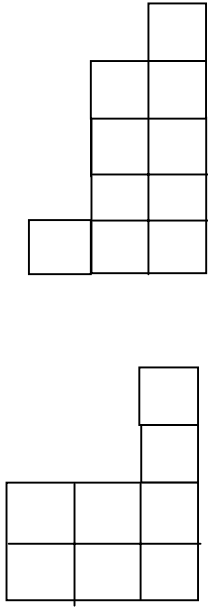


BANGLADESH MATERNAL HEALTH SERVICES AND MATERNAL MORTALITY SURVEY 2001
HOUSEHOLD QUESTIONNAIRE

IDENTIFICATION				
<div style="margin-bottom: 5px;">DIVISION _____</div> <div style="margin-bottom: 5px;">DISTRICT _____</div> <div style="margin-bottom: 5px;">THANA _____</div> <div style="margin-bottom: 5px;">UNION/WARD _____</div> <div style="margin-bottom: 5px;">MOUZA/MOHALLA _____</div> <div style="margin-bottom: 5px;">VILLAGE/MOHALLA/BLOCK _____</div> <div style="margin-bottom: 5px;">SEGMENT NUMBER _____</div> <div style="margin-bottom: 5px;">TYPE OF ARE: Rural 1 Urban 2 Other Urban 3 _____</div> <div style="margin-bottom: 5px;">CLUSTER NUMBER</div> <div style="margin-bottom: 5px;">HOUSEHOLD NUMBER</div> <div style="margin-bottom: 5px;">NAME OF THE HOUSEHOLD HEAD _____</div>				
INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
<div style="margin-bottom: 5px;">DATE</div> <div style="margin-bottom: 5px;">INTERVIEWER'S NAME</div> <div style="margin-bottom: 5px;">RESULT*</div>				<div style="margin-bottom: 5px;">DAY</div> <div style="margin-bottom: 5px;">MONTH</div> <div style="margin-bottom: 5px;">YEAR</div> <div style="margin-bottom: 5px;">INTV. CODE</div> <div style="margin-bottom: 5px;">RESULT*</div>
<div style="display: flex; justify-content: space-between;"> <div>NEXT VISIT:</div> <div>DATE</div> </div> <div style="margin-top: 5px;">TIME</div>				<div style="display: flex; justify-content: space-between;"> <div>TOTAL NO. OF VISITS</div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> </div>
<div style="margin-bottom: 5px;">*RESULT CODES:</div> <div style="margin-bottom: 5px;">1 COMPLETED</div> <div style="margin-bottom: 5px;">2 NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT</div> <div style="margin-bottom: 5px;">3 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME</div> <div style="margin-bottom: 5px;">4 POSTPONED</div> <div style="margin-bottom: 5px;">5 REFUSED</div> <div style="margin-bottom: 5px;">6 DWELLING VACANT OR ADDRESS NOT A DWELLING</div> <div style="margin-bottom: 5px;">7 DWELLING DESTROYED</div> <div style="margin-bottom: 5px;">8 DWELLING NOT FOUND</div> <div style="margin-bottom: 5px;">9 OTHER _____</div> <div style="text-align: center; margin-top: 5px;">(SPECIFY)</div>				<div style="margin-bottom: 5px;">TOTAL PERSONS IN HOUSEHOLD</div> <div style="display: flex; justify-content: space-between; width: 100px;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> <div style="margin-top: 10px;">TOTAL ELIGIBLE WOMEN</div> <div style="display: flex; justify-content: space-between; width: 100px;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> <div style="margin-top: 10px;">LINE NO. OF RESP. TO HOUSEHOLD SCHEDULE</div> <div style="display: flex; justify-content: space-between; width: 100px;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>
SUPERVISOR		FIELD EDITOR		OFFICE EDITOR
<div style="margin-bottom: 5px;">NAME _____</div> <div style="margin-bottom: 5px;">DATE _____</div>		<div style="margin-bottom: 5px;">NAME _____</div> <div style="margin-bottom: 5px;">DATE _____</div>		<div style="margin-bottom: 5px;"></div> <div style="margin-bottom: 5px;"></div>
KEYED BY				
<div style="margin-bottom: 5px;"></div> <div style="margin-bottom: 5px;"></div>		<div style="margin-bottom: 5px;"></div> <div style="margin-bottom: 5px;"></div>		

INFORMED CONSENT

Hello

My name is _____. I have come from _____, a non- government research organization. Our office is located in Dhaka. We conduct different kind of socio-economic survey in Bangladesh. Currently, we are conducting a national level survey under National Institute of Population Research and training (NIPORT) of Ministry of Health and Family Welfare. For this reason, we are collecting health information for all women 13-49 years old from your household. This information will help Government to improve the maternal and child health services and reduce maternal mortality in Bangladesh. The information you will provide will keep secret and your household could not be identified from this survey.

The participation in this survey is voluntary and you have liberty not to answer any part of the question or full questionnaire. However, we hope that you will participate in this survey because your information is most important.

Now you can ask me any questions regarding this survey.

May I start the interview?

Signature of interviewer:_____ Date:_____

The respondent agreed to participate_____1

The respondent did not agree to participate_____2 —————▶END

HOUSEHOLD SCHEDULE

Now we would like some information about the people who usually live in your household or who are staying with you now.

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	MARITAL STATUS	WOMAN ELIGIBILITY	EDUCATION		EMPLOYMENT				
									IF AGE 5 YEARS OR OLDER		IF AGE 5 YEARS OR OLDER				
	Please give me the names of the persons who usually live in your household and guests of the household who stayed here last night, starting with the head of the household.	What is the relationship of (NAME) to the head of the household?*	Is (NAME) male or female?	Does (NAME) usually live here?	Did (NAME) sleep here last night?	How old is (NAME)? WRITE '00' IF LESS THAN ONE.	FOR ALL AGED 13 OR ABOVE What is the current marital status of (NAME)?**	CIRCLE LINE NUMBER OF ALL EVER MARRIED WOMEN AGE 13-49 (Q4=2 & Q8=1 OR 2)	Has (NAME) ever attended school?	What is the highest level of school (NAME) has attended?*** What is the highest class (NAME) completed at that level?***	Is (NAME) currently working?	Does (NAME) receive wages/income in cash or kind?			
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(13)	(14)			
			M F	YES NO	YES NO	IN YEARS	CM FM NM		YES NO	LEVEL CLASS	YES NO	CASH KIND BOTH NONE			
01		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	1 2 3	01	1 GO TO 13 2	<input type="text"/>	1 NEXT LINE 2	1 2 3 4			
02		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	1 2 3	02	1 GO TO 13 2	<input type="text"/>	1 NEXT LINE 2	1 2 3 4			
03		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	1 2 3	03	1 GO TO 13 2	<input type="text"/>	1 NEXT LINE 2	1 2 3 4			
04		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	1 2 3	04	1 GO TO 13 2	<input type="text"/>	1 NEXT LINE 2	1 2 3 4			
05		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	1 2 3	05	1 GO TO 13 2	<input type="text"/>	1 NEXT LINE 2	1 2 3 4			
06		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	1 2 3	06	1 GO TO 13 2	<input type="text"/>	1 NEXT LINE 2	1 2 3 4			
07		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	1 2 3	07	1 GO TO 13 2	<input type="text"/>	1 NEXT LINE 2	1 2 3 4			
08		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	1 2 3	08	1 GO TO 13 2	<input type="text"/>	1 NEXT LINE 2	1 2 3 4			
09		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	1 2 3	09	1 GO TO 13 2	<input type="text"/>	1 NEXT LINE 2	1 2 3 4			
10		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	1 2 3	10	1 GO TO 13 2	<input type="text"/>	1 NEXT LINE 2	1 2 3 4			

HOUSEHOLD SCHEDULE CONTINUED

(1)	(2)	(3)	(4)		(5)		(6)		(7)	(8)			(9)	(10)		(11)		(13)		(14)			
			M	F	YES	NO	YES	NO	IN YEARS	CM	FM	NM		YES	NO	LEVEL	CLASS	YES	NO	CASH	KIND	BOTH	NONE
11		<input type="text"/>	1	2	1	2	1	2	<input type="text"/>	1	2	3	11	1 GO TO 13	2 J	<input type="text"/>	<input type="text"/>	1 NEXT LINE	2 J	1	2	3	4
12		<input type="text"/>	1	2	1	2	1	2	<input type="text"/>	1	2	3	12	1 GO TO 13	2 J	<input type="text"/>	<input type="text"/>	1 NEXT LINE	2 J	1	2	3	4
13		<input type="text"/>	1	2	1	2	1	2	<input type="text"/>	1	2	3	13	1 GO TO 13	2 J	<input type="text"/>	<input type="text"/>	1 NEXT LINE	2 J	1	2	3	4
14		<input type="text"/>	1	2	1	2	1	2	<input type="text"/>	1	2	3	14	1 GO TO 13	2 J	<input type="text"/>	<input type="text"/>	1 NEXT LINE	2 J	1	2	3	4
15		<input type="text"/>	1	2	1	2	1	2	<input type="text"/>	1	2	3	15	1 GO TO 13	2 J	<input type="text"/>	<input type="text"/>	1 NEXT LINE	2 J	1	2	3	4
16		<input type="text"/>	1	2	1	2	1	2	<input type="text"/>	1	2	3	16	1 GO TO 13	2 J	<input type="text"/>	<input type="text"/>	1 NEXT LINE	2 J	1	2	3	4
17		<input type="text"/>	1	2	1	2	1	2	<input type="text"/>	1	2	3	17	1 GO TO 13	2 J	<input type="text"/>	<input type="text"/>	1 NEXT LINE	2 J	1	2	3	4
18		<input type="text"/>	1	2	1	2	1	2	<input type="text"/>	1	2	3	18	1 GO TO 13	2 J	<input type="text"/>	<input type="text"/>	1 NEXT LINE	2 J	1	2	3	4
19		<input type="text"/>	1	2	1	2	1	2	<input type="text"/>	1	2	3	19	1 GO TO 13	2 J	<input type="text"/>	<input type="text"/>	1 NEXT LINE	2 J	1	2	3	4
20		<input type="text"/>	1	2	1	2	1	2	<input type="text"/>	1	2	3	20	1 GO TO 13	2 J	<input type="text"/>	<input type="text"/>	1 NEXT LINE	2 J	1	2	3	4

TICK HERE IF CONTINUATION SHEET USED ☐

- 1) Are there any other persons such as small children or infants that we have not listed? YES ENTER EACH IN TABLE ☐ NO
- 2) In addition, are there any other people who may not be members of your family, such as domestic servants, lodgers or friends who usually live here? YES ENTER EACH IN TABLE ☐ NO
- 3) Are there any guests or temporary visitors staying here, or anyone else who slept here last night, who have not been listed? YES ENTER EACH IN TABLE ☐ NO

15. TOTAL NUMBER OF ELIGIBLE WOMEN (CIRCLED IN COLUMN 9)

* CODES FOR Q.3
RELATIONSHIP TO HEAD OF
HOUSEHOLD:
01 = HEAD
02 = WIFE OR HUSBAND
03 = SON OR DAUGHTER
04 = SON-IN-LAW OR
DAUGHTER-IN-LAW
05 = GRANDCHILD

06=PARENT
07 = PARENT-IN-LAW
08 = BROTHER OR SISTER
09 = OTHER RELATIVE
10 = ADOPTED/FOSTER/
STEPCHILD
11 = NOT RELATED
98 = DON'T KNOW

** CODE FOR Q.8
MARITAL STATUS:
1 = CURRENTLY MARRIED (CM)
2 = FORMERLY MARRIED
(DIVORCED/WIDOWED/SEPARATED/
DESERTED) (FM)
3 = NEVER MARRIED (NM)

***CODES FOR Q11
EDUCATION LEVEL:
1 = PRIMARY
2 = SECONDARY
3 = COLLEGE/UNIVERSITY
8 = DON'T KNOW
CLASS
00 = LOWER THAN FIRST
GRADE
98 = DONOT KNOW

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																							
16	What kind of toilet facility does your household have?	SEPTIC TANK/MODERN TOILET11 WATER SEALED/SLAB LATRINE21 PIT LATRINE22 OPEN LATRINE23 HANGING LATRINE24 NO FACILITY31 OTHER96	→ 17																																							
16A	Do you share this facility with other households?	YES1 NO2																																								
17	Does your household (or any member of your household) have:	<table border="0"> <thead> <tr> <th></th><th>YES</th><th>NO</th></tr> </thead> <tbody> <tr><td>Electricity?</td><td>1</td><td>2</td></tr> <tr><td>Almirah (wardrobe/showcase)?</td><td>1</td><td>2</td></tr> <tr><td>A table or chair?</td><td>1</td><td>2</td></tr> <tr><td>A bench?</td><td>1</td><td>2</td></tr> <tr><td>A watch or clock?</td><td>1</td><td>2</td></tr> <tr><td>A cot or bed?</td><td>1</td><td>2</td></tr> <tr><td>A radio that is working?</td><td>1</td><td>2</td></tr> <tr><td>A television that is working?</td><td>1</td><td>2</td></tr> <tr><td>A bicycle?</td><td>1</td><td>2</td></tr> <tr><td>A Motorcycle?</td><td>1</td><td>2</td></tr> <tr><td>A Sewing machine?</td><td>1</td><td>2</td></tr> <tr><td>Telephone?</td><td>1</td><td>2</td></tr> </tbody> </table>		YES	NO	Electricity?	1	2	Almirah (wardrobe/showcase)?	1	2	A table or chair?	1	2	A bench?	1	2	A watch or clock?	1	2	A cot or bed?	1	2	A radio that is working?	1	2	A television that is working?	1	2	A bicycle?	1	2	A Motorcycle?	1	2	A Sewing machine?	1	2	Telephone?	1	2	
	YES	NO																																								
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A Motorcycle?	1	2																																								
A Sewing machine?	1	2																																								
Telephone?	1	2																																								
18A	MAIN MATERIAL OF THE ROOF. RECORD OBSERVATION.	NATURAL ROOF KATCHA (BAMBOO/THATCH)11 RUDIMENTARY ROOF TIN21 TILE22 FINISHED ROOF (PUKKA) CEMENT/CONCRETE31 OTHER96 (SPECIFY)																																								
18B	MAIN MATERIAL OF THE WALLS. RECORD OBSERVATION.	NATURAL WALLS JUTE/BAMBOO/MUD (KATCHA)11 RUDIMENTARY WALLS WOOD21 FINISHED WALLS BRICK/CEMENT31 TIN32 OTHER96 (SPECIFY)																																								
18C	MAIN MATERIAL OF THE FLOOR. RECORD OBSERVATION.	NATURAL FLOOR EARTH/BAMBOO (KATCHA)11 RUDIMENTARY FLOOR WOOD21 FINISHED FLOOR (PUKKA) CEMENT/CONCRETE31 OTHER96 (SPECIFY)																																								
19	Does your household own any homestead? IF 'NO', PROBE: Does your household own homestead any other places?	YES1 NO2																																								
20	Does your household own any land (other than the homestead land)?	YES1 NO2	→ 22																																							
20A	How much land does your household own (other than the homestead land)? AMOUNT UNIT (SPECIFY)	AMOUNT <table border="1"> <tr> <td></td><td></td> <td></td><td></td> </tr> <tr> <td colspan="2">ACRES</td> <td colspan="2">DECIMALS</td> </tr> </table>					ACRES		DECIMALS																																	
ACRES		DECIMALS																																								
22	Did any usual resident of this household die since April 1997 or Baishak 1404?	YES1 NO2	→ 37																																							
23	How many persons died?	TOTAL PERSONS																																								

I would like to know about the person died in your household since April 1997 (Baishak 1404). Please provide me the information first on recent death.

24	25	26	27	28	29	FOR 13-49 YEARS OLD WOMEN																																	
						30	31	32	33	34	35																												
What (was/were) the name(s) of the person(s) who died?	Was (NAME) a male or female?	How old was he/she when he/she died? RECORD DAYS IF LESS THAN ONE MONTH, MONTHS IF LESS THAN TWO YEARS, OR YEARS IF TWO OR MORE YEARS.	In what month and year did (NAME) die?	What did (NAME) die of?	CHECK 25 AND 26: DECEASED WAS FEMALE AGED 13-49 AT THE TIME OF DEATH.	Was (NAME) married?	Was (NAME) pregnant when she died?	Did (NAME) die during childbirth?	Did (NAME) die within six weeks after the end of a pregnancy or childbirth?	ELIGIBILITY FOR VERBAL AUTOPSY: IF CIRCLE '1' IN Q.29 THEN CIRCLE LINE NUMBER	Did (NAME) die at home or outside home?																												
01 (NAME)	MALE 1 FEMALE 2	DAYS.....1 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> MONTHS...2 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> YEARS.....3 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>																			MONTH <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> YEAR <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>									<table border="1"><tr><td></td><td></td></tr></table> 			YES..... 1 NO2 (GO TO NEXT DEATH)	YES 1 NO.....2 (GO TO 34)	YES1 (GO TO 34) NO.....2	YES.....1 (GO TO 34) NO2	YES 1 NO 2	01	AT HOME 1 OUT SIDE HOME 2
02 (NAME)	MALE 1 FEMALE 2	DAYS.....1 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> MONTHS...2 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> YEARS.....3 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>																			MONTH <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> YEAR <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>									<table border="1"><tr><td></td><td></td></tr></table> 			YES..... 1 NO2 (GO TO NEXT DEATH)	YES 1 NO.....2 (GO TO 34)	YES1 (GO TO 34) NO.....2	YES.....1 (GO TO 34) NO2	YES 1 NO 2	02	AT HOME 1 OUT SIDE HOME 2
03 (NAME)	MALE 1 FEMALE 2	DAYS.....1 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> MONTHS...2 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> YEARS.....3 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>																			MONTH <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> YEAR <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>									<table border="1"><tr><td></td><td></td></tr></table> 			YES..... 1 NO2 (GO TO NEXT DEATH)	YES 1 NO.....2 (GO TO 34)	YES1 (GO TO 34) NO.....2	YES.....1 (GO TO 34) NO2	YES 1 NO 2	03	AT HOME 1 OUT SIDE HOME 2
36	TOTAL NUMBER OF PERSONS CIRCLED IN Q.34 (INTERVIEWERS: PLEASE INFORM YOUR SUPERVISOR ABOUT THE NUMBER OF ELIGIBLE VERBAL AUTOPSY CASES IN THIS HOUSEHOLD)																																						
	SUPERVISOR: ATTEMPT VERBAL AUTOPSY OF NUMBER OF CASES WROTE IN Q.36																																						
37	INTERVIEWERS: INTERVIEW ALL WOMEN MENTIONED IN Q.15 USING THE WOMEN QUESTIONNAIRE.																																						

BANGLADESH MATERNAL HEALTH SERVICES AND MATERNAL MORTALITY SURVEY 2001
WOMAN'S QUESTIONNAIRE

IDENTIFICATION				
DIVISION _____	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="margin-bottom: 20px;"> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> </div> <div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> </div> </div>			
DISTRICT _____				
THANA _____				
UNION/WARD _____				
MOUZA/MOHALLA _____				
VILLAGE/MOHALLA/BLOCK _____				
SEGMENT NUMBER _____				
TYPE OF AREA: Rural 1 Urban 2 Other Urban 3 _____				
CLUSTER NUMBER				
HOUSEHOLD NUMBER				
NAME OF THE HOUSEHOLD HEAD _____	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> </div>			
NAME AND LINE NUMBER OF ELIGIBLE WOMAN _____				
INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE				DAY MONTH YEAR INT. CODE RESULT*
INTERVIEWER'S NAME				
RESULT*				
NEXT VISIT: DATE				TOTAL NO. OF VISITS
TIME				<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>
*RESULT CODES : <div style="display: flex; justify-content: space-between;"> <div> 1 COMPLETED 2 NOT AT HOME 3 POSTPONED </div> <div> 4 REFUSED 5 PARTLY COMPLETED 6 RESPONDENT INCAPACITATED </div> <div> 7 OTHER _____ (SPECIFY) </div> </div>				
**MONTH CODES <div style="display: flex; justify-content: space-between;"> <div> 01 JANUARY 02 FEBRUARY 03 MARCH </div> <div> 04 APRIL 05 MAY 06 JUNE </div> <div> 07 JULY 08 AUGUST 09 SEPTEMBER </div> <div> 10 OCTOBER 11 NOVEMBER 12 DECEMBER </div> </div>				
SUPERVISOR		FIELD EDITOR		OFFICE EDITOR
NAME _____		NAME _____		NAME _____
DATE _____		DATE _____		DATE _____

SECTION 1. BACKGROUND CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME STARTED.	HOUR..... <input type="text"/> <input type="text"/> MINUTES..... <input type="text"/> <input type="text"/>	
102	First I would like to ask some questions about you. For most of the time until you were 12 years old, did you live in a city, in a town, or in the countryside?	CITY/TOWN 1 VILLAGE..... 2	
103	How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)? WRITE '00' IF LESS THAN ONE YEAR	NUMBER OF YEARS..... <input type="text"/> <input type="text"/> ALWAYS..... 95 VISITOR..... 96	→ 105
104	Just before you moved here, did you live in a city, a town, or in the country side?	CITY/TOWN 1 VILLAGE..... 2	
105	In what month and year were you born?	MONTH <input type="text"/> <input type="text"/> DON'T KNOW MONTH 98 YEAR..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR..... 9998	
106	How old are you at your last birthday? COMPARE AND CORRECT 105 AND /OR 106 IF INCONSISTENT	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	
107	Are you now married, widowed, separated, divorced or deserted?	CURRENTLY MARRIED..... 1 SEPARATED..... 2 DESERTED..... 3 DIVORCED..... 4 WIDOWED..... 5 NEVER MARRIED..... 6	→ END
108	What is your religion?	ISLAM 1 HINDUISM 2 BUDDHISM 3 CHRISTIANITY 4 OTHER..... 5	
109	Have you ever attended school?	YES..... 1 NO..... 2	→ 111
109A	What is the highest level of school you attended: primary, secondary, or higher?	PRIMARY..... 1 SECONDARY..... 2 COLLEGE/UNIVERSITY..... 3	
109B	What is the highest class you completed? WRITE '00' IF NOT COMPLETED ANY CLASS	CLASS..... <input type="text"/> <input type="text"/>	
110	CHECK 109A: PRIMARY <input type="checkbox"/> SECONDARY OR HIGHER <input type="checkbox"/>		→ 112

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
111	Can you read and write a letter?	YES, EASILY 1 YES, WITH DIFFICULTY 2 NO 3	
112	Do you listen radio?	YES 1 NO 2	→ 113
112A	How often do you listen to the radio: every day, at least once a week, less than once a week?	EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3	
113	Do you watch television?	YES 1 NO 2	→ 114
113A	How often do you watch television: every day, at least once a week, less than once a week?	EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3	
114	Do you belong to any of the following organizations?	<div style="display: flex; justify-content: space-between;"> <div> Grameen Bank? BRAC? BRDB? Mother's Club? Any other organization (such as micro credit)? </div> <div> <div style="display: flex; justify-content: space-between;"> <div>YES</div> <div>NO</div> </div> GRAMEEN BANK 1 2 BRAC 1 2 BRDB 1 2 MOTHER'S CLUB 1 2 OTHER 1 2 (SPECIFY) </div> </div>	
115	CHECK Q. 5 IN THE HOUSEHOLD SECTION: <div style="display: flex; justify-content: space-between;"> <div> THE WOMAN INTERVIEWED IS NOT A USUAL RESIDENT </div> <div style="text-align: center;"> <input type="checkbox"/> ↓ </div> <div> THE WOMAN INTERVIEWED IS A USUAL RESIDENT </div> <div style="text-align: center;"> <input type="checkbox"/> → </div> </div>		→ 201
116	Now I would like to ask about the place in which you usually live. Do you usually live in a town, or in a village?	TOWN/ CITY 1 VILLAGE 2	
117	What kind of toilet facility does your household have?	SEPTIC TANK/MODERN TOILET 11 WATER SEALED/SLAB LATRINE 21 PIT LATRINE 22 OPEN LATRINE 23 HANGING LATRINE 24 NO FACILITY 31 OTHER 96 (SPECIFY)	→ 118
117A	Do you share this facility with other households?	YES 1 NO 2	
118	Does your household (or any member of your household) have:	<div style="display: flex; justify-content: space-between;"> <div> Electricity? Almirah (wardrobe/showcase)? A table or chair? A bench? A watch or clock? A cot or bed? A radio that is working? A television that is working? A bicycle? A motorcycle? A sewing machine? Telephone? </div> <div> <div style="display: flex; justify-content: space-between;"> <div>YES</div> <div>NO</div> </div> ELECTRICITY 1 2 ALMIRAH 1 2 TABLE/CHAIR 1 2 BENCH 1 2 WATCH/CLOCK 1 2 COT/BED 1 2 RADIO 1 2 TELEVISION 1 2 BICYCLE 1 2 MOTORCYCLE 1 2 SEWING MACHINE 1 2 TELEPHONE 1 2 </div> </div>	

SECTION 2: MATERNAL MORTALITY (SISTERHOOD)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES						SKIP
201	Now I would like to ask you some questions about your brothers and sisters, that is, all of the children born to your natural mother, including those who are living with you, those living elsewhere and those who have died.							
201A	How many children did your mother give birth to, including you?	NUMBER OF BIRTHS TO NATURAL MOTHER..... <input type="text"/> <input type="text"/>						
202	CHECK 201A	<div> <div>TWO OR MORE BIRTHS <input type="checkbox"/></div> <div>ONLY ONE BIRTH (RESPONDENT ONLY) <input type="checkbox"/></div> <div> <div>↓</div> <div>SKIP TO 301</div> </div> </div>						
203	How many of these births did your mother have before you were born? (WRITE '00' IF NONE)	NUMBER OF BIRTHS..... <input type="text"/> <input type="text"/>						
203A	How many of these births did your mother have after you were born? (WRITE '00' IF NONE)	NUMBER OF BIRTHS..... <input type="text"/> <input type="text"/>						
204	What was the name given to your oldest (next oldest) brother or sister?	[1] <input type="text"/>	[2] <input type="text"/>	[3] <input type="text"/>	[4] <input type="text"/>	[5] <input type="text"/>	[6] <input type="text"/>	
205	Is (NAME) male or female?	MALE.....1 FEMALE.....2	MALE.....1 FEMALE.....2	MALE.....1 FEMALE.....2	MALE.....1 FEMALE.....2	MALE.....1 FEMALE.....2	MALE.....1 FEMALE.....2	
206	Is (NAME) still alive?	YES.....1 NO.....2 ↳GO TO 208 DK.....8 ↳GO TO [2]	YES.....1 NO.....2 ↳GO TO 208 DK.....8 ↳GO TO [3]	YES.....1 NO.....2 ↳GO TO 208 DK.....8 ↳GO TO [4]	YES.....1 NO.....2 ↳GO TO 208 DK.....8 ↳GO TO [5]	YES.....1 NO.....2 ↳GO TO 208 DK.....8 ↳GO TO [6]	YES.....1 NO.....2 ↳GO TO 208 DK.....8 ↳GO TO [7]	
207	How old is (NAME)?	<input type="text"/> <input type="text"/> IF NO MORE SIBLING SKIP TO 301 OTHERWISE GO TO [2]	<input type="text"/> <input type="text"/> IF NO MORE SIBLING SKIP TO 301 OTHERWISE GO TO [3]	<input type="text"/> <input type="text"/> IF NO MORE SIBLING SKIP TO 301 OTHERWISE GO TO [4]	<input type="text"/> <input type="text"/> IF NO MORE SIBLING SKIP TO 301 OTHERWISE GO TO [5]	<input type="text"/> <input type="text"/> IF NO MORE SIBLING SKIP TO 301 OTHERWISE GO TO [6]	<input type="text"/> <input type="text"/> IF NO MORE SIBLING SKIP TO 301 OTHERWISE GO TO [7]	
208	How many years ago did (NAME) die? WRITE '00' IF LESS THAN 1 YEAR.	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
209	How old was (NAME) when he/she died? WRITE '00' IF LESS THAN 1 YEAR.	<input type="text"/> <input type="text"/> IF MALE OR FEMALE DIED BEFORE AGE 13 OR AFTER AGE 49 GO TO [2] IF NO MORE SIBLING SKIP TO 301	<input type="text"/> <input type="text"/> IF MALE OR FEMALE DIED BEFORE AGE 13 OR AFTER AGE 49 GO TO [3] IF NO MORE SIBLING SKIP TO 301	<input type="text"/> <input type="text"/> IF MALE OR FEMALE DIED BEFORE AGE 13 OR AFTER AGE 49 GO TO [4] IF NO MORE SIBLING SKIP TO 301	<input type="text"/> <input type="text"/> IF MALE OR FEMALE DIED BEFORE AGE 13 OR AFTER AGE 49 GO TO [5] IF NO MORE SIBLING SKIP TO 301	<input type="text"/> <input type="text"/> IF MALE OR FEMALE DIED BEFORE AGE 13 OR AFTER AGE 49 GO TO [6] IF NO MORE SIBLING SKIP TO 301	<input type="text"/> <input type="text"/> IF MALE OR FEMALE DIED BEFORE AGE 13 OR AFTER AGE 49 GO TO [7] IF NO MORE SIBLING SKIP TO 301	
210	Was (NAME) pregnant when she died?	YES.....1 GO TO 213<┐ NO.....2	YES.....1 GO TO 213<┐ NO.....2	YES.....1 GO TO 213<┐ NO.....2	YES.....1 GO TO 213<┐ NO.....2	YES.....1 GO TO 213<┐ NO.....2	YES.....1 GO TO 213<┐ NO.....2	
211	Did (NAME) die during childbirth?	YES.....1 GO TO 213<┐ NO.....2	YES.....1 GO TO 213<┐ NO.....2	YES.....1 GO TO 213<┐ NO.....2	YES.....1 GO TO 213<┐ NO.....2	YES.....1 GO TO 213<┐ NO.....2	YES.....1 GO TO 213<┐ NO.....2	
212	Did (NAME) die within one and half months (six weeks) after the end of a pregnancy or childbirth?	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2	
213	How many live born children did (NAME) give birth during her lifetime (before this pregnancy)?	<input type="text"/> <input type="text"/> NUMBER ↓	<input type="text"/> <input type="text"/> NUMBER ↓	<input type="text"/> <input type="text"/> NUMBER ↓	<input type="text"/> <input type="text"/> NUMBER ↓	<input type="text"/> <input type="text"/> NUMBER ↓	<input type="text"/> <input type="text"/> NUMBER ↓	
IF NO MORE BROTHERS OR SISTERS, GO TO 301								

204	What was name given to your oldest (next oldest) brother or sister?	[7] _____	[8] _____	[9] _____	[10] _____	[11] _____	[12] _____
205	Is (NAME) male or female?	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2
206	Is (NAME) still alive?	YES 1 NO 2 ↳ GO TO 208 DK 8 ↳ GO TO [8]	YES 1 NO 2 ↳ GO TO 208 DK 8 ↳ GO TO [9]	YES 1 NO 2 ↳ GO TO 208 DK 8 ↳ GO TO [10]	YES 1 NO 2 ↳ GO TO 208 DK 8 ↳ GO TO [11]	YES 1 NO 2 ↳ GO TO 208 DK 8 ↳ GO TO [12]	YES 1 NO 2 ↳ GO TO 208 DK 8 ↳ GO TO [13]
207	How old is (NAME)?	<div> </div> <div> </div> IF NO MORE SIBLING SKIP TO 301 OTHERWISE GO TO [8]	<div> </div> <div> </div> IF NO MORE SIBLING SKIP TO 301 OTHERWISE GO TO [9]	<div> </div> <div> </div> IF NO MORE SIBLING SKIP TO 301 OTHERWISE GO TO [10]	<div> </div> <div> </div> IF NO MORE SIBLING SKIP TO 301 OTHERWISE GO TO [11]	<div> </div> <div> </div> IF NO MORE SIBLING SKIP TO 301 OTHERWISE GO TO [12]	<div> </div> <div> </div> IF NO MORE SIBLING SKIP TO 301 OTHERWISE GO TO [13]
208	How many years ago did (NAME) die? WRITE '00' IF LESS THAN 1 YEAR.	<div> </div> <div> </div>	<div> </div> <div> </div>	<div> </div> <div> </div>	<div> </div> <div> </div>	<div> </div> <div> </div>	<div> </div> <div> </div>
209	How old was (NAME) when he/she died? WRITE '00' IF LESS THAN 1 YEAR.	<div> </div> <div> </div> IF MALE OR FEMALE DIED BEFORE AGE 13 OR AFTER AGE 49 GO TO [8] IF NO MORE SIBLING SKIP TO 301	<div> </div> <div> </div> IF MALE OR FEMALE DIED BEFORE AGE 13 OR AFTER AGE 49 GO TO [9] IF NO MORE SIBLING SKIP TO 301	<div> </div> <div> </div> IF MALE OR FEMALE DIED BEFORE AGE 13 OR AFTER AGE 49 GO TO [10] IF NO MORE SIBLING SKIP TO 301	<div> </div> <div> </div> IF MALE OR FEMALE DIED BEFORE AGE 13 OR AFTER AGE 49 GO TO [11] IF NO MORE SIBLING SKIP TO 301	<div> </div> <div> </div> IF MALE OR FEMALE DIED BEFORE AGE 13 OR AFTER AGE 49 GO TO [12] IF NO MORE SIBLING SKIP TO 301	<div> </div> <div> </div> IF MALE OR FEMALE DIED BEFORE AGE 13 OR AFTER AGE 49 GO TO [13] IF NO MORE SIBLING SKIP TO 301
210	Was (NAME) pregnant when she died?	YES 1 GO TO 213<┐ NO 2	YES 1 GO TO 213<┐ NO 2	YES 1 GO TO 213<┐ NO 2	YES 1 GO TO 213<┐ NO 2	YES 1 GO TO 213<┐ NO 2	YES 1 GO TO 213<┐ NO 2
211	Did (NAME) die during childbirth?	YES 1 GO TO 213<┐ NO 2	YES 1 GO TO 213<┐ NO 2	YES 1 GO TO 213<┐ NO 2	YES 1 GO TO 213<┐ NO 2	YES 1 GO TO 213<┐ NO 2	YES 1 GO TO 213<┐ NO 2
212	Did (NAME) die within one and half months (six weeks) after the end of a pregnancy or childbirth?	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2
213	How many live born children did (NAME) give birth during her lifetime (before this pregnancy)?	<div> </div> <div> </div> NUMBER ▼	<div> </div> <div> </div> NUMBER ▼	<div> </div> <div> </div> NUMBER ▼	<div> </div> <div> </div> NUMBER ▼	<div> </div> <div> </div> NUMBER ▼	<div> </div> <div> </div> NUMBER ▼
IF NO MORE BROTHERS OR SISTERS, GO TO 301							

SECTION 3. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP				
301	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 → 306					
302	Do you have any sons or daughters to whom you have given birth who are now living with you?	YES.....1 NO.....2 → 304					
303	How many sons live with you? And how many daughters live with you? IF NONE, RECORD "00".	<div style="display: flex; justify-content: space-between;"> <div> SONS AT HOME..... DAUGHTERS AT HOME..... </div> <div style="text-align: center;"> <table border="1" style="border-collapse: collapse; width: 60px;"> <tr><td style="width: 30px; height: 20px;"></td><td style="width: 30px; height: 20px;"></td></tr> <tr><td style="width: 30px; height: 20px;"></td><td style="width: 30px; height: 20px;"></td></tr> </table> </div> </div>					
304	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 → 306					
305	How many sons are alive but do not live with you? And how many daughters are alive but do not live with you? IF NONE, RECORD "00".	<div style="display: flex; justify-content: space-between;"> <div> SONS ELSEWHERE..... DAUGHTERS ELSEWHERE..... </div> <div style="text-align: center;"> <table border="1" style="border-collapse: collapse; width: 60px;"> <tr><td style="width: 30px; height: 20px;"></td><td style="width: 30px; height: 20px;"></td></tr> <tr><td style="width: 30px; height: 20px;"></td><td style="width: 30px; height: 20px;"></td></tr> </table> </div> </div>					
306	Have you ever given birth to a boy or girl who was born alive but later died? IF NO, PROBE: Any baby who cried or showed signs of life but survived only a few hours or days?	YES.....1 NO.....2 → 308					
307	In all, how many boys have died? And how many girls have died? IF NONE, RECORD "00".	<div style="display: flex; justify-content: space-between;"> <div> BOYS DEAD..... GIRLS DEAD..... </div> <div style="text-align: center;"> <table border="1" style="border-collapse: collapse; width: 60px;"> <tr><td style="width: 30px; height: 20px;"></td><td style="width: 30px; height: 20px;"></td></tr> <tr><td style="width: 30px; height: 20px;"></td><td style="width: 30px; height: 20px;"></td></tr> </table> </div> </div>					
308	SUM ANSWERS TO 303, 305 AND 307, AND ENTER TOTAL. IF NONE, RECORD "00".	TOTAL..... <table border="1" style="border-collapse: collapse; width: 60px;"><tr><td style="width: 30px; height: 20px;"></td><td style="width: 30px; height: 20px;"></td></tr></table>					
309	CHECK 308: 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; align-items: center; justify-content: center; gap: 20px;"> YES <input style="width: 30px; height: 20px;" type="checkbox"/> NO <input style="width: 30px; height: 20px;" type="checkbox"/> → </div> <div style="text-align: center; margin-top: 10px;"> PROBE AND CORRECT 301-308 AS NECESSARY </div>						
310	CHECK 308: <div style="display: flex; align-items: center; justify-content: center; gap: 20px;"> ONE OR MORE BIRTHS <input style="width: 30px; height: 20px;" type="checkbox"/> NO BIRTHS <input style="width: 30px; height: 20px;" type="checkbox"/> → </div>		325				

311 Now I would like to record the names of all your births, whether still alive or not, starting with the first one you had. RECORD NAMES OF ALL THE BIRTHS IN 312 . IF NO NAME WAS GIVEN, RECORD 'NO NAME' IN 312. RECORD TWINS AND TRIPLETS ON SEPARATE LINES.									
312	313	314	315	316	317 IF ALIVE:	318 IF ALIVE:	319 IF ALIVE:	320 IF DEAD:	321
What name was given to your (first /next) baby?	Were any of these births twins?	Is (NAME) a boy or a girls?	In what month and year was (NAME) born?	Is (NAME) still alive?	How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS.	Is (NAME) living with you?	RECORD HOUSEHOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD)	How old was (NAME) when he/she died? IF '1 YR.', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME)?
(NAME)									
01	YES 1 NO 2	BOY. .. 1 GIRL..... 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES. 1 NO..... 2 ↓ 320	AGE IN YEARS <input type="text"/>	YES. .. 1 NO..... 2	LINE NUMBER <input type="text"/> ↓ (NEXT BIRTH)	DAYS.....1 <input type="text"/> MONTHS...2 <input type="text"/> YEARS.....3 <input type="text"/>	
02	YES 1 NO 2	BOY. .. 1 GIRL..... 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES. 1 NO..... 2 ↓ 320	AGE IN YEARS <input type="text"/>	YES. .. 1 NO..... 2	LINE NUMBER <input type="text"/> ↓ (GO TO 321)	DAYS.....1 <input type="text"/> MONTHS...2 <input type="text"/> YEARS.....3 <input type="text"/>	YES. .. 1 NO..... 2
03	YES 1 NO 2	BOY. .. 1 GIRL..... 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES. 1 NO..... 2 ↓ 320	AGE IN YEARS <input type="text"/>	YES. .. 1 NO..... 2	LINE NUMBER <input type="text"/> ↓ (GO TO 321)	DAYS.....1 <input type="text"/> MONTHS...2 <input type="text"/> YEARS.....3 <input type="text"/>	YES. .. 1 NO..... 2
04	YES 1 NO 2	BOY. .. 1 GIRL..... 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES. 1 NO..... 2 ↓ 320	AGE IN YEARS <input type="text"/>	YES. .. 1 NO..... 2	LINE NUMBER <input type="text"/> ↓ (GO TO 321)	DAYS.....1 <input type="text"/> MONTHS...2 <input type="text"/> YEARS.....3 <input type="text"/>	YES. .. 1 NO..... 2
05	YES 1 NO 2	BOY. .. 1 GIRL..... 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES. 1 NO..... 2 ↓ 320	AGE IN YEARS <input type="text"/>	YES. .. 1 NO..... 2	LINE NUMBER <input type="text"/> ↓ (GO TO 321)	DAYS.....1 <input type="text"/> MONTHS...2 <input type="text"/> YEARS.....3 <input type="text"/>	YES. .. 1 NO..... 2
06	YES 1 NO 2	BOY. .. 1 GIRL..... 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES. 1 NO..... 2 ↓ 320	AGE IN YEARS <input type="text"/>	YES. .. 1 NO..... 2	LINE NUMBER <input type="text"/> ↓ (GO TO 321)	DAYS.....1 <input type="text"/> MONTHS...2 <input type="text"/> YEARS.....3 <input type="text"/>	YES. .. 1 NO..... 2
07	YES 1 NO 2	BOY. .. 1 GIRL..... 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES. 1 NO..... 2 ↓ 320	AGE IN YEARS <input type="text"/>	YES. .. 1 NO..... 2	LINE NUMBER <input type="text"/> ↓ (GO TO 321)	DAYS.....1 <input type="text"/> MONTHS...2 <input type="text"/> YEARS.....3 <input type="text"/>	YES. .. 1 NO..... 2
08	YES 1 NO 2	BOY. .. 1 GIRL..... 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES. 1 NO..... 2 ↓ 320	AGE IN YEARS <input type="text"/>	YES. .. 1 NO..... 2	LINE NUMBER <input type="text"/> ↓ (GO TO 321)	DAYS.....1 <input type="text"/> MONTHS...2 <input type="text"/> YEARS.....3 <input type="text"/>	YES. .. 1 NO..... 2

312	313	314	315	316	317 IF ALIVE:	318 IF ALIVE:	319 IF ALIVE:	320 IF DEAD:	321
What name was given to your next baby?	Were any of these births twins?	Is (NAME) a boy or a girl?	In what month and year was (NAME) born? PROBE: What is his/her birthday?	Is (NAME) still alive?	How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS.	Is (NAME) living with you?	RECORD HOUSEHOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD)	How old was (NAME) when he/she died? IF '1 YR', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME)?
NAME 09	YES 1 NO 2	BOY... 1 GIRL.... 2	MONTH <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES. 1 NO..... 2 ↓ 320	AGE IN YEARS <input type="text"/> <input type="text"/>	YES. .. 1 NO..... 2	LINE NUMBER <input type="text"/> ↓ (GO TO 321)	DAYS.....1 <input type="text"/> MONTHS...2 <input type="text"/> YEARS.....3 <input type="text"/>	YES. ... 1 NO..... 2
10	YES 1 NO 2	BOY... 1 GIRL.... 2	MONTH <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES. 1 NO..... 2 ↓ 320	AGE IN YEARS <input type="text"/> <input type="text"/>	YES. .. 1 NO..... 2	LINE NUMBER <input type="text"/> ↓ (GO TO 321)	DAYS.....1 <input type="text"/> MONTHS...2 <input type="text"/> YEARS.....3 <input type="text"/>	YES. ... 1 NO..... 2
11	YES 1 NO 2	BOY... 1 GIRL.... 2	MONTH <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES. 1 NO..... 2 ↓ 320	AGE IN YEARS <input type="text"/> <input type="text"/>	YES. .. 1 NO..... 2	LINE NUMBER <input type="text"/> ↓ (GO TO 321)	DAYS.....1 <input type="text"/> MONTHS...2 <input type="text"/> YEARS.....3 <input type="text"/>	YES. ... 1 NO..... 2
12	YES 1 NO 2	BOY... 1 GIRL.... 2	MONTH <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES. 1 NO..... 2 ↓ 320	AGE IN YEARS <input type="text"/> <input type="text"/>	YES. .. 1 NO..... 2	LINE NUMBER <input type="text"/> ↓ (GO TO 321)	DAYS.....1 <input type="text"/> MONTHS...2 <input type="text"/> YEARS.....3 <input type="text"/>	YES. ... 1 NO..... 2

322	Have you had any live birth since the birth of (NAME OF LAST BIRTH)?	YES 1 NO 2	
323	<p>COMPARE 308 WITH NUMBER OF BIRTHS IN HISTORY ABOVE AND MARK:</p> <p>NUMBERS ARE SAME <input type="checkbox"/> NUMBERS ARE DIFFERENT <input type="checkbox"/> → (PROBE AND RECONCILE 312-321)</p> <p>CHECK: FOR EACH BIRTH: YEAR OF BIRTH IS RECORDED (CHECK 315).</p> <p>FOR EACH LIVING CHILD: CURRENT AGE IS RECORDED (CHECK 317).</p> <p>FOR EACH DEAD CHILD: AGE AT DEATH IS RECORDED (CHECK 320).</p> <p>FOR AGE AT DEATH 12 MONTHS OR 1 YR.: PROBE TO DETERMINE EXACT NUMBER OF MONTHS (CHECK 320)</p>		
324	CHECK 315 AND ENTER THE NUMBER OF BIRTHS SINCE APRIL 1997 (BAISHAK 1404). IF NONE, RECORD '0'.		<input type="text"/>
324A	AFTER CHECKING 315, FOR EACH BIRTH SINCE APRIL 1997 (BAISHAK 1404) ENTER 'B' IN THE MONTH OF BIRTH IN COLUMN 1 OF THE CALENDAR AND 'P' IN EACH OF THE 8 PRECEDING MONTHS. WRITE NAME TO THE LEFT OF THE 'B' CODE. WRITE THE NAME OF THE OLDER ONE IN CASE OF TWIN.		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
325	Are you pregnant now?	YES.....1 NO2 UNSURE.....8	→ 326
325A	How many months pregnant are you? (RECORD NUMBER OF COMPLETED MONTHS.) ENTER 'P' IN COLUMN 1 OF CALENDAR IN MONTH OF INTERVIEW AND IN EACH RECORDING MONTH PREGNANT.	MONTHS <input type="text"/>	
325B	Has decision been made regarding who will assist in your delivery?	YES.....1 NO2 ONLY DISCUSSED8	→ 325F
325C	Who will assist in the delivery that was decided or discussed?	HEALTH PROFESSIONAL QUALIFIED DOCTOR (MBBS).....01 NURSE/MIDWIFE/PARAMEDIC.....02 FAMILY WELFARE VISITOR.....03 MO/SACMO.....04 HEALTH ASST (HA).....05 FIELD WELFARE ASST (FWA).....06 OTHER PERSON TRAINED TRADITIONAL BIRTH ATTENDANT (TTBA).....07 UNTRAINED TBA (DAI).....08 UNQUALIFIED DOCTOR.....09 RELATIVES.....10 NEIGHBOUR/FRIEND.....11 OTHER.....96 (SPECIFY)	
325D	CHECK 325B YES <input type="checkbox"/> ↓ ONLY DISCUSSED <input type="checkbox"/>		→ 325F
325E	Who mainly made the decision?	RESPONDENT.....01 HUSBAND.....02 IN-LAWS.....03 PARENTS.....04 SISTER/SISTER-IN-LAW.....05 OTHER MEMBER IN HUSBAND FAMILY.....06 OTHER MEMBER IN RESPONDENT FAMILY.....07 RELATIVES.....08 FRIEND/NEIGHBOUR.....09 TBA/FIELD WORKER/DAI.....10 OTHER.....96 (SPECIFY)	
325F	Has decision been made regarding where will you have your delivery?	YES.....1 NO2 ONLY DISCUSSED8	→ 326
325G	Where will you have your delivery that was decided or discussed?	HOME.....11 PUBLIC SECTOR GOVT. HOSPITAL.....21 THANA HEALTH COMPLEX.....22 MATERNAL AND CHILD WELFARE CENTER (MCWC).....23 UNION FAMILY WELFARE CENTER (UHFWC).....24 NGO SECTOR NGO STATIC CLINIC.....31 NGO HOSPITAL.....32 PRIVATE SECTOR PVT. HOSPITAL.....41 PVT. CLINIC.....42 OTHER.....96 (SPECIFY)	
325H	CHECK 325F YES <input type="checkbox"/> ↓ ONLY DISCUSSED <input type="checkbox"/>		→ 326
325I	Who mainly made the decision?	RESPONDENT.....01 HUSBAND.....02 IN-LAWS.....03 PARENTS.....04 SISTER/SISTER-IN-LAW.....05 OTHER MEMBER IN HUSBAND	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
		FAMILY..... 06 OTHER MEMBER IN RESPONDENT FAMILY..... 07 RELATIVES..... 08 FRIEND/NEIGHBOUR 09 TBA/FIELD WORKER/DAI 10 OTHER 96 (SPECIFY)									
326	ASK QUESTIONS SEPARATELY FOR PREGNANCY, DELIVERY AND AFTER DELIVERY BUT RECORD RESPONSES IN SAME CODING CATEGORY. What are the problems at the time of pregnancy which are life threatening? What are the problems at the time of delivery which are life threatening? What are the problems after the delivery which are life threatening?	SEVERE HEADACHE /BLURRY VISION/ HIGH BLOOD PRESSURE A PRE-ECLAMPSIA..... B CONVULSION/ECLAMPSIA..... C EXCESSIVE VAGINAL BLEEDING D FOUL-SMELLING DISCHARGE WITH HIGH FEVER E JAUNDICE F TETANUS..... G BABY'S HAND OR FEET COME/ BABY IN BAD POSITION H PROLONG LABOR I OBSTRUCTED LABOR..... J RETAINED PLACENTA K TORNED UTEROUS..... L OTHER X (SPECIFY) DON'T KNOW Y									
327	Do you think that women should have a medical checkup when they are pregnant even though they are not sick?	YES 1 NO 2 DON'T KNOW 8									
328	CHECK 107 CURRENTLY MARRIED <input type="checkbox"/>	SEPARATED/WIDOWED/DIVORCED <input type="checkbox"/>	→ 330								
328A	CHECK 325 NO/NOT SURE <input type="checkbox"/>	YES (PREGNANT) <input type="checkbox"/>	→ 330								
329	Are you currently doing something or using any family planning method to delay or avoid getting pregnant?	YES 1 NO 2	→ 330								
329A	Which method are you using?	FEMALE STERILIZATION 01 MALE STERILIZATION 02 PILL 03 IUD 04 INJECTIONS 05 IMPLANTS/NORPLANTS..... 06 CONDOM 07 PERIODIC ABSTINENCE 08 WITHDRAWAL 09 LACT. AMEN. METHOD 10 OTHER 96 (SPECIFY)									
330	Have you ever had a pregnancy that was miscarried, aborted, or ended in a stillbirth or have you ever done a MR?	YES 1 NO 2	→ 337A								
331	When did the last such pregnancy end?	MONTH <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><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>									
332	CHECK 331: LAST PREGNANCY ENDED SINCE BAISHAK 1404 OR APRIL 1997 <input type="checkbox"/>	LAST PREGNANCY ENDED BEFORE BAISHAK 1404 OR APRIL 1997 <input type="checkbox"/>	→ 337A								
333	Was that a stillbirth, a miscarriage/abortion, or you had a menstrual regulation?	STILLBIRTH..... 1 MISCARRIAGE/ABORTION 2 MENSTRUAL REGULATION..... 3									
334	How many months pregnant were you when the pregnancy ended? (RECORD IN FULL MONTH) ENTER 'S' FOR STILL BIRTH, 'A' FOR MISCARRIAGE OR ABORTION, 'M' FOR MENSTRUAL REGULATION IN COLUMN 4	MONTHS..... <input type="text"/>									

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	OF CALENDAR IN THE MONTH THAT THE PREGNANCY TERMINATED, AND 'P' IN EACH PRECEDING MONTH PREGNANT.		

335	Did you ever have any other such pregnancies that did not end with live birth?	YES 1 NO 2	337A
-----	--	---------------------------	------

336	<p>ASK FOR DATES AND DURATIONS OF ANY OTHERS PREGNANCIES BACK TO 1404 BAISAK/1997 APRIL</p> <p>ENTER 'S' FOR STILL BIRTH, 'A' FOR MISCARRIAGE OR ABORTION, 'M' FOR MENSTRUAL REGULATION IN COLUMN 1 OF CALENDAR IN THE MONTH THAT THE PREGNANCY TERMINATED, AND 'P' IN EACH PRECEDING MONTH PREGNANT.</p>
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INSTRUCTIONS:

ONLY ONE CODE SHOULD APPEAR IN COLUMN 1.

337A: LIVE BIRTHS

FOR EACH BIRTH SINCE APRIL 1997 (BAISHAK 1404) ENTER 'B' IN THE MONTH OF BIRTH IN COLUMN 1 OF THE CALENDAR AND 'P' IN EACH OF THE 8 PRECEDING MONTHS.

337B: OUTCOME OF PREGNANCY OTHER THAN LIVE BIRTHS: ENTER 'S' FOR STILL BIRTH, 'A' FOR MISCARRIAGE OR ABORTION, 'M' FOR MENSTRUAL REGULATION IN COLUMN 1 OF CALENDAR IN THE MONTH THAT THE PREGNANCY TERMINATED, AND 'P' IN EACH PRECEDING MONTH PREGNANT.

COLUMN 2: 337C:

FOR EACH LIVE BIRTH (B) AND STILL BIRTH (S) SINCE APRIL 1997 (BAISHAK 1404), ENTER THE SERIAL NUMBER 1,2 IN COLUMN 2 STARTING WITH LAST PREGNANCY. FOR STILL BIRTH, RESPONDENT SHOULD HAVE ATLEAST 7 MONTH OF PREGNANT.FOR OTHER THAN LIVE AND STILL BIRTH, THERE IS NO NEED TO GIVE THE SERIAL NUMBER.

		1	2			
1	04 SRABAN	01		01	07 JUL	2
4	03 ASHAR	02		02	06 JUN	0
0	02 JAISTHA	03		03	05 MAY	0
8	01 BAISHAK	04		04	04 APR	1
	12 CHOITRA	05		05	03 MAR	
	11 FALGUN	00		00	02 FEB	
	10 MAGH	07		07	01 JAN	
	09 POUSH	08		08	12 DEC	
	08 AGRAHAYAN	09		09	11 NOV	
1	07 KARTIK	10		10	10 OCT	
4	06 ASHWIN	11		11	09 SEP	2
0	05 BADHRA	12		12	08 AUG	0
7	04 SRABAN	13		13	07 JUL	0
	03 ASHAR	14		14	06 JUN	0
	02 JAISTHA	15		15	05 MAY	
	01 BAISHAK	16		16	04 APR	
	12 CHOITRA	17		17	03 MAR	
	11 FALGUN	18		18	02 FEB	
	10 MAGH	19		19	01 JAN	
	09 POUSH	20		20	12 DEC	
	08 AGRAHAYAN	21		21	11 NOV	1
1	07 KARTIK	22		22	10 OCT	9
4	06 ASHWIN	23		23	09 SEP	9
0	05 BADHRA	24		24	08 AUG	9
6	04 SRABAN	25		25	07 JUL	
	03 ASHAR	26		26	06 JUN	
	02 JAISTHA	27		27	05 MAY	
	01 BAISHAK	28		28	04 APR	
	12 CHOITRA	29		29	03 MAR	
	11 FALGUN	30		30	02 FEB	
	10 MAGH	31		31	01 JAN	
	09 POUSH	32		32	12 DEC	
	08 AGRAHAYAN	33		33	11 NOV	
1	07 KARTIK	34		34	10 OCT	
4	06 ASHWIN	35		35	09 SEP	1
0	05 BADHRA	36		36	08 AUG	9
5	04 SRABAN	37		37	07 JUL	9
	03 ASHAR	38		38	06 JUN	8
	02 JAISTHA	39		39	05 MAY	
	01 BAISHAK	40		40	04 APR	
	12 CHOITRA	41		41	03 MAR	
	11 FALGUN	42		42	02 FEB	
	10 MAGH	43		43	01 JAN	
	09 POUSH	44		44	12 DEC	
	08 AGRAHAYAN	45		45	11 NOV	
1	07 KARTIK	46		46	10 OCT	1
4	06 ASHWIN	47		47	09 SEP	9
0	05 BADHRA	48		48	08 AUG	9
4	04 SRABAN	49		49	07 JUL	7
	03 ASHAR	50		50	06 JUN	
	02 JAISTHA	51		51	05 MAY	
	01 BAISHAK	52		52	04 APR	

SECTION 4. PRE AND POSTNATAL CARE

401	CHECK CALENDAR: ONE OR MORE LIVE BIRTHS/ STILL BIRTH SINCE APRIL 1997 (BAISHAK 1404)	<input type="checkbox"/>	NO LIVE BIRTH OR STILL BIRTHS SINCE APRIL 1997 (BAISHAK 1401)	<input type="checkbox"/>	430
401A	ENTER IN THE TABLE THE LINE NUMBER AND NAME OF EACH BIRTH SINCE APRIL 1997 OR BAISHAK 1404. FOR STILL BIRTH WRITE '00' IN THE LINE NUMBER. ASK THE QUESTIONS ABOUT ALL OF THESE PREGNANCIES. BEGIN WITH THE LAST PREGNANCY. MENTION NAME FOR ALL CHILDREN IF THEY ARE ALIVE. (IF THERE ARE MORE THAN 2 PREGNANCIES, USE LAST COLUMN OF ADDITIONAL QUESTIONNAIRES).				
402	Now I would like to ask you some questions about your health during all pregnancies since Baishak 1404 or April 1997. I will ask first for last pregnancy and then next-to-last pregnancy.				
		LAST PREGNANCY		NEXT-TO-LAST PREGNANCY	
403	CHECK CALENDAR AND WRITE THE SERIAL NUMBER	SERIAL NUMBER..... <input type="checkbox"/>	SERIAL NUMBER .. <input type="checkbox"/>		
403A	WRITE NAME AND LINE NUMBER FROM Q312. FOR STILL BIRTH WRITE '00'	LINE NUMBER <input type="text"/> <input type="text"/> NAME.....	LINE NUMBER <input type="text"/> <input type="text"/> NAME		
404	When you were pregnant with (NAME), did you see anyone for antenatal care (pregnancy checkup)?	YES1 NO2 (SKIP TO 405) ←	YES1 NO2 (SKIP TO 405) ←		
404A	Whom did you see? Anyone else? PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS SEEN.	HEALTH PROFESSIONAL QUALIFIED DOCTOR (MBBS).....A NURSE/MIDWIFE/PARAMEDIC.....B FAMILY WELFARE VISITOR.....C MA/SACMO.....D HEALTH ASSISTANT(HA).....E FAMILY WELFARE ASST(FWA).....F OTHER PERSON TRAINED TRADITIONAL BIRTH ATTENDANT (TTBA)G UNTRAINED TBA.....H UNQUALIFIED DOCTORI OTHER.....X (SPECIFY) (SKIP TO 406) ←	HEALTH PROFESSIONAL QUALIFIED DOCTOR (MBBS).....A NURSE/MIDWIFE/PARAMEDIC.....B FAMILY WELFARE VISITOR.....C MA/SACMO.....D HEALTH ASSISTANT(HA).....E FAMILY WELFARE ASST(FWA).....F OTHER PERSON TRAINED TRADITIONAL BIRTH ATTENDANT (TTBA)G UNTRAINED TBA.....H UNQUALIFIED DOCTORI OTHER.....X (SPECIFY) (SKIP TO 406) ←		
405	Why did you not see anyone? Any other reason? RECORD ALL MENTIONED.	NOT NEEDED.....A NOT CUSTOMERY.....B EXPENSIVE.....C LACK OF MONEY.....D TOO FAR.....E TRANSPORTATION PROBLEM.....F NO ONE TO ACCOMPANY.....G GOOD SERVICE UNAVAILABLE.....H NOT PERMITTED FROM FAMILY.....I BETTER SERVICE AT HOME.....J DID NOT KNOW HOW TO GO.....K NO TIME TO TAKE SERVICE.....L DID NOT KNOW WHERE TO GO.....M NOT WANTED SERVICE FROM MALE DOCTOR.....N INCONVENIENT SERVICE HOUR.....O LACK OF PRIVACY.....P FEAR.....Q INADEQUATE DRUG SUPPLY.....R LONG WAITING TIME.....S RELIGIOUS REASONS.....T DID NOT KNOW THE NEED FOR SERVICE.....U OTHER.....X (SPECIFY) (SKIP TO 407E) ←	NOT NEEDED.....A NOT CUSTOMERY.....B EXPENSIVE.....C LACK OF MONEY.....D TOO FAR.....E TRANSPORTATION PROBLEM.....F NO ONE TO ACCOMPANY.....G GOOD SERVICE UNAVAILABLE.....H NOT PERMITTED FROM FAMILY.....I BETTER SERVICE AT HOME.....J DID NOT KNOW HOW TO GO.....K NO TIME TO TAKE SERVICE.....L DID NOT KNOW WHERE TO GO.....M NOT WANTED SERVICE FROM MALE DOCTOR.....N INCONVENIENT SERVICE HOUR.....O LACK OF PRIVACY.....P FEAR.....Q INADEQUATE DRUG SUPPLY.....R LONG WAITING TIME.....S RELIGIOUS REASONS.....T DID NOT KNOW THE NEED FOR SERVICE.....U OTHER.....X (SPECIFY) (SKIP TO 407E) ←		
406	When you were pregnant with (NAME), the first time you go for antenatal care, did you go for just to checkup or you had a problem?	BECAUSE OF PROBLEM.....1 FOR CHECKUP ONLY.....2 (SKIP TO 407) ←	BECAUSE OF PROBLEM.....1 FOR CHECKUP ONLY.....2 (SKIP TO 407) ←		

		LAST PREGNANCY <input type="checkbox"/> SERIAL NUMBER..... LINE NUMBER..... <input type="text"/> <input type="text"/>	NEXT-TO-LAST PREGNANCY <input type="checkbox"/> SERIAL NUMBER..... LINE NUMBER..... <input type="text"/> <input type="text"/>
406A	For what problem did you first go for antenatal care?	HEADACHE/BLURRY VISION HIGH BLOOD PRESSURE A EDEMA/PRE-ECLAMPSIA B VAGINAL BLEEDING C CONVULSION/ECLAMPSIA D TETANUS E FOUL-SMELLING DISCHARGE WITH HIGH FEVER F LOWER ABDOMINAL PAIN G FELL DOWN H BABY MOVEMENT WAS LOW I VARICUS VEIN J EXCESSIVE VOMITING K OTHER X (SPECIFY)	HEADACHE/BLURRY VISION HIGH BLOOD PRESSURE A EDEMA/PRE-ECLAMPSIA B VAGINAL BLEEDING C CONVULSION/ECLAMPSIA D TETANUS E FOUL-SMELLING DISCHARGE WITH HIGH FEVER F LOWER ABDOMINAL PAIN G FELL DOWN H BABY MOVEMENT WAS LOW I VARICUS VEIN J EXCESSIVE VOMITING K OTHER X (SPECIFY)
407	How many months pregnant were you when you first received medical checkup i.e., antenatal care for this pregnancy?	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98
407A	How many times did you receive medical checkup during this pregnancy?	NO. OF TIMES <input type="text"/> <input type="text"/> DON'T KNOW 98	NO. OF TIMES <input type="text"/> <input type="text"/> DON'T KNOW 98
407B	When you were pregnant with (NAME), did you receive advice on any of the following during at least one of your antenatal check-ups for this pregnancy: (READ ALL) Advise about diet? Talked about danger sign of pregnancy? Told where to go for complications?	 YES NO DIET 1 2 DANGER SIGN 1 2 COMPLICATIONS 1 2	 YES NO DIET 1 2 DANGER SIGN 1 2 COMPLICATIONS 1 2
407C	When you were pregnant with (NAME), were you or your husband/relatives told about the following birth planning items: (MENTION ALL) The place where you would like to have delivery The person who will delivery your baby. The hospital /clinic you can go if you have delivery complication. Arrangement for transport Arrangement for money for delivery Arrangement for safe delivery kit for delivery at home Complication during pregnancy and delivery	 YES NO DELIVERY PLACE 1 2 DELIVERY PERSON 1 2 HOSPITAL 1 2 TRANSPORT 1 2 MONEY 1 2 SAFE DELIVERY KIT 1 2 COMPLICATIONS 1 2	 YES NO DELIVERY PLACE 1 2 DELIVERY PERSON 1 2 HOSPITAL 1 2 TRANSPORT 1 2 MONEY 1 2 SAFE DELIVERY KIT 1 2 COMPLICATIONS 1 2
407D	When you were pregnant with (NAME), were you or your husband/relatives told about safe delivery such as: Dai (delivery person) should wash hands or use gloves Using of new and cleaned blade. Using clean thread to tie cod. Using savlon/dettle Keeping safe delivery kit at home.	 YES NO USING GLOVES 1 2 STERILIED BLADE 1 2 CLEANED THREAD 1 2 SAVLON/DETTLE 1 2 SAFE DELIVERY KIT 1 2	 YES NO USING GLOVES 1 2 STERILIED BLADE 1 2 CLEANED THREAD 1 2 SAVLON/DETTLE 1 2 SAFE DELIVERY KIT 1 2

		LAST PREGNANCY SERIAL NUMBER <input type="text"/> LINE NUMBER..... <input type="text"/> <input type="text"/>	NEXT-TO-LAST PREGNANCY SERIAL NUMBER <input type="text"/> LINE NUMBER..... <input type="text"/> <input type="text"/>																																																																								
407E	During this pregnancy, did you have the following::	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>WEIGHT1</td> <td>2</td> <td>8</td> <td></td> </tr> <tr> <td>HEIGHT.....1</td> <td>2</td> <td>8</td> <td></td> </tr> <tr> <td>BLOOD PRESSURE.....1</td> <td>2</td> <td>8</td> <td></td> </tr> <tr> <td>BLOOD TEST.....1</td> <td>2</td> <td>8</td> <td></td> </tr> <tr> <td>URINE TEST.....1</td> <td>2</td> <td>8</td> <td></td> </tr> <tr> <td>ABDOMEN EXAMINED..1</td> <td>2</td> <td>8</td> <td></td> </tr> <tr> <td>INTERNAL EXAM.....1</td> <td>2</td> <td>8</td> <td></td> </tr> <tr> <td>SONOGRAM.....1</td> <td>2</td> <td>8</td> <td></td> </tr> </tbody> </table>		YES	NO	DK	WEIGHT1	2	8		HEIGHT.....1	2	8		BLOOD PRESSURE.....1	2	8		BLOOD TEST.....1	2	8		URINE TEST.....1	2	8		ABDOMEN EXAMINED..1	2	8		INTERNAL EXAM.....1	2	8		SONOGRAM.....1	2	8		<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>WEIGHT1</td> <td>2</td> <td>8</td> <td></td> </tr> <tr> <td>HEIGHT.....1</td> <td>2</td> <td>8</td> <td></td> </tr> <tr> <td>BLOOD PRESSURE.....1</td> <td>2</td> <td>8</td> <td></td> </tr> <tr> <td>BLOOD TEST.....1</td> <td>2</td> <td>8</td> <td></td> </tr> <tr> <td>URINE TEST.....1</td> <td>2</td> <td>8</td> <td></td> </tr> <tr> <td>ABDOMEN EXAMINED..1</td> <td>2</td> <td>8</td> <td></td> </tr> <tr> <td>INTERNAL EXAM.....1</td> <td>2</td> <td>8</td> <td></td> </tr> <tr> <td>SONOGRAM.....1</td> <td>2</td> <td>8</td> <td></td> </tr> </tbody> </table>		YES	NO	DK	WEIGHT1	2	8		HEIGHT.....1	2	8		BLOOD PRESSURE.....1	2	8		BLOOD TEST.....1	2	8		URINE TEST.....1	2	8		ABDOMEN EXAMINED..1	2	8		INTERNAL EXAM.....1	2	8		SONOGRAM.....1	2	8	
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408	Who assisted with the delivery of (NAME)? Anyone else? PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS ASSISTING.	HEALTH PROFESSIONAL QUALIFIED DOCTOR (MBBS).....A NURSE/MIDWIFE/PARAMEDIC.....B FAMILY WELFARE VISITOR.....C MA/SACMO.....D HEALTH ASST (HA).....E FIELD WELFARE ASST (FWA).....F OTHER PERSON TRAINED TRADITIONAL BIRTH ATTENDANT (TTBA).....G UNTRAINED TBA (DAI).....H UNQUALIFIED DOCTOR.....I RELATIVES.....J NEIGHBOURS/FRIENDS.....K OTHER.....X (SPECIFY) NO ONE.....Y	HEALTH PROFESSIONAL QUALIFIED DOCTOR (MBBS).....A NURSE/MIDWIFE/PARAMEDIC.....B FAMILY WELFARE VISITOR.....C MA/SACMO.....D HEALTH ASST (HA).....E FIELD WELFARE ASST (FWA).....F OTHER PERSON TRAINED TRADITIONAL BIRTH ATTENDANT (TTBA).....G UNTRAINED TBA (DAI).....H UNQUALIFIED DOCTOR.....I RELATIVES.....J NEIGHBOURS/FRIENDS.....K OTHER.....X (SPECIFY) NO ONE.....Y																																																																								
408A	Where did you give birth (NAME)?	HOME.....11 PUBLIC SECTOR GOVT. HOSPITAL.....21 THANA HEALTH COMPLEX.....22 MATERNAL AND CHILD WELFARE CENTER (MCWC).....23 UNION FAMILY WELFARE CENTER (UHFWC).....24 NGO SECTOR NGO STATIC CLINIC.....31 NGO HOSPITAL.....32 PRIVATE SECTOR PVT. HOSPITAL.....41 PVT. CLINIC.....42 OTHER.....96 (SPECIFY) (SKIP TO 410) ←	HOME.....11 PUBLIC SECTOR GOVT. HOSPITAL.....21 THANA HEALTH COMPLEX.....22 MATERNAL AND CHILD WELFARE CENTER (MCWC).....23 UNION FAMILY WELFARE CENTER (UHFWC).....24 NGO SECTOR NGO STATIC CLINIC.....31 NGO HOSPITAL.....32 PRIVATE SECTOR PVT. HOSPITAL.....41 PVT. CLINIC.....42 OTHER.....96 (SPECIFY) (SKIP TO 410) ←																																																																								

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409	What are the reasons you did not go to a health facility for delivery?	NOT NECESSARY A NOT CUSTOMERY B COST TOO MUCH C LACK OF MONEY D TOO FAR E TRANSPORT PROBLEM F NO ONE TO ACCOMPANY G POOR QUALITY SERVICE H FAMILY DID NOT ALLOW I BETTER CARE AT HOME J NOT KNOWN HOW TO GO K NO TIME TO GET SERVICES L NOT KNOWN WHERE TO GO M NOT WANT SERVICE FROM MALE DOCTOR N FOR FEAR O CLINIC/HOSPITAL INSIST FOR CISAREAN V OTHER X (SPECIFY) _____ (SKIP 411) ←	NOT NECESSARY A NOT CUSTOMERY B COST TOO MUCH C LACK OF MONEY D TOO FAR E TRANSPORT PROBLEM F NO ONE TO ACCOMPANY G POOR QUALITY SERVICE H FAMILY DID NOT ALLOW I BETTER CARE AT HOME J NOT KNOWN HOW TO GO K NO TIME TO GET SERVICES L NOT KNOWN WHERE TO GO M NOT WANT SERVICE FROM MALE DOCTOR N FOR FEAR O CLINIC/HOSPITAL INSIST FOR CISAREAN V OTHER X (SPECIFY) _____ (SKIP 411) ←																																								
410	Why did you choose to deliver at the hospital/health center?	FIRST CHILD WAS CAESARIAN A CUSTOMERY B MODERN FACILITY/DOCTOR C DELIVERY/HEALTH RELATED PROBLEM D BABY OVERDUE E DOCTOR/HEALTH WORKER TOLD F FOR SAFE DELIVERY G OTHER X (SPECIFY) _____	FIRST CHILD WAS CAESARIAN A CUSTOMERY B MODERN FACILITY/DOCTOR C DELIVERY /HEALTH RELATED PROBLEM D BABY OVERDUE E DOCTOR/HEALTH WORKER TOLD F FOR SAFE DELIVERY G OTHER X (SPECIFY) _____																																								
411	Were any of the following procedures performed at the time of delivery? a. Instruments to used to get the baby out (FORCEP) b. You had an abdominal operation to get the baby out (C-SECTION) c. Received blood transfusion d. Received intravenous fluid	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>FORCEP 1</td> <td>2</td> <td>8</td> <td></td> </tr> <tr> <td>ABDOMINAL OPERATION/ C-SECTION 1</td> <td>2</td> <td>8</td> <td></td> </tr> <tr> <td>BLOOD TRANSFUSION 1</td> <td>2</td> <td>8</td> <td></td> </tr> <tr> <td>INTRAVENOUS 1</td> <td>2</td> <td>8</td> <td></td> </tr> </tbody> </table>		YES	NO	DK	FORCEP 1	2	8		ABDOMINAL OPERATION/ C-SECTION 1	2	8		BLOOD TRANSFUSION 1	2	8		INTRAVENOUS 1	2	8		<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>FORCEP 1</td> <td>2</td> <td>8</td> <td></td> </tr> <tr> <td>ABDOMINAL OPERATION/ C-SECTION 1</td> <td>2</td> <td>8</td> <td></td> </tr> <tr> <td>BLOOD TRANSFUSION 1</td> <td>2</td> <td>8</td> <td></td> </tr> <tr> <td>INTRAVENOUS 1</td> <td>2</td> <td>8</td> <td></td> </tr> </tbody> </table>		YES	NO	DK	FORCEP 1	2	8		ABDOMINAL OPERATION/ C-SECTION 1	2	8		BLOOD TRANSFUSION 1	2	8		INTRAVENOUS 1	2	8	
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412	<p>Did you experience any of the following problems at any time of pregnancy (pregnant with NAME), delivery or after delivery?</p> <p>CIRCLE ALL RESPONDENT MENTIONED.</p> <p>Had headache, blurred vision and high blood pressure?</p> <p>Edema/Pre-eclamsia?</p> <p>Excessive bleeding was so much which wet your clothes that you feared it was life threatening?</p> <p>A high fever with bad smelling vaginal discharge?</p> <p>Convulsions/eclamsia?</p> <p>Baby's hands and feet came first during delivery?</p> <p>Prolong labor?</p> <p>Tetanus?</p> <p>Placenta previa/retained placenta?</p> <p>Torned uterus?</p> <p>Obstructed labor?</p> <p>Other?</p> <p>Nothing happened.</p>	<p>(P=PREGNANCY, D=AT THE TIME OF DELIVERY, AD=AFTER DELIVERY)</p> <table> <thead> <tr> <th></th> <th>P</th> <th>D</th> <th>AD</th> </tr> </thead> <tbody> <tr> <td>HEADACHE.....A1</td> <td></td> <td>A2</td> <td>A3</td> </tr> <tr> <td>PREECLAMPSIA B1</td> <td></td> <td>B2</td> <td>B3</td> </tr> <tr> <td>EXCESSIVE BLEEDING .. C1</td> <td></td> <td>C2</td> <td>C3</td> </tr> <tr> <td>HIGH FEVER.....D1</td> <td></td> <td>D2</td> <td>D3</td> </tr> <tr> <td>CONVULSIONS.....E1</td> <td></td> <td>E2</td> <td>E3</td> </tr> <tr> <td>HANDS AND FEET.....</td> <td></td> <td>F2</td> <td>--</td> </tr> <tr> <td>LONG LABOR</td> <td>--</td> <td>G2</td> <td>--</td> </tr> <tr> <td>TETANUS.....H1</td> <td></td> <td>H2</td> <td>H3</td> </tr> <tr> <td>PLACENTA.....</td> <td></td> <td>I2</td> <td>I3</td> </tr> <tr> <td>TORNED UTERUS.....</td> <td></td> <td>J2</td> <td>-</td> </tr> <tr> <td>OBSTRUCTED LABOR...</td> <td></td> <td>K2</td> <td>-</td> </tr> <tr> <td>OTHER.....X1</td> <td></td> <td>X2</td> <td>X3</td> </tr> <tr> <td>NONE.....Y1</td> <td></td> <td>Y2</td> <td>Y3</td> </tr> </tbody> </table>			P	D	AD	HEADACHE.....A1		A2	A3	PREECLAMPSIA B1		B2	B3	EXCESSIVE BLEEDING .. C1		C2	C3	HIGH FEVER.....D1		D2	D3	CONVULSIONS.....E1		E2	E3	HANDS AND FEET.....		F2	--	LONG LABOR	--	G2	--	TETANUS.....H1		H2	H3	PLACENTA.....		I2	I3	TORNED UTERUS.....		J2	-	OBSTRUCTED LABOR...		K2	-	OTHER.....X1		X2	X3	NONE.....Y1		Y2	Y3	<p>(P=PREGNANCY, D=AT THE TIME OF DELIVERY, AD=AFTER DELIVERY)</p> <table> <thead> <tr> <th></th> <th>P</th> <th>D</th> <th>AD</th> </tr> </thead> <tbody> <tr> <td>HEADACHE.....A1</td> <td></td> <td>A2</td> <td>A3</td> </tr> <tr> <td>PREECLAMPSIA B1</td> <td></td> <td>B2</td> <td>B3</td> </tr> <tr> <td>EXCESSIVE BLEEDING... C1</td> <td></td> <td>C2</td> <td>C3</td> </tr> <tr> <td>HIGH FEVER.....D1</td> <td></td> <td>D2</td> <td>D3</td> </tr> <tr> <td>CONVULSIONS.....E1</td> <td></td> <td>E2</td> <td>E3</td> </tr> <tr> <td>HANDS AND FEET.....</td> <td></td> <td>F2</td> <td>--</td> </tr> <tr> <td>LONG LABOR</td> <td>--</td> <td>G2</td> <td>--</td> </tr> <tr> <td>TETANUS.....H1</td> <td></td> <td>H2</td> <td>H3</td> </tr> <tr> <td>PLACENTA.....</td> <td></td> <td>I2</td> <td>I3</td> </tr> <tr> <td>TORNED UTERUS.....</td> <td></td> <td>J2</td> <td>-</td> </tr> <tr> <td>OBSTRUCTED LABOR...</td> <td></td> <td>K2</td> <td>-</td> </tr> <tr> <td>OTHER.....X1</td> <td></td> <td>X2</td> <td>X3</td> </tr> <tr> <td>NONE.....Y1</td> <td></td> <td>Y2</td> <td>Y3</td> </tr> </tbody> </table>			P	D	AD	HEADACHE.....A1		A2	A3	PREECLAMPSIA B1		B2	B3	EXCESSIVE BLEEDING... C1		C2	C3	HIGH FEVER.....D1		D2	D3	CONVULSIONS.....E1		E2	E3	HANDS AND FEET.....		F2	--	LONG LABOR	--	G2	--	TETANUS.....H1		H2	H3	PLACENTA.....		I2	I3	TORNED UTERUS.....		J2	-	OBSTRUCTED LABOR...		K2	-	OTHER.....X1		X2	X3	NONE.....Y1		Y2	Y3
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412A	CHECK 412 : CODE G2 (PROLONG LABOR)	<p>CIRCLE 'G2' NOT CIRCLE 'G2'</p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p>↓ ↓</p> <p>(SKIP TO 413) (SKIP TO 413)</p>		<p>CIRCLE 'G2' NOT CIRCLE 'G2'</p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p>↓ ↓</p> <p>(SKIP TO 413) (SKIP TO 413)</p>																																																																																																																	
412B	<p>How many hours was the labor?</p> <p>WRITE '00' IF LESS THAN AN HOUR</p>	<p>HOURS <input type="text"/></p> <p>DON'T KNOW.....98</p>		<p>HOURS <input type="text"/></p> <p>DON'T KNOW.....98</p>																																																																																																																	
413	Who can tell us about the circumstances around the delivery?	<p>RESPONDENT.....A</p> <p>HUSBAND.....B</p> <p>PARENT-IN-LAW.....C</p> <p>PARENT.....D</p> <p>SISTER/SISTER-IN-LAW.....E</p> <p>OTHER MEMBER OF HUSBAND FAMILY.....F</p> <p>OTHER MEMBER OF RESPONDENT FAMILY.....G</p> <p>RELATIVES.....H</p> <p>NEIGHBOUR/FRIEND.....I</p> <p>TBA/FIELD WORKER/DAI.....J</p> <p>OTHER.....X</p> <p>(SPECIFY)</p>		<p>RESPONDENT.....A</p> <p>HUSBAND.....B</p> <p>PARENT-IN-LAW.....C</p> <p>PARENT.....D</p> <p>SISTER/SISTER-IN-LAW.....E</p> <p>OTHER MEMBER OF HUSBAND FAMILY.....F</p> <p>OTHER MEMBER OF RESPONDENT FAMILY.....G</p> <p>RELATIVES.....H</p> <p>NEIGHBOUR/FRIEND.....I</p> <p>TBA/FIELD WORKER/DAI.....J</p> <p>OTHER.....X</p> <p>(SPECIFY)</p>																																																																																																																	

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413A	<div style="border: 1px solid black; padding: 5px; width: fit-content;"> TAKE HELP FROM PEOPLE MENTIONED IN 413. </div> CIRCLE THE CODE FOR PRESONS PRESENCE AT THE TIME OF INTERVIEW.	RESPONDENT.....A HUSBAND.....B PARENT-IN-LAW.....C PARENT.....D SISTER/SISTER-IN-LAW.....E OTHER MEMBER OF HUSBAND FAMILY.....F OTHER MEMBER OF RESPONDENT FAMILY.....G RELATIVES.....H NEIGHBOUR/FRIEND.....I TBA/FIELD WORKER/DAI.....J OTHER.....X (SPECIFY)	RESPONDENT.....A HUSBAND.....B PARENT-IN-LAW.....C PARENT.....D SISTER/SISTER-IN-LAW.....E OTHER MEMBER OF HUSBAND FAMILY.....F OTHER MEMBER OF RESPONDENT FAMILY.....G RELATIVES.....H NEIGHBOUR/FRIEND.....I TBA/FIELD WORKER/DAI.....J OTHER.....X (SPECIFY)
414	CHECK 412 AND CHECK IN WRIGHT BOX.	<div style="display: flex; justify-content: space-around;"> <div> EXCEPT Y1, Y2, Y3 CIRCLE ONE <input type="checkbox"/> ↓ </div> <div> EXCEPT Y1, Y2, Y3 CIRCLE MORE THAN ONE <input type="checkbox"/> ↓ SKIP TO 416 </div> <div> CIRCLE ONLY Y1, Y2, Y3 <input type="checkbox"/> ↓ SKIP TO 428 </div> </div>	<div style="display: flex; justify-content: space-around;"> <div> EXCEPT Y1, Y2, Y3 CIRCLE ONE <input type="checkbox"/> ↓ </div> <div> EXCEPT Y1, Y2, Y3 CIRCLE MORE THAN ONE <input type="checkbox"/> ↓ SKIP TO 416 </div> <div> CIRCLE ONLY Y1, Y2, Y3 <input type="checkbox"/> ↓ SKIP TO 428 </div> </div>
415	Do you think that (RESPONSE FROM Q.412) was potentially dangerous or life threatening?	YES.....1 NO.....2 DONOT KNOW.....8 (SKIP TO 418B) ←	YES.....1 NO.....2 DONOT KNOW.....8 (SKIP TO 418B) ←
416	You have just mentioned that you had (RESPONSE FROM Q.412) complications. Was there any complication potentially dangerous or life threatening? IF YES: Which complication(s) was/were life threatening?	HEADACHE/HIGH BLOOD PRSR.....A EDEMA/PREECLAMSIA.....B EXCESSIVE BLEEDING.....C FOUL-SMELLING DISCHARGE WITH HIGH FEVER.....D CONVULSIONS/ECLAMSIA.....E HANDS AND FEET CAME OUT /BABY'S WRONG POSITION.....F PRO LONG LABOR.....G TETANUS.....H RETAINED PLACENTA.....I TORNED UTERUS.....J OBSTRUCTED LABOR.....K OTHER.....X (SPECIFY) NONE/DON'T KNOW.....Y	HEADACHE/HIGH BLOOD PRSR.....A EDEMA/PREECLAMSIA.....B EXCESSIVE BLEEDING.....C FOUL-SMELLING DISCHARGE WITH HIGH FEVER.....D CONVULSIONS/ECLAMSIA.....E HANDS AND FEET CAME OUT /BABY'S WRONG POSITION.....F PRO LONG LABOR.....G TETANUS.....H RETAINED PLACENTA.....I TORNED UTERUS.....J OBSTRUCTED LABOR.....K OTHER.....X (SPECIFY) NONE/DON'T KNOW.....Y

		<p>LAST PREGNANCY SERIAL NUMBER <input type="text"/></p> <p>LINE NUMBER..... <input type="text"/> <input type="text"/></p>	<p>NEXT-TO-LAST PREGNANCY SERIAL NUMBER <input type="text"/></p> <p>LINE NUMBER..... <input type="text"/> <input type="text"/></p>
417	CHECK 416.	<p>EXCEPT 'Y' ONLY 'Y' EXCEPT 'Y' MORE THAN ONE CIRCLE CIRCLE ONLY ONE CIRCLE</p> <p><input type="text"/> <input type="text"/> <input type="text"/></p> <p>↓ ↓ ↓</p> <p>SKIP TO SKIP TO SKIP TO 418A 418B</p>	<p>EXCEPT 'Y' ONLY 'Y' EXCEPT 'Y' MORE THAN ONE CIRCLE CIRCLE ONLY ONE CIRCLE</p> <p><input type="text"/> <input type="text"/> <input type="text"/></p> <p>↓ ↓ ↓</p> <p>SKIP TO SKIP TO SKIP TO 418A 418B</p>
418	Which complication (FROM Q. 416) was occurred last?	<p>HEADACHE/HIGH BLOOD PRSR.....01</p> <p>EDEMA/PREECLAMPSIA 02</p> <p>EXCESSIVE BLEEDING 03</p> <p>FOUL-SMELLING DISCHARGE</p> <p>WITH HIGH FEVER..... 04</p> <p>CONVULSIONS/ECLAMPSIA05</p> <p>HANDS AND FEET CAME OUT</p> <p>/BABY'S WRONG POSITION.....06</p> <p>PRO LONG LABOR 07</p> <p>TETANUS.....08</p> <p>RETAINED PLACENTA..... 09</p> <p>TORNED UTERUS.....10</p> <p>OBSTRUCTED LABOR..... 11</p> <p>OTHER.....96</p> <p>(SPECIFY)</p> <p>(SKIP TO 418B) ←</p>	<p>HEADACHE/HIGH BLOOD PRSR.....01</p> <p>EDEMA/PREECLAMPSIA02</p> <p>EXCESSIVE BLEEDING.....03</p> <p>FOUL-SMELLING DISCHARGE</p> <p>WITH HIGH FEVER04</p> <p>CONVULSIONS/ECLAMPSIA05</p> <p>HANDS AND FEET CAME OUT</p> <p>/BABY'S WRONG POSITION.....06</p> <p>PRO LONG LABOR07</p> <p>TETANUS.....08</p> <p>RETAINED PLACENTA 09</p> <p>TORNED UTERUS.....10</p> <p>OBSTRUCTED LABOR11</p> <p>OTHER.....96</p> <p>(SPECIFY)</p> <p>(SKIP TO 418B) ←</p>
418A	Which complication (FROM Q. 412) was occurred last?	<p>HEADACHE/HIGH BLOOD PRSR.....01</p> <p>EDEMA/PREECLAMPSIA 02</p> <p>EXCESSIVE BLEEDING 03</p> <p>FOUL-SMELLING DISCHARGE</p> <p>WITH HIGH FEVER..... 04</p> <p>CONVULSIONS/ECLAMPSIA05</p> <p>HANDS AND FEET CAME OUT</p> <p>/BABY'S WRONG POSITION.....06</p> <p>PRO LONG LABOR 07</p> <p>TETANUS.....08</p> <p>RETAINED PLACENTA..... 09</p> <p>TORNED UTERUS.....10</p> <p>OBSTRUCTED LABOR..... 11</p> <p>OTHER.....96</p> <p>(SPECIFY)</p>	<p>HEADACHE/HIGH BLOOD PRSR.....01</p> <p>EDEMA/PREECLAMPSIA02</p> <p>EXCESSIVE BLEEDING.....03</p> <p>FOUL-SMELLING DISCHARGE</p> <p>WITH HIGH FEVER04</p> <p>CONVULSIONS/ECLAMPSIA05</p> <p>HANDS AND FEET CAME OUT</p> <p>/BABY'S WRONG POSITION.....06</p> <p>PRO LONG LABOR07</p> <p>TETANUS.....08</p> <p>RETAINED PLACENTA 09</p> <p>TORNED UTERUS.....10</p> <p>OBSTRUCTED LABOR11</p> <p>OTHER.....96</p> <p>(SPECIFY)</p>
418B	After how much time from the beginning of this complication you recognize that you were having problem?	<p>HOURS.....1 <input type="text"/> <input type="text"/></p> <p>DAYS2 <input type="text"/> <input type="text"/></p> <p>MONTHS3 <input type="text"/> <input type="text"/></p> <p>IMMEDIATELY000</p> <p>DON'T KNOW.....998</p>	<p>HOURS.....1 <input type="text"/> <input type="text"/></p> <p>DAYS2 <input type="text"/> <input type="text"/></p> <p>MONTHS3 <input type="text"/> <input type="text"/></p> <p>IMMEDIATELY000</p> <p>DON'T KNOW.....998</p>

		LAST PREGNANCY <input type="checkbox"/> SERIAL NUMBER LINE NUMBER <input type="checkbox"/> <input type="checkbox"/>	NEXT-TO-LAST PREGNANCY <input type="checkbox"/> SERIAL NUMBER LINE NUMBER <input type="checkbox"/> <input type="checkbox"/>
418C	When you had this complication, did any member of your household become concerned about the condition? IF YES: Who?	HUSBAND B PARENT-IN-LAW C PARENT D SISTER/SISTER-IN-LAW E OTHER MEMBER OF HUSBAND FAMILY F OTHER MEMBER OF RESPONDENT FAMILY G RELATIVES H CHILDREN K OTHER X (SPECIFY) NONE Y	HUSBAND B PARENT-IN-LAW C PARENT D SISTER/SISTER-IN-LAW E OTHER MEMBER OF HUSBAND FAMILY F OTHER MEMBER OF RESPONDENT FAMILY G RELATIVES H CHILDREN K OTHER X (SPECIFY) NONE Y
418D	Did you see seek any assistance for this complication?	YES 1 (SKIP TO 418G) ← NO 2	YES 1 (SKIP TO 418G) ← NO 2
418E	Why you did not seek treatment? Any other reason? PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS SEEN.	NOT NECESSARY A NOT CUSTOMERY B COST TOO MUCH C LACK OF MONEY D TOO FAR E TRANSPORT PROBLEM F NO ONE TO ACCOMPANY G POOR QUALITY SERVICE H FAMILY DID NOT ALLOW I BETTER CARE AT HOME J NOT KNOWN HOW TO GO K NO TIME TO GET SERVICES L NOT KNOWN WHERE TO GO M NOT WANT SERVICE FROM MALE DOCTOR N DID NOT THINK OF SERIOUSNESS OF COMPLICATION W OTHER X (SPECIFY)	NOT NECESSARY A NOT CUSTOMERY B COST TOO MUCH C LACK OF MONEY D TOO FAR E TRANSPORT PROBLEM F NO ONE TO ACCOMPANY G POOR QUALITY SERVICE H FAMILY DID NOT ALLOW I BETTER CARE AT HOME J NOT KNOWN HOW TO GO K NO TIME TO GET SERVICES L NOT KNOWN WHERE TO GO M NOT WANT SERVICE FROM MALE DOCTOR N DID NOT THINK OF SERIOUSNESS OF COMPLICATION W OTHER X (SPECIFY)
418F	Who took the decision that you should not seek treatment? Anyone else?	RESPONDENT A HUSBAND B PARENT-IN-LAW C PARENT D SISTER/SISTER-IN-LAW E OTHER MEMBER OF HUSBAND FAMILY F OTHER MEMBER OF RESPONDENT FAMILY G RELATIVES H NEIGHBOUR/FRIEND I TBA/FIELD WORKER/DAI J OTHER X (SPECIFY) NONE Y (SKIP TO 428) ←	RESPONDENT A HUSBAND B PARENT-IN-LAW C PARENT D SISTER/SISTER-IN-LAW E OTHER MEMBER OF HUSBAND FAMILY F OTHER MEMBER OF RESPONDENT FAMILY G RELATIVES H NEIGHBOUR/FRIEND I TBA/FIELD WORKER/DAI J OTHER X (SPECIFY) NONE Y (SKIP TO 428) ←

		LAST PREGNANCY SERIAL NUMBER..... <input type="text"/> LINE NUMBER..... <input type="text"/> <input type="text"/>	NEXT-TO-LAST PREGNANCY SERIAL NUMBER..... <input type="text"/> LINE NUMBER..... <input type="text"/> <input type="text"/>
418G	Whom did you see? Anyone else?	HEALTH PROFESSIONAL QUALIFIED DOCTOR (MBBS)..... A NURSE/MIDWIFE/PARAMEDIC..... B FAMILY WELFARE VISITOR..... C MA/SACMO..... D HEALTH ASST (HA)..... E FIELD WELFARE ASST (FWA)..... F OTHER PERSON TRAINED TRADITIONAL BIRTH ATTENDANT (TTBA)..... G UNTRAINED TBA..... H UNQUALIFIED DOCTOR..... I OTHER..... X (SPECIFY)	HEALTH PROFESSIONAL QUALIFIED DOCTOR (MBBS)..... A NURSE/MIDWIFE/PARAMEDIC..... B FAMILY WELFARE VISITOR..... C MA/SACMO..... D HEALTH ASST (HA)..... E FIELD WELFARE ASST (FWA)..... F OTHER PERSON TRAINED TRADITIONAL BIRTH ATTENDANT (TTBA)..... G UNTRAINED TBA..... H UNQUALIFIED DOCTOR..... I OTHER..... X (SPECIFY)
418H	Where did you receive treatment? Any other places?	HOME..... A PUBLIC SECTOR GOVT. HOSPITAL..... B THANA HEALTH COMPLEX..... C MATERNAL AND CHILD WELFARE CENTER (MCWC)..... D UNION FAMILY WELFARE CENTER (UFWC)..... E SATELLITE /EPI OUTREACH..... F COMMUNITY CLINIC..... G NGO SECTOR NGO STATIC CLINIC..... H NGO HOSPITAL..... I NGO SATELLITE CLINIC..... J PRIVATE SECTOR PVT. HOSPITAL..... K PVT. CLINIC..... L QUALITIFIED DOCTOR'S CHAMBER /PHARMACY..... M TRADITIONAL DOCTOR'S CHAMBER /PHARMACY..... N OTHER..... X (SPECIFY)	HOME..... A PUBLIC SECTOR GOVT. HOSPITAL..... B THANA HEALTH COMPLEX..... C MATERNAL AND CHILD WELFARE CENTER (MCWC)..... D UNION FAMILY WELFARE CENTER (UFWC)..... E SATELLITE /EPI OUTREACH..... F COMMUNITY CLINIC..... G NGO SECTOR NGO STATIC CLINIC..... H NGO HOSPITAL..... I NGO SATELLITE CLINIC..... J PRIVATE SECTOR PVT. HOSPITAL..... K PVT. CLINIC..... L QUALITIFIED DOCTOR'S CHAMBER /PHARMACY..... M TRADITIONAL DOCTOR'S CHAMBER /PHARMACY..... N OTHER..... X (SPECIFY)
419	Who took the decision that you should seek treatment?	RESPONDENT..... A HUSBAND..... B PARENT-IN-LAW..... C PARENT..... D SISTER/SISTER-IN-LAW..... E OTHER MEMBER OF HUSBAND FAMILY..... F OTHER MEMBER OF RESPONDENT FAMILY..... G RELATIVES..... H NEIGHBOUR/FRIEND..... I TBA/FIELD WORKER/DAI..... J OTHER..... X (SPECIFY) NONE..... Y DON'T KNOW..... Z	RESPONDENT..... A HUSBAND..... B PARENT-IN-LAW..... C PARENT..... D SISTER/SISTER-IN-LAW..... E OTHER MEMBER OF HUSBAND FAMILY..... F OTHER MEMBER OF RESPONDENT FAMILY..... G RELATIVES..... H NEIGHBOUR/FRIEND..... I TBA/FIELD WORKER/DAI..... J OTHER..... X (SPECIFY) NONE..... Y DON'T KNOW..... Z
419A	After how much time from the beginning of this complication it was decided that you need treatment? IF IMMEDIATELY, WRITE '00' IN HOURS BOX, WRITE IN HOURS IF LESS THAN A DAY AND WRITE IN MONTH IF MORE THAN 30 DAYS.	HOURS.....1 <input type="text"/> <input type="text"/> DAYS.....2 <input type="text"/> <input type="text"/> MONTHS.....3 <input type="text"/> <input type="text"/>	HOURS.....1 <input type="text"/> <input type="text"/> DAYS.....2 <input type="text"/> <input type="text"/> MONTHS.....3 <input type="text"/> <input type="text"/>

		LAST PREGNANCY		NEXT-TO-LAST PREGNANCY	
		SERIAL NUMBER..... <input type="text"/>		SERIAL NUMBER <input type="text"/>	
		LINE NUMBER..... <input type="text"/>		LINE NUMBER..... <input type="text"/>	
419B	Did you seek treatment soon after the decision made?	YES.....1 (SKIP TO 420) ←	YES.....1 (SKIP TO 420) ←	NO, LATE.....2	NO, LATE.....2
		DON'T KNOW.....8 (SKIP TO 420) ←	DON'T KNOW.....8 (SKIP TO 420) ←		
419C	Why the treatment was not sought immediately?	HOSPITAL TOO FAR.....A DID NOT THINK SERIOUSLY.....B LACK OF MONEY.....C NOT WANT SERVICE FROM MALE DOCTOR.....D OTHER.....X (SPECIFY)	HOSPITAL TOO FAR.....A DID NOT THINK SERIOUSLY.....B LACK OF MONEY.....C NOT WANT SERVICE FROM MALE DOCTOR.....D OTHER.....X (SPECIFY)		
419D	How much time after a decision was made, was the treatment sought? WRITE '00' IF LESS THAN AN HOUR.	HOURS..... <input type="text"/> <input type="text"/> DON'T KNOW.....98	HOURS..... <input type="text"/> <input type="text"/> DON'T KNOW.....98		
420	How many hospital/clinic/dispensary did you visit for this treatment?	NUMBERS..... <input type="text"/> DID NOT GO ANY PLACE.....0 (SKIP TO 428) ←	NUMBERS..... <input type="text"/> DID NOT GO ANY PLACE.....0 (SKIP TO 428) ←		
420A	INTERVIEWER: Qs. 421-423 ARE APPLICABLE FOR FIRST TREATMENT FACILITY				
421	Where did you go first to seek treatment?	PUBLIC SECTOR GOVT. HOSPITAL.....21 THANA HEALTH COMPLEX.....22 MATERNAL AND CHILD WELFARE CENTER (MCWC).....23 UNION FAMILY WELFARE CENTER (UFWC).....24 SATELLITE/EPI OUTREACH.....25 COMMUNITY CLINIC.....26 NGO SECTOR NGO STATIC CLINIC.....31 NGO HOSPITAL.....32 NGO SATELLITE CLINIC.....33 PRIVATE SECTOR PVT. HOSPITAL.....41 PVT. CLINIC.....42 CHAMBER/PHARMACY OF QUALIFIED DOCTOR.....43 CHAMBER/PHARMACY OF TRADITIONAL DOCTOR.....44 OTHER.....96 (SPECIFY) DON'T KNOW.....98	PUBLIC SECTOR GOVT. HOSPITAL.....21 THANA HEALTH COMPLEX.....22 MATERNAL AND CHILD WELFARE CENTER (MCWC).....23 UNION FAMILY WELFARE CENTER (UFWC).....24 SATELLITE/EPI OUTREACH.....25 COMMUNITY CLINIC.....26 NGO SECTOR NGO STATIC CLINIC.....31 NGO HOSPITAL.....32 NGO SATELLITE CLINIC.....33 PRIVATE SECTOR PVT. HOSPITAL.....41 PVT. CLINIC.....42 CHAMBER/PHARMACY OF QUALIFIED DOCTOR.....43 CHAMBER/PHARMACY OF TRADITIONAL DOCTOR.....44 OTHER.....96 (SPECIFY) DON'T KNOW.....98		
421A	Who accompanied you to go the treatment center (NAME FROM 421)? CIRCLE ALL THE PERSONS ACCOMPANIED	HUSBAND.....B PARENT-IN-LAW.....C PARENT.....D SISTER/SISTER-IN-LAW.....E OTHER MEMBER OF HUSBAND FAMILY.....F OTHER MEMBER OF RESPONDENT FAMILY.....G RELATIVES.....H NEIGHBOUR/FRIEND.....I TBA/FIELD WORKER/DAI.....J OTHER.....X (SPECIFY) NONE.....Y	HUSBAND.....B PARENT-IN-LAW.....C PARENT.....D SISTER/SISTER-IN-LAW.....E OTHER MEMBER OF HUSBAND FAMILY.....F OTHER MEMBER OF RESPONDENT FAMILY.....G RELATIVES.....H NEIGHBOUR/FRIEND.....I TBA/FIELD WORKER/DAI.....J OTHER.....X (SPECIFY) NONE.....Y		

		LAST PREGNANCY SERIAL NUMBER..... <input type="text"/> LINE NUMBER..... <input type="text"/>	NEXT-TO-LAST PREGNANCY SERIAL NUMBER <input type="text"/> LINE NUMBER..... <input type="text"/>
421B	How far is hospital/health center/clinic (treatment center) from your house/house you were present?	MILE..... <input type="text"/> OUTSIDE UPAZILA/TOWN.....95 DON'T KNOW..... 98	MILE..... <input type="text"/> OUTSIDE UPAZILA/TOWN.....95 DON'T KNOW..... 98
	WRITE '00' IF LESS THAN A MILE		
421C	How did you go to the hospital/health center?	CAR.....A BUS.....B TRAIN.....C AMBULANCE.....D BOAT.....E ENGINE BOAT.....F OX CART.....G RICKSHAW/VAN.....H BABY TAXI/TEMPO.....I ON FOOT.....J OTHER.....X (SPECIFY) (SKIP TO 421E) ←	CAR.....A BUS.....B TRAIN.....C AMBULANCE.....D BOAT.....E ENGINE BOAT.....F OX CART.....G RICKSHAW/VAN.....H BABY TAXI/TEMPO.....I ON FOOT.....J OTHER.....X (SPECIFY) (SKIP TO 421E) ←
421D	Did you have difficulty in obtaining transportation?	VERY MUCH.....1 SOMEWHAT.....2 NOT AT ALL.....3 DON'T KNOW.....8	VERY MUCH.....1 SOMEWHAT.....2 NOT AT ALL.....3 DON'T KNOW.....8
421E	How long did it take to reach there?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> HOURS MINUTES DON'T KNOW..... 9998	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> HOURS MINUTES DON'T KNOW..... 9998
421F	How long did you wait between the time you first arrived at the hospital/clinic and the time you were examined by a health care provider (doctor/nurse/health worker)?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> HOURS MINUTES IMMEDIATELY 0000	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> HOURS MINUTES IMMEDIATELY 0000
421G	Did your condition improve after treatment in this place, or did it stay the same?	NO CHANGE.....1 IMPROVED.....2 WORSNED.....3 DON'T KNOW.....8	NO CHANGE.....1 IMPROVED.....2 WORSNED.....3 DON'T KNOW.....8
422	Were you referred or told to go any other place for treatment/advice?	YES.....1 NO.....2 (SKIP TO 424) ←	YES.....1 NO.....2 (SKIP TO 424) ←
422A	Where were you told to go?	PUBLIC SECTOR GOVT. HOSPITAL.....21 THANA HEALTH COMPLEX.....22 MATERNAL AND CHILD WELFARE CENTER (MCWC).....23 UNION FAMILY WELFARE CENTER (UFWC).....24 SATELITTE/EPI OUTREACH.....25 COMMUNITY CLINIC.....26 NGO SECTOR NGO STATIC CLINIC.....31 NGO HOSPITAL.....32 NGO SATEITTE CLINIC.....33 PRIVATE SECTOR PVT. HOSPITAL.....41 PVT. CLINIC.....42 CHAMBER/PHARMACY OF QUALIFIED DOCTOR.....43 CHAMBER/PHARMACY OF TRADITIONAL DOCTOR.....44 OTHER.....96 (SPECIFY) DON'T KNOW.....98	PUBLIC SECTOR GOVT. HOSPITAL.....21 THANA HEALTH COMPLEX.....22 MATERNAL AND CHILD WELFARE CENTER (MCWC).....23 UNION FAMILY WELFARE CENTER (UFWC).....24 SATELITTE/EPI OUTREACH.....25 COMMUNITY CLINIC.....26 NGO SECTOR NGO STATIC CLINIC.....31 NGO HOSPITAL.....32 NGO SATEITTE CLINIC.....33 PRIVATE SECTOR PVT. HOSPITAL.....41 PVT. CLINIC.....42 CHAMBER/PHARMACY OF QUALIFIED DOCTOR.....43 CHAMBER/PHARMACY OF TRADITIONAL DOCTOR.....44 OTHER.....96 (SPECIFY) DON'T KNOW.....98

		LAST PREGNANCY		NEXT-TO-LAST PREGNANCY	
		SERIAL NUMBER <input type="text"/>		SERIAL NUMBER <input type="text"/>	
		LINE NUMBER <input type="text"/> <input type="text"/>		LINE NUMBER <input type="text"/> <input type="text"/>	
422B	How long after you reached the place (PLACE IN 421), were you told to go the place (PLACE in 422A)?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
		HOURS	MINUTES	HOURS	MINUTES
		IMMEDIATELY 0000		IMMEDIATELY 0000	
422C	Why were you told to seek treatment/advice to another place?	NO SURGERY EQUIPMENT A HIGH BLOOD PRESSURE B FOR BETTER TREATMENT C DOCTOR UNAVAILABLE D NO ARRANGEMENT FOR BLOOD TRANSFUSION E DID NOT HAVE NECESSARY ARRANGEMENT TO SOLVE PROBLEM F BABY'S UPWARD POSITION G SOME PART OF BABY CAME OUT H BABY URINATED INSIDE I UTERUS DID NOT OPEN J OTHER X		NO SURGERY EQUIPMENT A HIGH BLOOD PRESSURE B FOR BETTER TREATMENT C DOCTOR UNAVAILABLE D NO ARRANGEMENT FOR BLOOD TRANSFUSION E DID NOT HAVE NECESSARY ARRANGEMENT TO SOLVE PROBLEM F BABY'S UPWARD POSITION G SOME PART OF BABY CAME OUT H BABY URINATED INSIDE I UTERUS DID NOT OPEN J OTHER X	
422D	Did you go the place where you were referred or told to go?	YES 1 (SKIP TO 424) ←		YES 1 (SKIP TO 424) ←	
		NO 2		NO 2	
423	Why you did not go the referred place? Any other reason? PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS SEEN.	NOT NECESSARY A NOT CUSTOMERY B COST TOO MUCH C LACK OF MONEY D TOO FAR E TRANSPORT PROBLEM F NO ONE TO ACCOMPANY G POOR QUALITY SERVICE H FAMILY DID NOT ALLOW I BETTER CARE AT HOME J NOT KNOWN HOW TO GO K NO TIME TO GET SERVICE L NOT WANT SERVICE FROM MALE DOCTOR N DID NOT THINK OF SERIOUSNESS OF COMPLICATION W OTHER X (SPECIFY)		NOT NECESSARY A NOT CUSTOMERY B COST TOO MUCH C LACK OF MONEY D TOO FAR E TRANSPORT PROBLEM F NO ONE TO ACCOMPANY G POOR QUALITY SERVICE H FAMILY DID NOT ALLOW I BETTER CARE AT HOME J NOT KNOWN HOW TO GO K NO TIME TO GET SERVICE L NOT WANT SERVICE FROM MALE DOCTOR N DID NOT THINK OF SERIOUSNESS OF COMPLICATION W OTHER X (SPECIFY)	
424	CHECK 420	WENT MORE THAN ONE PLACES 1 WENT ONLY ONE PLACE 2 (SKIP TO 427) ←		WENT MORE THAN ONE PLACES 1 WENT ONLY ONE PLACE 2 (SKIP TO 427) ←	
424A	INTERVIEWER: Qs. 425-426E ARE APPLICABLE FOR THE LAST TREATMENT FACILITY				

		LAST PREGNANCY SERIAL NUMBER <input type="text"/> LINE NUMBER <input type="text"/> <input type="text"/>	NEXT-TO-LAST PREGNANCY SERIAL NUMBER <input type="text"/> LINE NUMBER <input type="text"/> <input type="text"/>
425	Where did you go at last?	PUBLIC SECTOR GOVT. HOSPITAL 21 THANA HEALTH COMPLEX 22 MATERNAL AND CHILD WELFARE CENTER (MCWC) 23 UNION FAMILY WELFARE CENTER (UFWC) 24 SATELITTE/EPI OUTREACH 25 COMMUNITY CLINIC 26 NGO SECTOR NGO STATIC CLINIC 31 NGO HOSPITAL 32 NGO SATEITTE CLINIC 33 PRIVATE SECTOR PVT. HOSPITAL 41 PVT. CLINIC 42 CHAMBER/PHARMACY OF QUALIFIED DOCTOR 43 CHAMBER/PHARMACY OF TRADITIONAL DOCTOR 44 OTHER 96 (SPECIFY) DON'T KNOW 98	PUBLIC SECTOR GOVT. HOSPITAL 21 THANA HEALTH COMPLEX 22 MATERNAL AND CHILD WELFARE CENTER (MCWC) 23 UNION FAMILY WELFARE CENTER (UFWC) 24 SATELITTE/EPI OUTREACH 25 COMMUNITY CLINIC 26 NGO SECTOR NGO STATIC CLINIC 31 NGO HOSPITAL 32 NGO SATEITTE CLINIC 33 PRIVATE SECTOR PVT. HOSPITAL 41 PVT. CLINIC 42 CHAMBER/PHARMACY OF QUALIFIED DOCTOR 43 CHAMBER/PHARMACY OF TRADITIONAL DOCTOR 44 OTHER 96 (SPECIFY) DON'T KNOW 98
425A	Who accompanied you to go the treatment center (NAME FROM 425)? CIRCLE ALL THE PERSONS ACCOMPANIED	HUSBAND B PARENT-IN-LAW C PARENT D SISTER/SISTER-IN-LAW E OTHER MEMBER OF HUSBAND FAMILY F OTHER MEMBER OF RESPONDENT FAMILY G RELATIVES H NEIGHBOUR/FRIEND I TBA/FIELD WORKER/DAI J OTHER X (SPECIFY) NONE Y	HUSBAND B PARENT-IN-LAW C PARENT D SISTER/SISTER-IN-LAW E OTHER MEMBER OF HUSBAND FAMILY F OTHER MEMBER OF RESPONDENT FAMILY G RELATIVES H NEIGHBOUR/FRIEND I TBA/FIELD WORKER/DAI J OTHER X (SPECIFY) NONE Y
425B	How did you get to the hospital/health center?	CAR A BUS B TRAIN C AMBULANCE D BOAT E ENGINE BOAT F OX CART G RICKSHAWVAN H BABY TAXI/TEMPO J ON FOOT J OTHER X (SPECIFY) (SKIP TO 425D)	CAR A BUS B TRAIN C AMBULANCE D BOAT E ENGINE BOAT F OX CART G RICKSHAWVAN H BABY TAXI/TEMPO J ON FOOT J OTHER X (SPECIFY) (SKIP TO 425D)
425C	Did you have difficulty in obtaining transportation?	VERY MUCH 1 SOMEWHAT 2 NOT AT ALL 3 DON'T KNOW 8	VERY MUCH 1 SOMEWHAT 2 NOT AT ALL 3 DON'T KNOW 8
425D	How long did you wait between the time you arrived at the hospital/clinic and the time you were examined by a health care provider (doctor/health worker)?	<div> <input type="text"/> <input type="text"/> </div> <div> <input type="text"/> <input type="text"/> </div> <div>HOURS MINUTES</div> IMMEDIATELY 0000 DON'T KNOW 9998	<div> <input type="text"/> <input type="text"/> </div> <div> <input type="text"/> <input type="text"/> </div> <div>HOURS MINUTES</div> IMMEDIATELY 0000 DON'T KNOW 9998

		LAST PREGNANCY SERIAL NUMBER <input type="text"/> LINE NUMBER <input type="text"/> <input type="text"/>	NEXT-TO-LAST PREGNANCY SERIAL NUMBER <input type="text"/> LINE NUMBER <input type="text"/> <input type="text"/>
425E	Did your condition improve after treatment in this place, or did it stay the same?	NO CHANGE 1 IMPROVED 2 WORSNED 3 DON'T KNOW 8	NO CHANGE 1 IMPROVED 2 WORSNED 3 DON'T KNOW 8
426	Were you told to go any other place after this last place?	YES 1 NO 2 (SKIP TO 426E) ←	YES 1 NO 2 (SKIP TO 426E) ←
426A	Where were you told to go?	PUBLIC SECTOR GOVT. HOSPITAL 21 THANA HEALTH COMPLEX 22 MATERNAL AND CHILD WELFARE CENTER (MCWC) 23 UNION FAMILY WELFARE CENTER (UFWC) 24 SATELITTE/EPI OUTREACH 25 COMMUNITY CLINIC 26 NGO SECTOR NGO STATIC CLINIC 31 NGO HOSPITAL 32 NGO SATEITTE CLINIC 33 PRIVATE SECTOR PVT. HOSPITAL 41 PVT. CLINIC 42 CHAMBER/PHARMACY OF QUALIFIED DOCTOR 43 CHAMBER/PHARMACY OF TRADITIONAL DOCTOR 44 OTHER 96 (SPECIFY) DON'T KNOW 98	PUBLIC SECTOR GOVT. HOSPITAL 21 THANA HEALTH COMPLEX 22 MATERNAL AND CHILD WELFARE CENTER (MCWC) 23 UNION FAMILY WELFARE CENTER (UFWC) 24 SATELITTE/EPI OUTREACH 25 COMMUNITY CLINIC 26 NGO SECTOR NGO STATIC CLINIC 31 NGO HOSPITAL 32 NGO SATEITTE CLINIC 33 PRIVATE SECTOR PVT. HOSPITAL 41 PVT. CLINIC 42 CHAMBER/PHARMACY OF QUALIFIED DOCTOR 43 CHAMBER/PHARMACY OF TRADITIONAL DOCTOR 44 OTHER 96 (SPECIFY) DON'T KNOW 98
426B	Why were you told to seek treatment/advice to another place?	NO SURGERY EQUIPMENT A HIGH BLOOD PRESSURE B FOR BETTER TREATMENT C DOCTOR UNAVAILABLE D NO ARRANGEMENT FOR BLOOD TRANSFUSION E DID NOT HAVE NECESSARY ARRANGEMENT TO SOLVE PROBLEM F BABY'S UPWARD POSITION G SOME PART OF BABY CAME OUT H BABY URINATED I UTERUS DID NOT OPEN J OTHER X	NO SURGERY EQUIPMENT A HIGH BLOOD PRESSURE B FOR BETTER TREATMENT C DOCTOR UNAVAILABLE D NO ARRANGEMENT FOR BLOOD TRANSFUSION E DID NOT HAVE NECESSARY ARRANGEMENT TO SOLVE PROBLEM F BABY'S UPWARD POSITION G SOME PART OF BABY CAME OUT H BABY URINATED I UTERUS DID NOT OPEN J OTHER X
426C	Did you go the referred place?	YES 1 NO 2	YES 1 NO 2
426C1	CHECK 426C	NO <input type="checkbox"/> ↓ YES <input type="checkbox"/> ↓ TO GET THE INFORMATION FOR LAST TREATMENT, REPEAT Q425 TO 425E	NO <input type="checkbox"/> ↓ YES <input type="checkbox"/> ↓ TO GET THE INFORMATION FOR LAST TREATMENT, REPEAT Q425 TO 425E

		LAST PREGNANCY SERIAL NUMBER <input type="text"/> LINE NUMBER <input type="text"/>	NEXT-TO-LAST PREGNANCY SERIAL NUMBER..... <input type="text"/> LINE NUMBER <input type="text"/>
426D	Why you did not go the referred place? Any other reason? PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS SEEN.	NOT NECESSARY A NOT CUSTOMERY B COST TOO MUCH C LACK OF MONEY D TOO FAR E TRANSPORT PROBLEM F NO ONE TO ACCOMPANY G POOR QUALITY SERVICE H FAMILY DID NOT ALLOW I BETTER CARE AT HOME J NOT KNOWN HOW TO GO K NO TIME TO GET SERVICE L NOT WANT SERVICE FROM MALE DOCTOR N DID NOT THINK OF SERIOUSNESS OF COMPLICATION W OTHER X (SPECIFY)	NOT NECESSARY A NOT CUSTOMERY B COST TOO MUCH C LACK OF MONEY D TOO FAR E TRANSPORT PROBLEM F NO ONE TO ACCOMPANY G POOR QUALITY SERVICE H FAMILY DID NOT ALLOW I BETTER CARE AT HOME J NOT KNOWN HOW TO GO K NO TIME TO GET SERVICE L NOT WANT SERVICE FROM MALE DOCTOR N DID NOT THINK OF SERIOUSNESS OF COMPLICATION W OTHER X (SPECIFY)
426E	When did you go to this place (PLACE IN 425), after you left the place (PLACE IN 421)?	HOURS 1 <input type="text"/> DAYS 2 <input type="text"/> DON'T KNOW 998	HOURS 1 <input type="text"/> DAYS 2 <input type="text"/> DON'T KNOW 998
427	Will you refer to any of your known pregnant woman to go for delivery in this (last) place?	YES 1 NO 2	YES 1 NO 2
428	How much total did you spend for this complication/delivery? (EXPLAIN : TOTAL COST FROM STARTING TO END OF THE DELIVERY/TREATMENT)	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> TAKA NOTHING 00000 SKIP TO 429) ← DON'T KNOW 99998	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> TAKA NOTHING 00000 SKIP TO 429) ← DON'T KNOW 99998
428A	How did you get this money for treatment?	FAMILY FUNDS A BORROWED B SOLD ASSETS C FROM RELATIVES D MORTGAGE E OTHER X DON'T KNOW Y	FAMILY FUNDS A BORROWED B SOLD ASSETS C FROM RELATIVES D MORTGAGE E OTHER X DON'T KNOW Y
429	Did you check your health two months after the delivery?	YES 1 NO 2 (SKIP TO 429C) ←	YES 1 NO 2 (SKIP TO 429C) ←
429A	Whom did you see? Anyone else? PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS SEEN.	HEALTH PROFESSIONAL QUALIFIED DOCTOR A NURSE/MIDWIFE/PARAMEDIC B FAMILY WELFARE VISITOR C MA/SACMO D HEALTH ASST (HA) E FIELD WELFARE ASST (FWA) F OTHER PERSON TRAINED TRADITIONAL BIRTH ATTENDANT (TTBA) G UNTRAINED TBA H UNQUALIFIED DOCTOR I OTHER X (SPECIFY)	HEALTH PROFESSIONAL QUALIFIED DOCTOR A NURSE/MIDWIFE/PARAMEDIC B FAMILY WELFARE VISITOR C MA/SACMO D HEALTH ASST (HA) E FIELD WELFARE ASST (FWA) F OTHER PERSON TRAINED TRADITIONAL BIRTH ATTENDANT (TTBA) G UNTRAINED TBA H UNQUALIFIED DOCTOR I OTHER X (SPECIFY)

		LAST PREGNANCY		NEXT-TO-LAST PREGNANCY	
		SERIAL NUMBER.....		SERIAL NUMBER.....	
		LINE NUMBER.....		LINE NUMBER.....	
429B	Where did you receive checkup? Any other places?	HOME.....A PUBLIC SECTOR GOVT. HOSPITAL.....B THANA HEALTH COMPLEX.....C MATERNAL AND CHILD WELFARE CENTER (MCWC).....D UNION FAMILY WELFARE CENTER (UFWC).....E SATELITTE /EPI OUTREACH.....F COMMUNITY CLINIC.....G NGO SECTOR NGO STATIC CLINIC.....H NGO HOSPITAL.....I NGO SATELITTE CLINIC.....J PRIVATE SECTOR PVT. HOSPITAL.....K PVT. CLINIC.....L QUALITFIED DOCTOR'S CHAMBER /PHARMACY.....M TRADITIONAL DOCTOR'S CHAMBER /PHARMACY.....N OTHER.....X (SPECIFY)..... (SKIP TO 429D) ←		HOME.....A PUBLIC SECTOR GOVT. HOSPITAL.....B THANA HEALTH COMPLEX.....C MATERNAL AND CHILD WELFARE CENTER (MCWC).....D UNION FAMILY WELFARE CENTER (UFWC).....E SATELITTE /EPI OUTREACH.....F COMMUNITY CLINIC.....G NGO SECTOR NGO STATIC CLINIC.....H NGO HOSPITAL.....I NGO SATELITTE CLINIC.....J PRIVATE SECTOR PVT. HOSPITAL.....K PVT. CLINIC.....L QUALITFIED DOCTOR'S CHAMBER /PHARMACY.....M TRADITIONAL DOCTOR'S CHAMBER /PHARMACY.....N OTHER.....X (SPECIFY)..... (SKIP TO 429D) ←	
429C	Why you did not check your health?	NOT NECESSARY.....A NOT CUSTOMERY.....B COST TOO MUCH.....C LACK OF MONEY.....D TOO FAR.....E TRANSPORT PROBLEM.....F NO ONE TO ACCOMPANY.....G POOR QUALITY SERVICE.....H FAMILY DID NOT ALLOW.....I BETTER CARE AT HOME.....J NOT KNOWN HOW TO GO.....K NO TIME TO GET SERVICE.....L DID NOT KNOW WHERE TO GO.....M NOT WANT SERVICE FROM MALE DOCTOR.....N DID NOT KNOW NEEDTO CHECK.....U OTHER.....X (SPECIFY).....		NOT NECESSARY.....A NOT CUSTOMERY.....B COST TOO MUCH.....C LACK OF MONEY.....D TOO FAR.....E TRANSPORT PROBLEM.....F NO ONE TO ACCOMPANY.....G POOR QUALITY SERVICE.....H FAMILY DID NOT ALLOW.....I BETTER CARE AT HOME.....J NOT KNOWN HOW TO GO.....K NO TIME TO GET SERVICE.....L DID NOT KNOW WHERE TO GO.....M NOT WANT SERVICE FROM MALE DOCTOR.....N DID NOT KNOW NEEDTO CHECK.....U OTHER.....X (SPECIFY).....	
429D	Did you check your baby's health two months after the delivery?	YES.....1 NO.....2 DON'T KNOW.....8 (SKIP TO 429G) ←		YES.....1 NO.....2 DON'T KNOW.....8 (SKIP TO 429G) ←	

		LAST PREGNANCY SERIAL NUMBER <input type="text"/> LINE NUMBER <input type="text"/>	NEXT-TO-LAST PREGNANCY SERIAL NUMBER <input type="text"/> LINE NUMBER <input type="text"/>
429E	Whom did you see for baby's health checkup? Anyone else?	HEALTH PROFESSIONAL QUALIFIED DOCTOR (MBBS).....A NURSE/MIDWIFE/PARAMEDIC.....B FAMILY WELFARE VISITOR.....C MA/SACMO.....D HEALTH ASST (HA).....E FIELD WELFARE ASST (FWA).....F OTHER PERSON TRAINED TRADITIONAL BIRTH ATTENDANT (TTBA)G UNTRAINED TBA.....H UNQUALIFIED DOCTORI OTHER.....X (SPECIFY)	HEALTH PROFESSIONAL QUALIFIED DOCTOR (MBBS).....A NURSE/MIDWIFE/PARAMEDIC.....B FAMILY WELFARE VISITOR.....C MA/SACMO.....D HEALTH ASST (HA).....E FIELD WELFARE ASST (FWA).....F OTHER PERSON TRAINED TRADITIONAL BIRTH ATTENDANT (TTBA)G UNTRAINED TBA.....H UNQUALIFIED DOCTORI OTHER.....X (SPECIFY)
429F	Where did you receive baby's checkup? Any other places?	OWN HOME.....A PUBLIC SECTOR GOVT. HOSPITAL.....B THANA HEALTH COMPLEX.....C MATERNAL AND CHILD WELFARE CENTER (MCWC).....D UNION FAMILY WELFARE CENTER (UFWC).....E SATELITE/EPI CLINIC.....F COMMUNITY CLINIC.....G NGO SECTOR NGO STATIC CLINIC.....H NGO HOSPITAL.....I NGO SATELITTE CLINIC.....J PRIVATE SECTOR PVT. HOSPITAL.....K PVT. CLINIC.....L QUALITFIED DOCTOR'S CHAMBER /PHARMACY.....M TRADITIONAL DOCTOR'S CHAMBER /PHARMACY.....N OTHER.....X (SPECIFY) (SKIP TO 430) ◀	OWN HOME.....A PUBLIC SECTOR GOVT. HOSPITAL.....B THANA HEALTH COMPLEX.....C MATERNAL AND CHILD WELFARE CENTER (MCWC).....D UNION FAMILY WELFARE CENTER (UFWC).....E SATELITE/EPI CLINIC.....F COMMUNITY CLINIC.....G NGO SECTOR NGO STATIC CLINIC.....H NGO HOSPITAL.....I NGO SATELITTE CLINIC.....J PRIVATE SECTOR PVT. HOSPITAL.....K PVT. CLINIC.....L QUALITFIED DOCTOR'S CHAMBER /PHARMACY.....M TRADITIONAL DOCTOR'S CHAMBER /PHARMACY.....N OTHER.....X (SPECIFY) (SKIP TO 430) ◀
429G	What are the reasons that you did not check your baby's health?	NOT NECESSARY.....A NOT CUSTOMERY.....B COST TOO MUCH.....C LACK OF MONEY.....D TOO FAR.....E TRANSPORT PROBLEM.....F NO ONE TO ACCOMPANY.....G POOR QUALITY SERVICE.....H FAMILY DID NOT ALLOW.....I BETTER CARE AT HOME.....J NOT KNOWN HOW TO GO.....K NO TIME TO GO.....L DID NOT KNOW WHERE TO GO.....M NOT WANT SERVICE FROM MALE DOCTOR.....N DID NOT KNOW NEED TO CHECK.....U OTHER.....X (SPECIFY)	NOT NECESSARY.....A NOT CUSTOMERY.....B COST TOO MUCH.....C LACK OF MONEY.....D TOO FAR.....E TRANSPORT PROBLEM.....F NO ONE TO ACCOMPANY.....G POOR QUALITY SERVICE.....H FAMILY DID NOT ALLOW.....I BETTER CARE AT HOME.....J NOT KNOWN HOW TO GO.....K NO TIME TO GO.....L DID NOT KNOW WHERE TO GO.....M NOT WANT SERVICE FROM MALE DOCTOR.....N DID NOT KNOW NEED TO CHECK.....U OTHER.....X (SPECIFY)
430. GIVE THANKS FOR THE INTERVIEW			
431	RECORD THE TIME	HOURS..... <input type="text"/>	MINUTES..... <input type="text"/>

BANGLADESH MATERNAL HEALTH SERVICES AND MATERNAL MORTALITY SURVEY 2001
VERBAL AUTOPSY QUESTIONNAIRE

IDENTIFICATION	
DIVISION _____	<div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> </div> <div style="display: flex; align-items: center; justify-content: center; margin-top: 5px;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> </div> <div style="display: flex; align-items: center; justify-content: center; margin-top: 5px;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> </div> <div style="display: flex; align-items: center; justify-content: center; margin-top: 5px;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> </div> <div style="display: flex; align-items: center; justify-content: center; margin-top: 5px;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> </div> <div style="display: flex; align-items: center; justify-content: center; margin-top: 5px;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> </div> <div style="display: flex; align-items: center; justify-content: center; margin-top: 5px;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> </div> <div style="display: flex; align-items: center; justify-content: center; margin-top: 5px;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> </div> <div style="display: flex; align-items: center; justify-content: center; margin-top: 5px;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> </div>

INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE				DAY MONTH* YEAR CODE RESULT**
INTERVIEWER'S NAME				<div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> </div> <div style="display: flex; align-items: center; justify-content: center; margin-top: 5px;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> </div> <div style="display: flex; align-items: center; justify-content: center; margin-top: 5px;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> </div>
RESULT*				
NEXT VISIT: DATE TIME				TOTAL NO. OF VISITS
**RESULT CODES: <div style="display: flex; justify-content: space-between;"> <div> 1 COMPLETED 2 NOT AT HOME 3 POSTPONED </div> <div> 4 REFUSED 5 PARTLY COMPLETED 6 RESPONDENT INCAPACITATED </div> <div> 7 OTHER _____ (SPECIFY) </div> </div>				
*MONTH CODES <div style="display: flex; justify-content: space-between;"> <div> 01 JANUARY 02 FEBRUARY 03 MARCH </div> <div> 04 APRIL 05 MAY 06 JUNE </div> <div> 07 JULY 08 AUGUST 09 SEPTEMBER </div> <div> 10 OCTOBER 11 NOVEMBER 12 DECEMBER </div> </div>				

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY
NAME _____	NAME _____	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>
DATE _____	DATE _____		

SECTION 1. SELECTION OF PEOPLE TO BE INTERVIEWED

101. Who were around during the woman's last illness and at the time of the woman's death?

101A	101B	101C	101D	101E	101F	101G	101H
Relationship to woman and name		Was _____ (column 1) present during last illness of _____ (NAME)?	Was _____ (column 1) present at the time of death of _____ (NAME)?	Of those who know about the cause of her death and last illness record 1, 2, 3,... in this column to indicate the relative degree of their knowledge. The same number can be used for 2 persons to indicate same knowledge	Does _____ (column 1) live in this household? <i>If 1 is circled then ask about next person</i>	Is this person's house in your union? <i>Those circled 2 if absent at the time of interview will not be eligible as a respondent</i>	<i>Circle 1 for those in column 1 who were present during the interview</i>
1	2	3	4	5	6	7	8
		Yes 1 No 2 NA 7	Yes 1 No 2		Yes 1 No 2	Yes 1 No 2	Yes 1 No 2
		Yes 1 No 2 NA 7	Yes 1 No 2		Yes 1 No 2	Yes 1 No 2	Yes 1 No 2
		Yes 1 No 2 NA 7	Yes 1 No 2		Yes 1 No 2	Yes 1 No 2	Yes 1 No 2
		Yes 1 No 2 NA 7	Yes 1 No 2		Yes 1 No 2	Yes 1 No 2	Yes 1 No 2
		Yes 1 No 2 NA 7	Yes 1 No 2		Yes 1 No 2	Yes 1 No 2	Yes 1 No 2

Husband=01 Mother=03 Father-in-law=05 Sister=07 Sister in law=09 Son=11 Grand-mother=13 FWA=15 Non-relative=18
Co-wife=02 Father=04 Mother-in-law=06 Brother=08 Brother in law=10 Daughter=12 Grand-father=14 TBA/Dai =16 Other relative _____=19
Neighbour/Friend=17 (specify)

Interview must be conducted with those who know the most about the woman's last illness and her death (101E) and who are available for the interview. During the interview, others in the list above may be present and their help may be sought

Record the full address of the selected best respondent if he/she lives in another house but in the same union, so that he/she can be located later according to the address for conducting the interview

Address:

SECTION 2. BACKGROUND INFORMATION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
201	Time of starting interview:	_ _ _ hrs _ _ _ mins	
202	How old was _____(NAME) at the time of her death? (write in completed years)	_ _ _ years	
203	Did _____(NAME) ever study in a school or madrassah?	YES 1 NO 2 DON'T KNOW 8	204 204
203A	How many years of schooling did she complete?	Class _ _ _ years DON'T KNOW 98	
204	Did _____(NAME) do any work, other than her own household chores?	YES 1 NO 2 DON'T KNOW 8	205 205
204A	Did _____ receive any payment or things for the work, or did she receive nothing?	RECEIVED NOTHING 0 RECEIVED CASH 1 RECEIVED OTHER THINGS 3 RECEIVED CASH AND OTHER THINGS 4 DON'T KNOW/UNSURE 8	
205	What was her marital status?	MARRIED 1 SEPARATED 2 DESERTED 3 DIVORCED 4 WIDOWED 5 NEVER MARRIED 6	208 208 208 208 301
206	How old was her husband/you when _____ died?	Years _ _ _ DON'T KNOW 98	
207	Did her husband/you ever study in a school or madrassah?	YES 1 NO 2 DON'T KNOW 8	208 208
207A	How many years of schooling did he/you complete?	Class _ _ _ years DON'T KNOW 98	
208	Did _____(NAME) have any children?	YES 1 NO 2 DON'T KNOW 8	208F 208F
208A	How many live births did she have? (If none, write =00)	Number of live births _ _ _ DON'T KNOW 98	
208B	How many still births did she have? (If none, write =00)	Number of still births _ _ _ DON'T KNOW 98	
208C	How many of the live births were still alive at the time of her death? (If none, write =00)	Number still alive _ _ _ DON'T KNOW 98	
208D	Did she ever have any complication in a previous pregnancy?	YES 1 NO 2 DON'T KNOW/UNSURE 8	
208E	Did she have a cesarean section in a previous pregnancy?	YES 1 NO 2 DON'T KNOW/UNSURE 8	
208F	Did _____(NAME) ever have any miscarriages/abortions/MRs? If yes, how many? (If none, write =0)	Times _ _ DON'T KNOW 8	

SECTION 3. GENERAL INFORMATION ABOUT EVENTS PRECEDING DEATH

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
301	In what month and year did she die?	YEAR __ __ __ __ DON'T KNOW YEAR.....9998 MONTH __ __ DON'T KNOW MONTH98	
302	Was the deceased woman ill before death or did she have any health problem before death?	YES 1 NO 2 DON'T KNOW/UNSURE 8	304 304
303	For how many days was she ill or did she have the health problem before she died? (If less than 1 day write 00)	DAYS 1 __ __ MONTHS 2 __ __ DON'T KNOW/UNSURE 98	
304	Where did she die?	HUSBAND'S HOME 1 HER PARENT'S HOME 2 HOSPITAL /CLINIC 3 IN-TRANSIT 4 OTHERS 7	307 307 307 307
305	What is the name of hospital/clinic where she died?	NAME OF HOSPITAL /CLINIC _____	
306	Did anyone from the hospital/clinic tell you why she died?	YES 1 NO 2 DON'T KNOW/UNSURE 8	 307 307
306A	What was/were the reason(s) given by the hospital/clinic as to why she died? Tell us the two main reasons. _____ _____	__ __ __ __	
307	What do you think is the cause(s) of her death? Tell us the two main reasons. CAUSE (1) _____ CAUSE (2) _____	__ __ __ __	
308	Did any doctor/health care provider ever tell you or _____(NAME) that she had _____: Hypertension? Diabetes? Epilepsy? TB? Heart disease? Disease of the blood? Asthma? Cancer (Please specify _____) HIV/AIDS? Other chronic illness (Please specify _____)	YES NO DK HYPERTENSION1 2 8 DIABETES1 2 8 EPILEPSY1 2 8 TB1 2 8 HEART DISEASE1 2 8 DISEASE OF BLOOD1 2 8 ASTHMA1 2 8 CANCER1 2 8 HIV/AIDS1 2 8 OTHER CHRONIC DISEASE1 2 8	
309	Was she ever hospitalized?	YES 1 NO 2 DON'T KNOW 8	 311 311

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
309A	How long (day/month) before her death was she last hospitalized? <i>If time is less than 1 day than write 00 days. If time is less than 1 month than write in completed days. If time is less than 1 year than write in completed months. If time is 12 months or more than write in completed years.</i>	DAYS.....1 MONTHS.....2 YEARS3 DON'T KNOW/UNSURE98	
309B	Why was she last hospitalized? Verbatim: _____ _____	 DON'T KNOW/UNSURE98	
310	Did she have any operation/surgery before death?	YES1 NO2 DON'T KNOW8	311 311
310A	How long before her death did she have the last operation? <i>If time is less than 1 day than write 00 days. If time is less than 1 month than write in completed days. If time is less than 1 year than write in completed months. If time is 12 months or more than write in completed years.</i>	DAYS.....1 MONTHS.....2 YEARS3 DON'T KNOW/UNSURE98	
310B	Why did she have the operation/surgery? Verbatim: _____ _____	 DON'T KNOW/UNSURE98	
311	Was the woman pregnant at the time of death?	YES1 NO2 PROBABLY YES3 DON'T KNOW8	313 313
311A	How many months was she pregnant at the time of death?	MONTH DON'T KNOW98	
312	Did the woman die before labour pain began or did she die after labour pain began	MOTHER DIED BEFORE LABOUR BEGAN..1 MOTHER DIED AFTER LABOUR BEGAN BUT BEFORE BIRTH OF CHILD.....2 DON'T KNOW/UNSURE8	401 401 401
313	Was _____ (NAME) ever pregnant while still alive?	YES1 NO2	401
Interviewer: Compare response to Q313 with that of Q208 and Q208F. If inconsistent, then probe and correct the responses.			
313A	What was the outcome of her last pregnancy?	LIVE BIRTH1 STILL BIRTH2 ABORTION/MISCARRIAGE/MR3 DON'T KNOW/UNSURE8	313E 313E 313E
313B	Is the child from this pregnancy still alive?	YES1 NO2	313D
313C	At what age did that child die? <i>If age is less than 1 month than write in completed days. If time is less than 1 year than write in completed months. If time is 12 months or more than write in completed years.</i>	DAYS.....1 MONTHS.....2 YEARS3 DON'T KNOW/UNSURE98	313E 313E 313E 313E

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
313D	How old is this child now? <i>If age is less than 1 month than write in completed days. If time is less than 1 year than write in completed months. If time is 12 months or more than write in completed years.</i>	DAYS.....1 MONTHS.....2 YEARS3 DON'T KNOW/UNSURE98	
313E	How long after her delivery/last birth/still birth/abortion/miscarriage/MR did she die? <i>If time is less than 1 day than write 00 days. If time is less than 60 days then write in completed days, if more then write in completed months. If time is 12 months or more than write in completed years.</i>	DAYS.....1 MONTHS.....2 YEARS3 DON'T KNOW/UNSURE98	

SECTION 4. DESCRIPTIVE REPORT OF ILLNESS AND EVENTS THAT LED TO THE DEATH

401. Explain to the respondent that we would like to hear the details about everything that happened during the last illness before _____ death starting from the beginning of the illness and also about what happened during the final hours of the woman's death.

Verbatim:

**SUMMARY OF SYMPTOMS AND SIGNS OBSERVED DURING THE LAST ILLNESS BEFORE DEATH
AS REPORTED BY RESPONDENT. PLEASE LIST IN THE ORDER THEY APPEARED**

Symptoms	Duration	Severity
1.		VERY SEVERE 1 MODERATE 2 MILD 3
2.		VERY SEVERE 1 MODERATE 2 MILD 3
3.		VERY SEVERE 1 MODERATE 2 MILD 3
4.		VERY SEVERE 1 MODERATE 2 MILD 3
5.		VERY SEVERE 1 MODERATE 2 MILD 3
6.		VERY SEVERE 1 MODERATE 2 MILD 3
7.		VERY SEVERE 1 MODERATE 2 MILD 3
8.		VERY SEVERE 1 MODERATE 2 MILD 3
9.		VERY SEVERE 1 MODERATE 2 MILD 3

SECTION 5
MODULE 1. GENERAL ILLNESS LEADING TO DEATH
SPECIFIC QUESTIONS TO ELICIT SYMPTOMS AND SIGNS OF THE LAST ILLNESS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501	Did _____(NAME) have fever during her last illness?	YES.....1 NO2 DON'T KNOW.....8	502 502
501A	How many days/months before her death did the fever start and end?	START mons days END mons days DIED WITH FEVER9995 DON'T KNOW/UNSURE.....9998	
501B	How was the fever like?	HIGH..... 1 MILD 2 DON'T KNOW/UNSURE..... 8	
501C	Was the fever continuous or on and off?	CONTINUOUS..... 1 AFTER EVERY 1 - 2 DAYS..... 2 AT NIGHT ONLY 3 OTHER..... 7 DON'T KNOW/UNSURE..... 8	
501D	Did the fever come with severe chills?	YES..... 1 NO 2 DON'T KNOW/UNSURE..... 8	
502	Did she have a reddish rash at anytime during her last illness?	YES..... 1 NO 2 DON'T KNOW/UNSURE..... 8	
503	Was she losing weight before death?	YES.....1 NO2 DON'T KNOW.....8	504 504
503A	Was the loss of weight severe or moderate?	SEVERE 1 MODERATE 2 DON'T KNOW/UNSURE..... 8	
504	Did she have poor appetite at anytime during her last illness?	YES..... 1 NO 2 DON'T KNOW/UNSURE..... 8	
505	Did she have swelling around ankles during her last illness?	YES.....1 NO2 DON'T KNOW.....8	506 506
505A	How many days/months before her death did the swelling around her ankles start? <i>(Write in months and days. If less than 1 month, then write 00 for months and only write in days)</i>	START mons days DON'T KNOW/UNSURE.....9998	
506	Did she have puffiness of the face during her last illness?	YES..... 1 NO 2 DON'T KNOW/UNSURE..... 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
507	Did she have a swelling in the neck during her last illness?	YES..... 1 NO 2 DON'T KNOW/UNSURE..... 8	
508	Did she have any other swelling on her body? (Probe)	YES..... 1 NO 2 DON'T KNOW/UNSURE..... 8	509 509
508A	Where was the swelling on her body?	HEAD-----A FACE -----B MOUTH -----C NECK-----D UPPER ARM -----E LOWER ARM-----F AXILLA -----G HANDS-----H CHEST -----I ABDOMEN -----J UPPER BACK-----K LOWER BACK -----L BUTTOCKS-----M GROIN -----N GENITALS -----O THIGHS-----P LEGS -----Q FEET-----R OTHER-----X	
509	Did the colour of her eye change to yellow (jaundice) during her last illness?	YES..... 1 NO 2 DON'T KNOW/UNSURE..... 8	
510	Did she have itching of skin at anytime during her last illness?	YES..... 1 NO 2 DON'T KNOW/UNSURE..... 8	
511	Did her eyes, face or palms look pale (anaemic) during her last illness?	YES NO DK PALE EYES----- 1 ----- 2 ----- 8 PALE FACE----- 1 ----- 2 ----- 8 PALE PALM ----- 1 ----- 2 ----- 8	
512	Did she have any ulcers on her body during her last illness?	YES..... 1 NO 2 DON'T KNOW/UNSURE..... 8	513 513

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
512A	Where were the ulcers on her body? <i>Anywhere else? (Do not probe)</i>	HEAD-----A FACE-----B MOUTH-----C NECK-----D UPPER ARM-----E LOWER ARM-----F AXILLA-----G HANDS-----H CHEST-----I ABDOMEN-----J UPPER BACK-----K LOWER BACK-----L BUTTOCKS-----M GROIN-----N GENITALS-----O THIGHS-----P LEGS-----Q FEET-----R OTHER-----X	
513	Did she have a cough during her last illness?	YES.....1 NO2 DON'T KNOW.....8	514 514
513A	How many days or months before her death did the cough start? <i>(Write in months and days. If less than 1 month, then write 00 for months and only write in days)</i>	START mons days DON'T KNOW/UNSURE 9998	
513B	Did the cough produce sputum?	YES..... 1 NO 2 DON'T KNOW/UNSURE..... 8	
513C	Did she cough blood?	YES..... 1 NO 2 DON'T KNOW/UNSURE..... 8	
514	Did she have difficulty in breathing during her last illness?	YES.....1 NO2 DON'T KNOW.....8	515 515
514A	Was the difficulty in breathing continuous or on and off?	CONTINUOUS..... 1 ON AND OFF..... 2 DON'T KNOW/UNSURE..... 8	
514B	How many days/months before her death did the difficulty in breathing start and end? <i>(Write in months and days. If less than 1 month, then write 00 for months and only write in days)</i>	START mons days END mons days DID NOT IMPROVE9995 DON'T KNOW/UNSURE.....9998	
515	Was she breathless even on light work? <i>(Except what is normally seen in late pregnancy, if applicable)</i>	YES..... 1 NO 2 DON'T KNOW/UNSURE..... 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
516	Was she breathless on lying on her back? <i>(Except what is normally seen in late pregnancy, if applicable)</i>	YES..... 1 NO 2 DON'T KNOW/UNSURE..... 8	
517	Was there pain in the chest with breathing?	YES.....1 NO2 DON'T KNOW.....8	
518	Did she have palpitations during her last illness?	YES..... 1 NO 2 DON'T KNOW/UNSURE..... 8	
519	Did she have chest pain during her last illness?	YES.....1 NO2 DON'T KNOW.....8	520 520
519A	Was the pain mild, moderate or severe?	SEVERE 1 MODERATE 2 MILD 3 DON'T KNOW/UNSURE..... 8	
519B	Did the pain start suddenly or gradually?	SUDDENLY 1 GRADUALLY 2 DON'T KNOW/UNSURE..... 8	
519C	Was the pain continuous or on and off?	CONTINUOUS..... 1 ON AND OFF..... 2 DON'T KNOW/UNSURE..... 8	
519D	How many days/months before her death did the pain start and end? <i>(Write in months and days. If less than 1 month, then write 00 for months and only write in days)</i>	START mons days END mons days DID NOT IMPROVE9995 DON'T KNOW/UNSURE.....9998	
519E	When she had the chest pain, did she also have pain elsewhere in her body? If, yes, where else did she have pain at the same time?	SHOULDER -----A NECK-----B ARMS-----C NO PAIN ANYWHERE-----D OTHER-----X	
520	Did she have loose motion or diarrhoea before her death?	YES.....1 NO2 DON'T KNOW.....8	521 521
520A	How many days/months before her death did the loose motion or diarrhoea start and end? <i>(Write in months and days. If less than 1 month, then write 00 for months and only write in days)</i>	START mons days END mons days DIED WITH FEVER9995 DON'T KNOW/UNSURE.....9998	
520B	When the diarrhoea was severe, how many times did she pass stool in a day?	NUMBER OF TIMES DON'T KNOW/UNSURE..... 98	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
520C	What did the stool look like?	WATERY 1 LOOSE BUT NOT WATERY 2 OTHER 7 DON'T KNOW/UNSURE 8	
520D	Did she pass blood in the stool?	YES 1 NO 2 DON'T KNOW/UNSURE 8	
521	Did she have vomiting during her last illness?	YES 1 NO 2 DON'T KNOW 8	522 522
521A	How many days/months before her death did the vomiting start and end? <i>(Write in months and days. If less than 1 month, then write 00 for months and only write in days)</i>	START mons days END mons days DID NOT STOP 9995 DON'T KNOW/UNSURE 9998	
521B	When the vomiting was severe, how many times did she vomit in a day?	NUMBER OF TIMES DON'T KNOW/UNSURE 98	
521C	What did the vomits look like most of the time?	WATERY FLUID 1 YELLOWISH FLUID 2 DARK BROWN COLOURED FLUID 3 LIKE BLOOD 4 FAECAL LOOKING & SMELLING 5 OTHER 7 DON'T KNOW/UNSURE 8	
522	Did she have abdominal pain before her death?	YES 1 NO 2 DON'T KNOW 8	523 523
522A	What was the type of pain?	CRAMPS 1 DULL ACHE 2 BURNING PAIN 3 OTHERS 7 DON'T KNOW/UNSURE 8	
522B	How many days/months before her death did the abdominal pain start and end? <i>(Write in months and days. If less than 1 month, then write 00 for months and only write in days)</i>	START mons days END mons days DID NOT IMPROVE 9995 DON'T KNOW/UNSURE 9998	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
522C	Where exactly was the pain?	LOWER ABDOMEN1 UPPER ABDOMEN2 CENTRAL ABDOMEN (around umbilicus)3 ALL OVER THE ABDOMEN4 DON'T KNOW/UNSURE8	
522D	Was the pain mild, moderate or severe?	SEVERE1 MODERATE2 MILD3 SOMETIMES MILD/SOMETIMES MORE4 DON'T KNOW/UNSURE8	
523	Was she unable to pass stool for some days before death?	YES1 NO2 DON'T KNOW/UNSURE8	
524	Did she have distension of abdomen before her death?	YES1 NO2 DON'T KNOW8	525 525
524A	How many days/months before her death did the distension of abdomen start and end? <i>(Write in months and days. If less than 1 month, then write 00 for months and only write in days)</i>	START _ _ _ _ _ _ mons days END _ _ _ _ _ _ mons days DID NOT IMPROVE9995 DON'T KNOW/UNSURE9998	
524B	Did the distension develop rapidly within days or slowly over weeks?	RAPIDLY1 SLOWLY2 DON'T KNOW/UNSURE8	
525	Did she have any hard mass in the abdomen before her death?	YES1 NO2 DON'T KNOW8	526 526
525A	Where exactly was the mass?	RIGHT UPPER ABDOMEN1 LEFT UPPER ABDOMEN2 LOWER ABDOMEN3 CENTRAL ABDOMEN (around umbilicus)4 DON'T KNOW/UNSURE8	
525B	How long before her death did the mass in the abdomen start? <i>(Write in months and days. If less than 1 month, then write 00 for months and only write in days)</i>	START _ _ _ _ _ _ mons days DON'T KNOW/UNSURE9998	
526	Did she have headache during her last illness?	YES1 NO2 DON'T KNOW/UNSURE8	527 527
526A	Was the headache continuous or on and off?	CONTINUOUS1 ON AND OFF2 DON'T KNOW/UNSURE8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
526B	How was the headache?	SEVERE 1 MODERATE 2 MILD 3 SOMETIMES MILD AND SOMETIMES SEVERE..... 4 DON'T KNOW/UNSURE..... 8	
527	Did she have stiff neck during her last illness?	YES.....1 NO2 DON'T KNOW.....8	528 528
527A	How many days/months before her death did the stiff neck start? <i>(Write in months and days. If less than 1 month, then write 00 for months and only write in days)</i>	START mons days DON'T KNOW/UNSURE.....9998	
528	Did she have any loss of consciousness during her last illness?	YES.....1 NO2 DON'T KNOW.....8	529 529
528A	Did she become unconscious suddenly or gradually?	SUDDENLY 1 GRADUALLY 2 DON'T KNOW/UNSURE..... 8	
529	Did she become mentally confused during her last illness?	YES..... 1 NO 2 DON'T KNOW/UNSURE..... 8	
530	Did she have fits (convulsions) during her last illness?	YES.....1 NO2 DON'T KNOW.....8	531 531
530A	How many days/months before her death did the fits start? <i>(Write in months and days. If less than 1 month, then write 00 for months and only write in days)</i>	START mons days DON'T KNOW/UNSURE.....9998	
530B	Can you describe the nature of fits?	REPETITIVE JERKING OF WHOLE BODY 1 JERKING OF 1 OR 2 PARTS OF THE BODY . 2 OTHER 7 DON'T KNOW/UNSURE..... 8	
530C	When fits were most frequent, how many times did she fit in a day?	NUMBER OF TIMES DIED AFTER FITS STARTED 95 DON'T KNOW/UNSURE..... 98	
530D	Was she awake between fits?	YES, ALWAYS..... 1 YES, SOMETIMES 2 NO 3 DON'T KNOW/UNSURE..... 8	
531	Did she have difficulty in opening the mouth during her last illness?	ABLE TO OPEN MOUTH1 UNABLE TO OPEN MOUTH2 DON'T KNOW.....8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
532	Did she have stiffness of the whole body before death?	YES.....1 NO2 DON'T KNOW.....8	533 533
532A	How many days/months before her death did the stiffness start? <i>(Write in months and days. If less than 1 month, then write 00 for months and only write in days)</i>	START mons days DON'T KNOW/UNSURE.....9998	
533	Did she become paralyzed on one or both sides of the body before her death?	YES.....1 NO2 DON'T KNOW.....8	534 534
533A	Which part of the body was paralyzed?	LOWER LIMBS.....1 ARMS2 ONE SIDE OF BODY3 WHOLE BODY4 OTHER.....7 DON'T KNOW.....8	
533B	How many days/months before her death did the paralysis start? <i>(Write in months and days. If less than 1 month, then write 00 for months and only write in days)</i>	START mons days DON'T KNOW/UNSURE.....9998	
534	Was there any change in the color of her urine before death?	YES.....1 NO2 DON'T KNOW.....8	534C 534C
534A	What color did the urine become?	LIGHT YELLOW1 DARK YELLOW2 CHUNER PANI (CLOUDY).....3 BHATER MAAR (THICK-WHITE).....4 BLOOD STAINED/RED5 OTHER.....7 DON'T KNOW/UNSURE.....8	
534B	Since how many days/months before her death did her urine become _____ (ANSWER TO Q534A)? <i>(Write in months and days. If less than 1 month, then write 00 for months and only write in days)</i>	START mons days DON'T KNOW/UNSURE.....9998	
534C	Was there any change in her daily frequency of urine before her death?	YES.....1 NO2 DON'T KNOW.....8	534F 534F
534D	Compared to before, how many times was she passing urine in a day - more than before, less than before, or no urine at all?	MORE THAN BEFORE1 LESS THAN BEFORE2 NO URINE AT ALL3 DON'T KNOW/UNSURE.....8	
534E	Since how many days/months before her death did she start to pass urine _____ (ANSWER TO Q534D)? <i>(Write in months and days. If less than 1 month, then write 00 for months and only write in days)</i>	START mons days DON'T KNOW/UNSURE.....9998	
534F	Did she have difficulty in passing urine during her last illness?	YES.....1 NO2 DON'T KNOW/UNSURE8	535 535

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
534G	What type of difficulty did she have: Unable to pass urine? Continuous dribbling of urine? Burning sensation while passing urine? Others?	<div style="text-align: right;">YES NO</div> UNABLE TO PASS -----1----- 2 DRIBBLING OF URINE-----1----- 2 BURNING SENSATION -----1----- 2 OTHER -----1----- 2	
535	Did she have a swelling in the breast before her death?	YES..... 1 NO 2 DON'T KNOW/UNSURE..... 8	536 536
535A	Was there pain in the breast along with the swelling?	YES..... 1 NO 2 DON'T KNOW/UNSURE..... 8	
536	Did she have an ulcer in the breast before her death?	YES..... 1 NO 2 DON'T KNOW/UNSURE..... 8	537 537
536A	Was there pain in the breast along with the ulcer?	YES..... 1 NO 2 DON'T KNOW/UNSURE..... 8	
537	Did _____(name) receive any injury or was there any untoward or violent event leading to death?	YES..... 1 NO 2 DON'T KNOW/UNSURE..... 8	541 541
537A	Can you describe what happened exactly? (<i>PROBE and ASK: anything else</i>) Verbatim _____ _____ _____ _____ _____ _____ _____ _____		
538	Who else contributed to the information given in Q537-537A?	NEIGHBOURS ----- A FAMILY FRIENDS ----- B DECEASED'S FAMILY MEMBERS ----- C OTHER ----- X	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
539	To the interviewer: Please review the response to Q537A and Code accordingly	<p style="text-align: center;"><u>Yes</u> <u>No</u></p> <p>Dog/animal bite..... 1 2</p> <p>Snake bite..... 1 2</p> <p>Drowned as a consequence of epilepsy 1 2</p> <p style="text-align: center;"><u>Intentionally self-inflicted</u> <u>Intentionally caused by other</u> <u>Accidental</u> <u>No</u></p> <p>Train/road accident 1 2 3 4</p> <p>Drowning 1 2 3 4</p> <p>Burn 1 2 3 4</p> <p>Fall 1 2 3 4</p> <p>Cut 1 2 3 4</p> <p>Suffocation 1 2 3 4</p> <p>Punches, kicks, blows... xxxx..... 2 3 4</p> <p>Rape xxxx..... 2 xxxx..... 4</p> <p>Poisoning 1 2 3 4</p> <p>Acid burn 1 2 3 4</p> <p>Other..... 1 2 3 4</p>	
If the interviewer has any suspicion regarding the accuracy of the information given in Q537-537A then additional information may be collected from neighbours, family friends, members of the parent's family of the deceased.			
540	To the interviewer: What is your judgement of the quality of the information gathered on the violent events surrounding the woman's death?	<p>Dependable 1 (Yes) 2 (Partly) 3 (No)</p> <p>Complete 1 (Yes) 2 (Partly) 3 (No)</p>	
541	Interviewer: Check Q312, 313, Q313A and Q313E and circle the appropriate code:	<p>Q312 IS CODED EITHER 1 OR 8..... 1 601</p> <p>Q312 IS CODED 2..... 2 701</p> <p>Q313 IS CODED 2..... 3 801</p> <p>Q313 IS CODED 1 AND Q313E IS 1 YEAR OR MORE 4 801</p> <p>Q313A IS CODED 1 OR 2 OR 8 AND Q313E IS 11 MONTHS OR LESS..... 5 701</p> <p>Q313A IS CODED 3 AND Q313E IS 11 MONTHS OR LESS..... 6 601A</p>	

SECTION 6
MODULE 2. FOR DEATHS DURING PREGNANCY PRIOR TO ONSET OF LABOUR
OR WITHIN 1 YEAR OF ABORTION/MISCARRIAGE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	Did _____ (NAME) ever go for antenatal care during that pregnancy?	YES 1 NO 2 DON'T KNOW 8	601B 604A 604A
601A	Did _____ (NAME) ever go for antenatal care during the last pregnancy before she died?	YES 1 NO 2 DON'T KNOW 8	604A 604A
601B	From whom did she receive the antenatal care when she was pregnant? (Anybody else) (Probe for each type of health professional and circle all who provided antenatal care)	HEALTH PROFESSIONAL QUALIFIED DOCTOR (MBBS) A NURSE/MIDWIFE/PARAMEDIC B FAMILY WELFARE VISITOR C MA/SACMO D HEALTH ASSISTANT E FAMILY WELFARE ASSISTANT F OTHER PERSON TRAINED TBA G UNTRAINED TBA H UNQUALIFIED DOCTOR I OTHER X	
602	Did she first seek antenatal care because she had a problem or just to check everything was fine?	BECAUSE OF PROBLEM 1 TO CHECK ONLY 2 DON'T KNOW 8	603 603
602A	For what problem did she first seek antenatal care? Verbatim _____ _____	_ _ _ _ _ _ _ _ DON'T KNOW/UNSURE 98	
603	How many months pregnant was she at the time of her first antenatal check-up?	MONTHS _ _ _ _ DON'T KNOW/UNSURE 98	
604	How many times did she get antenatal care?	NUMBER OF TIMES _ _ _ _ DON'T KNOW/UNSURE 98	
604A	Did she have swelling around ankles during her pregnancy?	YES 1 NO 2 DON'T KNOW 8	
604B	Did she have puffiness of the face during her pregnancy?	YES 1 NO 2 DON'T KNOW/UNSURE 8	
605	Did she complain of blurred vision during her pregnancy?	YES 1 NO 2 DON'T KNOW 8	
606	Did she have her blood pressure measured during her pregnancy?	YES 1 NO 2 DON'T KNOW 8	607 607

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
606A	Do you know whether her blood pressure was normal or high or low?	NORMAL 1 HIGH 2 LOW 3 DON'T KNOW 8	
607	During her last illness, was she bleeding from the vagina?	YES 1 NO 2 DON'T KNOW 8	608 608
607A	Did the bleeding stain her clothes, the bed or the floor?	YES NO DK CLOTHES-----1-----2-----8 BED-----1-----2-----8 FLOOR-----1-----2-----8	
607B	Was she in pain while bleeding?	YES 1 NO 2 DON'T KNOW 8	
608	Did she have other episodes of bleeding during this pregnancy?	YES 1 NO 2 DON'T KNOW 8	609 609
608A	Were those episodes of bleeding painful?	YES 1 NO 2 DON'T KNOW 8	
609	Did she have a vaginal examination during her illness?	YES 1 NO 2 DON'T KNOW 8	610 610
609A	Did the vaginal examination increase the bleeding?	YES 1 NO 2 NOT APPLICABLE (no bleeding)..... 7 DON'T KNOW 8	
610	Was any attempt made during her pregnancy to induce abortion?	YES 1 NO 2 DON'T KNOW 8	801 801
610A	Whose help did she seek to induce abortion?	HEALTH PROFESSIONAL QUALIFIED DOCTOR (MBBS) ----- A NURSE/MIDWIFE/PARAMEDIC ----- B FAMILY WELFARE VISITOR ----- C MA/SACMO ----- D HEALTH ASSISTANT ----- E FAMILY WELFARE ASSISTANT ----- F OTHER PERSON TRAINED TBA ----- G UNTRAINED TBA ----- H UNQUALIFIED DOCTOR ----- I HERBAL DOCTOR (kobiraj) ----- J HOMEOPATH ----- K SPIRITUAL HEALER ----- L SELF ----- M OTHER ----- X DON'T KNOW/UNSURE ----- Y	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
610B	Was any foreign object inserted inside the woman to induce abortion?	YES 1 NO 2 DON'T KNOW 8	610D 610D
610C	What object was inserted?	STICK..... 1 TUBES 2 SYRINGES..... 3 OTHERS 7 DON'T KNOW 8	
610D	Did the woman take any drugs or injections, or eat anything to induce abortion?	YES 1 NO 2 DON'T KNOW 8	611 611
610E	What drugs did she take? Verbatim.....	_ _ _ _ _ _ _ DON'T KNOW/UNSURE ----- 98	
611	Did the woman do MR to induce abortion?	YES 1 NO 2 DON'T KNOW 8	612 612
611A	To whom did she go for MR?	HEALTH PROFESSIONAL QUALIFIED DOCTOR (MBBS) ----- A NURSE/MIDWIFE/PARAMEDIC ----- B FAMILY WELFARE VISITOR ----- C MA/SACMO ----- D HEALTH ASSISTANT ----- E FAMILY WELFARE ASSISTANT ----- F OTHER PERSON TRAINED TBA ----- G UNTRAINED TBA ----- H UNQUALIFIED DOCTOR ----- I OTHER ----- X	
612	Did she have foul-smelling discharge from the vagina after inducing abortion?	YES 1 NO 2 DON'T KNOW 8	
613	Did she have fever after inducing abortion?	YES 1 NO 2 DON'T KNOW 8	
614	Did she have abdominal distention after inducing abortion?	YES 1 NO 2 DON'T KNOW 8	801 801 801

SECTION 7
MODULE 3. FOR DEATHS DURING LABOUR, DELIVERY OR AFTER DELIVERY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
701	Did _____(NAME) ever go for antenatal care during the last pregnancy before she died?	YES 1 NO 2 DON'T KNOW 8	702 702
701A	From whom did she receive the antenatal care when she was pregnant? <i>(Anybody else)</i> <i>(Probe for each type of health professional and circle all who provided antenatal care)</i>	HEALTH PROFESSIONAL QUALIFIED DOCTOR (MBBS) A NURSE/MIDWIFE/PARAMEDIC B FAMILY WELFARE VISITOR C MA/SACMO D HEALTH ASSISTANT E FAMILY WELFARE ASSISTANT F OTHER PERSON TRAINED TBA G UNTRAINED TBA H UNQUALIFIED DOCTOR I OTHER X	
701B	Did she first seek antenatal care because she had a problem or just to check everything was fine?	BECAUSE OF PROBLEM 1 TO CHECK ONLY 2 DON'T KNOW 8	701D 701D
701C	For what problem did she first seek antenatal care? Verbatim _____ _____	_ _ _ _ _ _ _ _ DON'T KNOW/UNSURE 98	
701D	How many months pregnant was she at the time of her first antenatal check-up?	MONTHS _ _ _ _ DON'T KNOW/UNSURE 98	
701E	How many times did she get antenatal care?	NUMBER OF TIMES _ _ _ _ DON'T KNOW/UNSURE 98	
702	Did she have swelling around ankles during her pregnancy?	YES 1 NO 2 DON'T KNOW 8	
703	Did she have puffiness of the face during her pregnancy?	YES 1 NO 2 DON'T KNOW/UNSURE 8	
704	Did she complain of blurred vision during her pregnancy?	YES 1 NO 2 DON'T KNOW 8	
705	Did she have her blood pressure measured during her pregnancy?	YES 1 NO 2 DON'T KNOW 8	706 706
705A	Do you know whether her blood pressure was normal or high or low?	NORMAL 1 HIGH 2 LOW 3 DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
706	Did she have bleeding from the vagina during her last pregnancy?	YES 1 NO 2 DON'T KNOW 8	707 707
706A	Did the bleeding stain her clothes, the bed or the floor?	YES NO DK CLOTHES-----1-----2-----8 BED-----1-----2-----8 FLOOR-----1-----2-----8	
706B	Did the bleeding start before the birth of the child?	YES 1 NO 2 DON'T KNOW 8	
706C	Was she in pain while bleeding (not menses)?	YES 1 NO 2 DON'T KNOW 8	707 707
706D	Did the pain start before the labour pains started?	YES 1 NO 2 DON'T KNOW 8	
707	Did she have other episodes of bleeding during this pregnancy?	YES 1 NO 2 DON'T KNOW 8	708 708
707A	Were those episodes of bleeding painful?	YES 1 NO 2 DON'T KNOW 8	
708	Did she have a vaginal examination during her last pregnancy?	YES 1 NO 2 DON'T KNOW 8	709 709
708A	Did the vaginal examination increase the bleeding?	YES 1 NO 2 NOT APPLICABLE (no bleeding)..... 7 DON'T KNOW 8	
709	Where did she give birth?	HOME -----11 GOVT SECTOR HOSPITAL -----21 UPAZILA HEALTH COMPLEX-----23 MATERNAL AND CHILD WELFARE CENTRE (MCWC) ----- 24 UNION HEALTH AND FAMILY WELFARE CENTRE----- 25 NGO SECTOR NGO CLINIC ----- 31 NGO HOSPITAL ----- 32 PRIVATE SECTOR PRIVATE HOSPITAL -----41 PRIVATE CLINIC -----42 OTHER-----96 DID NOT DELIVER -----51	712

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
710	Who assisted with the delivery? (Anyone else?)	HEALTH PROFESSIONAL QUALIFIED DOCTOR (MBBS) ----- A NURSE/MIDWIFE/PARAMEDIC ----- B FAMILY WELFARE VISITOR ----- C MA/SACMO ----- D HEALTH ASSISTANT ----- E FAMILY WELFARE ASSISTANT ----- F OTHER PERSON TRAINED TBA ----- G UNTRAINED TBA ----- H UNQUALIFIED DOCTOR ----- I RELATIVES ----- J NEIGHBOURS/FRIENDS ----- K OTHER ----- X NOBODY ----- Z	
711	During the delivery, were/was _____ (topic): a. Instruments used to help the baby out (forceps) b. An operation done to get the baby out (cesarean section) c. A blood transfusion given d. A saline infusion given	YES NO DK FORCEPS/VACUUM ----- 1 ----- 2 ----- 8 CESAREAN SECTION ----- 1 ----- 2 ----- 8 BLOOD TRANSFUSION ----- 1 ----- 2 ----- 8 SALINE INFUSION ----- 1 ----- 2 ----- 8	
712	How long was she in labour for? (if less than 1 hour write 00)	_ _ HOURS NEVER IN LABOUR (C-SECTION) ----- 95 DON'T KNOW ----- 98	714B 714
713	Do you think she had prolonged labour?	YES 1 NO 2 DON'T KNOW/UNSURE 8	
714	Did she have too much bleeding during labour?	YES 1 NO 2 DON'T KNOW/UNSURE 8	714B 714B
714A	Did the bleeding stain her clothes, the bed or the floor?	YES NO DK CLOTHES ----- 1 ----- 2 ----- 8 BED ----- 1 ----- 2 ----- 8 FLOOR ----- 1 ----- 2 ----- 8	715
714B	Did she have too much bleeding before delivering the baby?	YES 1 NO 2 DON'T KNOW/UNSURE 8	715 715
714C	Did the bleeding stain her clothes, the bed or the floor?	YES NO DK CLOTHES ----- 1 ----- 2 ----- 8 BED ----- 1 ----- 2 ----- 8 FLOOR ----- 1 ----- 2 ----- 8	
715	Were any drugs used just before or during the labour?	YES 1 NO 2 NOT APPLICABLE (no bleeding) 7 DON'T KNOW/UNSURE 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
716	How many days or months before her death did she deliver? <i>(If less than 1 day then write in hours, if less than 30 days write in days and if more, then in completed months)</i>	HOURS 1 __ __ DAYS..... 2 __ __ MONTHS..... 3 __ __ NEVER DELIVERED..... 997 DON'T KNOW/UNSURE 998	724 724
717	Did she have difficulty in delivering the baby?	YES 1 NO 2 DON'T KNOW/UNSURE 8	
718	What part of the baby came out first?	HEAD 1 LEGS 2 SHOULDER 3 ARMS 4 CESAREAN SECTION..... 5 DON'T KNOW 8	720
719	Was the placenta delivered?	YES 1 NO 2 DON'T KNOW 8	720 720
719A	How long after the birth of the child was the placenta delivered? <i>(If less than 1 hour write 00)</i>	__ __ HOURS	
719B	Did she have difficulty in delivering the placenta?	YES 1 NO 2 DON'T KNOW/UNSURE 8	
719C	Was the placenta delivered completely or partially?	COMPLETELY 1 PARTIALLY 2 DON'T KNOW 8	
720	Did she have too much bleeding after the baby was born?	YES 1 NO 2 DON'T KNOW/UNSURE 8	721 721
720A	Did the bleeding stain her clothes, the bed or the floor?	YES NO DK CLOTHES-----1-----2-----8 BED-----1-----2-----8 FLOOR-----1-----2-----8	
721	Did she have foul-smelling discharge from the vagina after the baby was born?	YES 1 NO 2 DON'T KNOW 8	
722	Did she have pain in the legs after the baby was born?	YES 1 NO 2 DON'T KNOW 8	
723	Did she have fever after the baby was born?	YES 1 NO 2 DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
724	Did she have fits (convulsions) during her pregnancy?	YES 1 NO 2 DON'T KNOW 8	725 725
724A	Did the fits stop after the baby was born?	YES 1 NO 2 NEVER DELIVERED..... 3 DON'T KNOW 8	726 801 726
725	Did she develop fits (convulsions) after the baby was born?	YES 1 NO 2 DON'T KNOW 8	
726	Was the colour of her eyes yellow after the baby was born?	YES 1 NO 2 DON'T KNOW/UNSURE 8	801 801
726A	How many days after delivery did her eyes become yellow?	<div> <div></div> <div></div> <div></div> <div></div> </div> DAYS DON'T KNOW/UNSURE 998	

SECTION 8
MODULE 4. GENERAL CARE SEEKING

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
801	During her last illness, after how much time from the beginning of symptoms did you recognize that she was having a problem or illness? <i>[Write in days if less than one month]</i>	AFTER HOURS..... 1 AFTER DAYS..... 2 AFTER MONTHS..... 3 IMMEDIATELY----- 000 DON'T KNOW----- 998 DIED IMMEDIATELY----- 995	815 815
802	How serious did you/your family perceive this complication or problem to be?	NOT SERIOUS..... 1 SOMEWHAT SERIOUS 2 VERY SERIOUS 3 LIFE THREATENING 4	803
802A	Did you/your family think that she could have died because of her problem or illness?	YES 1 NO 2	
803	During _____ (name) last illness/problem, did she or anyone seek treatment for her illness?	YES 1 NO 2 DON'T KNOW 8	803C 803C
803A	From whom did she receive treatment? <i>(Anyone else?)</i>	HEALTH PROFESSIONAL QUALIFIED DOCTOR (MBBS) ----- A NURSE/MIDWIFE/PARAMEDIC ----- B FAMILY WELFARE VISITOR ----- C MA/SACMO ----- D HEALTH ASSISTANT ----- E FAMILY WELFARE ASSISTANT ----- F OTHER PERSON TRAINED TBA----- G UNTRAINED TBA ----- H UNQUALIFIED DOCTOR ----- I OTHER _____ ----- X	
803B	Where did she receive care/medical treatment? <i>(Anywhere else?)</i>	HOME ----- A GOVT SECTOR HOSPITAL ----- B UPAZILA HEALTH COMPLEX ----- C MATERNAL AND CHILD WELFARE CENTRE (MCWC) ----- D UNION HEALTH AND FAMILY WELFARE CENTRE ----- E SATELLITE/EPI OUTREACH SITE ----- F COMMUNITY CLINIC ----- G NGO SECTOR NGO CLINIC ----- H NGO HOSPITAL ----- I NGO SATELLITE CLINIC ----- J PRIVATE SECTOR PRIVATE HOSPITAL ----- K PRIVATE CLINIC ----- L CHAMBER/ PHARMACY OF QUALIFIED DOCTOR ----- M CHAMBER/ PHARMACY OF UNQUALIFIED DOCTOR ----- N OTHER _____ ----- X	805

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
803C	Why did you not take her to see anyone for treatment? (Any other reason?)	NO TREATMENT NECESSARY----- A NOT CUSTOMERY----- B COST TOO MUCH ----- C LACK OF FUNDS----- D TO FAR ----- E TRANSPORTATION NOT EASY ----- F NO ONE AVAILABLE TO ACCOMPANY----- G GOOD QUALITY CARE NOT AVAILABLE ---- H FAMILY DID NOT ALLOW ----- I BETTER CARE AT HOME ----- J DID NOT KNOW HOW TO GO THERE ----- K NO TIME TO GO FOR CARE/ADVICE ----- L DID NOT KNOW WHERE TO GO----- M HAVE TO GO TO A MALE DOCTOR ----- N DID NOT REALIZE IT WAS SERIOUS ----- W OTHER----- X DON'T KNOW/UNSURE ----- Y	804 804 804 804 804 804 804 804 804 804 804 815 815 815 815
803D	Please specify "other" reason for not seeking care. Verbatim_____	_ _ _ _ _ _ _ _	
804	Who was involved in making the decision that _____ (name) should NOT go for seek treatment?	DECEASED HERSELF----- A HUSBAND ----- B MOTHER -IN-LAW /FATHER -IN-LAW ----- C MOTHER/FATHER ----- D SISTER/ SISTER -IN-LAW ----- E OTHER FAMILY MEMBERS (husband's)----- F DECEASED'S FAMILY MEMBERS ----- G RELATIVES ----- H FRIENDS/NEIGHBOURS----- I TBA/FIELD WORKER ----- J OTHER----- X NO ONE ----- Y DON'T KNOW/UNSURE ----- Z	815
805	Who was involved in making the decision that _____ (name) SHOULD go for or seek treatment?	DECEASED HERSELF----- A HUSBAND ----- B MOTHER -IN-LAW /FATHER -IN-LAW ----- C MOTHER/FATHER ----- D SISTER/ SISTER -IN-LAW ----- E OTHER FAMILY MEMBERS (husband's)----- F DECEASED'S FAMILY MEMBERS ----- G RELATIVES ----- H FRIENDS/NEIGHBOURS----- I TBA/FIELD WORKER ----- J OTHER----- X NO ONE ----- Y DON'T KNOW/UNSURE ----- Z	
805A	What symptoms made you decide to go for treatment? Verbatim_____	_ _ _ _ _ _ _ _	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
806	How much time after the problem was recognized, was it decided that she/you should go for care? <i>(If immediately then write 00 in hours, if less than 1 day then write in hours, if less than 30 days then write in days, if more then write in months)</i>	HOURS AFTER RECG 1 ____ ____ DAYS AFTER RECG 2 ____ ____ MOS. AFTER RECG 3 ____ ____ DON'T KNOW 998	
806A	Once you decided to go for care, did you try for treatment immediately?	YES 1 NO, WENT LATER 2 DON'T KNOW 8	807 807
806B	Why did she/you not try immediately?	HOSPITAL TO FAR ----- A DID NOT REALIZE SERIOUSNESS ----- B LACK OF FUNDS ----- C HAVE TO GO TO A MALE DOCTOR ----- D OTHER ----- X	
806C	How long after the decision did she/you actually try for treatment? <i>(If less than 1 hour then write 00)</i>	HOURS AFTER..... ____ ____ DON'T KNOW 98	
807	CHECK Q803B: Was care only received from HOME?	Q803B IS ONLY CODED "A" 1 Q803B IS CODED BETWEEN "B" TO "X" WITH OR WITHOUT "A" 2	814
807A	How many hospitals/clinics/care providers did _____ (name) actually go for the treatment of her last illness?	NUMBER ----- ____ DID NOT GO ANYWHERE ----- 0 DON'T KNOW/UNSURE ----- 8	814
THE FOLLOWING QUESTIONS [Q808-810] APPLY TO THE FIRST HOSPITAL/CLINIC/DOCTOR SHE WENT FOR CARE			
808	Where did she go first for care/medical treatment for her last illness?	GOVT SECTOR HOSPITAL ----- 21 UPAZILA HEALTH COMPLEX ----- 22 MATERNAL AND CHILD WELFARE CENTRE (MCWC) ----- 23 UNION HEALTH AND FAMILY WELFARE CENTRE ----- 24 SATELLITE/EPI OUTREACH SITE ----- 25 COMMUNITY CLINIC ----- 26 NGO SECTOR NGO CLINIC ----- 31 NGO HOSPITAL ----- 32 NGO SATELLITE CLINIC ----- 33 PRIVATE SECTOR PRIVATE HOSPITAL ----- 41 PRIVATE CLINIC ----- 42 CHAMBER/PHARMACY OF QUALIFIED DOCTOR ----- 43 CHAMBER/ PHARMACY OF UNQUALIFIED DOCTOR ----- 44 OTHER ----- 96 DON'T KNOW/UNSURE ----- 98	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
808A	Who accompanied her when she went to _____ (name of hospital/clinic/care provider) for treatment? (Record all persons who accompanied)	HUSBAND ----- B MOTHER -IN-LAW /FATHER -IN-LAW ----- C MOTHER/FATHER ----- D SISTER/ SISTER -IN-LAW ----- E OTHER FAMILY MEMBERS (husband's) -----F DECEASED'S FAMILY MEMBERS ----- G RELATIVES ----- H FRIENDS/NEIGHBOURS----- I TBA/FIELD WORKER -----J OTHER _____ X NO ONE ----- Y	
808B	How far is the hospital/clinic/care provider from her residence/or where she was staying? (If less than 1 mile then write 00)	MILES..... OUTSIDE TOWN OR UPAZILA 95 DON'T KNOW 98	
808C	How did she go to the hospital/clinic/care provider	CAR..... A BUS..... B TRAIN..... C AMBULANCE..... D COUNTRY BOAT..... E MECHANIZED WATER VEHICLE..... F CART/BULLOCK CART..... G RICKSHAW /RICKSHAW VAN..... H BABY TAXI/TEMPO..... I ON FOOT..... J OTHER..... X DON'T KNOW..... Y	808E 808E
808D	Was it difficult to find/get the _____ (name of transport)	VERY MUCH 1 SOMEWHAT 2 NO PROBLEM 3 DON'T KNOW/UNSURE 8	
808E	How much time did it take to go there?	 HOURS MINUTES DON'T KNOW----- 9998	
808F	How long did she wait between the time she first arrived at the hospital/clinic/care provider and the time she was examined by a health care provider/doctor? (If less than 1 hour then write in minutes)	 HOURS MINUTES IMMEDIATELY----- 0000 DON'T KNOW----- 9998	
808G	Who first examined/treated her?	NURSE 1 DOCTOR..... 2 OTHER 7 DON'T KNOW/UNSURE 8	
808H	What treatment was given her? 1. _____ 2. _____ 3. _____	 	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
808I	Did the woman's condition improve after treatment in this place, or did it stay the same or worsen?	NO CHANGE.....1 IMPROVED.....2 WORSENER.....3 DIED.....4 DON'T KNOW.....8	809 809 809 809 809
808J	(If she died in the hospital/clinic) How long after she got there did she die?	DAY1 MONTH.....2 DON'T KNOW----- 998	814 814 814
809	Did the hospital/clinic/care provider refer her to another hospital/clinic/care provider for care?	YES 1 NO 2 DON'T KNOW 8	810 810 810
809A	Where was she referred?	GOVT SECTOR HOSPITAL-----21 UPAZILA HEALTH COMPLEX-----22 MATERNAL AND CHILD WELFARE CENTRE (MCWC) -----23 UNION HEALTH AND FAMILY WELFARE CENTRE-----24 SATELLITE/EPI OUTREACH SITE-----25 COMMUNITY CLINIC -----26 NGO SECTOR NGO CLINIC -----31 NGO HOSPITAL -----32 NGO SATELLITE CLINIC -----33 PRIVATE SECTOR PRIVATE HOSPITAL -----41 PRIVATE CLINIC -----42 CHAMBER/PHARMACY OF QUALIFIED DOCTOR-----43 CHAMBER/ PHARMACY OF UNQUALIFIED DOCTOR -----44 OTHER-----96 DON'T KNOW/UNSURE -----98	
809B	How long did after she arrived at _____(hospital/clinic/care provider in 808) was _____(name) asked to go to _____(hospital/clinic/care provider in 809A)?	 HOURS MINUTES IMMEDIATELY----- 0000 DON'T KNOW----- 9998	
809C	What was the reason given for the referral?	NO EQUIPMENT FOR OPERATION----- A HIGH BLOOD PRESSURE----- B TO GET BETTER CARE----- C NO DOCTOR WAS AVAILABLE----- D NO ARRANGEMENTS FOR GIVING BLOOD----- E NO PROPER ARRANGEMENTS FOR RESOLVING PROBLEM-----F BABY WENT HIGHER----- G PART OF BABY CAME OUT ----- H BABY PASSED STOOL INSIDE UTERUS---- I CERVIX DID NOT OPEN -----J OTHER----- X DON'T KNOW----- Y	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
809D	Did she go to the place referred?	YES 1 NO 2 DON'T KNOW 8	810 810
809E	Why did she not go there for treatment?	NO TREATMENT NECESSARY----- A NOT CUSTOMERY----- B COST TOO MUCH ----- C LACK OF FUNDS----- D TO FAR ----- E TRANSPORTATION NOT EASY ----- F NO ONE AVAILABLE TO ACCOMPANY----- G GOOD QUALITY CARE NOT AVAILABLE ---- H FAMILY DID NOT ALLOW ----- I BETTER CARE AT HOME ----- J DID NOT KNOW HOW TO GO THERE ----- K NO TIME TO GO FOR CARE/ADVICE ----- L HAVE TO GO TO A MALE DOCTOR ----- N DID NOT REALIZE IT WAS SERIOUS ----- W OTHER----- X DON'T KNOW/UNSURE ----- Y	
810	<i>Check Q807a and code appropriately</i>	RECEIVED CARE FROM MORE THAN ONE HOSPITAL/CLINIC/CARE PROVIDER..... 1 RECEIVED CARE FROM ONLY ONE HOSPITAL/CLINIC/CARE PROVIDER 2	814
THE FOLLOWING QUESTIONS [Q811-812D] APPLY TO THE LAST PLACE SHE WENT FOR CARE			
811	Where did she go last for care/medical treatment?	GOVT SECTOR HOSPITAL -----21 UPAZILA HEALTH COMPLEX-----22 MATERNAL AND CHILD WELFARE CENTRE (MCWC) -----23 UNION HEALTH AND FAMILY WELFARE CENTRE -----24 SATELLITE/EPI OUTREACH SITE -----25 COMMUNITY CLINIC -----26 NGO SECTOR NGO CLINIC -----31 NGO HOSPITAL -----32 NGO SATELLITE CLINIC -----33 PRIVATE SECTOR PRIVATE HOSPITAL -----41 PRIVATE CLINIC -----42 CHAMBER/PHARMACY OF QUALIFIED DOCTOR -----43 CHAMBER/ PHARMACY OF UNQUALIFIED DOCTOR -----44 OTHER-----96 DON'T KNOW/UNSURE -----98	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
811A	Who accompanied her when she went for treatment to _____ (name of hospital/clinic/care provider)? (Record all persons who accompanied)	HUSBAND ----- B MOTHER -IN-LAW /FATHER -IN-LAW ----- C MOTHER/FATHER ----- D SISTER/ SISTER -IN-LAW ----- E OTHER FAMILY MEMBERS (husband's) -----F DECEASED'S FAMILY MEMBERS ----- G RELATIVES ----- H FRIENDS/NEIGHBOURS----- I TBA/FIELD WORKER -----J OTHER _____ ----- X NO ONE ----- Y	
811B	How did she go to the hospital/clinic/care provider	CAR ----- A BUS ----- B TRAIN ----- C AMBULANCE ----- D COUNTRY BOAT ----- E MECHANIZED WATER VEHICLE ----- F CART/BULLOCK CART ----- G RICKSHAW /RICKSHAW VAN ----- H BABY TAXI/TEMPO ----- I ON FOOT ----- J OTHER ----- X DON'T KNOW ----- Y	811D 811D
811C	Was it difficult to find/get the _____ (name of transport)	VERY MUCH 1 SOMEWHAT 2 NO PROBLEM 3 DON'T KNOW/UNSURE 8	
811D	How long did she wait between the time she first arrived at the last hospital/clinic/care provider and the time she was examined by a health care provider/doctor? (If less than 1 hour then write in minutes)	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> </div> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> HOURS MINUTES </div> IMMEDIATELY----- 0000 DON'T KNOW----- 9998	
811E	Who initially examined/treated she?	NURSE 1 DOCTOR..... 2 OTHER 7 DON'T KNOW/UNSURE 8	
811F	What treatment was given her? 1. _____ 2. _____ 3. _____	<div style="display: flex; justify-content: flex-end; margin-bottom: 5px;"> <div style="border: 1px solid black; width: 40px; height: 20px; margin-right: 10px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div> <div style="display: flex; justify-content: flex-end; margin-bottom: 5px;"> <div style="border: 1px solid black; width: 40px; height: 20px; margin-right: 10px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div> <div style="display: flex; justify-content: flex-end; margin-bottom: 5px;"> <div style="border: 1px solid black; width: 40px; height: 20px; margin-right: 10px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div> DON'T KNOW 98	
811G	Did the woman's condition improve after treatment in this place, or did it stay the same or worsen?	NO CHANGE ----- 1 IMPROVED ----- 2 WORSENER ----- 3 DIED ----- 4 DON'T KNOW ----- 8	812 812 812 812

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
811H	(If she died in the hospital/clinic) How long after she got there did she die?	DAY1 MONTH.....2 DON'T KNOW----- 998	813 813 813
812	Did the last hospital/clinic/care provider refer her to another hospital/clinic/care provider for care?	YES 1 NO 2 DON'T KNOW 8	813 813
812A	Where was she referred?	GOVT SECTOR HOSPITAL-----21 UPAZILA HEALTH COMPLEX-----22 MATERNAL AND CHILD WELFARE CENTRE (MCWC) -----23 UNION HEALTH AND FAMILY WELFARE CENTRE-----24 SATELLITE/EPI OUTREACH SITE-----25 COMMUNITY CLINIC -----26 NGO SECTOR NGO CLINIC -----31 NGO HOSPITAL -----32 NGO SATELLITE CLINIC -----33 PRIVATE SECTOR PRIVATE HOSPITAL -----41 PRIVATE CLINIC -----42 CHAMBER/PHARMACY OF QUALIFIED DOCTOR-----43 CHAMBER/ PHARMACY OF UNQUALIFIED DOCTOR -----44 OTHER-----96 DON'T KNOW/UNSURE -----98	
812B	What was the reason given for the referral?	NO EQUIPMENT FOR OPERATION----- A HIGH BLOOD PRESSURE----- B TO GET BETTER CARE----- C NO DOCTOR WAS AVAILABLE----- D NO ARRANGEMENTS FOR GIVING BLOOD----- E NO PROPER ARRANGEMENTS FOR RESOLVING PROBLEM-----F BABY WENT HIGHER----- G PART OF BABY CAME OUT ----- H BABY PASSED STOOL INSIDE UTERUS---- I CERVIX DID NOT OPEN -----J OTHER----- X DON'T KNOW----- Y	
812C	Did she go to the place referred?	YES 1 NO 2 DON'T KNOW 8	
812C1	Check 812C and tick the correct box	No/Don't Know circled <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <input type="checkbox"/> </div> <div style="text-align: center;"> <input type="checkbox"/> </div> </div> <div style="text-align: right; margin-top: 10px;"> <i>(Ask 811 to 811H again and correct information given about last provider)</i> </div>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
812D	Why did she not go to the referral site?	NO TREATMENT NECESSARY----- A NOT CUSTOMERY----- B COST TOO MUCH ----- C LACK OF FUNDS----- D TO FAR ----- E TRANSPORTATION NOT EASY ----- F NO ONE AVAILABLE TO ACCOMPANY----- G GOOD QUALITY CARE NOT AVAILABLE ---- H FAMILY DID NOT ALLOW ----- I BETTER CARE AT HOME ----- J DID NOT KNOW HOW TO GO THERE ----- K NO TIME TO GO FOR CARE/ADVICE ----- L HAVE TO GO TO A MALE DOCTOR ----- N DID NOT REALIZE IT WAS SERIOUS ----- W OTHER_____ X DON'T KNOW/UNSURE ----- Y	
813	How many hours/days after leaving _____ (the first hospital/clinic/care provider) did she/you reach _____ (the last hospital/clinic/care provider)?	DAY1 ____ ____ MONTH.....2 ____ ____ DON'T KNOW----- 998	
814	How much did it cost in total for the treatment of her last illness? (Explain that you want expenses of all hospitals/clinics/care providers combined and including transportation, overnight stays, food, etc)	TAKA ____ ____ ____ ____ ____ NO FUNDS WERE SPENT00000 DON'T KNOW/UNSURE99998	815
814A	From where did you/she get the funds for her to go for treatment?	FAMILY FUNDS A BORROWED B SOLD ASSETS C GIVEN BY RELATIVES/FRIENDS D MORTGAGED PROPERTY E OTHER_____ X DON'T KNOW Y	
815	Thank the respondent(s) and finish the interview		
816	Time of ending interview:	____ ____ hrs ____ ____ mins	

INTERVIEWER'S COMMENTS AND OBSERVATION

INTERVIEWER'S ASSESSMENT OF CAUSE OF DEATH