NO ..... 2																	
1008A	Can HIV be transmitted from an infected mother to her baby: a) During pregnancy? b) During delivery? c) By breastfeeding?	<table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> <td>DK</td> </tr> <tr> <td>a) DURING PREGNANCY ..</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>b) DURING DELIVERY .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>c) BREASTFEEDING .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> </table>		YES	NO	DK	a) DURING PREGNANCY ..	1	2	8	b) DURING DELIVERY .....	1	2	8	c) BREASTFEEDING .....	1	2	8	
	YES	NO	DK																
a) DURING PREGNANCY ..	1	2	8																
b) DURING DELIVERY .....	1	2	8																
c) BREASTFEEDING .....	1	2	8																
1009	Are there any special medicines 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																	
1012	CHECK 220 AND 223: NO LIVE BIRTHS <input type="checkbox"/> ↓ LAST LIVE BIRTH 0-23 MONTHS BEFORE THE SURVEY <input type="checkbox"/> ↓ LAST LIVE BIRTH 24 MONTHS OR MORE BEFORE THE SURVEY <input type="checkbox"/>		→ 1024 → 1024																
1013	CHECK 412 FOR LAST LIVE BIRTH ('TYPE 1'): HAD ANTENATAL CARE <input type="checkbox"/> ↓ NO ANTENATAL CARE <input type="checkbox"/>		→ 1018																
1014	<b>CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.</b>																		
1014A	During any of the antenatal visits for your last birth were you given any information about: a) Babies getting HIV from their mother? b) Things that you can do to prevent getting HIV? c) Getting tested for HIV?	<table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> <td>DK</td> </tr> <tr> <td>a) HIV FROM MOTHER ..</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>b) THINGS TO DO .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>c) TESTED FOR HIV .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> </table>		YES	NO	DK	a) HIV FROM MOTHER ..	1	2	8	b) THINGS TO DO .....	1	2	8	c) TESTED FOR HIV .....	1	2	8	
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a) HIV FROM MOTHER ..	1	2	8																
b) THINGS TO DO .....	1	2	8																
c) TESTED FOR HIV .....	1	2	8																
1015	Were you tested for HIV as part of your antenatal care while you were pregnant with (NAME)?	YES ..... 1 NO ..... 2	→ 1018																

SECTION 10. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1016	<p>Where was the test done?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.</p>	<p><b>PUBLIC SECTOR</b></p> <p>GOVERNMENT HOSPITAL ..... 11</p> <p>PHC/PRIMARY HOSPITAL ..... 12</p> <p>HTC CENTER ..... 13</p> <p>OTHER PUBLIC FACILITIES</p> <p>_____ 16</p> <p align="center">(SPECIFY)</p> <p><b>PRIVATE MEDICAL SECTOR</b></p> <p>PRIVATE HOSPITAL ..... 21</p> <p>PRIVATE CLINIC ..... 22</p> <p>PRIVATE DOCTOR ..... 23</p> <p>STAND-ALONE HTC CENTER ..... 24</p> <p>PHARMACY ..... 25</p> <p>OTHER PRIVATE MEDICAL FACILITIES</p> <p>_____ 26</p> <p align="center">(SPECIFY)</p> <p><b>NGO MEDICAL SECTOR</b></p> <p>FPAN ..... 31</p> <p>MARIE STOPES ..... 32</p> <p>MOBILE HTC SERVICES ..... 33</p> <p>OTHER NGO MEDICAL FACILITIES</p> <p>_____ 36</p> <p align="center">(SPECIFY)</p> <p><b>OTHER SOURCE</b></p> <p>HOME ..... 41</p> <p>WORKPLACE ..... 42</p> <p>CORRECTIONAL FACILITY ..... 43</p> <p>OTHER _____ 96</p> <p align="center">(SPECIFY)</p>	
1017	Did you get the results of the test?	<p>YES ..... 1</p> <p>NO ..... 2</p>	
1018	<p>CHECK 435 FOR LAST LIVE BIRTH ('TYPE 1'):</p> <p align="center">ANY CODE <input type="checkbox"/> OTHER <input type="checkbox"/> → 1021</p> <p align="center">'21-46' CIRCLED ↓</p>		
1019	Between the time you went for delivery but before the baby was born, were you tested for HIV?	<p>YES ..... 1</p> <p>NO ..... 2 → 1021</p>	
1020	Did you get the results of the test?	<p>YES ..... 1</p> <p>NO ..... 2 → 1022</p>	
1021	<p>CHECK 1015:</p> <p align="center">YES <input type="checkbox"/> NO OR <input type="checkbox"/> NOT ASKED → 1024</p> <p align="center">↓</p>		
1022	Have you been tested for HIV since that time you were tested during your pregnancy?	<p>YES ..... 1 → 1025</p> <p>NO ..... 2</p>	

SECTION 10. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1023	In what month and year was your most recent HIV test?	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	→ 1028
1024	Have you ever been tested for HIV?	YES ..... 1 NO ..... 2	→ 1032
1025	In what month and year was your most recent HIV test?	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	
1026	Where was the test done?  PROBE TO IDENTIFY THE TYPE OF SOURCE.  IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.	<b>PUBLIC SECTOR</b> GOVERNMENT HOSPITAL ..... 11 PHC/PRIMARY HOSPITAL ..... 12 HTC CENTER ..... 13  OTHER PUBLIC FACILITIES _____ 16 (SPECIFY)  <b>PRIVATE MEDICAL SECTOR</b> PRIVATE HOSPITAL ..... 21 PRIVATE CLINIC ..... 22 PRIVATE DOCTOR ..... 23 STAND-ALONE HTC CENTER ..... 24 PHARMACY ..... 25  OTHER PRIVATE MEDICAL FACILITIES _____ 26 (SPECIFY)  <b>NGO MEDICAL SECTOR</b> FPAN ..... 31 MARIE STOPES ..... 32 MOBILE HTC SERVICES ..... 33  OTHER NGO MEDICAL FACILITIES _____ 36 (SPECIFY)  <b>OTHER SOURCE</b> HOME ..... 41 WORKPLACE ..... 42 CORRECTIONAL FACILITY ..... 43  OTHER _____ 96 (SPECIFY)	
1027	Did you get the results of the test?	YES ..... 1 NO ..... 2	→ 1031

SECTION 10. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1028	What was the result of the test?	POSITIVE ..... 1 NEGATIVE ..... 2 INDETERMINATE ..... 3 DECLINED TO ANSWER ..... 4 DID NOT RECEIVE TEST RESULT ..... 5	→ 1031
1029	In what month and year did you receive your first HIV-positive test result?	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 SAME DATE AS LAST HIV TEST ..... 95	
1030	Are you currently taking ARVs, that is antiretroviral medicines? By currently, I mean that you may have missed some doses but you are still taking ARVs.	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
1031	How many times have you been tested for HIV in your lifetime?  IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE, IF NUMBER OF TESTS IS 95 OR MORE, RECORD '95'.	NUMBER OF HIV TESTS ..... <input type="text"/> <input type="text"/>	
1032	Have you heard of test kits people can use to test themselves for HIV?	YES ..... 1 NO ..... 2	→ 1034
1033	Have you ever tested yourself for HIV using a self-test kit?	YES ..... 1 NO ..... 2	
1034	Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had HIV?	YES ..... 1 NO ..... 2 DON'T KNOW/NOT SURE/DEPENDS ..... 8	
1035	Do you think children living with HIV should be allowed to attend school with children who do not have HIV?	YES ..... 1 NO ..... 2 DON'T KNOW/NOT SURE/DEPENDS ..... 8	
1040	CHECK 1001: HEARD ABOUT HIV OR AIDS <input type="checkbox"/> ↓ a) Apart from HIV, have you heard about other infections that can be transmitted through sexual contact? NOT HEARD ABOUT HIV OR AIDS <input type="checkbox"/> ↓ b) Have you heard about infections that can be transmitted through sexual contact?	YES ..... 1 NO ..... 2	
1041	CHECK 722: HAS HAD SEXUAL INTERCOURSE <input type="checkbox"/> ↓ NEVER HAD SEXUAL INTERCOURSE <input type="checkbox"/>		→ 1046
1042	CHECK 1040: HEARD ABOUT OTHER SEXUALLY TRANSMITTED INFECTIONS? YES <input type="checkbox"/> ↓ NO <input type="checkbox"/>		→ 1044

## SECTION 10. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1043	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 DONT KNOW ..... 8	
1044	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 DONT KNOW ..... 8	
1045	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 DONT KNOW ..... 8	
1046	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 DONT KNOW ..... 8	
1047	Is a wife justified in refusing to have sex with her husband when she knows he has sex with other women?	YES ..... 1 NO ..... 2 DONT KNOW ..... 8	
1048	CHECK 701:  CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/>   NOT IN UNION <input type="checkbox"/>  1101		
1049	Can you say no to your (husband/partner) if you do not want to have sexual intercourse?	YES ..... 1 NO ..... 2 DEPENDS/NOT SURE ..... 8	
1050	Could you ask your (husband/partner) 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	How long does it take in minutes to go from your home to the nearest healthcare facility, which could be a hospital, a primary health care center, a medical doctor, or a health post?	MINUTES ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>				
1102	How do you travel to this healthcare facility from your home?  IF MORE THAN ONE WAY OF TRAVEL IS MENTIONED, CIRCLE THE ONE HIGHEST ON THE LIST.	<p><b>MOTORIZED</b></p> <p>CAR/TRUCK ..... 01</p> <p>PUBLIC BUS ..... 02</p> <p>MOTORCYCLE/SCOOTER ..... 03</p> <p>THREE-WHEELER ..... 04</p> <p><b>NOT MOTORIZED</b></p> <p>ANIMAL-DRAWN CART ..... 05</p> <p>BICYCLE/RICKSHAW ..... 06</p> <p>BOAT WITHOUT MOTOR ..... 07</p> <p>WALKING ..... 08</p> <p>OTHER _____ 96 (SPECIFY)</p>				
1102A	What kind of facility is this nearest healthcare facility?  IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD 'X' AND WRITE THE NAME OF THE PLACE.	<p><b>PUBLIC SECTOR</b></p> <p>GOVERNMENT HOSPITAL ..... 11</p> <p>PHC/PRIMARY HOSPITAL ..... 12</p> <p>HEALTH POST ..... 13</p> <p>BASIC HEALTH CARE CENTER ..... 14</p> <p>URBAN HEALTH CENTER ..... 15</p> <p>COMMUNITY HEALTH UNIT ..... 17</p> <p>OTHER PUBLIC FACILITIES _____ 16 (SPECIFY)</p> <p><b>PRIVATE MEDICAL SECTOR</b></p> <p>PRIVATE HOSPITAL ..... 21</p> <p>PRIVATE CLINIC ..... 22</p> <p>PHARMACY ..... 23</p> <p>OTHER PRIVATE MEDICAL FACILITIES _____ 26 (SPECIFY)</p> <p><b>NGO MEDICAL SECTOR</b></p> <p>FPAN ..... 31</p> <p>MARIE STOPES ..... 32</p> <p>OTHER NGO MEDICAL FACILITIES _____ 36 (SPECIFY)</p> <p>OTHER _____ 96 (SPECIFY)</p> <p>DON'T KNOW ..... 98</p>				
1102B	Have you heard of breast cancer?	YES ..... 1 NO ..... 2	→ 1103C			
1102C	Do you know a woman can do breast self-examination to detect lumps?	YES ..... 1 NO ..... 2				
1103	Has a doctor or other healthcare provider examined your breasts to check for breast cancer?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 1103C			

SECTION 11. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1103A	What was the result of the examination?	NORMAL/NEGATIVE ..... 1 ABNORMAL/POSITIVE ..... 2 SUSPECTED CANCER ..... 3 UNCLEAR/INCONCLUSIVE ..... 4 DID NOT RECEIVE RESULTS ..... 5 DON'T KNOW ..... 8	→ 1103C    → 1103C
1103B	Did you receive any treatment?	YES ..... 1 NO ..... 2	
1103C	Have you heard of cervical cancer?	YES ..... 1 NO ..... 2	→ 1104
1103D	Have you heard of any test for cervical cancer?	YES ..... 1 NO ..... 2	
1104	Now I'm going to ask you about tests a healthcare worker can do to check for cervical cancer, which is cancer in the cervix. The cervix connects the womb to the vagina. To be checked for cervical cancer, a woman is asked to lie on her back with her legs apart. Then the healthcare worker will use a brush or swab to collect a sample from inside her. The sample is sent to a laboratory for testing. This test is called a Pap smear or HPV test. Another method is called a VIA or Visual Inspection with Acetic Acid. In this test, the healthcare worker puts vinegar on the cervix to see if there is a reaction.		
1105	Has a doctor or other healthcare worker ever tested you for cervical cancer?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 1105D
1105A	When was your last test for cervical cancer?  IF LESS THAN 1 YEAR, RECORD '00'.	YEARS ..... <input type="text"/> <input type="text"/> DON'T KNOW ..... 98	
1105B	What was the result of your last test for cervical cancer?	NORMAL/NEGATIVE ..... 1 ABNORMAL/POSITIVE ..... 2 SUSPECTED CANCER ..... 3 UNCLEAR/INCONCLUSIVE ..... 4 DID NOT RECEIVE RESULTS ..... 5 DON'T KNOW ..... 8	→ 1105D    → 1105D
1105C	Did you receive any treatment to your cervix?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
1105D	CHECK 212:  ONE OR MORE PAST PREGNANCIES <input type="checkbox"/> NO PAST PREGNANCIES <input type="checkbox"/>		→ 1106
1105E	Have you ever experienced signs of uterine prolapse?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 1106
1105F	Did you seek treatment for this problem?	YES ..... 1 NO ..... 2	→ 1106

SECTION 11. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1105G	What type of treatment did you receive?	SURGERY ..... 1 PESSARY RING PROVIDED ..... 2 USED HERBS IN VAGINA ..... 3 TRADITIONAL HEALER ..... 4  OTHER _____ 6 (SPECIFY) DON'T KNOW ..... 8	→ 1106
1105H	Did the surgery fix the problem?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
1106	Now I would like to ask you some questions on smoking and tobacco use. Do you currently smoke cigarettes every day, some days, or not at all?	EVERY DAY ..... 1 SOME DAYS ..... 2 NOT AT ALL ..... 3	→ 1108
1107	On average, how many cigarettes do you currently smoke each day?	NUMBER OF CIGARETTES ..... <input type="text"/> <input type="text"/>	
1108	Do you currently smoke or use any other type of tobacco every day, some days, or not at all?	EVERY DAY ..... 1 SOME DAYS ..... 2 NOT AT ALL ..... 3	→ 1110
1109	What other type of tobacco do you currently smoke or use?  RECORD ALL MENTIONED.	PIPES FULL OF TOBACCO/SULPHA/ CHILUM ..... B CIGARS/BIDI ..... C WATER PIPE ..... D SNUFF BY MOUTH ..... E SNUFF BY NOSE ..... F CHEWING TOBACCO (GUTKA/KHAINI) ..... G BETEL QUID WITH TOBACCO ..... H  OTHER _____ X (SPECIFY)	
1110	Now I would like to ask you some questions about drinking alcohol. Have you ever consumed any alcohol, such as beer, wine, spirits, or local jaand, chyang etc.?	YES ..... 1 NO ..... 2	→ 1112A
1111	We count one drink of alcohol as one can or bottle of beer, one glass of wine, one shot of spirits, or one cup of jaand, chyang. During the last one month, on how many days did you have at least one drink of alcohol?  IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF RESPONDENT ANSWERS 'EVERY DAY' OR 'ALMOST EVERY DAY,' CODE '95'.	DID NOT HAVE EVEN ONE DRINK ..... 00  NUMBER OF DAYS ..... <input type="text"/> <input type="text"/>  EVERY DAY/ALMOST EVERY DAY ..... 95	→ 1112A
1112	In the last one month, on the days that you drank alcohol, how many drinks did you usually have per day?	NUMBER OF DRINKS ..... <input type="text"/> <input type="text"/>	
1112A	Have you ever heard of an illness called tuberculosis or TB?	YES ..... 1 NO ..... 2	→ 1113

SECTION 11. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1112B	What are the common symptoms of TB ?  RECORD ALL MENTIONED.	COUGH FOR MORE THAN 2 WEEKS ..... A FEVER IN THE EVENINGS ..... B CHEST PAIN ..... C LOSS OF WEIGHT ..... D LOSS OF APPETITE ..... E BLOOD IN SPUTUM ..... F TIREDNESS/FATIGUE ..... G COUGH ..... H FEVER ..... I PERSON TURNS BLACK ..... J  OTHER _____ X (SPECIFY)  DON'T KNOW ..... Z	
1112C	How does tuberculosis spread from one person to another?  RECORD ALL MENTIONED.	THROUGH THE AIR WHEN COUGHING OR SNEEZING ..... A THROUGH SHARING UTENSILS ..... B THROUGH TOUCHING A PERSON WITH TB ..... C THROUGH SHARING FOOD ..... D THROUGH SEXUAL CONTACT ..... E THROUGH MOSQUITO BITES ..... F THROUGH SPIT/SALIVA ..... G INHERITED ..... H  OTHER _____ X (SPECIFY)  DON'T KNOW ..... Z	
1112D	Can tuberculosis be cured?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 1112F
1112E	What is the duration of treatment of TB now a days?  IF MORE THAN 7 MONTHS, RECORD 7.	MONTHS ..... <input data-bbox="1241 1167 1339 1227" type="text"/>  DON'T KNOW ..... 8	
1112F	Have you ever been told by a health care provider that you have/had tuberculosis?	YES ..... 1 NO ..... 2	→ 1112I
1112G	Did you seek treatment for TB?	YES ..... 1 NO ..... 2	→ 1112I

SECTION 11. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP															
1112H	<p>Where did you go for treatment for TB?</p> <p>RECORD ALL MENTIONED.</p>	<p><b>PUBLIC SECTOR</b></p> <p>GOVERNMENT HOSPITAL ..... A</p> <p>PHC/PRIMARY HOSPITAL ..... B</p> <p>HEALTH POST ..... C</p> <p>BASIC HEALTH CARE CENTER ..... D</p> <p>URBAN HEALTH CENTER ..... E</p> <p>COMMUNITY HEALTH UNIT ..... F</p> <p>OTHER _____ G</p> <p style="text-align: center;">(SPECIFY)</p> <p><b>PRIVATE MEDICAL SECTOR</b></p> <p>PRIVATE HOSPITAL/ NURSING HOME ..... H</p> <p>PRIVATE CLINIC ..... I</p> <p>PHARMACY ..... J</p> <p>OTHER PRIVATE MEDICAL FACILITIES</p> <p>_____ K</p> <p style="text-align: center;">(SPECIFY)</p> <p><b>NON-GOVT. (NGO) SECTOR</b></p> <p>FPAN ..... L</p> <p>MARIE STOPES ..... M</p> <p>OTHER NGO FACILITIES</p> <p>_____ N</p> <p style="text-align: center;">(SPECIFY)</p> <p><b>OTHER SOURCE</b></p> <p>SHOP ..... O</p> <p>FRIEND/RELATIVE ..... P</p> <p>TRADITIONAL HEALER ..... Q</p> <p>OTHER _____ X</p> <p style="text-align: center;">(SPECIFY)</p> <p>DON'T KNOW ..... Z</p>																
1112I	<p>If a member of your family got tuberculosis, would you want it to remain a secret or not?</p>	<p>YES, REMAIN A SECRET ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW/UNSURE ..... 8</p>																
1113	<p>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:</p> <p>a) Getting permission to go to the doctor?</p> <p>b) Getting money needed for advice or treatment?</p> <p>c) The distance to the health facility?</p> <p>d) Not wanting to go alone?</p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 20%; text-align: center;">BIG PROBLEM</th> <th style="width: 20%; text-align: center;">NOT A BIG PROBLEM</th> </tr> </thead> <tbody> <tr> <td>a) PERMISSION TO GO .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>b) GETTING MONEY .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>c) DISTANCE .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>d) GO ALONE .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">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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SECTION 11. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1114	Are you covered by any health insurance?	YES ..... 1 NO ..... 2	→ 1115A
1115	What type of health insurance are you covered by?  RECORD ALL MENTIONED.	GOVERNMENT HEALTH INSURANCE ..... A HEALTH INSURANCE THROUGH EMPLOYER ..... B SOCIAL SECURITY ..... C OTHER PRIVATELY PURCHASED COMMERCIAL HEALTH INSURANCE ..... D  OTHER _____ X (SPECIFY)	
1115A	Have you heard of COVID-19?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 1115F
1115B	What are the common symptoms of COVID-19 infection?  RECORD ALL MENTIONED.	FEVER ..... A COUGH ..... B SHORTNESS OF BREATH AND BREATHING DIFFICULTIES ..... C MUSCLE PAIN ..... D HEADACHE ..... E LOSS OF TASTE OR SMELL ..... F DIAHHRREA ..... G COMMON COLD AND RUNNING NOSE ..... H  OTHER _____ X (SPECIFY)  DON'T KNOW ..... Z	
1115C	Do you know if there are ways to prevent the spread of COVID-19?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 1115E
1115D	What measures are you taking to reduce your risk of getting infected by COVID-19?  RECORD ALL MENTIONED.	WEARING A MASK ..... A WASHING HANDS PROPERLY ..... B USING SANITIZER ..... C MAINTAINING DISTANCE ..... D AVOID TOUCHING EYES/NOSE/MOUTH ..... E PRACTICE RESPIRATORY HYGIENE ..... F GET VACCINATED ..... G FOCUS ON CLEANLINESS ..... H DRINK HOT WATER (WITH OR WITHOUT HERBS) ..... I  OTHER _____ X (SPECIFY)  DID NOTHING ..... Z	
1115E	Where/from whom have you received information around COVID-19?  RECORD ALL MENTIONED.	FCHVs ..... A HEALTH MOTHER'S GROUP ..... B COMMUNITY HEALTH WORKERS ..... C OTHER FRONTLINE WORKERS FROM I/NGO ..... D RADIO PROGRAM ..... E SMS/TEXT MESSAGING ..... F HEALTH FACILITY ..... G PHONE COUNSELING ..... H TELEVISION ..... I MOBILE RING TONE ..... J FAMILY/RELATIVES/FRIENDS/NEIGHBORS ..... K SOCIAL MEDIA ..... L  OTHER _____ X (SPECIFY)  DON'T KNOW ..... Z	

## SECTION 11. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																				
1115F	<p>In the last three months have you heard or seen the following programs on the television and/or radio:</p> <p>a) Janaswasthya Bahas TV Karyakram?</p> <p>b) Jeevanchakra TV serial?</p> <p>c) Janaswasthya Radio Karyakram?</p> <p>d) Swasthya Gatibidhi Radio Karyakram?</p> <p>e) Eek Dui Tin Sunau eekai chin Radio Karyakram?</p> <p>f) Bhanchhin Aama Radio Karyakram?</p> <p>g) Hello Bhanchhin Aama Radio Karyakram?</p> <p>h) Jeevan Raksya Radio Karyakram (COVID-19)</p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">YES</th> <th style="width: 10%; text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>a) JANASWASTHA BAHAS ..</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>b) JEEVAN CHAKRA .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>c) JANASWASTHA RADIO ..</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>d) SWASTHYA GATIBIDHI ..</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>e) EEK DUI TIN .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>f) BHANCHIN AAMA .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>g) HELLO BHANCHIN .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>h) JEEVAN RAKSYA ..</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	a) JANASWASTHA BAHAS ..	1	2	b) JEEVAN CHAKRA .....	1	2	c) JANASWASTHA RADIO ..	1	2	d) SWASTHYA GATIBIDHI ..	1	2	e) EEK DUI TIN .....	1	2	f) BHANCHIN AAMA .....	1	2	g) HELLO BHANCHIN .....	1	2	h) JEEVAN RAKSYA ..	1	2										
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1115G	Is there a health mother's group in this ward?	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td>YES .....</td> <td style="text-align: center;">1</td> </tr> <tr> <td>NO .....</td> <td style="text-align: center;">2</td> </tr> <tr> <td>DON'T KNOW .....</td> <td style="text-align: center;">8</td> </tr> </tbody> </table>	YES .....	1	NO .....	2	DON'T KNOW .....	8	→ 1200																														
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1115H	In the past 6 months, how many health mother's group meetings have you participated in?	<p>NONE <span style="float: right;">00</span></p> <p>NUMBER OF MEETINGS ..... <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/></p>	→ 1200																																				
1115I	<p>What issues are discussed during the health mother's group meetings?</p> <p>RECORD ALL MENTIONED.</p>	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr><td>RECEIVED INFORMATION OF CHILD FEEDING</td><td style="text-align: right;">A</td></tr> <tr><td>RECEIVED INFORMATION ON FOOD/COOKING</td><td style="text-align: right;">B</td></tr> <tr><td>RECEIVED INFORMATION ON GARDENING .....</td><td style="text-align: right;">C</td></tr> <tr><td>RECEIVED INFORMATION ON POULTRY .....</td><td style="text-align: right;">D</td></tr> <tr><td>RECEIVED INFORMATION ON PROCESSING .....</td><td style="text-align: right;">E</td></tr> <tr><td>RECEIVED INFORMATION ON REPRODUCTIVE HEALTH/WOMEN'S HEALTH CARE .....</td><td style="text-align: right;">F</td></tr> <tr><td>WATCH DEMONSTRATION ON COOKING .....</td><td style="text-align: right;">G</td></tr> <tr><td>DISCUSS ABOUT MATERNAL/CHILD NUTRITION</td><td style="text-align: right;">H</td></tr> <tr><td>DISCUSS GENDER ISSUES .....</td><td style="text-align: right;">I</td></tr> <tr><td>DISCUSS ABOUT HANDWASHING .....</td><td style="text-align: right;">J</td></tr> <tr><td>DISCUSS ABOUT TOILET .....</td><td style="text-align: right;">K</td></tr> <tr><td>DISCUSS ABOUT FAMILY PLANNING .....</td><td style="text-align: right;">L</td></tr> <tr><td>DISCUSS ABOUT DIARRHEA .....</td><td style="text-align: right;">M</td></tr> <tr><td>RECEIVED INFORMATION ON ADOLESCENT NUTRITION .....</td><td style="text-align: right;">N</td></tr> <tr><td>DISCUSS ABOUT COVID-19 .....</td><td style="text-align: right;">O</td></tr> <tr><td>OTHER _____</td><td style="text-align: right;">X</td></tr> <tr><td style="text-align: center;">(SPECIFY)</td><td></td></tr> <tr><td>DON'T KNOW .....</td><td style="text-align: right;">Z</td></tr> </tbody> </table>	RECEIVED INFORMATION OF CHILD FEEDING	A	RECEIVED INFORMATION ON FOOD/COOKING	B	RECEIVED INFORMATION ON GARDENING .....	C	RECEIVED INFORMATION ON POULTRY .....	D	RECEIVED INFORMATION ON PROCESSING .....	E	RECEIVED INFORMATION ON REPRODUCTIVE HEALTH/WOMEN'S HEALTH CARE .....	F	WATCH DEMONSTRATION ON COOKING .....	G	DISCUSS ABOUT MATERNAL/CHILD NUTRITION	H	DISCUSS GENDER ISSUES .....	I	DISCUSS ABOUT HANDWASHING .....	J	DISCUSS ABOUT TOILET .....	K	DISCUSS ABOUT FAMILY PLANNING .....	L	DISCUSS ABOUT DIARRHEA .....	M	RECEIVED INFORMATION ON ADOLESCENT NUTRITION .....	N	DISCUSS ABOUT COVID-19 .....	O	OTHER _____	X	(SPECIFY)		DON'T KNOW .....	Z	
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MENTAL HEALTH MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1200	CHECK FOR HOUSEHOLD SELECTED FOR MAN'S SURVEY:  HOUSEHOLD SELECTED FOR MAN'S SURVEY <input type="checkbox"/>	HOUSEHOLD NOT SELECTED <input type="checkbox"/>	F1
Now I will ask you a few questions on how you have felt or behaved in the last 2 weeks. You may find some of these questions very personal. Let me assure you that your answers are completely confidential and will not be told to anyone. 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.			

<b>GAD (ANXIETY) CODES:</b>								
CODE '7' (RF) REFUSED TO ANSWER								
CODE '8' (DK) DON'T KNOW								
GAD	The next questions are about how you have been feeling during the last 2 weeks. Over the last 2 weeks, how often have you been bothered by the following problems? Would you say never, rarely, often, or always?							
	1) Feeling nervous, anxious or on edge? Would you say never, rarely, often, or always?	1)	0	1	2	3	7	8
	2) Not being able to stop or control worrying?  IF NECESSARY ASK: Would you say never, rarely, often, or always?	2)	0	1	2	3	7	8
	3) Worrying too much about different things?  IF NECESSARY ASK: Would you say never, rarely, often, or always?	3)	0	1	2	3	7	8
	4) Trouble relaxing?  IF NECESSARY ASK: Would you say never, rarely, often, or always?	4)	0	1	2	3	7	8
	5) Being so restless that it is hard to sit still?  IF NECESSARY ASK: Would you say never, rarely, often, or always?	5)	0	1	2	3	7	8
	6) Becoming easily annoyed or irritable?  IF NECESSARY ASK: Would you say never, rarely, often, or always?	6)	0	1	2	3	7	8
	7) Feeling afraid as if something awful might happen?  IF NECESSARY ASK: Would you say never, rarely, often, or always?	7)	0	1	2	3	7	8

PHQ (DEPRESSION) CODES:								
CODE '7' (RF) REFUSED TO ANSWER								
CODE '8' (DK) DON'T KNOW								
PHQ	Over the last 2 weeks, how often have you been bothered by the following problems? Would you say never, rarely, often, or always?	NEVER	RARELY	OFTEN	ALWAYS	RF	DK	
	1) Little interest or pleasure in doing things? Would you say never, rarely, often, or always?	1) 0	1	2	3	7	8	
	2) Feeling down, depressed or hopeless?  IF NECESSARY ASK: Would you say never, rarely, often, or always?	2) 0	1	2	3	7	8	
	3) Trouble falling asleep, staying asleep, or sleeping too much?  IF NECESSARY ASK: Would you say never, rarely, often, or always?	3) 0	1	2	3	7	8	
	4) Feeling tired or having little energy?  IF NECESSARY ASK: Would you say never, rarely, often, or always?	4) 0	1	2	3	7	8	
	5) Poor appetite or overeating?  IF NECESSARY ASK: Would you say never, rarely, often, or always?	5) 0	1	2	3	7	8	
	6) Feeling bad about yourself - or that you are a failure or have let yourself or your family down?  IF NECESSARY ASK: Would you say never, rarely, often, or always?	6) 0	1	2	3	7	8	
	7) Trouble concentrating on things, such as reading the newspaper or watching television?  IF NECESSARY ASK: Would you say never, rarely, often, or always?	7) 0	1	2	3	7	8	
	8) Moving or speaking so slowly that other people could have noticed. Or, the opposite - being so fidgety or restless that you have been moving around a lot more than usual?  IF NECESSARY ASK: Would you say never, rarely, often, or always?	8) 0	1	2	3	7	8	
	9) Thoughts that you would be better off dead or of hurting yourself in some way?  IF NECESSARY ASK: Would you say never, rarely, often, or always?	9) 0	1	2	3	7	8	
MTH1	CHECK THE REPORTED SYMPTOMS: ANY CODE '1', '2', OR '3' RECORDED IN GAD, AND/OR ANY CODE '1', '2', OR '3' RECORDED IN PHQ							
	ANY SYMPTOMS REPORTED FOR GAD AND/OR PHQ <input type="checkbox"/>							
		NO SYMPTOMS <input type="checkbox"/>	→ MTH4					

MTH2	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	→ MTH4
MTH3	From whom have you sought help?  Anyone else?  RECORD ALL MENTIONED.	DOCTOR/MEDICAL PERSONNEL ..... A SOCIAL SERVICE ORGANIZATION ..... B SOCIAL WORKER ..... C COMMUNITY HEALTH WORKER/ FIELDWORKER ..... D RELIGIOUS LEADER/DHAMI ..... E CURRENT/FORMER SPOUSE/PARTNER .. F OTHER FAMILY MEMBER ..... G FRIEND ..... H NEIGHBOR ..... I NON-GOVERNMENT ORGANIZATION..... J  OTHER _____ X (SPECIFY)	
MTH4	Have you ever been told by a doctor or other healthcare worker that you have:  a) Depression? b) Anxiety?	YES NO a) DEPRESSION ..... 1 2 b) ANXIETY ..... 1 2	
MTH5	During the last 2 weeks, did you take medicine prescribed by a doctor or other healthcare worker for depression or anxiety?	YES ..... 1 NO ..... 2	
MTH6	During the last 2 weeks, did you take medicine prescribed by a doctor or other healthcare worker for any other mental health condition?	YES ..... 1 NO ..... 2	
MTH6A	During the last 2 weeks, did you ever receive counseling for your mental health condition?	YES ..... 1 NO ..... 2	
MTH7	SCORE THE PHQ SCALE BY SUMMING THE ANSWERS TO PHQ 1-9.	PHQ SCORE ..... <input type="text"/> <input type="text"/>	
MTH8	CHECK MTH7 AND PHQ9: ASSESS NEED FOR REFERRAL  RESPONDENTS WITH A SCORE OF 10 OR HIGHER ON THE PHQ SCALE, AND/OR THOSE WHO ANSWERED '1', '2', OR '3' ON PHQ9 SHOULD BE OFFERED A REFERRAL FOR MENTAL HEALTH SERVICES.  SCORE OF 10 OR HIGHER ON THE PHQ SCALE AND/OR ANY CODE '1', '2', OR '3' IN PHQ9 <input type="checkbox"/> OTHER <input type="checkbox"/> → F1		
MTH9	Thank you for answering this series of questions. Based on the information you shared with me about your recent experiences, you may benefit from services provided by the agency in the referral card.  PROVIDE RESPONDENT WITH REFERRAL CARD. This card provides contact information of the agency.		



F10	From whom did you last seek treatment?	<b>HEALTH PROFESSIONAL</b> DOCTOR ..... 1 NURSE/MIDWIFE ..... 2 <b>OTHER PERSON</b> COMMUNITY/VILLAGE HEALTH WORKER ..... 3 OTHER _____ 6 (SPECIFY)	
F11	Did you have an operation to fix the problem?	YES ..... 1 NO ..... 2	
F12	Did the treatment stop the leakage completely?  IF NO: Did the treatment reduce the leakage?	YES, STOPPED COMPLETELY ..... 1 NOT STOPPED BUT REDUCED ..... 2 NOT STOPPED AT ALL ..... 3 DID NOT RECEIVE TREATMENT ..... 4	→ DV00
F12A	How long have you been suffering from this problem without treatment or not improving even with treatment?  ENTER '00' IF LESS THAN A YEAR.	YEAR ..... <input type="text"/> <input type="text"/>	



**DOMESTIC VIOLENCE MODULE**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																				
DV00	CHECK FOR WOMAN SELECTED FOR DV MODULE:  WOMAN SELECTED <input type="checkbox"/> FOR THIS SECTION ↓	WOMAN <input type="checkbox"/> NOT SELECTED →	DV38																																				
DV01	CHECK FOR PRESENCE OF OTHERS: DO NOT CONTINUE UNTIL PRIVACY IS ENSURED.  PRIVACY OBTAINED ..... 1 ↓	PRIVACY NOT POSSIBLE ..... 2 →	DV37																																				
DV02	READ TO THE RESPONDENT: 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 Nepal. 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.																																						
DV03	CHECK 701 AND 702:  NEVER MARRIED/ NEVER LIVED WITH A MAN <input type="checkbox"/> ↓	CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/> →  FORMERLY MARRIED/ LIVED WITH A MAN (READ IN PAST TENSE AND USE 'LAST' WITH 'HUSBAND/ MALE PARTNER') <input type="checkbox"/> →	DV06  DV06																																				
DV04	You have said that you are not married and are not living with a man as if married. Are you currently in an intimate relationship with a man even though you are not living with him?	YES ..... 1 NO ..... 2	→ DV06																																				
DV05	Have you ever been in an intimate relationship with a man even though you did not ever live with him?	YES ..... 1 NO ..... 2	→ DV19																																				
DV06	Now, I am going to ask you about some situations that can happen between some women and their (husband/male partner).  A. Please tell me if these descriptions apply to your relationship with your (last) (husband/male partner).  B. How often did this happen during the last 12 months: often, only sometimes, or not at all?																																						
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DV07	<p>Now I need to ask some more questions about your relationship with your (last) (husband/male partner).</p> <p>A. Did your (last) (husband/male partner) ever:</p> <p>a) say or do something to humiliate you in front of others?</p> <p>b) threaten to hurt or harm you or someone you care about?</p> <p>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>																																																																																																																																					
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DV08	<p>A. Did your (last) (husband/male partner) ever do any of the following things to you:</p> <p>a) push you, shake you, or throw something at you?</p> <p>b) slap you?</p> <p>c) twist your arm or pull your hair?</p> <p>d) punch you with his fist or with something that could hurt you?</p> <p>e) kick you, drag you, or beat you up?</p> <p>f) try to choke you or burn you on purpose?</p> <p>g) attack you with a knife, gun, or other weapon?</p> <p>h) physically force you to have sexual intercourse with him when you did not want to?</p> <p>i) physically force you to perform any other sexual acts you did not want to?</p> <p>j) force you with threats or in any other way to perform sexual acts you did not want to?</p>	<p>B. How often did this happen during the last 12 months: often, only sometimes, or not at all?</p>																																																																																																																																					
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DV09	<p>CHECK DV08A (a-j):</p> <p style="text-align: center;">             AT LEAST ONE <input type="checkbox"/> 'YES' ↓             <span style="margin-left: 200px;">NOT A SINGLE <input type="checkbox"/> 'YES'</span> </p>		<p style="text-align: right;">→ DV11</p>																																																																																																																																				

DV10	<p>Did the following ever happen as a result of what your (last) (husband/male partner) 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</p> <p>NO ..... 2</p> <p>YES ..... 1</p> <p>NO ..... 2</p> <p>YES ..... 1</p> <p>NO ..... 2</p>																																	
DV11	<p>Have you ever hit, slapped, kicked, or done anything else to physically hurt your (last) (husband/male partner) at times when he was not already beating or physically hurting you?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	→ DV13																																
DV12	<p>In the last 12 months, how often have you done this to your (last) (husband/male partner): often, only sometimes, or not at all?</p>	<p>OFTEN ..... 1</p> <p>SOMETIMES ..... 2</p> <p>NOT AT ALL ..... 3</p>																																	
DV13	<p>Does (did) your (last) (husband/male partner) drink alcohol?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	→ DV15																																
DV14	<p>How often does (did) he get drunk: often, only sometimes, or never?</p>	<p>OFTEN ..... 1</p> <p>SOMETIMES ..... 2</p> <p>NEVER ..... 3</p>																																	
DV15	<p>Are (Were) you afraid of your (last) (husband/male partner): most of the time, sometimes, or never?</p>	<p>MOST OF THE TIME AFRAID ..... 1</p> <p>SOMETIMES AFRAID ..... 2</p> <p>NEVER AFRAID ..... 3</p>																																	
DV16	<p>A. So far we have been talking about the behavior of your (current/last) (husband/male partner). Now I want to ask you about the behavior of any previous husband or any other current or previous male partner that you may have ever had.</p>	<p>B. How long ago did this last happen?</p> <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 colspan="4">HAS NEVER HAD ANOTHER HUSBAND/ MALE PARTNER ..... 6 → DV17</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> <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	HAS NEVER HAD ANOTHER HUSBAND/ MALE PARTNER ..... 6 → DV17				YES 1 →	1	2	3	NO 2 ↓				YES 1 →	1	2	3	NO 2 ↓				YES 1 →	1	2	3	NO 2 ↓				
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DV17	<p>CHECK DV08A (h-j) AND DV16A (b):</p> <p>AT LEAST ONE <input type="checkbox"/> 'YES' ↓</p> <p>NOT A SINGLE <input type="checkbox"/> YES →</p>		→ DV19																																

DV18	How old were you the first time you were forced to have sexual intercourse or perform any other sexual acts that you did not want to by any current or previous husband or male partner?	AGE IN COMPLETED YEARS ..... <input type="text"/> <input type="text"/> DON'T KNOW ..... 98
DV19	CHECK 212 AND 232:  CURRENTLY PREGNANT 232=1 OR <input type="checkbox"/> HAD ONE OR MORE PAST PREGNANCIES 212>0 ↓	NOT PREGNANT 232=2 AND <input type="checkbox"/> NO PAST PREGNANCIES 212=0 → DV22
DV20	Has any one ever hit, slapped, kicked, or done anything else to hurt you physically while you were pregnant?	YES ..... 1 NO ..... 2 → DV22
DV21	Who has done any of these things to physically hurt you while you were pregnant?  Anyone else?  RECORD ALL MENTIONED.	CURRENT HUSBAND/PARTNER ..... A MOTHER/STEP-MOTHER ..... B FATHER/STEP-FATHER ..... C SISTER/BROTHER ..... D DAUGHTER/SON ..... E OTHER RELATIVE ..... F FORMER HUSBAND/PARTNER ..... G CURRENT BOYFRIEND ..... H FORMER BOYFRIEND ..... I MOTHER-IN-LAW ..... J FATHER-IN-LAW ..... K OTHER IN-LAW ..... L TEACHER ..... M SCHOOLMATE/CLASSMATE ..... N EMPLOYER/SOMEONE AT WORK .. O POLICE/SOLDIER ..... P  OTHER _____ X (SPECIFY)
DV22	CHECK 701 AND 702 AND DV04 AND DV05:  EVER MARRIED/EVER LIVED WITH A MAN/EVER HAD A MALE PARTNER <input type="checkbox"/> ↓ a) From the time you were 15 years old, has anyone other than a husband or male partner, hit you, slapped you, kicked you, or done anything else to hurt you physically? Remember, I do not want you to include any husband or any other male partner.	NEVER MARRIED/NEVER HAD A MALE PARTNER <input type="checkbox"/> ↓ b) From the time you were 15 years old has anyone hit you, slapped you, kicked you, or done anything else to hurt you physically?  YES ..... 1 NO ..... 2 REFUSED TO ANSWER/ NO ANSWER ..... 3 → DV25

DV23	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 SCHOOLMATE/CLASSMATE ..... L EMPLOYER/SOMEONE AT WORK .. M POLICE/SOLDIER ..... N  OTHER _____ X (SPECIFY)	
DV24	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	
DV25	CHECK 701 AND 702 AND DV04 AND DV05:  <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;">             EVER MARRIED/              EVER LIVED WITH A MAN/              EVER HAD A              MALE PARTNER             <input type="checkbox"/> </div> <div style="text-align: center;">             NEVER MARRIED/              NEVER HAD              A MALE PARTNER             <input type="checkbox"/> </div> </div>		→ DV27
DV26	At any time in your life, as a child or as an adult, has anyone other than any previous husband or any other current or previous male partner ever forced you in any way to have sexual intercourse or perform any other sexual acts when you did not want to? Remember I do not want you to include any husband or male partner.	YES ..... 1 NO ..... 2 REFUSED TO ANSWER/ NO ANSWER ..... 3	→ DV28 → DV31
DV27	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	→ DV31
DV28	CHECK 701 AND 702 AND DV04 AND DV05:  <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">             EVER MARRIED/EVER LIVED WITH A MAN/              EVER HAD A MALE PARTNER             <input type="checkbox"/> </div> <div style="width: 45%;">             NEVER MARRIED/              NEVER HAD A MALE PARTNER             <input type="checkbox"/> </div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">             a) How old were you the first time you were forced to have sexual intercourse or perform any other sexual acts that you did not want to by anyone, not including any husband or any other male partner?           </div> <div style="width: 45%;">             b) How old were you the first time you were forced to have sexual intercourse or perform any other sexual acts that you did not want to?           </div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;">             AGE IN COMPLETED YEARS .....           </div> <div style="width: 35%;"> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> </div> </div> DON'T KNOW ..... 98		

DV29	<p>Who has forced you to have sexual intercourse or perform any other sexual acts that you did not want to?</p> <p>Anyone else?</p> <p>RECORD ALL MENTIONED.</p>	<p>FATHER/STEP-FATHER ..... A          BROTHER/STEP-BROTHER ..... B          OTHER RELATIVE ..... C          CURRENT BOYFRIEND ..... D          FORMER BOYFRIEND ..... E          IN-LAW ..... F          OWN FRIEND/ACQUAINTANCE ..... G          FAMILY FRIEND ..... H          TEACHER ..... I          SCHOOLMATE/CLASSMATE ..... J          EMPLOYER/SOMEONE AT WORK .. K          POLICE/SOLDIER ..... L          PRIEST/RELIGIOUS LEADER ..... M          STRANGER ..... N</p> <p>OTHER _____ X          (SPECIFY)</p>	
DV30	<p>CHECK 701 AND 702 AND DV04 AND DV05:</p> <p>EVER MARRIED/EVER LIVED WITH A MAN/EVER HAD A MALE PARTNER <input type="checkbox"/></p> <p>NEVER MARRIED/NEVER HAD A MALE PARTNER <input type="checkbox"/></p> <p>a) In the last 12 months, has anyone other than any previous husband or any other current or previous male partner forced you to have sexual intercourse or perform any other sexual acts that you did not want to?</p> <p>b) In the last 12 months, has anyone forced you to have sexual intercourse or perform any other sexual acts that you did not want to?</p>	<p>YES ..... 1          NO ..... 2</p>	
DV31	<p>CHECK DV08A (a-j), DV16A (a,b), DV20, DV22, DV26, AND DV27:</p> <p>AT LEAST ONE 'YES' <input type="checkbox"/></p> <p>NOT A SINGLE 'YES' <input type="checkbox"/></p>		<p>→ DV34A</p>
DV32	<p>Thinking about what you yourself have experienced among the different things we have been talking about, have you ever tried to seek help?</p>	<p>YES ..... 1          NO ..... 2</p>	<p>→ DV34</p>
DV33	<p>From whom have you sought help?</p> <p>Anyone else?</p> <p>RECORD ALL MENTIONED.</p>	<p>OWN FAMILY ..... A          HUSBAND'S/PARTNER'S FAMILY .. B          CURRENT/FORMER HUSBAND/PARTNER ..... C          CURRENT/FORMER BOYFRIEND .. D          FRIEND ..... E          NEIGHBOR ..... F          RELIGIOUS LEADER ..... G          DOCTOR/MEDICAL PERSONNEL/HEALTH FACILITY ..... H          POLICE ..... I          LAWYER ..... J          SOCIAL SERVICE ORGANIZATION .. K          FCHV ..... L          SAFE HOME ..... M          LOCAL JUDICIAL COMMITTEE ..... N</p> <p>OTHER _____ X          (SPECIFY)</p>	<p>→ DV34A</p>

DV34	Have you ever told any one about this?	YES ..... 1 NO ..... 2																															
DV34A	Do you know where to go to seek help if you ever experience violence?	YES ..... 1 NO ..... 2																															
DV35	As far as you know, did your father ever beat your mother?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8																															
DV35A	CHECK 701 AND 702: EVER MARRIED/EVER LIVED WITH A MAN <input type="checkbox"/> NEVER MARRIED/NEVER LIVED WITH A MAN <input type="checkbox"/> → DV36																																
DV35B	Have you ever experienced the following?	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>a) Not given enough food to eat?</td> <td>a) NOT ENOUGH TO EAT ..... 1</td> <td>2</td> </tr> <tr> <td>b) Not cared for when you were too ill, during pregnancy, delivery, or postpartum?</td> <td>b) NOT CARED WHEN ILL ..... 1</td> <td>2</td> </tr> <tr> <td>c) Asked to go for forced abortion?</td> <td>c) FORCED ABORTION ..... 1</td> <td>2</td> </tr> <tr> <td>d) Threatened with divorce by husband or in-laws?</td> <td>d) THREATENED DIVORCE ..... 1</td> <td>2</td> </tr> <tr> <td>e) Asked to go for forced divorce?</td> <td>e) FORCED DIVORCE ..... 1</td> <td>2</td> </tr> <tr> <td>f) Abused for not bearing a son?</td> <td>f) ABUSED FOR NO SON ..... 1</td> <td>2</td> </tr> <tr> <td>g) Abused for using a family planning method?</td> <td>g) USING FAMILY PLANNING .. 1</td> <td>2</td> </tr> <tr> <td>h) Forced to get married?</td> <td>h) FORCED MARRIAGE ..... 1</td> <td>2</td> </tr> <tr> <td>i) Forced to seclude during menstruation?</td> <td>i) FORCED TO SECLUDE .. 1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	a) Not given enough food to eat?	a) NOT ENOUGH TO EAT ..... 1	2	b) Not cared for when you were too ill, during pregnancy, delivery, or postpartum?	b) NOT CARED WHEN ILL ..... 1	2	c) Asked to go for forced abortion?	c) FORCED ABORTION ..... 1	2	d) Threatened with divorce by husband or in-laws?	d) THREATENED DIVORCE ..... 1	2	e) Asked to go for forced divorce?	e) FORCED DIVORCE ..... 1	2	f) Abused for not bearing a son?	f) ABUSED FOR NO SON ..... 1	2	g) Abused for using a family planning method?	g) USING FAMILY PLANNING .. 1	2	h) Forced to get married?	h) FORCED MARRIAGE ..... 1	2	i) Forced to seclude during menstruation?	i) FORCED TO SECLUDE .. 1	2	
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THANK THE RESPONDENT FOR HER COOPERATION AND REASSURE HER ABOUT THE CONFIDENTIALITY OF HER ANSWERS. FILL OUT THE QUESTIONS BELOW WITH REFERENCE TO THE DOMESTIC VIOLENCE MODULE ONLY.																																	
DV36	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 ADULT ..</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 ADULT ..	1	2	3	FEMALE ADULT .....	1	2	3															
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DV37	INTERVIEWER'S COMMENTS/EXPLANATION FOR NOT COMPLETING THE DOMESTIC VIOLENCE MODULE. <hr/> <hr/> <hr/>																																
1116	RECORD THE TIME.	HOURS ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> MINUTES ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>																															

**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**

- B BIRTHS
- P PREGNANCIES
- T TERMINATIONS
  
- 0 NO METHOD
  
- 1 FEMALE STERILIZATION
- 2 MALE STERILIZATION
- 3 IUCD
- 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 CHANGES IN MENSTRUAL BLEEDING
  
  - 6 OTHER SIDE EFFECTS/HEALTH CONCERNS
  - 7 LACK OF ACCESS/TOO FAR
  - 8 COSTS TOO MUCH
  - N INCONVENIENT TO USE
  - F UP TO GOD/FATALISTIC
  - A DIFFICULT TO GET PREGNANT/MENOPAUSAL
  - D MARITAL DISSOLUTION/SEPARATION
  - V METHOD NOT AVAILABLE DUE TO LOCKDOWN
  
  - X OTHER
- \_\_\_\_\_
- (SPECIFY)
- Z DON'T KNOW

**NOTE:**

THIS CALENDAR IS INCLUDED IN THE PRINTED QUESTIONNAIRE FOR EASE OF UNDERSTANDING WHAT INFORMATION RELATED TO THE MONTHLY CALENDAR WAS INCLUDED IN THE SURVEY.

THE CAPI PROGRAM COLLECTS ALL OF THIS CALENDAR INFORMATION, ALTHOUGH THE INTERVIEWERS DO NOT EXPLICITLY USE THE CALENDAR FORMAT WHEN COLLECTING THE DATA.

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

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT INTERVIEW:

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COMMENTS ON SPECIFIC QUESTIONS:

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ANY OTHER COMMENTS:

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SUPERVISOR'S OBSERVATIONS

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