Urban Health Survey 2006

Female Questionnaire

NATIONAL INSTITUTE OF POPULATION RESEARCH AND TRAINING (NIPORT)
Ministry of Health and Family Welfare, Azimpur, Dhaka

ASSOCIATES FOR COMMUNITY AND POPULATION RESEARCH (ACPR)
3/10, Block A, Lalmatia, Dhaka-1207
TELEPHONE: 9114784, 8117926, FAX: 8117926
E-MAIL: acpr@bangla.net

MEASURE *Evaluation*
USA

IDENTIFICATION

DIVISION .... ☐
(BARISAL=1; CHITTAGONG=2; DHAKA=3; KHULNA=4; RAJSHAHI=5; SYLHET=6)

DISTRICT .... ☐☐

THANA .... ☐☐

WARD/UNION .... ☐☐☐

MOHALLA/MOUZA...

DOMAIN   1 = DHAKA METROPOLITAN AREA: LARGE SLUM   ☐
        2 = DHAKA METROPOLITAN AREA: MEDIUM/SMALL SLUM
        3 = DHAKA METROPOLITAN AREA: NON-SLUM
        4 = CHITTAGONG CITY CORPORATION: SLUM
        5 = CHITTAGONG CITY CORPORATION:NON SLUM
        6 = OTHER CITY CORPORATION: SLUM
        7 = OTHER CITY CORPORATION: NON-SLUM
        8 = DISTRICT MUNICIPALITY

PSU NUMBER .... ☐☐☐

HOUSEHOLD NUMBER .... ☐☐☐

TYPE OF HOUSEHOLD: 1 = NON-MESS   2 = MESS   ☐

NAME AND LINE NUMBER OF RESPONDENT _____ _____ ☐☐

INTERVIEWER VISITS

	1	2	3	FINAL VISIT	
DATE	_____	_____	_____	DAY	☐☐
				MONTH*	☐☐
				YEAR	☐☐☐☐
INTERVIEWER'S NAME	_____	_____	_____	CODE	☐☐
RESULT*	_____	_____	_____	RESULT**	☐
NEXT VISIT: DATE TIME	_____ _____	_____ _____		TOTAL NO. OF VISITS	☐

**RESULT CODES :
   1   COMPLETED   4   REFUSED   7   OTHER _____
   2   NOT AT HOME   5   PARTLY COMPLETED   (SPECIFY)
   3   POSTPONED   6   RESPONDENT INCAPACITATED

*MONTH CODES

01	JANUARY	04	APRIL	07	JULY	10	OCTOBER
02	FEBRUARY	05	MAY	08	AUGUST	11	NOVEMBER
03	MARCH	06	JUNE	09	SEPTEMBER	12	DECEMBER

SUPERVISOR		FIELD EDITOR		OFFICE EDITOR	KEYED BY
NAME _____ ☐☐		NAME _____ ☐☐		☐☐	☐☐
DATE _____		DATE _____			

INFORMED CONSENT

Hello. My name is _____. We come from Associates for Community and Population Research, a private research organization, located in Dhaka. To assist in the implementation of socio-development programs in the country, we conduct different types of surveys. We are now conducting a survey about the health of urban residents. The survey is paid for by the United States Agency for International Development The survey is being coordinate by National Institute of Population Research and Training (NIPORT). The data will be examined by NIPORT, ACPR in Bangladesh and by researchers at the University of North Carolina in Chapel Hill, North Carolina, USA. We would very much appreciate your participation in this survey. I would like to ask you some questions about yourself, including about your health. This information will help us to understand the state and determinants of health in urban Bangladesh. If some questions cause you embarrassment or make you feel uncomfortable, you can refuse to answer them. The survey usually takes between 30 and 45 minutes to complete. Whatever information you provide will be kept strictly confidential. It will be used for research purposes and will be seen only by staff and researchers at the organizations mentioned.

For those with age between 35-59 years:
In addition to your opinion on health issues, we would like to measure some health parameters like your Height, weight, blood pressure, and blood glucose level.

Participation in this survey is voluntary and you can choose not to answer any individual question or all of the questions. However, we hope that you will participate in this survey since your views are important. If you wish to know more about your rights as a participant in this study you may write the Bangladesh Medical Research Council (BMRC), Mohakhali, Dhaka or Institutional Review Board (IRB) at the School of Public Health, CB # 7400, University of North Carolina at Chapel Hill, Chapel Hill, NC 27599-7400, U.S.A .If you have further questions regarding the nature of this study you may also contact ACPR 3/10, Block-A, Lalmatia, Dhaka-1207 or phone 8117926.

At this time, do you want to ask me anything about the survey?

May I begin the interview now?

Signature of interviewer: _____Date:_____

RESPONDENT AGREES TO BE
INTERVIEWED 1

RESPONDENT DOES NOT AGREE TO BE
INTERVIEWED ....2 →END

↓

Section 1: Basic Individual Characteristics

Starting time: Hour ☐☐ Minutes ☐☐

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	BASIC CHARACTERISTICS		
101.	In what month and year were you born?	Month..☐☐ Don't know month..98 Year..☐☐ Don't know year 9998	
101a.	How old are you at your last birthday?	Age in completed years..............................☐☐	
102.	Are you married, separated, deserted, widowed or divorced?	Currently married.......................................1 Separated..2 Deserted ....3 Widowed...4 Divorced ....5 Never married 6	
103.	**INTERVIEWER: CHECK Q.101a AND 102 AND CIRCLE IN APPROPRIATE CODE.**	**Less than 18 year and never married......................1 Above 59 years..2 Less than 18 year and ever married........................3 Age 18-59 and ever/never married 4**	➤Terminate interview
104.	Have you ever attended school?	Yes ....1 No 2	➤ **105**
104a.	What level of schooling have you last attended?	Level ....☐	
104b.	What is the highest grade of schooling completed?	Grade...☐☐	
104c.	**INTERVIEWER: CHECK Q. 104b AND CIRCLE IN APPROPRIATE CODE.**	**Grade is 6 or more...1 Grade is less than 6 ....2**	➤ **106**
105.	Can you read or write a letter in any language easily, with difficulty or not at all?	Easily ....1 With difficulty...2 Not at all 3	➤**107**
	BASIC CHARACTERISTICS: METHODS OF TRANSPORTATION AND MEDIA EXPOSURE		
106.	Do you usually read a newspaper or magazine?	Yes ....1 No 2	➤**107**
106a.	How often do you read a newspaper or magazine: everyday; at least once a week; less than once a week?	Everyday ....1 At least once a week ....2 Less than once a week....................................3	
107.	Do you listen to the radio?	Yes ....1 No 2	➤ **108**
107a.	How often do you usually listen to the radio: everyday; at least once a week; less than once a week?	Everyday ....1 At least once a week ....2 Less than once a week....................................3	
108.	Do you watch television?	Yes ....1 No 2	➤ **109**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
108a.	How often do you watch television: everyday; at least once a week; less than once a week?	Everyday .... 1 At least once a week .... 2 Less than once a week 3	
109.	What is your religion?	Islam .... 1 Hinduism .... 2 Buddhism .... 3 Christianity .... 4 Other_____ .... 6 (Specify)	

110.	Are you a member any of the following?	Organizations	Yes	No	
	Mothers Club or Ladies Associations?	Mother's Club or Ladies asso.	1	2	
	Grameen Bank Member?	Grameen Bank Member	1	2	
	BRAC/ Proshika/ ASHA?	BRAC/Proshika/Asha	1	2	
	Other NGO income generating activities?	Other NGOs	1	2	

111.	**INTERVIEWER: CHECK Q. 102 AND CIRCLE IN APPROPRIATE CODE.**	**Currently married ....1** **Separated ....2** **Deserted ....3** **Widowed ....4** **Divorced ....5** **Never married 6**	➤ **113** ➤ **115**
112.	Is your spouse staying with you now or is he staying elsewhere?	Staying with her .... 1 Staying elsewhere 2	➤ **113**
112a.	How frequently do you stay with your spouse?	Every week .... 1 Every month .... 2 Once in 2-3 months .... 3 Once in 4-6 months .... 4 Once in 7-12 months .... 5 Above 12 months 6	
113.	Were you married once or more than once?	Married once .... 1 Married more than once 2	
114.	How old were you the first time you were married?	Years .... ☐☐	
115.	Are you currently working? **(INTERVIEWER: PROBE, ASKING FOR INSTANCE ABOUT UNPAID WORK IN FAMILY BUSINESS/ ENTERPRISE)**	Yes .... 1 No 2	➤ **123**
	(INTERVIEWER: FIRST, ASK ONLY ABOUT THE PRIMARY WORK AND THEN SECONDARY WORK).		

Primary work	**Skip**	**Secondary work**	**Skip**
116. What kind of work do you mainly do? Verbatim:_____ _____		116a. What kind of work do you do other than your main work? Verbatim:_____ _____	
117. Normally, what is the approximate total hours you work per week at this job? Hours .... ☐☐☐ Worked less than 1 week 995		117a. Normally, what is the approximate total hours you work per week at this job? Hours .... ☐☐☐ Worked less than 1 week 995	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
118.	Approximately what is the total number of months you work per year at this job? Months .... ☐☐ Worked less than 1 year................................95	118a. Approximately what is the total number of months you work per year at this job? Months..☐☐ Worked less than 1 year 95	
119.	For whom do you work? Working for a family business for pay .... 1 Working for private company..................... 2 Working for Government ....3 Self-employed ....4 →**121** Working for a family business for no pay ....5 →**122** Day labour 6	119a. For whom do you work? Working for a family business for pay .....1 Working for private company .... 2 Working for Government ....3 Self-employed ....4 →**121a** Working for a family business for no pay ....5 →**125** Day labour 6	
120.	Approximately what was your net salary/wage during the last month? Taka ....☐☐☐☐☐ →**122**	120a. Approximately what was your net salary/wage during the last month? Taka...............................☐☐☐☐☐. →**125**	
121.	Approximately how much net profit did you gain last month, after taking out your business expenses? Taka................................☐☐☐☐☐.	121a. Approximately how much net profit did you gain last month, after taking out your business expenses? Taka................................☐☐☐☐☐. →**125**	
122.	Do you currently have any other job? Yes...1 → **Back to 116a and ask about secondary work** No ....2 → **125**		
123.	Have you ever worked before?	Yes ....1 No 2	
124.	Are you actually looking for any work?	Yes ....1 No 2	
BASIC CHARACTERISTICS: MIGRATION HISTORY			
125.	Where were you born?	City corporation_____1 (Specify) ☐☐ District town_____2 (Specify) Other town_____ 3 ☐☐ (Specify Upazila) Village_____4 (Specify Upazila) Abroad_____99995 (Specify)	
126.	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 corporation (Dhaka/Khulna/Rajshahi/ Barisal/Chittagong/Sylhet)....................................1 District town...2 Other town..3 Village...4 Abroad 5	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
127.	How long have you been living continuously in _____ (NAME OF CURRENT PLACE OF RESIDENCE)?	Number of years..............................☐☐ Less than 1 year ....95 Always 97	→ 134
128.	Where did you live before this?	City corporation_____1 (Specify) District town_____2 ☐☐ (Specify) Other town_____ 3 ☐☐ (Specify Upazila) Village_____4 (Specify Upazila) Abroad_____ 99995 (Specify)	

| | 129. | What was the main reason for moving to the current place? | Looking for work............................... 01
For more earning................................. 02
Service/work/for transfer 03
For own education 04
For children's education 05
For familial 06
For marriage..................................... 07
Buy new land/house.......................... 08
Look after properties......................... 09
For river erosion............................... 10
For eviction 11
For security 12
Other _____ 96
(Specify) | |

	129a.	Is there any other reason for moving to the current place? **(Interviewer: Circle code 1 in Q.129a for each reason mentioned spontaneously. Read out each reason not mentioned spontaneously, then circle code 2 if answer is yes and code 3 for no.)** **(First you circle code 1 for which reason code in Q.129 already was circled then ask Q.129a .)**		Unprompted Yes	Prompted Yes	No	
			Looking for work	1	2	3
			For more earning	1	2	3
			Service/work/for transfer......	1	2	3
			For own education................	1	2	3
			For children's education	1	2	3
			For familial	1	2	3
			For marriage	1	2	3
			Buy new land/house	1	2	3
			Look after properties............	1	2	3
			For River erosion.................	1	2	3
			For eviction	1	2	3
			For security..........................	1	2	3
			Other _____ .. (Specify)	1	2	3

BASIC CHARACTERISTICS: CIRCULAR MIGRATION		
130.	Did you live in this city/town all of the last year?	Yes ....1 → 134 No 2
130a.	How much of the last year did you spend here?	Weeks ....☐☐

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
130b.	Which months during the last year did you spend here? (Please convert in English month if respondent mentioned Bangla month then circle in appropriate code.)	January .... A February .... B March.. C April.. D May...E June...F July...G August.. H September ....I October .... J November .... K December...L No specific time ....Z	
130c.	Why did you spend part of the year here?	Looking for work .... A For more work ....B Service/work/for transfer ....C For own education .... D For children's education ....E Lived with family... F Buy new land/house..................................... G Look after properties..................................... H For river erosion...I For eviction .... J For security .... K Visiting relatives/friends...............................L For illness of family members/relatives..........M For joining the family program....................... N For joining the religious program .... O Other _____ .... X (Specify)	
131.	Other than here, where did you spend the most time last year?	District_____ ☐☐ Thana_____ ☐☐	

131a.	Is that place:
	
	  a city corporation?
	  a district town?
	  another town?
	  a village?
		City corporation_____1
		          (Specify)
		District town_____2 ☐☐
		          (Specify)
		Other town_____ 3 ☐☐
		      (Specify Upazila)
		Village_____4
		      (Specify Upazila)
		Abroad_____ 99995
		        (Specify)	

131b.	How much of the last year did you spend there?	Weeks .... ☐☐	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
131c.	Which months during the last year did you spend there? (Please convert in English month if respondent mentioned Bangla month then circle in appropriate code.)	January... A February .... B March.. C April.. D May...E June..F July...G August... H September ....I October .... J November .... K December ....L No specific time.....................................Z	
131d.	Why did you spend part of the year there?	Looking for work.................................... A For more work .... B Service/work/for transfer....................... C For own education .... D For children's education.......................... E Lived with family ....F Buy new land/house ....G Look after properties .... H For river erosion ....I For eviction .... J For security.. K Visiting relatives/friends......................... L For illness of family members/relatives.................. M For joining the family program................. N For joining the religious program ....O For delivery ....P Other _____ ....X <center>(Specify)</center>	
132.	**INTERVIEWER: SEE 131a FOR NAME OF CITY/TOWN/VILLAGE AND ASK……...** Other than here_____ (Current city/town) and _____ did you live (Answer of Q131a) anywhere else last year?	Yes .... 1 No 2	➔ **134**
133.	In what thana and division?	District_____ ☐☐ Thana_____ ☐☐	

133a.	Is that place:
	  a city corporation,
	  a district town,
	  another town,
	  or a village?
		City corporation_____1
		 (Specify) District town_____2 ☐☐
		 (Specify) Other town_____ 3 ☐☐
		 (Specify Upazila) Village_____4
		 (Specify Upazila) Abroad_____ 99995
		 (Specify)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
133b.	How much of the last year did you spend there?	Weeks .... ☐☐	
133c.	Which months during the last year did you spend there? (Please convert in English month if respondent mentioned Bangla month then circle in appropriate code.)	January .... A February .... B March .... C April .... D May .... E June .... F July .... G August .... H September .... I October .... J November .... K December .... L No specific time .... Z	
133d.	Why did you spend part of the last year there?	Looking for work .... A For more work .... B Service/work/for transfer .... C For own education .... D For children's education .... E Lived with family .... F Buy new land/house .... G Look after properties .... H For river erosion .... I For eviction .... J For security .... K Visiting relatives/friends .... L For illness of family members/relatives .... M For joining the family program .... N For joining the religious program .... O Other _____ .... X (Specify)	
BASIC CHARACTERISTICS: HEALTH CARE FINANCING AND DECISION MAKING			
134.	**INTERVIEWER: CHECK Q.102 AND CIRCLE IN APPROPRIATE CODE.**	**Currently married ....1** **Separated..2** **Deserted...3** **Widowed...4** **Divorced ....5** **Never married..6**	➤ **401**
135.	**INTERVIEWER: CHECK Q.101a AND CIRCLE IN APPROPRIATE CODE.**	**Age less than 50 ....1** **Age 50 or above...2**	➤ **401**
136.	Who exactly in your household makes final decisions about […]? A. Your health care B. Your children's health care C. Making large household purchases D. Making household purchases for daily needs E. Visits to family, friends or relatives F. What food should be cooked each day	1=Respondent; 2=Spouse; 3=Respondent and husband jointly; 4=Someone else; 5=Respondent and someone else jointly A 1 2 3 4 5 B 1 2 3 4 5 C 1 2 3 4 5 D 1 2 3 4 5 E 1 2 3 4 5 F 1 2 3 4 5	

Section 2: Birth History

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
201.	Now I would like to ask about all the births you have had during your life. Have you ever given birth?	Yes ....1 No...2	→ **206**
202.	Do you have any sons or daughters to whom you have given birth who are now living with you?	Yes ....1 No...2	→ **204**
203.	How many sons live with you? And how many daughters live with you? **IF NONE WRITE OO IN BOX.**	Sons..[ ][ ] Daughters ....[ ][ ]	
204.	Do you have any sons or daughters to whom you have given birth who are alive but do not live with you?	Yes ....1 No...2	→ **206**
205.	How many sons are alive but do not live with you? How many daughters are alive but do not live with you? **IF NONE WRITE OO IN BOX.**	Sons..[ ][ ] Daughters ....[ ][ ]	
206.	Have you ever given birth to a boy or a girl who was born alive but later died? **IF NO, PROBE:** Any baby who cried or showed signs of life but did not survive?	Yes ....1 No...2	→ **208**
207. .	How many boys have died? And how many girls have died? **IF NONE WRITE OO IN BOX.**	Sons..[ ][ ] Daughters ....[ ][ ]	
208.	**SUM ANSWERS TO 203, 205 AND 207, AND ENTER TOTAL** **IF NONE WRITE OO IN BOX.**	**Total ....[ ][ ]**	
209.	**Check 208: Just to make sure that I have this right: you have had in TOTAL _____ births during your life. Is that correct?** **Yes** [ ] **No** [ ] → **Probe and correct 201-208 as necessary**		
210.	**Check 208.** **One or more births** [ ] **No births** [ ]		→ **224**

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BIRTH HISTORY

211. Now I would like to record the names of all of your births, whether still alive or not, starting with the first one you had.

RECORD NAMES OF ALL THE BIRTHS IN 212. IF NO NAME WAS GIVEN, RECORD 'NO NAME' IN 212.

RECORD TWINS AND TRIPLETS ON SEPARATE LINES.

212. What was the name given to your (first/next) Baby?	213. Were any of these births twins?	214. Is (NAME) a boy or girl?	215. In what month and years was (NAME) born?	216. Is (NAME) still alive?	217. If alive, how old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS.	218. If alive, is (NAME) living with you?	219. IF DEAD: How old was (NAME) when he/she died? If '1 YR.', PROBE: How many months old was (NAME)? RECORD DAYS IS LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS	220 Were there any other births between (NAME OF PREVIOUS BIRTH) And (NAME)
01	Yes..... 1 No 2	Boy.....1 Girl 2	Month Year	Yes.....1 No 2 **219**	Years	Yes .... 1 No...... 2	Days ....1 Months ......2 Years 3	
02	Yes..... 1 No 2	Boy.....1 Girl 2	Month Year	Yes.....1 No 2 **219**	Years	Yes .... 1 No......2 **220**	Days ....1 Months ......2 Years 3	Yes ....1 No 2
03	Yes..... 1 No 2	Boy.....1 Girl 2	Month Year	Yes.....1 No 2 **219**	Years	Yes .... 1 No......2 **220**	Days ....1 Months ......2 Years 3	Yes ....1 No 2
04	Yes..... 1 No 2	Boy.....1 Girl 2	Month Year	Yes.....1 No 2 **219**	Years	Yes .... 1 No......2 **220**	Days ....1 Months ......2 Years 3	Yes ....1 No 2
05	Yes..... 1 No 2	Boy.....1 Girl 2	Month Year	Yes.....1 No 2 **219**	Years	Yes .... 1 No......2 **220**	Days ....1 Months ......2 Years 3	Yes ....1 No 2
06	Yes..... 1 No 2	Boy.....1 Girl 2	Month Year	Yes.....1 No 2 **219**	Years	Yes .... 1 No......2 **220**	Days ....1 Months ......2 Years 3	Yes ....1 No 2
07	Yes..... 1 No 2	Boy.....1 Girl 2	Month Year	Yes.....1 No 2 **219**	Years	Yes .... 1 No......2 **220**	Days ....1 Months ......2 Years 3	Yes ....1 No 2
08	Yes..... 1 No 2	Boy.....1 Girl 2	Month Year	Yes.....1 No 2 **219**	Years	Yes .... 1 No......2 **220**	Days ....1 Months ......2 Years 3	Yes ....1 No 2
09	Yes..... 1 No 2	Boy.....1 Girl 2	Month Year	Yes.....1 No 2 **219**	Years	Yes .... 1 No......2 **220**	Days ....1 Months ......2 Years 3	Yes ....1 No 2

212. What was the name given to your (first/ next) Baby?	213. Were any of these births twins?	214. Is (NAME) a boy or girl?	215. In what month and years was (NAME) born?	216. Is (NAME) still alive?	217. If alive, how old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS.	218. If alive, is (NAME) living with you?	219. IF DEAD: How old was (NAME) when he/she died? If '1 YR.', PROBE: How many months old was (NAME)? RECORD DAYS IS LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS	220 Were there any other births between (NAME OF PREVIOUS BIRTH) And (NAME)
10	Yes..... 1 No 2	Boy.....1 Girl 2	Month Year	Yes.....1 No 2 **219**	Years	Yes .... 1 No...... 2 **220**	Days ....1 Months ......2 Years 3	Yes .... 1 No 2
11	Yes..... 1 No 2	Boy.....1 Girl 2	Month Year	Yes.....1 No 2 **219**	Years	Yes .... 1 No...... 2 **220**	Days ....1 Months ......2 Years 3	Yes .... 1 No 2
12	Yes..... 1 No 2	Boy.....1 Girl 2	Month Year	Yes.....1 No 2 **219**	Years	Yes .... 1 No...... 2 **220**	Days ....1 Months ......2 Years 3	Yes .... 1 No 2

221.	Have you had any live births since the birth of (NAME OF LAST BIRTH)?	Yes ....1 No 2	► Back to Q.212 and record the information of this child

222. COMPARE 208 WITH NUMBER OF BIRTHS IN HISTORY ABOVE AND MARK:

NUMBERS ARE SAME ☐   NUMBERS ARE DIFFERENT ☐ → (PROBE AND RECONCILE 212 TO 221)

CHECK: FOR EACH BIRTH (215): YEAR OF BIRTH IS RECORDED. ☐

FOR EACH LIVING CHILD (217): CURRENT AGE IS RECORDED. ☐

FOR EACH DEAD CHILD (219): AGE AT DEATH IS RECORDED. ☐

FOR AGE AT DEATH 12 MONTHS OR 1 YR. (219): PROBE TO DETERMINE EXACT NUMBER OF MONTHS ☐

223. CHECK 215 AND ENTER THE NUMBER OF BIRTHS SINCE JANUARY 2001. IF NONE, RECORD '0'. ☐

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
224.	**INTERVIEWER: CHECK Q.102 AND CIRCLE IN APPROPRIATE CODE.**	**Currently married..................................1** **Separated.. 2** **Deserted... 3** **Widowed... 4** **Divorced ....5** **Never married....................................... 6**	**301** **401**
	NOW I WOULD LIKE TO TALK ABOUT FAMILY PLANNING - THE VARIOUS WAYS OR METHODS THAT A COUPLE CAN USE TO DELAY OR AVOID A PREGNANCY.		
225.	Are you currently doing something or using any method to delay or avoid getting pregnant?	Yes.. 1 No .... 2 Currently pregnant...................................... 3	**301**
225a.	Which method are you using?	Pill.. 01 Condom... 02 Injections... 03 IUD .... 04 Female sterilization .... 05 Male sterilization... 06 Norplant/Implants .... 07 Herbal... 08 Homeopath... 09 Periodic abstinence .... 10 Withdrawal... 11 Other_____..................................96 (Specify)	**225c** **301**
225b.	How many packets pill/condom did you buy in the last time?	No. of packets of pill............................ ☐☐ No. of condoms .... ☐☐	
225c.	How much did you pay in the last time?	Taka.. ☐☐☐ None... 000 Don't know 998	

225d.	Where did you obtain _____ the last time ?
	(Current method)
		PUBLIC SECTOR
		   Hospital/Medical College...................11
		   Family Welfare Centre(FWC) 12
		   Upazila Health Complex(UHC) 13
		   Satellite clinic/EPI outreach site.........14
		   Maternal Child Welfare Centre(MCWC)15
		   Municipality Health Center 16
		   Govt.Field Worker (FWA) 17
		   Community Clinic 18
		NGO SECTOR
		   NGO Static Clinic 21
		   NGO Satellite Clinic 22
		   NGO Depot Holder 23
		   NGO Fieldworker................................24
		PRIVATE MEDICAL SECTOR
		   Private Hospital/Clinic 31
		   Qualified doctor..................................32
		   Traditional doctor................................33
		   Pharmacy...34
		OTHER PRIVATE SECTOR
		   Shop...41
		   Relatives/Friend 42
		Other_____ 96
		☐☐☐☐☐☐☐☐☐☐☐☐☐ (Specify)
		Don't know...98	

SECTION 3: ANTENATAL, POSTNATAL CARE AND BREASTFEEDING

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
301.	**Check 215** **One or more births since January 2001** ☐ **No births since January 2001** ☐ →		**401**
302.	ENTER IN THE TABLE THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH SINCE JANUARY 2001. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 2 BIRTHS, USE LAST COLUMN OF ADDITIONAL QUESTIONNAIRES). Now I would like to ask you some questions about the health of all your children born in the last five years. (We will talk about one child at a time.)		

NO.	QUESTIONS AND FILTERS	Last Birth	Next-To-Last Birth
303.	**Line Number From 212**	Line Number_____	Line Number_____
304.	**From 212** **and 216**	Name_____ Alive ☐ Dead ☐	Name_____ Alive ☐ Dead ☐
305.	When you were pregnant with (NAME), Did you see anyone for a medical checkup i.e., antenatal care for this pregnancy?	Yes..1 No ....2 ┐ **(Skip to 306)** ←	

305a.	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 Assistant (HA)...............E
		  Family Welfare Asst(FWA)......F
		Other Person
		  Trained Traditional Birth
		  Attendant (TTBA)....................G
		  Untrained TBA ....H
		  Unqualified Doctor I
		  Homeopath ....J
		  Other_____ X
		☐☐☐ (Specify)	

305b.	Where did you see during last ANC?	Home 01
		PUBLIC SECTOR
		Hospital/Medical College 11
		Family Welfare Centre(FWC)..12
		Upazila Health Complex(UHC) .13
		Satellite clinic/EPI outreach
		  site.....................................14
		Maternal Child Welfare
		Centre(MCWC) 15
		Municipality Health Center...16
		Community Clinic 17
		NGO SECTOR
		  NGO Static Clinic..............21
		  NGO Satellite Clinic..........22
		PRIVATE MEDICAL SECTOR
		  Private Hospital/Clinic.......31
		  Qualified doctor's chamber 32
		  Traditional doctor 33
		  Pharmacy 34
		  Homeopath 35
		    Other_____.........
		.... ☐☐☐☐☐☐
		    (Specify)
		(Skip to 307)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

306.	Why did you not see anyone?
	
	Any other reason?
	
	RECORD ALL MENTIONED
		Too far ....A
		Inconvenient service hour ...B
		Unpleasant staff behavior C
		Lack of provider expertise...D
		Lack of privacy ....E
		Inadequate drug supply.........F
		Long waiting time................G
		Service too expensive..........H
		Religious reasons I
		Not beneficial/needed ....J
		Did not know of need for
		  Service ....K
		Was unable/not permitted
		  To go out of the house L
		Did not know of existence .. M
		Other_____...............X
		□□□□□□ (Specify)
		(Skip to 310) ←	

307.	How many months pregnant were you when you first received medical checkup i.e., antenatal care for this pregnancy?	Months ....□□ Don't know 98	
308.	How many times did you receive medical checkup during this pregnancy?	No. of times ....□□ Don't know 98	
309.	When you were pregnant with (NAME), were you told about the signs of pregnancy complications?	Yes...1 No ....2 **(Skip to 310)** ← Don't know 8	
309a.	Were you told where to go if you had these complications?	Yes...1 No ....2 Don't know 8	
310.	During this pregnancy, were you weighted at least once?	Yes...1 No ....2 Don't know 8	
311.	During this pregnancy, was your height measured?	Yes...1 No ....2 Don't know 8	
312.	During this pregnancy, did anyone take your blood pressure (put a cuff on your arm and pump air into it)?	Yes...1 No ....2 Don't know 8	
313.	When you were pregnant with (NAME), did anyone take your urine for testing?	Yes...1 No ....2 Don't know 8	
314.	When you were pregnant with (NAME), did anyone take your blood for testing?	Yes...1 No ....2 Don't know 8	
315.	When you were pregnant with (NAME), did anyone check/exam your eye for anemia?	Yes...1 No ....2 Don't know 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES								SKIP
316.	When you were pregnant with (NAME), did you have an ultrasonography test?	Yes .... 1 No .... 2 Don't know 8								
317.	During this pregnancy, were you given a TT injection in the arm to prevent the baby from getting tetanus, that is, convulsions after birth?	Yes ....1 No ....2 **(Skip to 318)** ◄─── Don't know 8								
317a.	During this pregnancy, how many times did you get this injection?	Times .... ☐ Don't know 8								
318.	Did you take any iron tablet or iron syrup during this pregnancy?	Yes .... 1 No .... 2 Don't know 8								

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES							
319.	Around the time of the birth (NAME), did you have any of the following problems:		Yes	No	DK		Yes	No	DK
	Long labour, that is, did your regular contractions last more than 12 hours ?	Long labour	1	2	8	Long labour	1	2	8
	Excessive bleeding that was so much that you feared it was life threatening?	Excessive bleeding	1	2	8	Excessive bleeding	1	2	8
	A high fever with bad smelling vaginal discharge?	High fever	1	2	8	High fever	1	2	8
	Convulsions?	Convulsions	1	2	8	Convulsions	1	2	8
	Baby's hands and feet came first during delivery?	Hands and feet ...	1	2	8	Hands and feet	1	2	8
320.	**CHECK 319.** **(IF AT LEAST CODE 1 IS CIRCLED IN Q. 319 THEN TICK IN YES BOX.)**	**At least** ☐ **Not a single** ☐ **One `YES`** ▼ **`YES'** ▼ **(Skip to 322)**				**At least** ☐ **Not a single** ☐ **one `YES'** ▼ **`YES'** ▼ **(Skip to 322)**			
321.	Did you see seek any assistance for this complication ? IF YES, 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 Assistant (HA) .... E Family Welfare Asst(FWA) F **Other Person** Trained Traditional Birth Attendant (TTBA) .... G Untrained TBA(UTBA) ..... H Unqualified Doctor .... I Relatives .... J Neighbors/Friends .... K Homeopath .... L Kabiraj .... M Other_____ .... X ☐☐☐☐☐☐(Specify) No one .... Z				**Health Professional** Qualified doctor .... 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(UTBA) ..... H Unqualified Doctor .... I Relatives .... J Neighbors/Friends .... K Homeopath .... L Kabiraj .... M Other_____ .... X ☐☐☐☐☐☐(Specify) No one .... Z			

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES		SKIP

322.	Where did you give birth to (NAME)?	Own home..............................01
		Parent's home 02
		In laws home 03
		Other home 04
		Govt. hospital/Medical
		  Collage 05
		Upazila health complex 06
		MCWC..................................07
		NGO Static clinic 08
		Private clinic/hospital 09
		Other_____ 96
		(Specify)
			Own home...............................01
			Parent's home 02
			In laws home 03
			Other home.............................04
			Govt. hospital/Medical
			  collage 05
			Upazila health complex.........06
			MCWC..................................07
			NGO Static clinic 08
			Private clinic/hospital............09
			Other_____...........96
			(Specify)	

323.	Where it is?	City corporation_____1 (Specify) District town_____ 2 ☐☐ (Specify) Other town_____3 ☐☐ (Specify Upazila) Village_____4 (Specify Upazila) Abroad_____99995 (Specify Upazila)	City corporation_____1 (Specify) District town_____ 2 ☐☐ (Specify) Other town_____3 ☐☐ (Specify Upazila) Village_____4 (Specify Upazila) Abroad_____99995 (Specify Upazila)	

324.	Who assisted with the delivery of (NAME)?
	
	Anyone else ?
	
	PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS ASSISTING.
		Health Professional
		  Qualified doctor.................A
		  Nurse/Midwife/Paramedic.B
		  Family Welfare Visitor......C
		  MA/SACMO ....D
		  Health Assistant (HA) with
		   SBA training ....E
		  Family Welfare Asst(FWA)
		   With SBA training ....F
		  Health Assistant (HA) ....G
		  Family Welfare Asst(FWA)H
		Other Person
		  Trained Traditional Birth
		  Attendant (TTBA) I
		  Untrained TBA(UTBA)......J
		  Unqualified Doctor............K
		  Relatives L
		  Neighbors/Friends ....M
		Other_____ X
		☐ ☐☐☐☐☐☐(Specify)
		No one.................................Z
			Health Professional
			  Qualified doctor.................A
			  Nurse/Midwife/Paramedic.B
			  Family Welfare Visitor......C
			  MA/SACMO ....D
			  Health Assistant (HA) with
			   SBA training ....E
			  Family Welfare Asst(FWA)
			   With SBA training ....F
			  Health Assistant (HA)........G
			  Family Welfare Asst(FWA)H
			Other Person
			  Trained Traditional Birth
			  Attendant (TTBA) I
			  Untrained TBA(UTBA)......J
			  Unqualified Doctor ....K
			  Relatives L
			  Neighbors/Friends ....M
			Other_____.................X
			☐ ☐☐☐☐☐☐(Specify)
			No one.................................Z	

325.	After (Name) was born, did any medical persons check on your health ?	Yes..1 No ....2 **(Skip to 326)** ←		
325a.	How many days or weeks after the delivery did the first check take place ? **RECORD `00' DAYS IF SAME DAY**	Days after delivery. 1 ☐☐ Weeks after delivery2 ☐☐ Don't know 998		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES		SKIP
325b.	Who checked on your health at that time ? **PROBE FOR THE MOST QUALIFIED PERSON.**	**Health Professional** Qualified doctor.................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(UTBA).....H Unqualified Doctor............. I Other_____ ....X ☐☐☐☐☐☐ (Specify)		
326.	In the first two months after delivery, did you take a Vitamin A capsule?	Yes..1 No 2		
327.	After (Name) was born did any medical persons check on your baby's health ?	Yes..1 No ....2⌐ **(Skip to 328)** ←		
327a.	How many days or weeks after the delivery did the first check takes place? **Record `00' days if same day**	Days after delivery ....1 ☐☐ Weeks after delivery.........2 ☐☐ Don't know......................................998		
327b.	Who checked on your baby's health at that time?	**Health Professional** Qualified doctor.................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(UTBA).....H Unqualified Doctor............. I Homeopath........................J Other_____ ....X ☐☐☐☐☐☐ (Specify)		

327c.	**Line Number From 212**	**Last Birth** **Line Number_____**	**Next-To-Last Birth** **Line Number_____**
328.	Did you ever breastfeed (NAME)?	Yes..1 No ....2⌐ **(Skip to 328f)** ←	Yes .... 1 No... 2⌐ **(Skip to 328f)** ←
328a.	How long after birth did you first put (NAME) to the breast? **IF LESS THAN 1 HOUR, RECORD `00' HOUR. IF LESS THAN 24 HOURS, RECORD HOURS, OTHERWISE, RECORD DAYS.**	Immediately ....000 Hours .... 1 ☐☐ Days .... 2 ☐☐	Immediately ....000 Hours...................... 1 ☐☐ Days .... 2 ☐☐
328b.	Was (NAME) given colostrum immediately after his/her birth ?	Yes..1 No 2	Yes .... 1 No... 2

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
328c.	**CHECK 304:** **CHILD A LIVE ?**	**Alive** ☐ **Dead** ☐ **(Skip to 328e)** **Alive** ☐ **Dead** ☐ **(Skip to 328e)**	
328d.	Are you still breastfeeding (NAME) ?	Yes ....1 **(Skip to 329a)** ← No ....2 Yes .... 1 **(Skip to 329a)** ← No.. 2	
328e.	For how many months did you breastfeed (NAME) ? **IF LESS THAN 1 MONTH WRITE 00**	Months ....☐☐ Don't know ....98 Months ....☐☐ Don't know 98	
328f.	**CHECK 304:**	**Alive** ☐ **Dead** ☐ **(Go Back to 319 in next column or, if no more births, go to 401)** **Alive** ☐ **Dead** ☐ **(Go Back to 319 in next column or, if no more births, go to 401)**	

		329a. At any time in 7 days was (NAME) given any of the following:		329b. At any time yesterday (last 24 hours) was (NAME) given any of the following:		Food liquids	329a. At any time in 7 days was (NAME) given any of the following:		329b. At any time yesterday (last 24 hours) was (NAME) given any of the following:	
		Yes	No	Yes	No		Yes	No	Yes	No
Plain water ?	Plain water	1	2	1	2	Plain water	1	2	1	2
Honey/sugar water/ juice ?	Sugar water	1	2	1	2	Sugar water	1	2	1	2
Baby or infant formula ?	Baby formula	1	2	1	2	Baby formula	1	2	1	2
Cow's or goat's milk ?	Cow's/ goat's milk	1	2	1	2	Cow's/ goat's milk	1	2	1	2
Other liquids ?	Other liquids	1	2	1	2	Other liquids	1	2	1	2
Banana/Papaya/mango?	Banana/ Papaya	1	2	1	2	Banana/Pa paya	1	2	1	2
Greenleafy vegetables?	Green vegetables	1	2	1	2	Green vegetables	1	2	1	2
Rice, wheat, porridge?	Rice, wheat	1	2	1	2	Rice, wheat	1	2	1	2
Meat/fish/eggs?	Meat/fish	1	2	1	2	Meat/fish	1	2	1	2
Dal?	Dal	1	2	1	2	Dal	1	2	1	2
Other_____? (Specify)	Other	1	2	1	2	Other	1	2	1	2

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES		SKIP
330.	In general, how is (NAME) health? Very healthy, somewhat healthy, somewhat unhealthy, unhealthy:	Healthy......................................1 Somewhat healthy...................2 Somewhat unhealthy..............3 Unhealthy................................4	Healthy.................................... 1 Somewhat healthy .... 2 Somewhat unhealthy .... 3 Unhealthy............................... 4	
331.	In the last year, did (NAME) have been hospitalized ?	Yes...1 No ....2⌐ **(Skip to 332)** ▼	Yes .... 1 No... 2⌐ **(Skip to 332)** ▼	
331a.	How long did it last?	Days ....⌶⌶.	Days ....⌶⌶.	

332.	In the last 2 weeks, did (NAME) experience any of the following symptoms? **(READ OUT)**	**Symptoms**	**Yes**	**No**	**Symptoms**	**Yes**	**No**
		A. Convulsion	1	2	A. Convulsion	1	2
		B. Always sleepy	1	2	B. Always sleepy	1	2
		C. Vomits everything	1	2	C. Vomits everything	1	2
		D. Not able to drink or breastfeed	1	2	D. Not able to drink or breastfeed	1	2

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES		SKIP
333.	Has (NAME) been ill with a fever at any time in the last two weeks?	Yes...1 No ....2 Don't know 8	Yes .... 1 No... 2 Don't know 8	
334.	Has (NAME) been ill with a cough at any time in the last two weeks?	Yes...1 No ....2⌐ **(Skip to 336)** ◄ Don't know ....8⌐	Yes .... 1 No... 2⌐ **(Skip to 336)** ◄ Don't know .... 8⌐	

335.	In the last 2 weeks, did (NAME) had: Rapid breathing? Difficulty in breathing? Chest in drawing?		**Yes**	**No**		**Yes**	**No**
		Rapid breathing.......	1	2	Rapid breathing......	1	2
		Difficulty in breathing	1	2	Difficulty in breathing	1	2
		Chest in drawing.....	1	2	Chest in drawing ...	1	2

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES		SKIP
336.	**CHECK 333 AND 334:** **Fever or Coughs?**	`Yes' in ☐ Other ☐ 333 or 334 ▼ **(Skip to 338)** ▼	`Yes' in ☐ Other ☐ 333 or 334 ▼ **(Skip to 338)** ▼	
337.	Did you seek advice or treatment for (NAME) for the illness?	Yes...1 No ....2⌐ **(Skip to 338)** ◄	Yes .... 1 No... 2⌐ **(Skip to 338)** ◄	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES		SKIP

337a.	Where did you seek advice or treatment?
	
	Anywhere else ?
	
	RECORD ALL MENTIONED
		PUBLIC SECTOR
		Hospital/Medical College ...A
		Family Welfare Centre/FWV B
		Upazila Health Complex.....C
		Satellite clinic/EPI
		  outreach site ....D
		Maternal Child Welfare
		  Centre (MCWC)...............E
		Govt. Field Worker (FWA) F
		Community Clinic ....G
		NGO SECTOR
		NGO Static Clinic...............H
		NGO Satellite Clinic............I
		NGO Fieldworker ....J
		PRIVATE MEDICAL SECTOR
		Private Hospital/Clinic........K
		Qualified doctor L
		Traditional doctor ....M
		Pharmacy ....N
		Homeopath..........................O
		Other_____ X
		☐☐☐☐☐☐☐☐ (Specify)
			PUBLIC SECTOR
			Hospital/Medical College .. A
			Family Welfare Centre/FWV B
			Upazila Health Complex.....C
			Satellite clinic/EPI
			  outreach site .... D
			Maternal Child Welfare
			  Centre (MCWC) ....E
			Govt. Field Worker (FWA) . F
			Community Clinic.............. G
			NGO SECTOR
			NGO Static Clinic .... H
			NGO Satellite Clinic............I
			NGO Fieldworker ....J
			PRIVATE MEDICAL SECTOR
			Private Hospital/Clinic .... K
			Qualified doctor L
			Traditional doctor..............M
			Pharmacy............................ N
			Homeopath.......................... O
			Other_____....... X
			☐☐☐☐☐☐☐☐ (Specify)	

338.	Has (NAME) had diarrhea in the last 2 weeks ?	Yes...1 No...2 **(Skip to 339)** ◄ Don't know 8	Yes...1 No...2 **(Skip to 339)** ◄ Don't know 8	
338a.	When (NAME) had diarrhea, was he/she offered the same amount to drink, more than usual to drink, or less than usual to drink?	Same ....1 More..2 Less...3 Don't know 8	Same.......................................1 More..2 Less...3 Don't know 8	
338b.	Was he/she offered the same amount to eat, more than usual to eat or less than usual to eat ?	Same ....1 More..2 Less...3 Don't know 8	Same.......................................1 More..2 Less...3 Don't know 8	
338c.	When (NAME) had diarrhea, was he/she given any of the following to drink: A fluid made from a special saline packet? Homemade sugar-salt-water solution (laban gur)? Water ? Any other liquids?	<table><tr><td></td><td>Yes</td><td>No</td><td>DK</td></tr><tr><td>Fluid from packet..........</td><td>1</td><td>2</td><td>3</td></tr><tr><td>Labon Gur....</td><td>1</td><td>2</td><td>3</td></tr><tr><td>Water ....</td><td>1</td><td>2</td><td>3</td></tr><tr><td>Other liquid..</td><td>1</td><td>2</td><td>3</td></tr></table>	<table><tr><td></td><td>Yes</td><td>No</td><td>DK</td></tr><tr><td>Fluid from packet...........</td><td>1</td><td>2</td><td>3</td></tr><tr><td>Labon Gur.....</td><td>1</td><td>2</td><td>3</td></tr><tr><td>Water.............</td><td>1</td><td>2</td><td>3</td></tr><tr><td>Other liquid ...</td><td>1</td><td>2</td><td>3</td></tr></table>	
338d.	Was anything (else) given to treat the diarrhea ?	Yes...1 No ....2 **(Skip to 338f)** ◄ Don't know 8	Yes...1 No...2 **(Skip to 338f)** ◄ Don't know 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES		SKIP
338e.	What was given to treat the diarrhea ? Anything else ? RECORD ALL MENTIONED.	Pill/capsule or syrup...............A Injection ....B (I.V.) Intravenous...................C Home remedies/Kabiraj/herbal Medicines.............................D Other_____ ....X ☐☐☐☐☐☐☐☐☐ (Specify)	Pill/capsule or syrup.............. A Injection ....B (I.V.) Intravenous...................C Home remedies/Kabiraj/herbal medicines .... D Other_____........ X ☐☐☐☐☐☐☐☐☐ (Specify)	
338f.	Did you seek advice or treatment for the diarrhea ?	Yes...1 No ....2⌐ **(Skip to 339)** ◄——————┘	Yes .... 1 No..2⌐ **(Skip to 339)** ◄——————┘	

338g.	Where did you seek advice or treatment ?
	
	Anywhere else ?
	
	RECORD ALL MENTIONED
		PUBLIC SECTOR
		 Hospital/Medical College .... A
		 Family Welfare Centre/FWV..........B
		 Upazila Health Complex.................C
		 Satellite clinic/EPI outreach site .... D
		 Maternal Child Welfare
		  Centre (MCWC) ....E
		 Govt. Field Worker (FWA).............F
		 Community Clinic .... G
		NGO SECTOR
		 NGO Static Clinic.......................... H
		 NGO Satellite Clinic.......................I
		 NGO Fieldworker ....J
		PRIVATE MEDICAL SECTOR
		 Private Hospital/Clinic................... K
		 Qualified doctor.............................L
		 Traditional doctor ....M
		 Pharmacy....................................... N
		 Homeopath .... O
		Other_____ X
		☐☐☐☐☐☐☐☐☐
		(Specify)
			PUBLIC SECTOR
			 Hospital/Medical College ....A
			 Family Welfare Centre/FWV ....B
			 Upazila Health Complex C
			 Satellite clinic/EPI outreach site.....D
			 Maternal Child Welfare
			  Centre (MCWC)..........................E
			 Govt. Field Worker (FWA) .... F
			 Community Clinic ....G
			NGO SECTOR
			 NGO Static Clinic ....H
			 NGO Satellite Clinic I
			 NGO Fieldworker...........................J
			PRIVATE MEDICAL SECTOR
			 Private Hospital/Clinic ....K
			 Qualified doctor.............................L
			 Traditional doctor ....M
			 Pharmacy..N
			 Homeopath ....O
			Other_____.....................X
			☐☐☐☐☐☐☐☐☐
			(Specify)	

339.	**INTERVIEWER: MEASURE THE HEIGHT AND WEIGHT AND RECORD IN APPROPRIATE BOX.**	Height...............☐☐☐.☐ (In centimeter) Weight...............☐☐☐.☐ (In KG) Absent .... 994 Don't agree/Not possible to Measure .... 995 Other_____ .... 996 ☐☐☐☐☐☐☐☐☐ (Specify)	Height...............☐☐☐.☐ (In centimeter) Weight...............☐☐☐.☐ (In KG) Absent......................................994 Don't agree/Not possible to measure...................................995 Other_____ ....996 ☐☐☐☐☐☐☐☐☐ (Specify)	
340.		**GO BACK TO 319 IN NEXT COLUMN; OR IF NO MORE BIRTHS, GO TO 401.**	**GO BACK TO 319 AND USE LAST COLUMN OF ADDITIONAL SHHET; OR IF NO MORE BIRTHS, GO TO 401.**	

Section 4: General Health

Now I would like to ask you a few questions related to your health. We would like to know specifically whether in recent time you faced any difficulty in doing normal work for any health problems, experienced serious illness or injury.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP
	HEALTH AND HEALTH CARE UTILIZATION				
401.	In general, how is your health? very healthy; somewhat healthy; somewhat unhealthy; unhealthy.	Healthy .... 1 Somewhat healthy .... 2 Somewhat unhealthy .... 3 Unhealthy 4			
402.	During the last 4 weeks, for any health problem(s), did you have difficulty in doing your normal work, or in doing regular activities?	Yes.. 1 No.. 2			➤ 403
402a.	For how many days in the last 4 weeks were you unable to do your normal work or regular activities due to this (these) health problem(s)?	Days................................ ☐☐ Still 95			
402b.	If you had to ----------could you do it? **(READ OUT)**	Easily	With difficulty	Not at all	
	A. Can you feed yourself?	1	2	3	
	B. Carry a heavy load, such as 10 KG?	1	2	3	
	C. Walk 1 kilometers?	1	2	3	
	D. Bow, squat, kneel?	1	2	3	
	E. Dress without help?	1	2	3	
	F. Go to the bathroom without help?	1	2	3	
	G. Stand up from a sitting position in a chair without help?.........	1	2	3	
	H. Stand up from sitting on the floor without help?	1	2	3	
403.	In the last year, did you experience any serious illness?	Yes.. 1 No.. 2			➤ **404**
403a.	How long did it last?	Days................................ ☐☐☐ Ongoing.. 997			
404.	In the last year, did you suffer any serious injury?	Yes .... 1 No.. 2			➤ **501**
404a.	What happened?	Road accident .... A Domestic accident .... B Occupational accident .... C Domestic violence .... D Violence outside home ....E Other_____ .... X (Specify)			
404b.	During the last 4 weeks, for any serious injury, did you have difficulty in doing your normal work, or in doing regular activities?	Yes.. 1 No.. 2			➤ **501**
404c.	For how many days in the last 4 weeks were you unable to do your normal work or regular activities due to this (these) serious injury?	Days................................ ☐☐☐ Still 995			

SECTION 5: HIV/AIDS and Other Sexually Transmitted Diseases

Now I would like to talk about HIV/AIDS.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501.	Have you ever heard of an illness called AIDS?	Yes .... 1 No.. 2	→503
502.	Is there anything a person can do to avoid getting AIDS or the virus that causes AIDS?	Yes .... 1 No.. 2 Don't know 8	→ 503
502a.	What can a person do ? Any thing else ? **RECORD ALL MENTIONED.**	Abstain from sex .... A Use condoms ....B Limit sex within marriage ....C Limit sex with trusted partner .... D Avoid sex with prostitutes..................................E Avoid sex with person who have many partners ....F Avoid sex with homosexuals............................. G Avoid sex with persons who inject drugs intravenously .... H Avoid unsafe blood transfusions ....I Avoid unsterilized needle/syringe ....J Avoid kissing.. K Avoid mosquito bites ....L Seek protection from traditional healer ....M Avoid sharing razors/blades .... N Other_____.......................................X (Specify) Don't know ....Z	

503..	During the past 6 months, have you had any of the following problems: (**Read out**)		Yes	No	
	A. Any itching or irritation in the vaginal area with discharge?		1	2	
	B. A genital sore or ulcer?		1	2	
	C. A bad odor along with a discharge?		1	2	
	D. A severe abdominal pain with discharge not related to menstruation?		1	2	
	E. A fever along with a discharge?		1	2	
	F. Problem with pain or burning while urinating or more frequent or more difficult . urination?		1	2	
	G. Any other problem with a discharge? _____..................................... (Specify)		1	2	
	INTERVIEWER: IF RESPONDENT NOT CURRENTLY MARRIED SKIP TO 504.				
	H. Pain in abdomen or vagina during intercourse?		1	2	
	I. Blood after having sex when you are not menstruating?		1	2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
504.	**INTERVIEWER: CHECK Q.503 AND CIRCLE IN APPROPRIATE CODE.**	**At least one yes code 1 is circled...........1** **All code 1 is not circled 2**	➤ **601**
505.	The last time you had infection, did you seek treatment for it?	Yes...1 No 2	➤ **601**
505a.	Where did you seek treatment?	Hospital/medical college .... A Family welfare centre/FWV .... B Upazila health complex .... C Satellite clinic/outreach site................... D Maternal and child welfare center (MCWC) E Community clinic ....F NGO static clinic .... G NGO satellite clinic .... H Private clinic/hospital..............................I Qualified doctor .... J Traditional doctor................................... K Pharmacy... L Homeopath .... M Other_____ ....X (Specify)	

Section 6: Physical Measurements

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601.	**INTERVIEWER: MEASURE THE HEIGHT AND WEIGHT AND RECORD IN APPROPRIATE BOX.**	Height .... ☐☐☐.☐ (In centimeter) Weight .... ☐☐☐.☐ (In KG) Don't agree .... 9995 Other_____ .... 9996 (Specify)	
602.	**INTERVIEWER: CHECK Q.101a AND CIRCLE IN APPROPRIATE CODE.**	**Age less than 35 years..................... 1** **Age 35-59 years............................... 2**	**→ 701**
603.	Do you have high blood pressure?	Yes.. 1 No .... 2 Don't know 8	**→ 603c**
603a.	Did you seek any treatment?	Yes.. 1 No 2	
603b.	Do you take any medication?	Yes.. 1 No 2	
603c.	**INTERVIEWER: CHECK THE BLOOD PRESSURE AND RECORD IN APPROPRIATE BOX.**	Systolic .... ☐☐☐ Diastolic .... ☐☐☐ Don't agree 9995	
604.	Do you have diabetes?	Yes.. 1 No .... 2 Don't know 8	→604c
604a.	Did you seek any treatment?	Yes.. 1 No 2	
604b.	Do you take any medication?	Yes.. 1 No 2	
604c.	Have you taken your breakfast?	Yes.. 1 No 2	→604e
604d.	**INTERVIEWER: IF THE RESPONDENT TOOK HER BREAKFAST, THEN REQUEST THE RESPONDENT TO REMAIN FASTING UNTIL YOU ARRIVE THERE IN THE NEXT MORNING FOR TAKING BLOOD SAMPLE.**		
604e.	**INTERVIEWER: ENSURE THAT THE RESPONDENT IS FASTING AND THEN COLLECT BLOOD SAMPLE FOR BLOOD GLUCOSE AND RECORD IN APPROPRIATE BOX.**	MG/DL............................... ☐☐☐ Don't agree 9995	

Section 7. Mental Health

Now I would like to know from you about certain mental conditions that a person may often experience. I would like to know whether you experience any such conditions during the last 1 month. Answer yes or no.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
701.	During the last 1month did you often have been nervous, tense or worried?	Yes..1 No 2	
702.	During the last 1month were you frightened easily?	Yes..1 No 2	
703.	During the last 1month did you generally feel unhappy?	Yes..1 No 2	
704.	During the last 1month did you often find it difficult to make decisions?	Yes..1 No 2	
705.	During the last 1month have you had headache quite often?	Yes..1 No 2	
706.	Have you had any problem to think clearly during the last four weeks?	Yes..1 No 2	
707.	During the last 1month did you find it difficult to enjoy daily activities?	Yes..1 No 2	
708.	During the last 1month did you often lose interest in things?	Yes..1 No 2	
709.	During the last 1month have you constantly felt tired?	Yes..1 No 2	
710.	During the last 1month have you had loss of appetite?	Yes..1 No 2	
711.	During the last 1month have you had problem with sleep?	Yes..1 No 2	
712.	During the last 1month do you often have uncomfortable feelings in your stomach?	Yes..1 No 2	
713.	During the last 1month have you often experienced shaking of hands?	Yes..1 No 2	
714.	During the last 1month have you often felt tired?	Yes..1 No 2	
715.	During the last 1month did you cry more than normal?	Yes..1 No 2	
716.	During the last 1 month has your daily activities suffered in any way?	Yes..1 No 2	
717.	During the last 1month have you thought of ending your life?	Yes..1 No 2	
718.	During the last 1month did you feel as if you are unable to play a useful part in life?	Yes..1 No 2	
719.	During the last 1month did you suffer from poor digestion?	Yes..1 No 2	
720.	During the last 1month did you feel worthless?	Yes..1 No 2	

Section 8: Violence

Now I would like to ask you a few questions regarding men and women in couples. People have many different opinions on this subject and we would like to know what it is that you think about it.

NO.	QUESTIONS AND FILTERS				CODING CATEGORIES			SKIP
801.	If the husband is making enough money, do you believe that it is acceptable for married women to work outside the home to earn an income?				Yes...1 No..2			➤ **803**
802.	If for some reason the husband cannot making enough money for the family, do you believe that it is acceptable for married women to work outside the home to earn an income?				Yes...1 No..2			
803.	How do you feel about the following statements?　**(READ OUT)**	Strongly Agree	Agree	Not Sure	Disagree		Strongly Disagree	
	A. There are situations in which a man is justified in slapping his wife in the face.	1	2	3	4		5	
	B. There are situations in which a woman is justified in slapping her husband in the face.	1	2	3	4		5	
	C. If a woman is unfaithful to her husband, she deserves to be beaten.	1	2	3	4		5	
804.	It is normal for a couple to have quarrels and disagreements. During those quarrels some husbands occasionally severely reprimand or even beat their wives. In your opinion, do you think a man would be justified to beat his wife:							
	Subjects **(READ OUT)**				Yes	No	No opinion	
	A. If she neglects the children?...				1	2	3	
	B. If she argues with her husband?				1	2	3	
	C. If she fails to provide food on time?				1	2	3	
	D. If she visit her family without her husband's permission?...................				1	2	3	
	E. If she visit her friend without her husband's permission?...................				1	2	3	
805.	**INTERVIEWER: CHECK Q.102 AND CIRCLE IN APPROPRIATE CODE.**				**Currently married ....1** **Separated.. 2** **Deserted.. 3** **Widowed... 4** **Divorced ....5** **Never married................................ 6**			➤ **908** ➤ **901**
806.	Does your husband consider your opinion on:				Yes	No	No opinion	
	A. Large household expenses, that require a lot of money?			1		2	3	
	B. Minor daily household expenses?			1		2	3	
	C. When he wish visit family, friends or relatives?			1		2	3	
807.	**INTERVIEWER: CHECK Q.119 AND CIRCLE IN APPROPRIATE CODE.**				**Code 1 or 2or 3 or 4 or 6 is circled 1** **Code 5 is circled ....2** **No code is circled　　　　　3**			➤ **809**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES				SKIP
808.	Who mainly decides how to spend the money that you earn?	Respondent .... 1 Husband.. 2 Husband and wife together .... 3 Someone else .... 4 Respondent with someone else 5				

Subjects	809. Anytime, were there any circumstances or family disagreement which caused Your husband to do?		809x.In the last 1 year, were there any circumstances or family disagreement which caused your husband to do any of the following?		
	Yes	No	Yes	No	
A. Pushing or shaking you or throw something at you?	1	2 →	1	2	
B. Slapping you or twisting your arm?	1	2 →	1	2	
C. Punching you with his fist or with something that could hurt you?	1	2 →	1	2	
D. Kicking you or draging you?	1	2 →	1	2	
E. Trying to strangle you or killing you or burning you?	1	2 →	1	2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
810.	Did your husband physically force you to have sexual intercourse even when you did not want to?	Yes... 1 No 2	
811.	**INTERVIEWER: CHECK Q.809, 809x AND 810 AND CIRCLE IN APPROPRIATE CODE.**	**At least one code 1 is circled in Q.809 or 809x or 810 ....1 No code 1 is not circled in Q.809 or 809x or 810 ....2**	**→ 908**
812.	Did you object to this violence?	Yes... 1 No 2	→ 813
812a.	What did you do? Verbatim:_____ _____		
813.	Did you suffer injury as a result of this domestic violence?	Yes... 1 No 2	→ 908
813a.	Did you seek any treatment?	Yes... 1 No 2	→ 908
813b.	Did you require medical care as a result of this injury?	Yes... 1 No 2	→ 908

Section 9: Smoking, Alcohol and Drug Use AND Crime

Now I would like to ask you a very personal question. Some people take such things as cigarette, bidi, hukka, ganja, charas, phensidle, pethedine, heroin, morphin, etc. I would like to know if you have any such habits. The information you provide shall be kept confidential and be used only for research purposes like the other information.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP
901.	In the last 1 months, have you taken _____?	**Smoking**	**Yes**	**No**	
		Cigarette	1	2	
	(Read out)	Bidi...................................	1	2	➤ **906**
902.	**INTERVIEWER: CHECK Q.901 AND CIRCLE IN APPROPRIATE CODE.**	Code 1 for cigarette and bidi is circled................................1 Code 1 for cigarette is circled.........2 Code 1 for bidi is circled 3			➤**905**
903.	Do you smoke cigarette currently?	Yes ....1 No 2			➤**904**
903a.	How many cigarettes do you smoke in a typical day?	No of cigarette........................ ☐☐			
904.	**INTERVIEWER: CHECK Q.902 AND CIRCLE IN APPROPRIATE CODE.**	Code 1 is circled ....1 Code 1 is not circled........................2			➤**906**
905.	Do you smoke bidi currently?	Yes ....1 No 2			➤ **906**
905a.	How many bidi do you smoke in a typical day?	No of bidi.............................. ☐☐			
906..	Have you ever used drugs/alcohol?	Yes ....1 No 2			➤ **907**
906a.	In the last 1 month, have you taken _____?	**Drug/Alcohol**	**Yes**	**No**	
		Ganja...............................	1	2	
	(Read out)	Charas	1	2	
		Phensidle	1	2	
		Heroin	1	2	
		Tari (Locally made wine)	1	2	
906b.	**INTERVIEWER: CHECK Q.906a AND CIRCLE IN APPROPRIATE CODE.**	At least one code 1 is circled ....1 No code 1 is circled 2			➤**907**
906c.	In the last 1 month, have you taken _____? (Drug/Alcohol)	Days .... ☐☐			
906d.	At what age did you first take the _____? (Drug/Alcohol)	Age... ☐☐			
907.	Have you ever injected any drugs?	Yes .... 1 No..2			➤ **908**
907a.	In the last 1 month, have you taken _____? (Drug) **(Read out)**	**Drug**	**Yes**	**No**	
		Pethedine........................	1	2	
		Morphin	1	2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
907b.	**INTERVIEWER: CHECK Q.907a AND CIRCLE IN APPROPRIATE CODE.**	**At least one code 1 is circled ....1** **No code 1 is circled 2**	**→908**
907c.	How many days have you taken _____in the last 1 month? (Drug)	Days..........................□□	
907d.	At what age did you first take the _____? (Drug)	Age ....□□.	
908.	Have you experienced extortion or attempt of extortion in the last 6 months?	Yes.. 1 No... 2	**→ 909**
908a.	How many times?	Times....................................□□.	
909.	Have you faced hijacking or attempt of hijacking in the last 6 months?	Yes.. 1 No... 2	**→ 909b**
909a.	How many times?	Times....................................□□	
909b	**INTERVIEWER: CHECK Q.908 AND Q.909 AND CIRCLED IN APPROPRIATE CODE.**	**Code 1 circled in both Q. 908 and Q.909 .... 1** **Code 1 circled in Q. 908 or Q.909..................................... 2** **Code 2 circled in both Q. 908 and Q.909 .... 3**	**→ 910**
909c.	Did any of these incidents lead to any kind of injury?	Yes.. 1 No... 2	**→ 909e**
909d.	Was the injury serious ?	Yes.. 1 No... 2	
909e	Was your family disturbed because of this incidence ? **IF YES** how much?	Seriously.. 1 Somewhat .... 2 Not that much ....3 No..4	
910.	How do you rate the security condition of this area (community/neighborhood)?	Very Safe..1 Somewhat safe...................................2 Unsafe ....3 Very unsafe 4	
911.	Do you feel safe walking alone in daytime in this community?	Yes.. 1 No... 2	
911a.	Do you feel safe walking at night in this community?	Yes.. 1 No... 2	
912.	**Finishing time:**	**Hour** □□ **Minute** □□	