NEPAL DEMOGRAPHIC AND HEALTH SURVEY 2016
WOMAN'S QUESTIONNAIRE

NEPAL
MINISTRY OF HEALTH

IDENTIFICATION

NAME AND CODE OF DISTRICT _____

NAME AND CODE OF VILLAGE/MUNICIPALITY _____

WARD NUMBER . . . .

NAME OF HOUSEHOLD HEAD _____

CLUSTER NUMBER . . . .

HOUSEHOLD NUMBER . . . .

NAME AND LINE NUMBER OF WOMAN _____

CHECK COVER PAGE OF HOUSEHOLD QUESTIONNAIRE: HOUSEHOLD SELECTED FOR MAN'S SURVEY/DV MODULE? (1=YES, 2=NO)
CHECK HOUSEHOLD QUESTIONNAIRE DVH01: WOMAN SELECTED FOR DV MODULE? (1=YES, 2=NO) . . . .

INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY
				MONTH
				YEAR 2 0 7
INTERVIEWER'S NAME	_____	_____	_____	INT. NO.
RESULT*	_____	_____	_____	RESULT*
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS
TIME	_____	_____		

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

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

LANGUAGE OF QUESTIONNAIRE** ENGLISH

**LANGUAGE CODES:
01 ENGLISH 03 MAITHILI 05 OTHER
02 NEPALI 04 BHOJPURI

SUPERVISOR	OFFICE EDITOR	KEYED BY
_____ NAME NUMBER	NUMBER	NUMBER

INTRODUCTION AND CONSENT

Hello. My name is _____. I am working with Ministry of Health. We are conducting a survey about health and other topics all over Nepal. The information we collect will help the government to plan health services. Your household was selected for the survey. The questions usually take about 60 minutes. All of the answers you give will be confidential and will not be shared with anyone other than members of our survey team. No part of this interview is being recorded in tape or video. You don't have to be in the survey, but we hope you will agree to answer the questions since your views are important. If I ask you any question you don't want to answer, just let me know and I will go on to the next question or you can stop the interview at any time.

Do you have any questions?
May I begin the interview now?

SIGNATURE OF INTERVIEWER _____   DATE _____

RESPONDENT AGREES
  TO BE INTERVIEWED . .   1

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

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	HOURS . . . . MINUTES	
102	How long have you been living continuously in (NAME OF CURRENT CITY, TOWN OR VILLAGE OF RESIDENCE)? IF LESS THAN ONE YEAR, RECORD '00' YEARS.	YEARS . . . . ALWAYS . . . . 95 VISITOR 96	⟶ 105
103	Just before you moved here, did you live in a city or in a rural area?	URBAN . . . . 1 RURAL 2	
104	Before you moved here, which district did you live in?	DISTRICT NAME_____ OUTSIDE OF NEPAL 96	
105	In what month and year were you born?	MONTH . . . . DON'T KNOW MONTH . . . . 98 YEAR . . . . DON'T KNOW YEAR 9998	
106	How old were you at your last birthday? COMPARE AND CORRECT 105 AND/OR 106 IF INCONSISTENT.	AGE IN COMPLETED YEARS	
107	Have you ever attended school?	YES . . . . 1 NO 2	⟶ 111

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
109	What is the highest grade you have completed? IF COMPLETED LESS THAN ONE GRADE, RECORD '00'.	GRADE . . . . ☐☐	
110	CHECK 109: GRADE 9 OR ☐ SLC AND ABOVE ☐ LOWER ↓		→ 113

111	Now I would like you to read this sentence to me.
	
	SHOW CARD TO RESPONDENT.
	
	IF RESPONDENT CANNOT READ WHOLE SENTENCE,
	PROBE: Can you read any part of the sentence to me?
		CANNOT READ AT ALL 1
		ABLE TO READ ONLY PART OF
		    THE SENTENCE. 2
		ABLE TO READ WHOLE SENTENCE 3
		NO CARD WITH REQUIRED
		    LANGUAGE _____ 4
		            (SPECIFY LANGUAGE)
		BLIND/VISUALLY IMPAIRED 5	

112	CHECK 111: CODE '2', '3' ☐ CODE '1' OR '5' ☐ OR '4' CIRCLED CIRCLED ↓		→ 114
113	Do you read a newspaper or magazine at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK . . . . 1 LESS THAN ONCE A WEEK . . . . 2 NOT AT ALL 3	
114	Do you listen to the radio at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK . . . . 1 LESS THAN ONCE A WEEK . . . . 2 NOT AT ALL 3	
115	Do you watch television at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK . . . . 1 LESS THAN ONCE A WEEK . . . . 2 NOT AT ALL 3	
116	Do you own a mobile telephone?	YES . . . . 1 NO 2	→ 118
117	Do you use your mobile phone for any financial transactions?	YES . . . . 1 NO 2	
118	Do you have an account in a bank or other financial institution that you yourself use?	YES . . . . 1 NO 2	
119	Have you ever used the internet?	YES . . . . 1 NO 2	→ 122
120	In the last 12 months, have you used the internet? IF NECESSARY, PROBE FOR USE FROM ANY LOCATION, WITH ANY DEVICE.	YES . . . . 1 NO 2	→ 122
121	During the last one month, how often did you use the internet: almost every day, at least once a week, less than once a week, or not at all?	ALMOST EVERY DAY . . . . 1 AT LEAST ONCE A WEEK . . . . 2 LESS THAN ONCE A WEEK . . . . 3 NOT AT ALL 4	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
122	What is your religion?	HINDU . . . . 1 BUDDHIST . . . . 2 MUSLIM . . . . 3 KIRAT . . . . 4 CHRISTIAN . . . . 5 OTHER _____ 6 (SPECIFY)	
123	What is your caste/ethnicity? WRITE CASTE/ETHNICITY ON THE LINE	☐☐ _____ (CASTE/ETHNICITY)	
124	In the last 12 months, how many times have you been away from home for one or more nights?	NUMBER OF TIMES . . . . ☐☐ NONE 00	→ 201
125	In the last 12 months, have you been away from home for more than one month at a time?	YES . . . . 1 NO 2	

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
200	Now I would like to ask you about all the pregnancies that you have had during your life. By this I mean all the children born to you whether they were born alive or dead, whether they are still living or not, whether they live with you or somewhere else, and all the pregnancies that you have had that did not result in a live birth. I understand that it is not easy to talk about children who have died, or pregnancies that ended before full term, but it is important that you tell us about all of them, so that the government can develop programs to improve children's health.		
201	First I would like to ask about all the births you have had during your life. Have you ever given birth?	YES . . . . 1 NO 2	→ 206
202	Do you have any sons or daughters to whom you have given birth who are now living with you?	YES . . . . 1 NO 2	→ 204
203	a) How many sons live with you? b) And how many daughters live with you? IF NONE, RECORD '00'.	a) SONS AT HOME . . . . b) DAUGHTERS AT HOME	
204	Do you have any sons or daughters to whom you have given birth who are alive but do not live with you?	YES . . . . 1 NO 2	→ 206
205	a) How many sons are alive but do not live with you? b) And how many daughters are alive but do not live with you? IF NONE, RECORD '00'.	a) SONS ELSEWHERE . . . . b) DAUGHTERS ELSEWHERE	
206	Have you ever given birth to a boy or girl who was born alive but later died? IF NO, PROBE: Any baby who cried, who made any movement, sound, or effort to breathe, or who showed any other signs of life even if for a very short time?	YES . . . . 1 NO 2	→ 207AA
207	a) How many boys have died? b) And how many girls have died? IF NONE, RECORD '00'.	a) BOYS DEAD . . . . b) GIRLS DEAD	
207AA	Women sometimes have pregnancies that do not result in a live born child. That is, a pregnancy can end in a miscarriage, or the child can be born dead. Have you ever had a pregnancy that did not end in a live birth?	YES . . . . 1 NO 2	→ 208
207BB	How many pregnancies have you had that did not end in a live birth?	PREGNANCY LOSSES	
208	SUM ANSWERS TO 203, 205, 207, AND 207BB, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL PREGNANCIES	
209	CHECK 208: Just to make sure that I have this right: you have had in TOTAL _____ pregnancies during your life. Is that correct? YES NO ☐ PROBE AND CORRECT 201-208 AS NECESSARY.		
210	CHECK 208: ONE OR MORE NO PREGNACY ☐ PREGNANCIES		→ 226

211	Now I would like to record all your pregnancies, whether born alive, born dead, or lost before full term, starting with the first one you had. RECORD ALL PREGNANCIES IN 212-221. RECORD TWINS AND TRIPLETS ON SEPARATE LINES. IF THERE ARE MORE THAN 10 PREGNANCIES, USE AN ADDITIONAL QUESTIONNAIRE, STARTING WITH THE SECOND ROW.

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

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

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

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
222	Have you had any pregnancies since the last pregnancy mentioned?	YES . . . . 1 (RECORD PREGNANCIES IN TABLE) ← NO 2	
223	COMPARE 208 WITH NUMBER OF PREGNANCIES IN PREGNANCY HISTORY NUMBERS ARE SAME NUMBERS ARE DIFFERENT ☐ (PROBE AND RECONCILE) ←		
223A	CHECK 220AB AND 220AC AND ENTER THE NUMBER OF STILLBIRTHS IN 2068 OR LATER AND THE PREGNANCY LASTED FOR 7 MONTHS OR MORE. IF NONE, RECORD '0'.	NUMBER OF STILLBIRTHS . . . . ☐	
223B	CHECK 220, AND 220AA AND ENTER THE NUMBER OF DEATHS AT AGE 0-3 MONTHS IN 2068 OR LATER. IF NONE, RECORD '0'.	NUMBER INFANT DEATHS . . . . ☐	
223C	CHECK 223A AND 223B: IF ONE OR MORE IF NONE ☐ (SKIP TO 224) ←		
223D	We would like to get more information on the circumstances around the deaths of young children so that the government can provide services to help reduce these deaths. We would like to come back and talk with you about your child(ren's) death. Is this okay?	YES . . . . 1 NO . . . . 2 UNSURE 8	
224	CHECK 215: ENTER THE NUMBER OF BIRTHS IN 2068-2073 IF NONE, RECORD `0'.	NUMBER OF BIRTHS . . . . ☐	
225	**C** FOR EACH BIRTH IN 2068-2073, ENTER 'B' IN THE MONTH OF BIRTH IN THE CALENDAR. WRITE THE NAME OF THE CHILD TO THE LEFT OF THE 'B' CODE. FOR EACH BIRTH, ASK THE NUMBER OF COMPLETED MONTHS THE PREGNANCY LASTED AND RECORD 'P' IN EACH OF THE PRECEDING MONTHS ACCORDING TO THE DURATION OF PREGNANCY. (NOTE: THE NUMBER OF 'P's MUST BE ONE LESS THAN THE NUMBER OF MONTHS THAT THE PREGNANCY LASTED.) CHECK 220AC FOR EACH PREGNANCY THAT DID NOT END IN A LIVE BIRTH. CHECK 220AD. IF YES (CODE '1' CIRCLED), ENTER 'A' FOR ABORTION OR 'C' (IF CODE '2' CIRCLED) FOR MISCARRIAGE OR `S' FOR STILLBIRTH, IN CALENDAR IN THE MONTH THAT THE PREGNANCY TERMINATED AND 'P' FOR THE REMAINING NUMBER OF COMPLETED MONTHS OF PREGNANCY. IF THERE ARE MORE THAN FOUR PREGNANCIES THAT DID NOT END IN A LIVE BIRTH, USE AN ADDITIONAL QUESTIONNAIRE STARTING ON THE SECOND LINE."		
226	Are you pregnant now?	YES . . . . 1 NO . . . . 2 UNSURE 8	→ 229A
227	How many months pregnant are you? RECORD NUMBER OF COMPLETED MONTHS. **C** ENTER 'P's IN THE CALENDAR, BEGINNING WITH THE MONTH OF INTERVIEW AND FOR THE TOTAL NUMBER OF COMPLETED MONTHS.	MONTHS . . . . ☐☐	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
228	When you got pregnant, did you want to get pregnant at that time?	YES . . . . 1 NO 2	→ 229A
229	CHECK 208: TOTAL NUMBER OF BIRTHS ONE OR MORE ☐ ┊ NONE ☐ a) Did you want to have a ┊ b) Did you want to have a baby later on or did ┊ baby later on or did you not want any more ┊ you not want any children? ┊ children?	LATER . . . . 1 NO MORE/NONE 2	
229A	CHECK 220AB, 220AC AND 220AD: HAD ABORTION SINCE 2068-2073 ☐ DID NOT HAVE ☐ ABORTION SINCE		→ 229H
229B	What was the main reason you decided to have this (last) abortion?	HEALTH OF MOTHER . . . . 01 NO MONEY TO TAKE OF BABY . . . . 02 WANTED TO DELAY CHILDBEARING . . . . 03 DID NOT WANT ANYMORE CHILDRE . . . . 04 WANTED TO SPACE CHILD BIRT . . . . 05 HUSBAND/PARTNER DID NOT WANT CHILD . . 06 OTHER _____ 96 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
229C	What did you do to end this pregnancy?	MEDICAL ABORTION .... 01 MVA AND CAC .... 02 D & E/ D &C .... 03 EVA (ELECTRIC VACUUM ASPIRATION .... 04 DRANK HOME REMEDIES .... 05 HERBAL ANEMA .... 06 INSERTED HERBS/SUBSTANCE IN VIGINA ..... 07 CATHETER .... 08 OTHER _____ 96 (SPECIFY)	

229D	Who did you see to get this done?	HEALTH PROFESSIONAL
		   DOCTOR .... A
		   NURSE/MIDWIFE .... B
		   HEALTH ASST/HLTH. WKR C
		   MCH WORKER .... D
		   VHW .... E
		
		OTHER PERSON
		   PHARMACIST/CHEMICAL SELLE .... F
		   TRADITIONAL BIRTH ATTENDAN.......... G
		   FCHV .... H
		   RELATIVE/FRIEND I
		   TRADITIONAL PRACTITIONER .... J
		
		OTHER _____ X
		(SPECIFY)
		
		NO ONE .... Y	

229E	Where did you go to get this done?	HOME
		   YOUR HOME .... A
		   OTHER HOME .... B
		
		GOVT. SECTOR
		   GOVT. HOSPITAL C
		   PHC CENTER _____ D
		      (SPECIFY)
		   HEALTH POST/SUB-HEALTH POST .... E
		   PHC OUTREACH .... F
		   OTHER GOVT. _____ G
		      (SPECIFY)
		
		NON-GOVT. (NGO)
		   MARIE STOPES .... H
		   FPAN _____ I
		      (SPECIFY)
		   OTHER NGO _____ J
		      SPECIFY
		
		PRIVATE MED. SECTOR
		   PVT. HOSPITAL/CLINIC
		     NURSING HOME _____ K
		      (SPECIFY)
		   OTHER PRIVATE MED. _____ L
		      SPECIFY
		
		OTHER _____ X
		(SPECIFY)	

229F	Did anyone talk to you about family planning methods during your post abortion visit?	YES .... 1 NO .... 2 DON'T KNOW 8	
229G	Did you use any contraceptives within two weeks of abortion?	YES .... 1 NO 2	
229H	Is abortion legal in Nepal?	YES .... 1 NO .... 2 DON'T KNOW 8	→ 229J

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
229I	What are the conditions under which a woman can have an abortion in Nepal?	PREGNANCY OF 12 WEEKS OR LESS GESTATION FOR ANY WOMAN . . . . A PREGNANCY OF 18 WEEKS IF IT IS A RESULT OF RAPE OR INCEST. . . . . B PREGNANCY OF ANY DURATION IF LIFE OF MOTHER IS AT RISK . . . . C PREGNANCY OF ANY DURATION IF MOTHER'S PHYSICAL AND MENTAL HEALTH IS AT RISK. D FETUS IS DEFORMED . . . . E IF ONE HAS TO MANY CHILDREN . . . . F OTHER _____ X (SPECIFY) DON'T KNOW . . . . Z	
229J	Do you know of a place where a woman can go to get a safe abortion?	YES . . . . 1 NO 2	→ 239
229K	Where is that place? Any other place? PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODES (S). IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE (S))	**PUBLIC SECTOR** GOVERNMENT HOSPITAL/CLINIC . . . . A PRIMARY HEALTH CARE CENTER. . . . . B HEALTH POST/SUB-HEALTH POST . . . . C PHC OUTREACH CLINIC . . . . D MOBILE CAMP . . . . E FCHV . . . . F SATELLITE CLINIC . . . . G OTHER PUBLIC FACILITIES _____ H (SPECIFY) **NON-GOVT. (NGO) SECTOR** FPAN . . . . I MARIE STOPES . . . . J OTHER NGO FACILITIES _____ K (SPECIFY) **PRIVATE MEDICAL SECTOR** PRIVATE HOSPITAL/ NURSING HOME. L PRIVATE CLINIC. . . . . M PHARMACY . . . . N OTHER PRIVATE MEDICAL FACILITIES _____ O (SPECIFY) **OTHER SOURCE** TBA . . . . P OTHER _____ X (SPECIFY)	
229L	From where did you receive information on safe abortion services?	FRIENDS . . . . A FAMILY MEMBERS . . . . B HEALTH PROVIDERS . . . . C PHARMACIST . . . . D FCHV . . . . E RADIO . . . . F TELEVISION . . . . G INTERNET . . . . H NEWSPAPER . . . . I POSTER/BILLBOARDS . . . . J PAMPHLETS/IEC/SBCC MATERIALS . . . . K WOMEN'S GROUP/MOTHER'S GROUP . . . . L OTHER _____ X (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
239	When did your last menstrual period start? _____ (DATE, IF GIVEN)	DAYS AGO . . . . 1 ☐☐ WEEKS AGO . . . . 2 ☐☐ MONTHS AGO . . . . 3 ☐☐ YEARS AGO . . . . 4 ☐☐ IN MENOPAUSE/ HAS HAD HYSTERECTOMY . . . . 994 BEFORE LAST BIRTH . . . . 995 NEVER MENSTRUATED 996	
240	From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	→ 242
241	Is this time just before her period begins, during her period, right after her period has ended, or halfway between two periods?	JUST BEFORE HER PERIOD BEGINS . . . . 1 DURING HER PERIOD . . . . 2 RIGHT AFTER HER PERIOD HAS ENDE . . . . 3 HALFWAY BETWEEN TWO PERIODS . . . . 4 OTHER _____ 6 (SPECIFY) DON'T KNOW 8	
242	After the birth of a child, can a woman become pregnant before her menstrual period has returned?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
302	CHECK 226: NOT PREGNANT ☐ OR UNSURE ↓	PREGNANT ☐	→ 312
303	Are you or your partner currently doing something or using any method to delay or avoid getting pregnant?	YES . . . . 1 NO 2	→ 312
304	Which method are you using? RECORD ALL MENTIONED. IF MORE THAN ONE METHOD MENTIONED, FOLLOW SKIP INSTRUCTION FOR HIGHEST METHOD IN LIST.	FEMALE STERILIZATION . . . . A MALE STERILIZATION . . . . B IUCD . . . . C INJECTABLES . . . . D IMPLANTS . . . . E PILL . . . . F CONDOM . . . . G EMERGENCY CONTRACEPTION . . . . I LACTATIONAL AMENORRHEA METHOD . . . . . K RHYTHM METHOD . . . . L WITHDRAWAL . . . . M OTHER MODERN METHOD . . . . X OTHER TRADITIONAL METHOD . . . . Y	→ 307 → 309 → 306 → 309
305	What is the brand name of the pills you are using? IF DON'T KNOW THE BRAND, ASK TO SEE THE PACKAGE.	NILOCON WHITE . . . . 01 SUNAULO GULAPH . . . . 02 FEMINYL . . . . 03 FEMICON . . . . 04 OK PILLS . . . . 05 MOHP-NO BRAND . . . . 06 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	→ 309
306	What is the brand name of the condoms you are using? IF DON'T KNOW THE BRAND, ASK TO SEE THE PACKAGE.	DHAAL . . . . 01 PANTHER . . . . 02 DZIRE . . . . 03 KAMASUTRA . . . . 04 JODI . . . . 05 NUMBER 1 . . . . 06 BLACK COBRA . . . . 07 MOHP-NO BRAND . . . . 08 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	→ 309

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
307	In what facility did the sterilization take place? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	**PUBLIC SECTOR** GOVERNMENT HOSPITAL .... 11 PRIMARY HEALTH CARE CENTER .... 12 INSTITUTIONALIZED FAMILY PLANNING CLINICS .... 13 MOBILE CAMP .... 14 OTHER PUBLIC FACILITIES _____ 16 (SPECIFY) **NON-GOVT. (NGO) SECTOR** FPAN .... 21 MARIE STOPES .... 22 OTHER NGO FACILITIES _____ 26 (SPECIFY) **PRIVATE MEDICAL SECTOR** PRIVATE HOSPITAL/NURSING HOME .... 31 PRIVATE CLINIC .... 32 OTHER PRIVATE MEDICAL FACILITIES _____ 36 (SPECIFY) OTHER _____ 96 (SPECIFY) DON'T KNOW 98	
308	In what month and year was the sterilization performed?	MONTH .... YEAR	→ 310
309	Since what month and year have you been using (CURRENT METHOD) without stopping? PROBE: For how long have you been using (CURRENT METHOD) now without stopping?	MONTH .... YEAR	

310	CHECK 308 AND 309, 215 AND 220AB: ANY BIRTH OR PREGNANCY TERMINATION AFTER MONTH AND YEAR OF START OF USE OF CONTRACEPTION IN 308 OR 309
	
	NO YES ☐
	☐
	        GO BACK TO 308 OR 309, PROBE AND RECORD MONTH AND
	        YEAR AT START OF CONTINUOUS USE OF CURRENT METHOD ←
	        (MUST BE AFTER LAST BIRTH OR PREGNANCY TERMINATION).	

311	CHECK 308 AND 309:		

YEAR IS 2068-2073 ☐

C ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN THE CALENDAR AND IN EACH MONTH BACK TO THE DATE STARTED USING.

THEN CONTINUE ↓

YEAR IS 2067 OR EARLIER ☐

C ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN THE CALENDAR AND EACH MONTH BACK TO BAISAKH 2068 .

THEN ┐

(SKIP TO 324) ←

312	I would like to ask you some questions about the times you or your partner may have used a method to avoid getting pregnant during the last few years.

C USE CALENDAR TO PROBE FOR EARLIER PERIODS OF USE AND NONUSE, STARTING WITH MOST RECENT USE, BACK TO BAISAKH 2068. USE NAMES OF CHILDREN, DATES OF BIRTH, AND PERIODS OF PREGNANCY AS REFERENCE POINTS.

		COLUMN 1	COLUMN 2	COLUMN 3
312A	MONTH AND YEAR OF START OF INTERVAL OF USE OR NON-USE.	MONTH ☐☐ ☐☐ YEAR	MONTH ☐☐ ☐☐ YEAR	MONTH ☐☐ ☐☐ YEAR
312B	Between (EVENT) in (MONTH/YEAR) and (EVENT) in (MONTH/YEAR), did you or your partner use any method of contraception?	YES . . . . 1 NO . . . . 2 ┐ (SKIP TO 312I) ←	YES . . . . 1 NO . . . . 2 ┐ (SKIP TO 312I) ←	YES . . . . 1 NO . . . . 2 ┐ (SKIP TO 312I) ←
312C	Which method was that?	METHOD CODE . . ☐	METHOD CODE . . ☐	METHOD CODE . . ☐
312D	How many months after (EVENT) in (MONTH/YEAR) did you start to use (METHOD)? CIRCLE '95' IF RESPONDENT GIVES THE DATE OF STARTING TO USE THE METHOD.	IMMEDIATELY . . . . . 00 ┐ MONTHS . . ☐☐ (SKIP TO 312F) ← DATE GIVEN 95	IMMEDIATELY . . . . . 00 ┐ MONTHS . . ☐☐ (SKIP TO 312F) ← DATE GIVEN 95	IMMEDIATELY . . . . . . 00 ┐ MONTHS . . ☐☐ (SKIP TO 312F) ← DATE GIVEN 95
312E	RECORD MONTH AND YEAR RESPONDENT STARTED USING METHOD.	MONTH ☐☐ ☐☐ YEAR	MONTH ☐☐ ☐☐ YEAR	MONTH ☐☐ ☐☐ YEAR
312F	For how many months did you use (METHOD)? CIRCLE '95' IF RESPONDENT GIVES THE DATE OF TERMINATION OF USE.	MONTHS . . ☐☐ (SKIP TO 312H) ← DATE GIVEN 95	MONTHS . . ☐☐ (SKIP TO 312H) ← DATE GIVEN 95	MONTHS . . ☐☐ (SKIP TO 312H) ← DATE GIVEN 95
312G	RECORD MONTH AND YEAR RESPONDENT STOPPED USING METHOD.	MONTH ☐☐ ☐☐ YEAR	MONTH ☐☐ ☐☐ YEAR	MONTH ☐☐ ☐☐ YEAR
312H	Why did you stop using (METHOD)?	REASON STOPPED . . . . . ☐	REASON STOPPED . . . . . ☐	REASON STOPPED . . . . . ☐
312I		GO BACK TO 312A IN NEXT COLUMN; OR, IF NO MORE GAPS, GO TO 312J.	GO BACK TO 312A IN NEXT COLUMN; OR, IF NO MORE GAPS, GO TO 312J.	GO BACK TO 312A IN NEW QUESTIONNAIRE; OR, IF NO MORE GAPS, GO TO 312J.

		COLUMN 1	COLUMN 2	COLUMN 3
312J	Have you ever used emergency contraception?		YES . . . . 1 NO 2	→ 313
312K	What is the reason for using emergency contraception?		DID NOT WANT TO GET PREGNA . . . . A HAD CASUAL SEX WITH KNOWN PERS(. . . . . B FORCED TO HAVE SE) . . . . C HAD EXTRA MARITAL RELATIO . . . . D OTHER _____ X (SPECIFY) DON'T KNOV . . . . Z	
312L	How many times did you use emergency contraception during the last 12 months?		TIMES	
312M	When was the last time you used emergency contraception?		DAYS AGO 1 WEEKS AGO 2 MONTHS AGO 3 YEARS AGO 4	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
313	CHECK THE CALENDAR FOR USE OF ANY CONTRACEPTIVE METHOD IN ANY MONTH NO METHOD USED ☐　　　　ANY METHOD USED ☐		→ 315
314	Have you ever used anything or tried in any way to delay or avoid getting pregnant?	YES . . . . 1 NO 2	→ 326
315	CHECK 304: CIRCLE METHOD CODE: IF MORE THAN ONE METHOD CODE CIRCLED IN 304, CIRCLE CODE FOR HIGHEST METHOD IN LIST.	NO CODE CIRCLED . . . . 00 FEMALE STERILIZATION . . . . 01 MALE STERILIZATION . . . . 02 IUCD . . . . 03 INJECTABLES . . . . 04 IMPLANTS . . . . 05 PILL . . . . 06 CONDOM . . . . 07 EMERGENCY CONTRACEPTION . . . . 09 LACTATIONAL AMENORRHEA METHOD . . . . 11 RHYTHM METHOD . . . . 12 WITHDRAWAL . . . . 13 OTHER MODERN METHOD . . . . 95 OTHER TRADITIONAL METHOD 96	→ 326 → 319 → 327 → 323
316	You first started using (CURRENT METHOD) in (DATE FROM 309). Where did you get it at that time? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	**PUBLIC SECTOR** 　GOVERNMENT HOSPITAL/CLINIC . . . . 11 　PRIMARY HEALTH CARE CENTER . . . . 12 　HEALTH POST/SUB-HEALTH POST . . . . 13 　PHC OUTREACH CLINIC . . . . 14 　MOBILE CAMP . . . . 15 　FCHV . . . . 16 　SATELLITE CLINIC . . . . 17 　OTHER PUBLIC FACILITIES 　_____ 18 　　　　(SPECIFY) **NON-GOVT. (NGO) SECTOR** 　FPAN . . . . 21 　MARIE STOPES . . . . 22 　OTHER NGO FACILITIES 　_____ 26 　　　　(SPECIFY) **PRIVATE MEDICAL SECTOR** 　PRIVATE HOSPITAL/ 　　NURSING HOME . . . . 31 　PRIVATE CLINIC . . . . 32 　PHARMACY . . . . 33 　SANGINI OUTLET . . . . 34 　OTHER PRIVATE MEDICAL FACILITIES 　_____ 36 　　　　(SPECIFY) **OTHER SOURCE** 　SHOP . . . . 41 　FRIEND/RELATIVE . . . . 42 OTHER _____ 96 　　　　(SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
317	CHECK 304: CIRCLE METHOD CODE: IF MORE THAN ONE METHOD CODE CIRCLED IN 304, CIRCLE CODE FOR HIGHEST METHOD IN LIST.	IUCD . . . . 03 INJECTABLES . . . . 04 IMPLANTS . . . . 05 PILL . . . . 06 CONDOM . . . . 07 EMERGENCY CONTRACEPTION . . . . 09 OTHER MODERN METHOD . . . . 95 OTHER TRADITIONAL METHOD 96	→323 →322 →323
318	At that time, were you told about side effects or problems you might have with the method?	YES . . . . 1 NO 2	→321 →320
319	When you got sterilized, were you told about side effects or problems you might have with the method?	YES . . . . 1 NO 2	→321
320	Were you ever told by a health worker/health volunteer about side effects or problems you might have with the method?	YES . . . . 1 NO 2	→322
321	Were you told what to do if you experienced side effects or problems?	YES . . . . 1 NO 2	
322	CHECK 318 AND 319: ANY 'YES' □ OTHER □ a) At that time, were you told about other methods of family planning that you could use? b) When you obtained (CURRENT METHOD FROM 315) from (SOURCE OF METHOD FROM 307 OR 316), were you told about other methods of family planning that you could use?	YES . . . . 1 NO 2	→324
323	Were you ever told by a health worker or health volunteer about other methods of family planning that you could use?	YES . . . . 1 NO 2	
324	CHECK 304: CIRCLE METHOD CODE: IF MORE THAN ONE METHOD CODE CIRCLED IN 304, CIRCLE CODE FOR HIGHEST METHOD IN LIST.	FEMALE STERILIZATION . . . . 01 MALE STERILIZATION . . . . 02 IUCD . . . . 03 INJECTABLES . . . . 04 IMPLANTS . . . . 05 PILL . . . . 06 CONDOM . . . . 07 EMERGENCY CONTRACEPTION . . . . 09 LACTATIONAL AMENORRHEA METHOD . . . . 11 RHYTHM METHOD . . . . 12 WITHDRAWAL . . . . 13 OTHER MODERN METHOD . . . . 95 OTHER TRADITIONAL METHOD 96	→327 →327 →327

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
325	Where did you obtain (CURRENT METHOD) the last time? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	**PUBLIC SECTOR** GOVERNMENT HOSPITAL/CLINIC . . . . 11 PRIMARY HEALTH CARE CENTE . . . . 12 HEALTH POST/SUB-HEALTH POS . . . . 13 PHC OUTREACH CLINI . . . . 14 MOBILE CAMP . . . . 15 FCHV . . . . 16 SATELLITE CLINIC . . . . 17 OTHER PUBLIC FACILITIES _____ 18 (SPECIFY) **NON-GOVT. (NGO) SECTOR** FPAN . . . . 21 MARIE STOPES . . . . 22 OTHER NGO FACILITIES _____ 26 (SPECIFY) **PRIVATE MEDICAL SECTOR** PRIVATE HOSPITAL/NURSING HOME . . . . 31 PRIVATE CLINIC . . . . 32 PHARMACY . . . . 33 SANGINI OUTLET . . . . 34 OTHER PRIVATE MEDICAL FACILITIES _____ 36 (SPECIFY) **OTHER SOURCE** SHOP . . . . 41 FRIEND/RELATIVE . . . . 42 OTHER _____ 96 (SPECIFY)	327
326	Do you know of a place where you can obtain a method of family planning?	YES . . . . 1 NO 2	
327	In the last 12 months, were you visited by a fieldworker (FCHV)?	YES . . . . 1 NO 2	329
328	Did the fieldworker talk to you about family planning?	YES . . . . 1 NO 2	
329	CHECK 202: LIVING CHILDREN YES ☐ NO ☐ a) In the last 12 months, have you visited a health facility for care for yourself or your children? b) In the last 12 months, have you visited a health facility for care for yourself?	YES . . . . 1 NO 2	401
330	Did any staff member at the health facility speak to you about family planning methods?	YES . . . . 1 NO 2	

401	CHECK 224:		
	ONE OR MORE BIRTHS ☐ NO BIRTHS IN ☐ ──────────→ 648 IN 2068-2073 ↓ 2068-2073		

402	CHECK 215. RECORD THE PREGNANCY HISTORY NUMBER IN 403 AND THE NAME AND SURVIVAL STATUS IN 404 FOR EACH BIRTH IN 2068-2073. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH.IF THERE ARE MORE THAN 2 BIRTHS, USE LAST COLUMN OF ADDITIONAL QUESTIONNAIRE(S). Now I would like to ask some questions about your children born in the last five years. (We will talk about each separately.)

		LAST BIRTH	NEXT-TO-LAST BIRTH
403	PREGNANCY HISTORY NUMBER FROM 212 IN PREGNANCY HISTORY.	PREGNANCY HISTORY NUMBER . . . . ☐☐	PREGNANCY HISTORY NUMBER . . . . ☐☐
404	FROM 212D AND 216:	NAME _____ LIVING ☐ DEAD ☐ ↓ ↓	NAME _____ LIVING ☐ DEAD ☐ ↓ ↓
405	When you got pregnant with (NAME), did you want to get pregnant at that time?	YES . . . . 1 (SKIP TO 408) ←┘ NO 2	YES . . . . 1 (SKIP TO 426) ←┘ NO 2
406	CHECK 203, 205, 207: ONLY ONE BIRTH ☐ MORE THAN ONE BIRTH ☐ ↓ ↓ a) Did you want to have a baby later on, or did you not want any children? b) Did you want to have a baby later on, or did you not want any more children?	LATER . . . . 1 NO MORE/NONE . . . . 2 (SKIP TO 408) ←	LATER . . . . 1 NO MORE/NONE . . . . 2 (SKIP TO 426) ←
407	How much longer did you want to wait?	MONTHS . . . . 1 ☐☐ YEARS . . . . 2 ☐☐ DON'T KNOW 998	MONTHS . . . . 1 ☐☐ YEARS . . . . 2 ☐☐ DON'T KNOW 998
408	Did you see anyone for antenatal care for this pregnancy?	YES . . . . 1 NO . . . . 2 (SKIP TO 413H) ←┘	

409	Whom did you see?
	
	Anyone else?
	
	PROBE TO IDENTIFY EACH TYPE OF PERSON AND RECORD ALL
		HEALTH PERSONNEL
		   DOCTOR . . . . A
		   NURSE/MIDWIFE . . . . B
		   HEALTH ASST./
		      AHW C
		   MCH WORKER . . . . D
		   VHW . . . . E
		
		OTHER PERSON
		   TRADITIONAL BIRTH
		     ATTENDANT . . . . F
		   FCHV . . . . G
		
		OTHER _____ X
		       (SPECIFY)	

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____

410	Where did you receive antenatal care for this pregnancy?
	
	Anywhere else?
	
	PROBE TO IDENTIFY THE TYPE OF SOURCE.
	
	IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.
	
	_____
	(NAME OF PLACE)
		HOME
		    HER HOME . . . . A
		    OTHER HOME . . . . B
		
		PUBLIC SECTOR
		    GOVT. HOSPITAL/CLINIC . . C
		    PHC CENTEP . . . . D
		    HEALTH POST/SUB-
		        HEALTH POST . . . . E
		    PHC OUTREACH CLINI . . . . . F
		    OTHER PUBLIC FACILITIES
		
		        _____ G
		            (SPECIFY)
		
		NON-GOVT. (NGO)
		    FPAN . . . . H
		    MARIE STOPES I
		    OTHER NGO FACILITIES
		
		        _____ J
		            (SPECIFY)
		
		PRIVATE MEDICAL SECTOR
		    PVT. HOSPITAL/
		        NURSING HOME . . . . K
		    PRIVATE CLINIC L
		    OTHER PRIVATE
		        MEDICAL FACILITIES
		
		        _____ M
		            (SPECIFY)
		
		OTHER _____ X
		            (SPECIFY)	

411	How many months pregnant were you when you first received antenatal care for this pregnancy?	MONTHS . . . . ☐☐ DON'T KNOW 98	
412	How many times did you receive antenatal care during this pregnancy?	NUMBER OF TIMES . . . . . ☐☐ DON'T KNOW 98	
412A	Did you receive antenatal checkup in the following months during this pregnancy? a) When you were 4 months pregnant? b) When you were 6 months pregnant? c) When you were 8 months pregnant? d) When you were 9 months pregnant?	YES NO a) 4 MONTHS . . . . . 1 2 b) 6 MONTHS . . . . . 1 2 c) 8 MONTHS . . . . . 1 2 d) 9 MONTHS 1 2	
413	As part of your antenatal care during this pregnancy, were any of the following done at least once: a) Was your blood pressure measured? b) Did you give a urine sample? c) Did you give a blood sample?	YES NO a) BP . . . . 1 2 b) URINE . . . . 1 2 c) BLOOD 1 2	

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
413D	During (any of) your antenatal care visit(s), were you advised on the following: a) To use skilled birth attendant? b) To have institutional delivery?	YES NO a) SBA . . . . 1 2 b) INSTITUTIONAL DELEVERY . . 1 2	
413E	During (any of) your antenatal care visit(s), were you told about things to look out for that might suggest problems with the pregnancy?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
413F	Were you told where to go if you had any problems with the pregnancy?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
413G	Were you told that you have to get postnatal checkup after delivery?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	

413H	What kind of preparation did you or your family make beforehand for the delivery of (NAME)?
	Anything else?
	
	CIRCLE ALL MENTIONED.
		SAVED MONEY . . . . A
		ARRANGED FOR TRANSPOR . . B
		LOOKED FOR BLOOD DONOR . . C
		CONTACTED HEALTH WORKER
		   TO HELP WITH DELIVERY . . D
		BOUGHT SAFE DELIVERY
		   KIT . . . . E
		ARRANGED FOOD . . . . F
		ARRANGED CLOTH . . . . G
		
		OTHER _____ X
		          (SPECIFY)
		NO PREPARATION . . . . Y	

414	During this pregnancy, were you given an injection in the arm to prevent the baby from getting tetanus, that is, convulsions after birth?	YES . . . . 1 NO . . . . 2┐ (SKIP TO 417) ◄───┘ DON'T KNOW . . . . 8┘	
415	During this pregnancy, how many times did you get a tetanus injection?	TIMES . . . . ☐ DON'T KNOW 8	

416	CHECK 415:	2 OR MORE ☐ OTHER
		    TIMES ☐
		                       │
		(SKIP TO 420) ◄──────▼	

417	At any time before this pregnancy, did you receive any tetanus injections?	YES . . . . 1 NO . . . . 2┐ (SKIP TO 420) ◄───┘ DON'T KNOW . . . . 8┘	
418	Before this pregnancy, how many times did you receive a tetanus injection? IF 7 OR MORE TIMES, RECORD '7'.	TIMES . . . . ☐ DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
419	CHECK 418: ONLY ☐ MORE ☐ ONE ↓ THAN ONE ↓ a) How many years ago did you receive that tetanus injection? b) How many years ago did you receive the last tetanus injection prior to this pregnancy?	YEARS AGO . . . . . ☐☐	
420	During this pregnancy, were you given or did you buy any iron tablets? SHOW TABLETS.	YES . . . . 1 NO . . . . 2⌐ (SKIP TO 422) ◄ DON'T KNOW . . . . 8⌐	
421	During the whole pregnancy, for how many days did you take the tablets? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER OF DAYS.	DAYS . . . . . ☐☐☐ DON'T KNOW 998	
422	During this pregnancy, did you take any drug for intestinal worms?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	

426	When (NAME) was born, was (NAME) very large, larger than average, average, smaller than average, or very small?	VERY LARGE 1
		LARGER THAN
		   AVERAGE 2
		AVERAGE 3
		SMALLER THAN
		   AVERAGE 4
		VERY SMALL 5
		DON'T KNOW 8
			VERY LARGE 1
			LARGER THAN
			   AVERAGE 2
			AVERAGE 3
			SMALLER THAN
			   AVERAGE 4
			VERY SMALL 5
			DON'T KNOW 8

427	Was (NAME) weighed at birth?	YES . . . . 1 NO . . . . 2⌐ (SKIP TO 429) ◄ DON'T KNOW . . . . 8⌐	YES . . . . 1 NO . . . . 2⌐ (SKIP TO 429) ◄ DON'T KNOW . . . . 8⌐
428	How much did (NAME) weigh? RECORD WEIGHT IN KILOGRAMS FROM HEALTH CARD, IF AVAILABLE.	KG FROM CARD 1 ☐ . ☐☐☐ KG FROM RECALL 2 ☐ . ☐☐☐ DON'T KNOW 99998	KG FROM CARD 1 ☐ . ☐☐☐ KG FROM RECALL 2 ☐ . ☐☐☐ DON'T KNOW 99998

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____

429	Who assisted with the delivery of (NAME)?
	
	Anyone else?
	
	PROBE FOR THE TYPE(S) OF PERSON(S) AND RECORD ALL MENTIONED.
	
	IF RESPONDENT SAYS NO ONE ASSISTED, PROBE TO DETERMINE WHETHER ANY ADULTS WERE PRESENT AT THE DELIVERY.
		HEALTH PERSONNEL
		DOCTOR . . . . A
		NURSE/MIDWIFE . . . . B
		HEALTH ASSISTANT/
		    AHW C
		MCHW . . . . D
		VHW . . . . E
		
		OTHER PERSON
		TRADITIONAL BIRTH
		    ATTENDANT . . . . F
		FCHV . . . . G
		RELATIVE/FRIEND . . . . H
		OTHER
		    _____ X
		    (SPECIFY)
		NO ONE ASSISTED . . . . Y
		    (SKIP TO 429E) ←
			HEALTH PERSONNEL
			DOCTOR . . . . A
			NURSE/MIDWIFE . . . . B
			HEALTH ASSISTANT/
			    AHW C
			MCHW . . . . D
			VHW . . . . E
			
			OTHER PERSON
			TRADITIONAL BIRTH
			    ATTENDANT . . . . F
			FCHV . . . . G
			RELATIVE/FRIEND . . . . H
			OTHER
			    _____ X
			    (SPECIFY)
			NO ONE ASSISTED . . . . Y
			    (SKIP TO 429E) ←

429A	While you were in labor (i.e. before the baby was born), were you given an injection or was medicine given through an IV drip?	YES 1
		NO 2
		    (SKIP TO 429C) ←
		DON'T KNOW 8
			YES 1
			NO 2
			    (SKIP TO 429C) ←
			DON'T KNOW 8

429B	What were you told the medicine was for?	SPEED UP LABOR 1
		PREVENT INFECTION 2
		TOLD NOTHING 3
		
		OTHER
		    _____ 6
		    (SPECIFY)
		DON'T KNOW 8
			SPEED UP LABOR 1
			PREVENT INFECTION 2
			TOLD NOTHING 3
			
			OTHER
			    _____ 6
			    (SPECIFY)
			DON'T KNOW 8

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
429C	Immediately after delivery of (NAME) did you receive an injection in the thigh or buttock?	YES . . . . 1 NO . . . . 2 (SKIP TO 429E) ◄ DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 429E) ◄ DON'T KNOW 8
429D	Were you told why you were given that injection?	YES . . . . 1 (SKIP TO 430) ◄ NO 2	YES . . . . 1 (SKIP TO 430) ◄ NO 2
429E	Did you receive Matri-Surakschya Chakki tablets that can be taken to reduce bleeding after childbirth ? Probe: Did you receive tablets like this (SHOW TABLET)?	YES . . . . 1 NO . . . . 2 (SKIP TO 430) ◄ DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 430) ◄ DON'T KNOW 8
429F	When (NAME) was born, did you take the Matri-Surakschya Chakki tablets that you received?	YES . . . . 1 NO 2	YES . . . . 1 NO 2
430	Where did you give birth to (NAME)? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	**HOME** HER HOME . . . . 11 (SKIP TO 434) ◄ OTHER HOME . . . . 12 **PUBLIC SECTOR** GOVT. HOSPITAL/CLINIC . . 21 PHC CENTER . . . . 22 HEALTH POST/SUB- HEALTH POST . . . . 23 PHC OUTREACH CLINI . . . . . 24 OTHER PUBLIC FACILITIES _____ 26 (SPECIFY) **NON-GOVT. (NGO)** FPAN . . . . 31 MARIE STOPES . . . . 32 OTHER NGO FACILITIES _____ 36 (SPECIFY) **PRIVATE MEDICAL SECTOR** PVT. HOSPITAL/ NURSING HOME . . . . 41 PRIVATE CLINIC . . . . 42 OTHER PRIVATE MEDICAL FACILITIES _____ 46 (SPECIFY) OTHER _____ 96 (SPECIFY) (SKIP TO 434) ◄	**HOME** HER HOME . . . . 11 (SKIP TO 459) ◄ OTHER HOME . . . . 12 **PUBLIC SECTOR** GOVT. HOSPITAL/CLINIC . . 21 PHC CENTER . . . . 22 HEALTH POST/SUB- HEALTH POST . . . . 23 PHC OUTREACH CLINI . . . . . 24 OTHER PUBLIC FACILITIES _____ 26 (SPECIFY) **NON-GOVT. (NGO)** FPAN . . . . 31 MARIE STOPES . . . . 32 OTHER NGO FACILITIES _____ 36 (SPECIFY) **PRIVATE MEDICAL SECTOR** PVT. HOSPITAL/ NURSING HOME . . . . 41 PRIVATE CLINIC . . . . 42 OTHER PRIVATE MEDICAL FACILITIES _____ 36 (SPECIFY) OTHER _____ 96 (SPECIFY) (SKIP TO 459) ◄
431	How long after (NAME) was delivered did you stay there? IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS . . . . 1 ☐☐ DAYS . . . . 2 ☐☐ WEEKS . . . . 3 ☐☐ DON'T KNOW 998	

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
431A	Did you receive cash incentive for transportation from the facility after the delivery of (NAME)?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
431B	Did the facility charge you any amount for the delivery of (NAME)?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
431C	How long did it take you to reach the facility for delivery of (NAME)?	MINUTES . . . . . [ ][ ][ ] DON'T KNOW 8	
432	Was (NAME) delivered by caesarean, that is, did they cut your belly open to take the baby out?	YES . . . . 1 NO . . . . 2 (SKIP TO 434) ◄	YES . . . . 1 NO . . . . 2 (SKIP TO 459) ◄
433	When was the decision made to have the caesarean section? Was it before or after your labor pains started?	BEFORE . . . . 1 AFTER 2	BEFORE . . . . 1 AFTER 2
434	Immediately after the birth, was (NAME) put directly on the bare skin of your chest?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
434A	Was (NAME) dried before the placenta was delivered?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
434B	Was (NAME) wrapped in cloth before the placenta was delivered?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
434C	How long after delivery was (NAME) bathed for the first time? IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS . . . . 1 [ ][ ] DAYS . . . . 2 [ ][ ] WEEKS . . . . 3 [ ][ ] DON'T KNOW 998	
434D	Was anything placed on the stump after the umbilical cord was cut?	YES . . . . 1 NO . . . . 2 (SKIP TO 434I) ◄ DON'T KNOW 8	

434E	What was placed on the stump?	OIL . . . . A
		ASH . . . . B
		VERMILON C
		OINTMENT/POWDER . . . . D
		ANIMAL DUNG . . . . E
		TURMERIC . . . . F
		GHEE . . . . G
		CHLOROHEXIDINE (NAVI
		   MALAM/KAWACH . . . . H
		METHYLATED SPIRIT I
		LOCAL HERBS . . . . J
		
		OTHER _____ X
		   (SPECIFY)
		DON'T KNOW . . . . Z	

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
434F	CHECK 434E: SUBSTANCE ON STUMP	CODE `H'      CODE `H' NOT □ CIRCLED □ CIRCLED ↓ (SKIP TO 434H) ←	
434G	Was NAVI MALAM applied to the stump at any time? SHOW SAMPLE OR PHOTOGRAPH	YES . . . . 1 NO . . . . 2 (SKIP TO 434I) ← DON'T KNOW 8	
434H	How long after the cord was cut was NAVI MALAM first applied? IF LESS THAN 1 HOUR, RECORD HOURS; IF LESS THAN 24 HOURS, RECORD HOURS; OTHERWISE RECORD DAYS.	HOURS . . . . 1 ☐☐ DAYS . . . . 2 ☐☐ DON'T KNOW 998	
434I	CHECK 430: PLACE OF DELIVERY	CODE 11, 12, OR 96 □ OTHER CIRCLED □ (SKIP TO 448A) ← ↓	
435	I would like to talk to you about checks on your health after delivery, for example, someone asking you questions about your health or examining you. Did anyone check on your health while you were still in the facility?	YES . . . . 1 NO . . . . 2 (SKIP TO 438) ←	
436	How long after delivery did the first check take place? IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS . . . . 1 ☐☐ DAYS . . . . 2 ☐☐ WEEKS . . . . 3 ☐☐ DON'T KNOW 998	

437	Who checked on your health at that time?
	
	 PROBE FOR MOST QUALIFIED PERSON.
		HEALTH PERSONNEL
		 DOCTOR 11
		 NURSE/MIDWIFE 12
		 HEALTH ASST./
		    AHW 13
		 MCH WORKER 14
		 VHW 15
		
		 OTHER PERSON
		 TRADITIONAL BIRTH
		    ATTENDANT 21
		 FCHV 22
		
		 OTHER _____ 96
		       (SPECIFY)	

437A	Did this person talk to you about using a family planning method?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
438	Now I would like to talk to you about checks on (NAME)'s health after delivery – for example, someone examining (NAME), checking the cord, or seeing if (NAME) is OK. Did anyone check on (NAME)'s health while you were still in the facility?	YES . . . . 1 NO . . . . 2┐ (SKIP TO 441) ←┘ DON'T KNOW . . . . 8┘	
439	How long after delivery was (NAME)'s health first checked? IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS . . . . 1 DAYS . . . . 2 WEEKS . . . . 3 DON'T KNOW 998	

440	Who checked on (NAME)'s health at that time?
	
	PROBE FOR MOST QUALIFIED PERSON.
		HEALTH PERSONNEL
		DOCTOR 11
		NURSE/MIDWIFE 12
		HEALTH ASST./
		    AHW 13
		MCH WORKER 14
		VHW 15
		
		OTHER PERSON
		TRADITIONAL BIRTH
		    ATTENDANT 21
		FCHV 22
		
		OTHER _____ 96
		(SPECIFY)	

441	Now I want to talk to you about what happened after you left the facility. Did anyone check on your health after you left the facility?	YES . . . . 1 NO . . . . 2┐ (SKIP TO 445) ←┘	
442	How long after delivery did that check take place? IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS . . . . 1 DAYS . . . . 2 WEEKS . . . . 3 DON'T KNOW 998	

443	Who checked on your health at that time?
	
	PROBE FOR MOST QUALIFIED PERSON.
		HEALTH PERSONNEL
		DOCTOR 11
		NURSE/MIDWIFE 12
		HEALTH ASST./
		    AHW 13
		MCH WORKER 14
		VHW 15
		
		OTHER PERSON
		TRADITIONAL BIRTH
		    ATTENDANT 21
		FCHV 22
		
		OTHER _____ 96
		(SPECIFY)	

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME	NEXT-TO-LAST BIRTH NAME

444	Where did the check take place?
	
	PROBE TO IDENTIFY THE TYPE OF SOURCE.
	
	IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.
	
	_____
	(NAME OF PLACE)
		HOME
		   HER HOME 11
		   OTHER HOME 12
		
		PUBLIC SECTOR
		   GOVT. HOSPITAL/CLINIC . . 21
		   PHC CENTER 22
		   HEALTH POST/SUB-
		      HEALTH POST 23
		   PHC OUTREACH CLINIC . . 24
		   OTHER PUBLIC FACILITIES
		
		   _____ 26
		      (SPECIFY)
		
		NON-GOVT. (NGO)
		   FPAN 31
		   MARIE STOPES 32
		
		   OTHER NGO FACILITIES
		
		   _____ 36
		      (SPECIFY)
		
		PRIVATE MEDICAL SECTOR
		   PVT. HOSPITAL/NURSING
		      HOME 41
		   PRIVATE CLINIC 42
		   OTHER PRIVATE
		      MEDICAL FACILITIES
		
		   _____ 46
		      (SPECIFY)
		
		OTHER _____ 96
		      (SPECIFY)	

444A	Now I want to talk to you about all the checkup (including 436 and 442) you might have received within the two months of delivery. Did you receive these checkup in the following time period? a) Within 24 hours? b) After 24 hours but within 72 hours? c) After 72 hours but within 7 days?	YES NO a) WITHN 24 HOURS . 1 2 b) 24 - 72 HOURS . 1 2 c) 72 HOURS-7 DAYS . 1 2	
445	I would like to talk to you about checks on (NAME)'s health after you left (FACILITY IN 430). Did any health care provider or a traditional birth attendant check on (NAME)'s health in the two months after you left (FACILITY IN 430)?	YES . . . . 1 NO . . . . 2 (SKIP TO 457) ← DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
446	How many hours, days or weeks after the birth of (NAME) did that check take place? IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS . . . . 1 ☐☐ DAYS . . . . 2 ☐☐ WEEKS . . . . 3 ☐☐ DON'T KNOW 998	

447	Who checked on (NAME)'s health at that time?
	
	PROBE FOR MOST QUALIFIED PERSON.
		HEALTH PERSONNEL
		DOCTOR 11
		NURSE/MIDWIFE 12
		HEALTH ASST./
		    AHW 13
		MCH WORKER 14
		VHW 15
		
		OTHER PERSON
		TRADITIONAL BIRTH
		    ATTENDANT 21
		    FCHV 22
		
		OTHER _____ 96
		        (SPECIFY)	

448	Where did this check of (NAME) take place?
	
	PROBE TO IDENTIFY THE TYPE OF SOURCE.
	
	IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.
	
	_____
	(NAME OF PLACE)
		HOME
		    HER HOME 11
		    OTHER HOME 12
		
		PUBLIC SECTOR
		    GOVT. HOSPITAL/CLINIC . . 21
		    PHC C 22
		    HEALTH POST/SUB-
		        HEALTH POST 23
		    PHC OUTREACH CLINI 24
		    OTHER PUBLIC FACILITIES
		
		    _____ 26
		        (SPECIFY)
		
		NON-GOVT. (NGO)
		    FPAN 31
		    MARIE STOPES 32
		
		    OTHER NGO FACILITIES
		
		    _____ 36
		        (SPECIFY)
		
		PRIVATE MEDICAL SECTOR
		    PRIVATE HOSPITAL/
		        NURSING HOME 41
		    PRIVATE CLINIC 42
		    OTHER PRIVATE
		        MEDICAL FACILITIES
		
		    _____ 46
		        (SPECIFY)
		
		OTHER _____ 96
		        (SPECIFY)
		
		        (SKIP TO 457) ◄	

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
448A	Was a special clean delivery kit used? SHOW CLEAN DELIVERY KIT MARKETED BY CRS	YES . . . . 1 (SKIP TO 448C) ← NO . . . . 2 DON'T KNOW 8	
448B	When (NAME) was born, what instrument was used to cut the umblical cord?	NEW/BOILED BLADE . . . . A USED BLADE . . . . B KNIFE . . . . C HASIYA . . . . D KHUKURI . . . . E SCISSORS . . . . F OTHER _____ X (SPECIFY) DON'T KNOW . . . . Z	

448C	Why didn't you deliver in a health facility?	COST TOO MUCH . . . . A
		FACILITY NOT OPEN . . . . B
		TOO FAR/ NO TRANS-
		    PORTATION C
		DON'T TRUST FACILITY/
		    POOR QUALITY SERVICE . . D
		NO FEMALE PROVIDER
		    AT FACILITY . . . . E
		HUSBAND/FAMILY DID
		    NOT ALLOW . . . . F
		NOT NECESSARY . . . . G
		NOT CUSTOMARY . . . . H
		CHILD BORN BEFORE
		    REACHING FACILITY I
		
		OTHER _____ X
		(SPECIFY)
		DON'T KNOW . . . . Z	

449	I would like to talk to you about checks on your health after delivery, for example, someone asking you questions about your health or examining you. Did anyone check on your health after you gave birth to (NAME)?	YES . . . . 1 NO . . . . 2 (SKIP TO 453) ←	
450	How long after delivery did the first check take place? IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS . . . . 1 ☐☐ DAYS . . . . 2 ☐☐ WEEKS . . . . 3 ☐☐ DON'T KNOW 998	

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____

451	Who checked on your health at that time?
	
	PROBE FOR MOST QUALIFIED PERSON.
		HEALTH PERSONNEL
		  DOCTOR 11
		  NURSE/MIDWIFE 12
		  HEALTH ASST./
		    AHW 13
		  MCH WORKER 14
		  VHW 15
		
		OTHER PERSON
		  TRADITIONAL BIRTH
		    ATTENDANT 21
		  FCHV 22
		
		OTHER _____ 96
		           (SPECIFY)	

451A	Did this person talk to you about using a family planning method?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	

452	Where did this first check take place?
	
	PROBE TO IDENTIFY THE TYPE OF SOURCE.
	
	IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.
	
	_____
	      (NAME OF PLACE)
		HOME
		  HER HOME 11
		  OTHER HOME 12
		
		PUBLIC SECTOR
		  GOVT. HOSPITAL/CLINIC . . 21
		  PHC CENTER 22
		  HEALTH POST/SUB-
		    HEALTH POST 23
		  PHC OUTREACH CLINI 24
		  OTHER PUBLIC FACILITIES
		
		  _____ 26
		        (SPECIFY)
		
		NON-GOVT. (NGO)
		  FPAN 31
		  MARIE STOPES 32
		
		  OTHER NGO FACILITIES
		
		  _____ 36
		        (SPECIFY)
		
		PRIVATE MEDICAL SECTOR
		  PRIVATE HOSPITAL/
		    NURSING HOME 41
		  PRIVATE CLINIC 42
		  OTHER PRIVATE
		    MEDICAL FACILITIES
		
		  _____ 46
		        (SPECIFY)
		
		OTHER _____ 96
		          (SPECIFY)	

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
452A	Now I want to talk to you about all the checkup (including 450) you might have received within the two months of delivery. Did you receive these checkup in the following time period? a) Within 24 hours? b) After 24 hours but within 72 hours? c) After 72 hours but within 7 days?	YES NO a) WITHN 24 HOURS . 1 2 b) 24 - 72 HOURS . 1 2 c) 72 HOURS-7 DAYS . 1 2	
453	I would like to talk to you about checks on (NAME)'s health after delivery – for example, someone examining (NAME), checking the cord, or seeing if (NAME) is OK. In the two months after (NAME) was born, did any health care provider or a traditional birth attendant check on (NAME)'s health?	YES . . . . 1 NO . . . . 2 ┐ (SKIP TO 457) ← DON'T KNOW . . . . 8 ┘	

454	How many hours, days or weeks after the birth of (NAME) did the first check take place?
	
	IF LESS THAN ONE DAY, RECORD HOURS;
	IF LESS THAN ONE WEEK, RECORD DAYS.
		HOURS AFTER
		   BIRTH . . . . . 1 ☐☐
		DAYS AFTER
		   BIRTH . . . . . 2 ☐☐
		WEEKS AFTER
		   BIRTH . . . . . 3 ☐☐
		
		DON'T KNOW 998	

455	Who checked on (NAME)'s health at that time?
	
	PROBE FOR MOST QUALIFIED PERSON.
		HEALTH PERSONNEL
		   DOCTOR 11
		   NURSE/MIDWIFE 12
		   HEALTH ASST./
		      AHW 13
		   MCH WORKER 14
		   VHW 15
		
		OTHER PERSON
		   TRADITIONAL BIRTH
		      ATTENDANT 21
		   FCHV 22
		
		OTHER _____ 96
		      (SPECIFY)	

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
456	Where did this first check of (NAME) take place? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	**HOME** 　HER HOME . . . . 11 　OTHER HOME . . . . 12 **PUBLIC SECTOR** 　GOVT. HOSPITAL/CLINIC . . 21 　PHC CENTER. . . . . 22 　HEALTH POST/SUB- 　　HEALTH POST . . . . 23 　PHC OUTREACH CLINI . . . . . 24 　OTHER PUBLIC FACILITIES 　_____ 26 　　(SPECIFY) **NON-GOVT. (NGO)** 　FPAN . . . . 31 　MARIE STOPES . . . . 32 　OTHER NGO FACILITIES 　_____ 36 　　(SPECIFY) **PRIVATE MEDICAL SECTOR** 　PRIVATE HOSPITAL/ 　　NURSING HOME . . . . 41 　PRIVATE CLINIC . . . . 42 　OTHER PRIVATE 　　MEDICAL FACILITIES 　_____ 46 　　(SPECIFY) OTHER _____ 96 　　SPECIFY	
457	During the first two days after (NAME)'s birth, did any health care provider do the following: a) Examine the cord? b) Measure (NAME)'s temperature? c) Counsel you on danger signs for newborns? ca) Observe (NAME) for danger signs? d) Counsel you on breastfeeding? e) Observe (NAME) breastfeeding?	YES　NO　DK a) CORD . . . . 1　　2　　8 b) TEMP. . . . . . 1　　2　　8 c) SIGNS . . . . . 1　　2　　8 ca) OBSERVE 　　SIGNS . . . . . 1　　2　　8 d) COUNSEL 　　BREAST- 　　FEED . . . . . 1　　2　　8 e) OBSERVE 　　BREAST- 　　FEED . . . . . 1　　2　　8	
458	Has your menstrual period returned since the birth of (NAME)?	YES . . . . 1 　　(SKIP TO 460) ← NO . . . . 2 　　(SKIP TO 461) ←	
459	Did your period return between the birth of (NAME) and your next pregnancy?		YES . . . . 1 NO . . . . 2 　　(SKIP TO 463) ←

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
460	For how many months after the birth of (NAME) did you not have a period?	MONTHS . . . . ☐☐ DON'T KNOW 98	MONTHS . . . . ☐☐ DON'T KNOW 98
461	CHECK 226: IS RESPONDENT PREGNANT?	NOT PREGNANT ☐ PREGNANT OR UNSURE ↓ (SKIP TO 463) ←	▓▓▓▓▓▓▓▓
462	Have you had sexual intercourse since the birth of (NAME)?	YES . . . . 1 NO . . . . 2 ┐ (SKIP TO 464) ←	▓▓▓▓▓▓▓▓
463	For how many months after the birth of (NAME) did you not have sexual intercourse?	MONTHS . . . . ☐☐ DON'T KNOW 98	MONTHS . . . . ☐☐ DON'T KNOW 98
464	Did you ever breastfeed (NAME)?	YES . . . . 1 ┐ (SKIP TO 466) ← NO 2	YES . . . . 1 NO 2
465	CHECK 404: IS CHILD LIVING?	LIVING ☐ DEAD ☐ (SKIP TO 470) ← (GO TO 471) ←	▓▓▓▓▓▓▓▓
466	How long after birth did you first put (NAME) to the breast? IF LESS THAN 1 HOUR, RECORD '00' HOURS; IF LESS THAN 24 HOURS, RECORD HOURS; OTHERWISE, RECORD DAYS.	IMMEDIATELY . . . . 000 HOURS . . . . 1 ☐☐ DAYS 2	▓▓▓▓▓▓▓▓
467	In the first three days after delivery, was (NAME) given anything to drink other than breast milk?	YES . . . . 1 NO 2	▓▓▓▓▓▓▓▓
468	CHECK 404: IS CHILD LIVING?	LIVING DEAD ☐ ↓ (GO TO 471) ←	LIVING DEAD ☐ ↓ (GO TO 471) ←
469	Are you still breastfeeding (NAME)?	YES . . . . 1 NO 2	▓▓▓▓▓▓▓▓
470	Did (NAME) drink anything from a bottle with a nipple yesterday or last night?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8
471		GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501A.	GO BACK TO 405 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 501A.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501A	CHECK 215 IN THE PREGNANCY HISTORY: ANY BIRTHS IN 2070-2073? ONE OR MORE BIRTHS IN 2070-2073 ☐ NO BIRTHS IN 2070-2073 ☐		→ 601
502A	RECORD THE NAME AND PREGNANCY HISTORY NUMBER FROM 212D AND 212 OF THE LAST CHILD BORN IN 2070-2073. NAME OF LAST BIRTH _____ PREGNANCY HISTORY NUMBER . . ☐☐		
503A	CHECK 216 FOR CHILD: LIVING ☐ DEAD ☐		→ 501B
504A	Do you have a card or other document where (NAME)'s vaccinations are written down?	YES, HAS ONLY A CARD . . . . 1 YES, HAS ONLY AN OTHER DOCUMENT . . . . . 2 YES, HAS CARD AND OTHER DOCUMENT . . . . . 3 NO, NO CARD AND NO OTHER DOCUMENT . . 4	→ 507A → 507A
505A	Did you ever have a vaccination card for (NAME)?	YES . . . . 1 NO 2	
506A	CHECK 504A: CODE '2' CIRCLED ☐ CODE '4' CIRCLED ☐		→ 511A
507A	May I see the card or other document where (NAME)'s vaccinations are written down?	YES, ONLY CARD SEEN . . . . 1 YES, ONLY OTHER DOCUMENT SEEN . . . . 2 YES, CARD AND OTHER DOCUMENT SEEN . . 3 NO CARD AND NO OTHER DOCUMENT SEEN . . 4	→ 511A

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	NAME OF LAST BIRTH _____	PREGNANCY HISTORY NUMBER . . ▢▢	
508A	COPY DATES FROM THE CARD. WRITE '44' IN 'DAY' COLUMN IF CARD SHOWS THAT A DOSE WAS GIVEN, BUT NO DATE IS RECORDED.		

		DAY		MONTH		YEAR			
BCG									
ORAL POLIO VACCINE (OPV) 1									
ORAL POLIO VACCINE (OPV) 2									
ORAL POLIO VACCINE (OPV) 3									
DPT-HEP.B-HIB (PENTAVALENT) 1									
DPT-HEP.B-HIB (PENTAVALENT) 2									
DPT-HEP.B-HIB (PENTAVALENT) 3									
PNEUMOCOCCAL (PCV) 1									
PNEUMOCOCCAL (PCV) 2									
PNEUMOCOCCAL (PCV) 3									
INACTIVATED POLIO VACCINE (IPV)									
MEASLES RUBELLA(MR)									
VITAMIN A (MOST RECENT)									

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
509A	CHECK 508A: 'BCG' TO 'MEASLES RUBELLA (MR)' ALL RECORDED? NO ▢ YES ▢		→ 526A

510A	In addition to what is recorded on (this document/these documents), did (NAME) receive any other vaccinations, including vaccinations received in campaigns or immunization days?
	
	RECORD 'YES' ONLY IF THE RESPONDENT MENTIONS AT LEAST ONE OF THE VACCINATIONS IN 508A THAT ARE NOT RECORDED AS HAVING BEEN GIVEN.
		YES 1
		  (PROBE FOR VACCINATIONS AND WRITE '66'
		    IN THE CORRESPONDING DAY COLUMN IN
		
		        (THEN SKIP TO 526A)
		
		NO 2
		DON'T KNOW 8
			→ 526A

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	NAME OF LAST BIRTH _____	PREGNANCY HISTORY NUMBER . . ▢▢	
511A	Did (NAME) ever receive any vaccinations to prevent (NAME) from getting diseases, including vaccinations received in campaigns or immunization days?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	→ 526A
512A	Has (NAME) ever received a BCG vaccination against tuberculosis, that is, an injection in the arm or shoulder that usually causes a scar?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
514A	Has (NAME) ever received oral polio vaccine, that is, about two drops in the mouth to prevent polio?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	→ 517A
516A	How many times did (NAME) receive the oral polio vaccine?	NUMBER OF TIMES . . . . ▢	
517A	Has (NAME) ever received a DPT/pentavalent vaccination, that is, an injection given in the thigh sometimes at the same time as polio drops?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	→ 519A
518A	How many times did (NAME) receive the DPT/pentavalent vaccine?	NUMBER OF TIMES . . . . ▢	
519A	Has (NAME) ever received a pneumococcal/PCV vaccination, that is, an injection in the thigh to prevent pneumonia?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	→ 521Aa
520A	How many times did (NAME) receive the pneumococcal/PCV vaccine?	NUMBER OF TIMES . . . . ▢	
521Aa	Has (NAME) ever received an inactivated polio vaccine (IPV), that is, an injection in the thigh to prevent polio?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
523A	Has (NAME) ever received a measles rubella (MR) vaccination, that is, an injection in the arm to prevent measles?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
526A	CONTINUE WITH 501B.		

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501B	CHECK 215 IN THE PREGNANCY HISTORY: ANY MORE BIRTHS IN 2070-2073? MORE BIRTHS IN 2070-2073 ▯ NO MORE BIRTHS IN 2070-2073 ▯		→ 601
502B	RECORD THE NAME AND PREGNANCY HISTORY NUMBER FROM 212D AND 212 OF THE NEXT-TO-LAST CHILD BORN IN 2070-2073. NAME OF NEXT-TO-LAST BIRTH _____ PREGNANCY HISTORY NUMBER . . . . . ▯▯		
503B	CHECK 216 FOR CHILD: LIVING ▯ DEAD ▯		→ 526B
504B	Do you have a card or other document where (NAME)'s vaccinations are written down?	YES, HAS ONLY A CARD . . . . 1 YES, HAS ONLY AN OTHER DOCUMENT . . . . . 2 YES, HAS CARD AND OTHER DOCUMENT . . . . . 3 NO, NO CARD AND NO OTHER DOCUMENT . . 4	→ 507B → 507B
505B	Did you ever have a vaccination card for (NAME)?	YES . . . . 1 NO 2	
506B	CHECK 504B: CODE '2' CIRCLED ▯ CODE '4' CIRCLED ▯		→ 511B
507B	May I see the card or other document where (NAME)'s vaccinations are written down?	YES, ONLY CARD SEEN . . . . 1 YES, ONLY OTHER DOCUMENT SEEN . . . . 2 YES, CARD AND OTHER DOCUMENT SEEN . . 3 NO CARD AND NO OTHER DOCUMENT SEEN . . 4	→ 511B

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	NAME OF NEXT-TO-LAST BIRTH _____	PREGNANCY HISTORY NUMBER . . . . . ☐☐	

508B — COPY DATES FROM THE CARD.
WRITE '44' IN 'DAY' COLUMN IF CARD SHOWS THAT A DOSE WAS GIVEN, BUT NO DATE IS RECORDED.

	DAY	MONTH	YEAR
BCG			
ORAL POLIO VACCINE (OPV) 1			
ORAL POLIO VACCINE (OPV) 2			
ORAL POLIO VACCINE (OPV) 3			
DPT-HEP.B-HIB (PENTAVALENT) 1			
DPT-HEP.B-HIB (PENTAVALENT) 2			
DPT-HEP.B-HIB (PENTAVALENT) 3			
PNEUMOCOCCAL (PCV) 1			
PNEUMOCOCCAL (PCV) 2			
PNEUMOCOCCAL (PCV) 3			
INACTIVATED POLIO VACCINE (IPV)			
MEASLES RUBELLA(MR)			
VITAMIN A (MOST RECENT)			

509B — CHECK 508B: 'BCG' TO 'MEASLES RUBELLA (MR)' ALL RECORDED?

NO ☐   YES ☐ ⟶ 526B

510B — In addition to what is recorded on (this document/these documents), did (NAME) receive any other vaccinations, including vaccinations received in campaigns or immunization days?

RECORD 'YES' ONLY IF THE RESPONDENT MENTIONS AT LEAST ONE OF THE VACCINATIONS IN 508B THAT ARE NOT RECORDED AS HAVING BEEN GIVEN.

YES 1
(PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN
(THEN SKIP TO 526B)

NO 2   ⟶ 526B
DON'T KNOW 8

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	NAME OF NEXT-TO-LAST BIRTH _____	PREGNANCY HISTORY NUMBER . . . . . ☐☐	
511B	Did (NAME) ever receive any vaccinations to prevent (NAME) from getting diseases, including vaccinations received in campaigns or immunization days?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	→526B
512B	Has (NAME) ever received a BCG vaccination against tuberculosis, that is, an injection in the arm or shoulder that usually causes a scar?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
514B	Has (NAME) ever received oral polio vaccine, that is, about two drops in the mouth to prevent polio?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	→517B
516B	How many times did (NAME) receive the oral polio vaccine?	NUMBER OF TIMES . . . . ☐	
517B	Has (NAME) ever received a DPT/pentavalent vaccination, that is, an injection given in the thigh sometimes at the same time as polio drops?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	→519B
518B	How many times did (NAME) receive the DPT/pentavalent vaccine?	NUMBER OF TIMES . . . . ☐	
519B	Has (NAME) ever received a pneumococcal/PCV vaccination, that is, an injection in the thigh to prevent pneumonia?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	→521Ba
520B	How many times did (NAME) receive the pneumococcal/PCV vaccine?	NUMBER OF TIMES . . . . ☐	
521Ba	Has (NAME) ever received an inactivated polio vaccine (IPV), that is, an injection in the thigh to prevent polio?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
523B	Has (NAME) ever received a measles rubella (MR) vaccination, that is, an injection in the arm to prevent measles?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
526B	CHECK 215 IN PREGNANCY HISTORY: ANY MORE BIRTHS IN 2070-2073? MORE BIRTHS IN ☐ NO MORE BIRTHS ☐ 2070-2073 IN 2070-2073 (GO TO 502B IN AN ←┘ ADDITIONAL QUESTIONNAIRE)		→601

601	CHECK 224:		
	ONE OR MORE BIRTHS IN 2068-2073 ↓		NO BIRTHS IN 2068-2073 ☐ ──────► 648

602	CHECK 215: RECORD THE PREGNANCY HISTORY NUMBER IN 603 AND THE NAME AND SURVIVAL STATUS IN 604 FOR EACH BIRTH IN 2068-2073. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH.IF THERE ARE MORE THAN 2 BIRTHS, USE LAST COLUMN OF ADDITIONAL QUESTIONNAIRE(S). Now I would like to ask some questions about your children born in the last five years. (We will talk about each separately.)

		LAST BIRTH	NEXT-TO-LAST BIRTH
603	PREGNANCY HISTORY NUMBER FROM 212 IN PREGNANCY HISTORY.	PREGNANCY HISTORY NUMBER . . . . ☐☐	PREGNANCY HISTORY NUMBER . . . . ☐☐
604	FROM 212D AND 216:	NAME _____ LIVING ↓ DEAD ☐ (SKIP TO 646) ◄	NAME _____ LIVING ↓ DEAD ☐ (SKIP TO 646) ◄
605	In the last six months (Falgun/Kartik), was (NAME) given a vitamin A dose like this? IF THE INTERVIEW IS BEFORE KARTIK, ASK ABOUT FALGUN. IF THE INTERVIEW IS AFTER KARTIK, ASK ABOUT KARTIK. SHOW THE	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8
605A	At the recent national Imunization day campaign (Mangshir 2072) did (NAME) receive the following vaccines? a) Oral polio vaccine? b) Measles rubella vaccine?	YES NO DON'T KNOW OPV . . . . 1 2 8 MR 1 2 8	YES NO DON'T KNOW OPV . . . . 1 2 8 MR 1 2 8
606	In the last seven days, was (NAME) given iron pills, sprinkles with iron, or iron syrup like [this/any of these]? SHOW COMMON TYPES OF PILLS/SPRINKLES/SYRUPS.	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8
607	Was (NAME) given any drug for intestinal worms in the last six months?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8
608	Has (NAME) had diarrhea in the last 2 weeks?	YES . . . . 1 NO . . . . 2┐ (SKIP TO 618) ◄ DON'T KNOW . . . . 8┘	YES . . . . 1 NO . . . . 2┐ (SKIP TO 618) ◄ DON'T KNOW . . . . 8┘

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
609	CHECK 464: EVER BREASTFED? YES ☐ NO ☐ a) Now I would like to know how much (NAME) was given to drink during the diarrhea including breastmilk. Was (NAME) given less than usual to drink, about the same amount, or more than usual to drink? IF LESS, PROBE: Was (NAME) given much less than usual to drink or b) Now I would like to know how much (NAME) was given to drink during the diarrhea. Was (NAME) given less than usual to drink, about the same amount, or more than usual to drink? IF LESS, PROBE: Was (NAME) given much less than usual to drink or somewhat less?	MUCH LESS . . . . 1 SOMEWHAT LESS . . . . 2 ABOUT THE SAME . . . . 3 MORE . . . . 4 NOTHING TO DRINK . . . . 5 DON'T KNOW 8	MUCH LESS . . . . 1 SOMEWHAT LESS . . . . 2 ABOUT THE SAME . . . . 3 MORE . . . . 4 NOTHING TO DRINK . . . . 5 DON'T KNOW 8
610	When (NAME) had diarrhea, was (NAME) given less than usual to eat, about the same amount, more than usual, or nothing to eat? IF LESS, PROBE: Was (NAME) given much less than usual to eat or somewhat less?	MUCH LESS . . . . 1 SOMEWHAT LESS . . . . 2 ABOUT THE SAME . . . . 3 MORE . . . . 4 STOPPED FOOD . . . . 5 NEVER GAVE FOOD . . . . 6 DON'T KNOW 8	MUCH LESS . . . . 1 SOMEWHAT LESS . . . . 2 ABOUT THE SAME . . . . 3 MORE . . . . 4 STOPPED FOOD . . . . 5 NEVER GAVE FOOD . . . . 6 DON'T KNOW 8
611	Did you seek advice or treatment for the diarrhea from any source?	YES . . . . 1 NO . . . . 2 ⌐ (SKIP TO 615) ←	YES . . . . 1 NO . . . . 2 ⌐ (SKIP TO 615) ←

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
612	Where did you seek advice or treatment? Anywhere else? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE(S). _____ (NAME OF PLACE(S))	**PUBLIC SECTOR** GOVT. HOSPITAL/CLINIC .. A PHC CENTEF . . . . B HEALTH POST/SUB- HEALTH POST . . . . C PHC OUTREACH CLINI . . . . . D FCHV . . . . E OTHER PUBLIC FACILITIES _____ F (SPECIFY) **NON-GOVT. (NGO)** FPAN . . . . G MARIE STOPES . . . . H OTHER NGO FACILITIES _____ I (SPECIFY) **PRIVATE MEDICAL SECTOR** PVT. HOSPITAL/ NURSING HOME . . . . J PRIVATE CLINIC . . . . K PHARMACY . . . . L OTHER PRIVATE MEDICAL FACILITIES _____ M (SPECIFY) **OTHER SOURCE** SHOP . . . . N TRADITIONAL PRACTITIONER . . . . O OTHER _____ X (SPECIFY)	**PUBLIC SECTOR** GOVT. HOSPITAL/CLINIC .. A PHC CENTEF . . . . B HEALTH POST/SUB- HEALTH POST . . . . C PHC OUTREACH CLINI . . . . . D FCHV . . . . E OTHER PUBLIC FACILITIES _____ F (SPECIFY) **NON-GOVT. (NGO)** FPAN . . . . G MARIE STOPES . . . . H OTHER NGO FACILITIES _____ I (SPECIFY) **PRIVATE MEDICAL SECTOR** PVT. HOSPITAL/ NURSING HOME . . . . J PRIVATE CLINIC . . . . K PHARMACY . . . . L OTHER PRIVATE MEDICAL FACILITIES _____ M (SPECIFY) **OTHER SOURCE** SHOP . . . . N TRADITIONAL PRACTITIONER . . . . O OTHER _____ X (SPECIFY)
613	CHECK 612:	TWO OR ONLY MORE ONE ☐ CODES CODE CIRCLED CIRCLED ↓ (SKIP TO 615) ←	TWO OR ONLY MORE ONE ☐ CODES CODE CIRCLED CIRCLED ↓ (SKIP TO 615) ←
614	Where did you first seek advice or treatment? USE LETTER CODE FROM 612.	FIRST PLACE . . . . ☐	FIRST PLACE . . . . ☐

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____

615	Was (NAME) given any of the following at any time since (NAME) started having the diarrhea:
	
	a) A fluid made from a special packet called Jeevan Jal/ Navajeevan/ Orestal?
	c) Homemade remedies (maad, daal soup)?
	d) Zinc tablets?
		YES NO DK
		a) FLUID FROM
		    ORS
		    PACKET . . 1 2 8
		c) HOMEMADE
		    FLUID 1 2 8
		d) ZINC 1 2 8
			YES NO DK
			a) FLUID FROM
			    ORS
			    PACKET . . 1 2 8
			c) HOMEMADE
			    FLUID 1 2 8
			d) ZINC 1 2 8

615E	CHECK 615:
	
	GIVEN ZINC?
		CODE `1'     CODE `1'
		CIRCLED NOT CIRCLED ☐
		IN (d) IN (d)
		
		         (SKIP TO 616) ◄──
			CODE `1'     CODE `1'
			CIRCLED NOT CIRCLED ☐
			IN (d) IN (d)
			
			         (SKIP TO 616) ◄──

615F	How many days was (NAME) given zinc?	DAYS . . . . ☐☐ DON'T KNOW 98	DAYS . . . . ☐☐ DON'T KNOW 98

616	CHECK 615:
	
	ANY 'YES' ☐ ALL 'NO' ☐
	             OR 'DK'
	a) Was anything b) Was anything
	else given to given to treat
	treat the the diarrhea?
	diarrhea?
		YES 1
		NO 2
		        (SKIP TO 618) ◄──
		DON'T KNOW 8
			YES 1
			NO 2
			        (SKIP TO 618) ◄──
			DON'T KNOW 8

617	CHECK 615:
	
	ANY 'YES' ☐ ALL 'NO' ☐
	             OR 'DK'
	a) What else was b) What was given
	given to treat to treat the
	the diarrhea? diarrhea?
	
	Anything else? Anything else?
	
	RECORD ALL TREATMENTS GIVEN.
		PILL OR SYRUP
		   ANTIBIOTIC . . . . A
		   ANTIMOTILITY . . . . B
		   OTHER (NOT ANTIBIOTIC
		     OR ANTIMOTILITY) C
		   UNKNOWN PILL
		     OR SYRUP . . . . D
		
		INJECTION
		   ANTIBIOTIC . . . . E
		   NON-ANTIBIOTIC . . . . F
		   UNKNOWN
		     INJECTION . . . . G
		
		(IV) INTRAVENOUS . . . . H
		
		HERBAL MEDICINE I
		
		OTHER _____ X
		        (SPECIFY)
			PILL OR SYRUP
			   ANTIBIOTIC . . . . A
			   ANTIMOTILITY . . . . B
			   OTHER (NOT ANTIBIOTIC
			     OR ANTIMOTILITY) C
			   UNKNOWN PILL
			     OR SYRUP . . . . D
			
			INJECTION
			   ANTIBIOTIC . . . . E
			   NON-ANTIBIOTIC . . . . F
			   UNKNOWN
			     INJECTION . . . . G
			
			(IV) INTRAVENOUS . . . . H
			
			HERBAL MEDICINE I
			
			OTHER _____ X
			        (SPECIFY)

618	Has (NAME) been ill with a fever at any time in the last 2 weeks?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8
620	Has (NAME) had an illness with a cough at any time in the last 2 weeks?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8

621	Has (NAME) had fast, short, rapid breaths or difficulty breathing at any time in the last 2 weeks?	YES 1
		NO 2
		        (SKIP TO 623) ◄──
		DON'T KNOW 8
			YES 1
			NO 2
			        (SKIP TO 623) ◄──
			DON'T KNOW 8

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
622	Was the fast or difficult breathing due to a problem in the chest or to a blocked or runny nose?	CHEST ONLY . . . . 1 NOSE ONLY . . . . 2 BOTH . . . . 3 OTHER _____ 6 (SPECIFY) DON'T KNOW . . . . 8 (SKIP TO 624) ←	CHEST ONLY . . . . 1 NOSE ONLY . . . . 2 BOTH . . . . 3 OTHER _____ 6 (SPECIFY) DON'T KNOW . . . . 8 (SKIP TO 624) ←
623	CHECK 618: HAD FEVER?	YES ⌐ NO OR DK ☐ ↓ (SKIP TO 646) ←	YES ⌐ NO OR DK ☐ ↓ (SKIP TO 646) ←
624	Did you seek advice or treatment for the illness from any source?	YES . . . . 1 NO . . . . 2 (SKIP TO 629) ←	YES . . . . 1 NO . . . . 2 (SKIP TO 629) ←

625	Where did you seek advice or treatment?
	
	Anywhere else?
	
	PROBE TO IDENTIFY THE TYPE OF SOURCE.
	
	IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE(S).
	
	_____
	(NAME OF PLACE(S))
		PUBLIC SECTOR
		   GOVT. HOSPITAL/CLINIC . . A
		   PHC CENTER . . . . B
		   HEALTH POST/SUB-
		      HEALTH POST C
		   PHC OUTREACH CLINI . . . . . D
		   FCHV . . . . E
		   OTHER PUBLIC FACILITIES
		
		   _____ F
		      (SPECIFY)
		
		NON-GOVT. (NGO)
		   FPAN . . . . G
		   MARIE STOPES . . . . H
		   OTHER NGO FACILITIES
		
		   _____ I
		      (SPECIFY)
		
		PRIVATE MEDICAL SECTOR
		   PVT. HOSPITAL/
		      NURSING HOME . . . . J
		   PRIVATE CLINIC . . . . K
		   PHARMACY L
		   OTHER PRIVATE
		      MEDICAL FACILITIES
		
		   _____ M
		      (SPECIFY)
		
		OTHER SOURCE
		   SHOP . . . . N
		   TRADITIONAL
		      PRACTITIONER . . . . O
		
		OTHER _____ X
		      (SPECIFY)
			PUBLIC SECTOR
			   GOVT. HOSPITAL/CLINIC . . A
			   PHC CENTER . . . . B
			   HEALTH POST/SUB-
			      HEALTH POST C
			   PHC OUTREACH CLINI . . . . . D
			   FCHV . . . . E
			   OTHER PUBLIC FACILITIES
			
			   _____ F
			      (SPECIFY)
			
			NON-GOVT. (NGO)
			   FPAN . . . . G
			   MARIE STOPES . . . . H
			   OTHER NGO FACILITIES
			
			   _____ I
			      (SPECIFY)
			
			PRIVATE MEDICAL SECTOR
			   PVT. HOSPITAL/
			      NURSING HOME . . . . J
			   PRIVATE CLINIC . . . . K
			   PHARMACY L
			   OTHER PRIVATE
			      MEDICAL FACILITIES
			
			   _____ M
			      (SPECIFY)
			
			OTHER SOURCE
			   SHOP . . . . N
			   TRADITIONAL
			      PRACTITIONER . . . . O
			
			OTHER _____ X
			      (SPECIFY)

626	CHECK 625:	TWO OR ONLY MORE ONE ☐ CODES CODE CIRCLED CIRCLED ↓ (SKIP TO 628) ←	TWO OR ONLY MORE ONE ☐ CODES CODE CIRCLED CIRCLED ↓ (SKIP TO 628) ←

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
627	Where did you first seek advice or treatment? USE LETTER CODE FROM 625.	FIRST PLACE .... ☐	FIRST PLACE .... ☐
628	How many days after the illness began did you first seek advice or treatment for (NAME)? IF THE SAME DAY RECORD '00'.	DAYS .... ☐☐	DAYS .... ☐☐

629	At any time during the illness, did (NAME) take any drugs (medication) for the illness?	YES 1
		NO .... 2⌐
		    (SKIP TO 646) ◄─┘
		DON'T KNOW .... 8⌐
			YES 1
			NO .... 2⌐
			    (SKIP TO 646) ◄─┘
			DON'T KNOW .... 8⌐

630	What drugs (medication) did (NAME) take?
	
	Any other drugs?
	
	RECORD ALL MENTIONED.
		ANTIMALARIAL DRUGS
		  ARTEMISININ
		    COMBINATION
		    THERAPY (ACT) ..... A
		  SP/FANSIDAR .... B
		  CHLOROQUINE C
		  AMODIAQUINE .... D
		  QUININE
		    PILLS .... E
		    INJECTION/IV .... F
		  ARTESUNATE
		    RECTAL .... G
		    INJECTION/IV .... H
		
		  OTHER ANTIMALARIAL
		
		    _____ I
		      (SPECIFY)
		
		ANTIBIOTIC DRUGS
		  AMOXYCILLIN .... J
		  AZITHROMYCIN .... K
		  CEPHALOSPRIN L
		  OTHER ANTIBIOTICS ..... M
		
		  INJECTION/IV .... N
		
		OTHER DRUGS
		  PARACETAMOL .... O
		  IBUPROFEN .... P
		  COUGH SYRUP .... Q
		
		  OTHER _____ X
		      (SPECIFY)
		  DON'T KNOW .... Z
			ANTIMALARIAL DRUGS
			  ARTEMISININ
			    COMBINATION
			    THERAPY (ACT) ..... A
			  SP/FANSIDAR .... B
			  CHLOROQUINE C
			  AMODIAQUINE .... D
			  QUININE
			    PILLS .... E
			    INJECTION/IV .... F
			  ARTESUNATE
			    RECTAL .... G
			    INJECTION/IV .... H
			
			  OTHER ANTIMALARIAL
			
			    _____ I
			      (SPECIFY)
			
			ANTIBIOTIC DRUGS
			  AMOXYCILLIN .... J
			  AZITHROMYCIN .... K
			  CEPHALOSPRIN L
			  OTHER ANTIBIOTICS ..... M
			
			  INJECTION/IV .... N
			
			OTHER DRUGS
			  PARACETAMOL .... O
			  IBUPROFEN .... P
			  COUGH SYRUP .... Q
			
			  OTHER _____ X
			      (SPECIFY)
			  DON'T KNOW .... Z

630A	How many days after the illness began did you first give medicine to (NAME)? IF THE SAME DAY RECORD '00'.	DAYS .... ☐☐	DAYS .... ☐☐
646		GO BACK TO 604 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 647.	GO TO 604 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 647.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
647	CHECK 615(a), ALL COLUMNS: NO CHILD ☐ RECEIVED FLUID FROM ORS PACKET ↓	ANY CHILD ☐ RECEIVED FLUID FROM ORS PACKET	→ 649
648	Have you ever heard of a special product called Jeevan Ja/Navajeevan/Orestal you can get for the treatment of diarrhea? SHOW ORS PACKAGE	YES . . . . 1 NO 2	
649	CHECK 215 AND 218, ALL ROWS: NUMBER OF CHILDREN BORN IN 2071-2073 LIVING WITH THE RESPONDENT ONE OR MORE ☐ NONE ☐ ↓ _____ (NAME OF YOUNGEST CHILD LIVING WITH HER) ↓		→ 653B

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP
650	Now I would like to ask you about liquids or foods that (NAME FROM 649) had yesterday during the day or at night. I am interested in whether your child had the item I mention even if it was combined with other foods. Did (NAME FROM 649) drink or eat:		YES	NO	DK	
	a) Plain water?	a) 1	2	8	
	b) Juice or juice drinks?	b) 1	2	8	
	c) Clear broth?	c) 1	2	8	
	d) Milk such as tinned, powdered, or fresh animal milk? IF YES: How many times did (NAME) drink milk? IF 7 OR MORE TIMES, RECORD '7'.	d) .... 1 2 8 NUMBER OF □ TIMES DRANK			
	e) Infant formula? IF YES: How many times did (NAME) drink infant formula? IF 7 OR MORE TIMES, RECORD '7'.	e) .... 1 2 8 NUMBER OF □ TIMES DRANK			
	f) Any other liquids?	f) 1	2	8	
	g) Yogurt? IF YES: How many times did (NAME) eat yogurt? IF 7 OR MORE TIMES, RECORD '7'.	g) .... 1 2 8 NUMBER OF □ TIMES ATE			
	h) Any fortified baby food like Cerelac, Nestum, Champion etc.?	h) 1	2	8	
	i) Roti, rice, maize, millet, noodles, porridge, or other foods made from grains?	i) 1	2	8	
	j) Pumpkin, carrots, squash, or sweet potatoes that are yellow or orange inside?	j) 1	2	8	
	k) White potatoes, white yams, colocasia, or any other foods made from roots?	k) 1	2	8	
	l) Any dark green, leafy vegetables like spinach,	l) 1	2	8	
	m) Ripe mangoes, papayas, or apricot?	m) 1	2	8	
	n) Any other fruits or vegetables?	n) 1	2	8	
	o) Liver, kidney, heart, or other organ meats?	o) 1	2	8	
	p) Any meat, such as pork, buff, lamb, goat, chicken, or duck?	p) 1	2	8	
	q) Eggs?	q) 1	2	8	
	r) Fresh or dried fish or shellfish?	r) 1	2	8	
	s) Any foods made from beans, peas, lentils, or nuts?	s) 1	2	8	
	t) Cheese or other food made from milk?	t) 1	2	8	
	u) Any other solid, semi-solid, or soft food (jaulo, lito,	u) 1	2	8	
651	CHECK 650 (CATEGORIES 'g' THROUGH 'u'): NOT A SINGLE 'YES' □ AT LEAST ONE 'YES' □				→ 653
652	Did (NAME FROM 649) eat any solid, semi-solid, or soft foods yesterday during the day or at night? IF 'YES' PROBE: What kind of solid, semi-solid or soft foods did (NAME) eat?	YES .... 1 ⌐ (GO BACK TO 650 TO RECORD ← FOOD EATEN YESTERDAY) ⌐ (THEN CONTINUE TO 653) ← NO 2			→ 653A

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP
653	How many times did (NAME FROM 649) eat solid, semi-solid, or soft foods yesterday during the day or at night? IF 7 OR MORE TIMES, RECORD '7'.	NUMBER OF TIMES . . . . □ DON'T KNOW 8			
653A	Now I would like to ask you about foods that you had yesterday during the day or at night. I am interested in whether you had the item I mention even if it was combined with other foods. Did you drink or eat:		YES	NO	DK	
	CEREALS: a) Rice, roti, bread, puffed rice, pressed rice, noodles, or any other foods rice, wheat, maize/corn, or other locally available grains?	a) 1	2	8	
	VITAMIN A RICH VEGETABLES AND TUBERS b) Pumpkin, carrots, squash, or sweet potatoes that are yellow or orange inside?	b) 1	2	8	
	WHITE TUBERS AND ROOTS OR OTHER STARCHY FOODS c) White potatoes, white yams, colocasia, or any other foods made from roots?	c) 1	2	8	
	DARK GREEN LEAFY VEGETABLES d) Spinach, amaranth leaves, mustard leaves, pumpkin leaves, yam leaves, etc.)?	d) 1	2	8	
	VITAMIN A RICH FRUITS e) Ripe mangoes, ripe papaya/pawpaw, jack fruit, or apricot?	e) 1	2	8	
	OTHER VEGETABLES f) Cauliflower, cabbage, eggplant, green papaya, radish, onion, etc.)?	f) 1	2	8	
	OTHER FRUITS g) Tomatoes, Bananas, apples, guavas, oranges, other citrus fruits, pineapple, watermelon, grapes, strawberries, plum, etc.)?	g) 1	2	8	
	ORGAN MEATS h) Liver, kidney, heart, or other organ meats?	h) 1	2	8	
	MEAT i) Any meat, such as pork, buff, lamb, goat, chicken, or duck?	i) 1	2	8	
	EGGS j) Eggs of different birds i.e. chicken, duck, quail, pheasant?	j) 1	2	8	
	FISH k) Big/small fresh or dried fish or shellfish such as prawn, crab etc.)?	k) 1	2	8	
	BEANS, PEAS, OR LENTILS l) Soybeans, beans, peas, lentils, other pulses, peas?	l) 1	2	8	
	MILK AND MILK PRODUCTS m) Milk, cheese, yogurt, or other milk products?	m) 1	2	8	
	NUTS AND SEEDS n) Peanuts, walnuts, cashew, pumpkin seed etc.?	n) 1	2	8	
	OILS AND FAT o) Oil, fats, or butter added to food or used for cooking including ghee?	o) 1	2	8	
	SWEETS p) Sugar, honey, rock candy, chocolates, biscuits, cold drinks?	p) 1	2	8	
	TEA/COFFEE q) Any tea (black or green) or coffee ?	q) 1	2	8	
	r) Any other food?	r) 1	2	8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
653B	CHECK 224: ONE OR MORE BIRTHS ☐ IN 2068-2073 ↓	NO BIRTHS IN ☐ 2068-2073	→ 701
653C	Have you been counseled by any health related professional (including FCHV) about Maternal, Infant and Young Child Nutrition (MIYCN) in the last 6 months?	YES .... 1 NO 2	→ 653G
653D	Who gave you this advice/counseling on nutrition?	**HEALTH PERSONNEL** DOCTOR .... A NURSE/MIDWIFE/ANM .... B HEALTH ASSISTANT/AHW .... C MCHW .... D VHW .... E **OTHER PERSON** TRADITIONAL BIRTH ATTENDANT .... F FCHV .... G MOTHER'S GROUP .... H SOCIAL MOBILIZER .... I TRADITIONAL HEALERS .... J OTHER _____ X (SPECIFY)	
653E	When did you receive the advice or counseling?	DURING ANC VISIT .... A DURING PNC VISIT .... B VISIT TO HEALTH FACILITY .... C DURING FCHV HOME VISIT .... D DURING HEALTH MOTHER'S GROUP MEETING E OTHER _____ X (SPECIFY)	

653F	What were you counseled on?	NEED FOR PREGNANT WOMEN TO GET
		  SUFFICIENT REST .... A
		PREGNANT WOMEN EAT HEALTHY .... B
		PREGNANT WOMAN SHOULD EAT ONE
		  EXTRA MEAL PER DAY C
		PREGNANT WOMEN SHOULD TAKE
		  RECOMMENDED DOSE (180 DAYS) OF
		  IRON TABLETS .... D
		BREASTFEED WITHIN ONE HOUR OF BIRTH .. E
		EXCLUSIVELY BREASTFEED INFANTS FOR
		  6 MONTHS AFTER BIRTH .... F
		TIMING AND INTRODUCTION OF COMPLEMENTARY
		  FOOD AND CONTINUE BREASTFEEDING
		  FOR UPTO 2 YEARS .... G
		OTHER _____ X
		(SPECIFY)	

653G	Is there growth monitoring promotion in this ward (at your closest health facility)?	YES .... 1 NO 2	→ 653L
653H	Where did you attend the growth monitoring promotion sessions?	PHC OUTREACH CLINIC .... 1 HEALTH FACILITY .... 2 OTHER _____ 6 (SPECIFY) DID NOT PARTICIPATE..................... 7 DON'T KNOW 8	→ 653L
653I	Was there individual nutrition and health counseling at the growth monitoring session?	YES .... 1 NO .... 2 DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
653J	Did the health worker explain how to interpret the growth chart? SHOW GROWTH CHART	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
653K	Was weight taken at the following health contacts? a) At birth? b) At immunization? c) At vitamin A distribution? d) At sick child visit? f) Other contacts?	YES NO AT BIRTH . . . . 1 2 IMMUNIZATION . . . . 1 2 VITAMIN A DISTRIBUTION . . . . 1 2 SICK CHILD VISITS . . . . 1 2 OTHER _____ 1 2 (SPECIFY)	
653L	CHECK 649 ONE OR MORE ☐ NONE ☐ _____		→ 701

654	The last time (NAME FROM 649) passed stools, what was done to dispose of the stools?	CHILD USED TOILET OR LATRINE 01
		PUT/RINSED
		   INTO TOILET OR LATRINE 02
		PUT/RINSED
		   INTO DRAIN OR DITCH 03
		THROWN INTO GARBAGE 04
		BURIED 05
		LEFT IN THE OPEN 06
		
		OTHER _____ 96
		            (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
701	Are you currently married or living together with a man as if married?	YES, CURRENTLY MARRIED . . . . 1 YES, LIVING WITH A MAN . . . . 2 NO, NOT IN UNION 3	→ 704
702	Have you ever been married or lived together with a man as if married?	YES, FORMERLY MARRIED . . . . 1 YES, LIVED WITH A MAN . . . . 2 NO 3	→ 712
703	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED . . . . 1 DIVORCED . . . . 2 SEPARATED 3	→ 709
704	Is your (husband/partner) living with you now or is he staying elsewhere?	LIVING WITH HER . . . . 1 STAYING ELSEWHERE 2	→ 705
704A	For how long have you and your husband not been living together? IF LESS THAN 1 YEAR, ANSWER MUST BE RECORDED IN MONTHS. IF 12 MONTHS (ONE YEAR) OR MORE, ANSWER MUST BE RECORDED IN YEARS.	MONTHS . . . . 1 YEARS 2	
705	RECORD THE HUSBAND'S/PARTNER'S NAME AND LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE. IF HE IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'.	NAME _____ LINE NO.	
706	Does your (husband/partner) have other wives or does he live with other women as if married?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	→ 709
707	Including yourself, in total, how many wives or live-in partners does he have?	TOTAL NUMBER OF WIVES AND LIVE-IN PARTNERS . . . . DON'T KNOW 98	
708	Are you the first, second, … wife?	RANK	
709	Have you been married or lived with a man only once or more than once?	ONLY ONCE . . . . 1 MORE THAN ONCE 2	
709A	Has your marriage been registered?	YES . . . . 1 NO 2	
710	CHECK 709: MARRIED/ LIVED WITH A MAN ONLY ONCE ↓ MARRIED/ LIVED WITH A MAN MORE THAN ONCE ↓ a) In what month and year did you start living with your (husband/partner)? b) Now I would like to ask about your first (husband/partner). In what month and year did you start living with him?	MONTH . . . . DON'T KNOW MONTH . . . . 98 YEAR . . . . DON'T KNOW YEAR 9998	→ 712
711	How old were you when you first started living with him?	AGE	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
712	**CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.**		
713	Now I would like to ask some questions about sexual activity in order to gain a better understanding of some important life issues. Let me assure you again that your answers are completely confidential and will not be told to anyone. If we should come to any question that you don't want to answer, just let me know and we will go to the next question. How old were you when you had sexual intercourse for the very first time?	NEVER HAD SEXUAL INTERCOURSE .... 00 AGE IN YEARS .... ☐☐	→ 731
714	I would like to ask you about your recent sexual activity. When was the last time you had sexual intercourse? IF LESS THAN 12 MONTHS, ANSWER MUST BE RECORDED IN DAYS, WEEKS OR MONTHS. IF 12 MONTHS (ONE YEAR) OR MORE, ANSWER MUST BE RECORDED IN YEARS.	DAYS AGO .... 1 ☐☐ WEEKS AGO .... 2 ☐☐ MONTHS AGO .... 3 ☐☐ YEARS AGO .... 4 ☐☐	→ 716 → 727

		LAST SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER	THIRD-TO-LAST SEXUAL PARTNER

715	When was the last time you had sexual intercourse with this person?		DAYS
			  AGO . . 1 ☐☐
			WEEKS
			  AGO . . 2 ☐☐
			MONTHS
			  AGO . . 3 ☐☐
				DAYS
				  AGO . . 1 ☐☐
				WEEKS
				  AGO . . 2 ☐☐
				MONTHS
				  AGO . . 3 ☐☐

716	The last time you had sexual intercourse with this person, was a condom used?	YES . . . . 1 NO . . . . 2 (SKIP TO 718) ←	YES . . . . 1 NO . . . . 2 (SKIP TO 718) ←	YES . . . . 1 NO . . . . 2 (SKIP TO 718) ←
717	Was a condom used every time you had sexual intercourse with this person in the last 12 months?	YES . . . . 1 NO 2	YES . . . . 1 NO 2	YES . . . . 1 NO 2

718	What was your relationship to this person with whom you had sexual intercourse?
	
	IF BOYFRIEND: Were you living together as if married?
	
	IF YES, RECORD '2'.
	IF NO, RECORD '3'.
		HUSBAND 1
		LIVE-IN PARTNER 2
		BOYFRIEND NOT
		  LIVING WITH
		  RESPONDENT 3
		CASUAL
		  ACQUAINTANCE . . 4
		CLIENT/SEX WORKER . . 5
		OTHER _____ 6
		(SPECIFY)
			HUSBAND 1
			LIVE-IN PARTNER 2
			BOYFRIEND NOT
			  LIVING WITH
			  RESPONDENT 3
			CASUAL
			  ACQUAINTANCE . . 4
			CLIENT/SEX WORKER . . 5
			OTHER _____ 6
			(SPECIFY)
				HUSBAND 1
				LIVE-IN PARTNER 2
				BOYFRIEND NOT
				  LIVING WITH
				  RESPONDENT 3
				CASUAL
				  ACQUAINTANCE . . 4
				CLIENT/SEX WORKER . . 5
				OTHER _____ 6
				(SPECIFY)

719	How long ago did you first have sexual intercourse with this person?	DAYS
		  AGO . . 1 ☐☐
		WEEKS
		  AGO . . 2 ☐☐
		MONTHS
		  AGO . . 3 ☐☐
		YEARS
		  AGO . . 4 ☐☐
			DAYS
			  AGO . . 1 ☐☐
			WEEKS
			  AGO . . 2 ☐☐
			MONTHS
			  AGO . . 3 ☐☐
			YEARS
			  AGO . . 4 ☐☐
				DAYS
				  AGO . . 1 ☐☐
				WEEKS
				  AGO . . 2 ☐☐
				MONTHS
				  AGO . . 3 ☐☐
				YEARS
				  AGO . . 4 ☐☐

720	How many times during the last 12 months did you have sexual intercourse with this person? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF TIMES IS 95 OR MORE, RECORD '95'.	NUMBER OF TIMES . . . . . ☐☐	NUMBER OF TIMES . . . . . ☐☐	NUMBER OF TIMES . . . . . ☐☐

721	How old is this person?	AGE OF
		  PARTNER ☐☐
		
		DON'T KNOW 98
			AGE OF
			  PARTNER ☐☐
			
			DON'T KNOW 98
				AGE OF
				  PARTNER ☐☐
				
				DON'T KNOW 98

722	Apart from this person, have you had sexual intercourse with any other person in the last 12 months?	YES . . . . 1 (GO BACK TO 715 IN NEXT COLUMN) ← NO . . . . 2 (SKIP TO 724) ←	YES . . . . 1 (GO BACK TO 715 IN NEXT COLUMN) ← NO . . . . 2 (SKIP TO 724) ←	

723	In total, with how many different people have you had sexual intercourse in the last 12 months?
	IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF PARTNERS IS 95 OR MORE, RECORD '95'.
				NUMBER OF
				  PARTNERS
				  LAST 12
				  MONTHS . . ☐☐
				
				DON'T KNOW 98

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
724	CHECK 106: AGE 15-24 ☐ AGE 25-49 ☐		→ 727
725	CHECK 701: NOT ☐ CURRENTLY MARRIED/ ☐ IN A UNION LIVING WITH A MAN		→ 727
726	In the past 12 months have you had sex or been sexually involved with anyone because he gave you or told you he would give you gifts, cash, or anything else?	YES .... 1 NO 2	
727	In total, with how many different people have you had sexual intercourse in your lifetime? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF PARTNERS IS 95 OR MORE, RECORD '95'.	NUMBER OF PARTNERS IN LIFETIME .... ☐☐ DON'T KNOW 98	

728	CHECK 716, MOST RECENT PARTNER (FIRST COLUMN):
	
	                   NO, ☐
	YES, ☐ CONDOM
	CONDOM USED NOT USED NOT ☐
	                     ASKED
			→ 731
			
			→ 731

729	You told me that a condom was used the last time you had sex. What is the brand name of the condom used at that time? IF BRAND NOT KNOWN, ASK TO SEE THE PACKAGE.	DHAAL .... 01 PANTHER .... 02 DZIRE .... 03 KAMASUTRA .... 04 JODI .... 05 NUMBER 1 .... 06 BLACK COBRA .... 07 MOHP - NO BRAND .... 08 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

730	From where did you obtain the condom the last time?
	
	PROBE TO IDENTIFY TYPE OF SOURCE.
	
	IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.
	
	_____
	(NAME OF PLACE)
		PUBLIC SECTOR
		  GOVERNMENT HOSPITAL/CLINIC 11
		  PRIMARY HEALTH CARE CENTE 12
		  HEALTH POST/SUB-
		    HEALTH POST 13
		  PHC OUTREACH CLINI 14
		  MOBILE CAMP 15
		  FCHV 16
		  OTHER PUBLIC FACILITIES
		
		  _____ 17
		  (SPECIFY)
		
		NON-GOVT. (NGO) SECTOR
		  FPAN 21
		  MARIE STOPES 22
		
		  OTHER NGO FACILITIES
		
		  _____ 26
		  (SPECIFY)
		
		PRIVATE MEDICAL SECTOR
		  PRIVATE HOSPITAL/
		    NURSING HOME 31
		  PRIVATE CLINIC 32
		  PHARMACY 33
		  SANGINI OUTLET 34
		  OTHER PRIVATE MEDICAL FACILITIES
		
		  _____ 36
		  (SPECIFY)
		
		OTHER SOURCE
		  SHOP 41
		  FRIEND/RELATIVE 42
		
		  OTHER _____ 96
		    (SPECIFY)
		  DON'T KNOW 98	

731	PRESENCE OF OTHERS DURING THIS SECTION.	YES NO CHILDREN <10 . . . . 1 2 MALE ADULTS . . . . 1 2 FEMALE ADULTS 1 2	

SECTION 8. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
801	CHECK 304: NEITHER ☐ NOT ☐ HE OR SHE ☐ STERILIZED ↓ ASKED ↓ STERILIZED		→ 813
802	CHECK 226: PREGNANT ☐ NOT PREGNANT ☐ ↓ OR UNSURE		→ 804
803	Now I have some questions about the future. After the child you are expecting now, would you like to have another child, or would you prefer not to have any more children?	HAVE ANOTHER CHILD . . . . 1 NO MORE . . . . 2 UNDECIDED/DON'T KNOW 8	→ 805 ⎤→ 812
804	Now I have some questions about the future. Would you like to have (a/another) child, or would you prefer not to have any (more) children?	HAVE (A/ANOTHER) CHILD . . . . 1 NO MORE/NONE . . . . 2 SAYS SHE CAN'T GET PREGNANT . . . . 3 UNDECIDED/DON'T KNOW 8	→ 807 → 813 → 811
805	CHECK 226: NOT PREGNANT ☐ PREGNANT ☐ OR UNSURE ↓ ↓ a) How long would you like to wait from now before the birth of (a/another) child? b) After the birth of the child you are expecting now, how long would you like to wait before the birth of another child?	MONTHS . . . . 1 ☐☐ YEARS . . . . 2 ☐☐ SOON/NOW . . . . 993 SAYS SHE CAN'T GET PREGNANT . . . . 994 AFTER MARRIAGE . . . . 995 OTHER _____ 996 (SPECIFY) DON'T KNOW 998	→ 811 → 813 → 811
806	CHECK 226: NOT PREGNANT ☐ PREGNANT ☐ OR UNSURE ↓		→ 812
807	CHECK 303: USING A CONTRACEPTIVE METHOD? NOT ☐ CURRENTLY ☐ CURRENTLY USING USING ↓		→ 813
808	CHECK 805: '24' OR MORE MONTHS ☐ NOT ☐ '00-23' MONTHS ☐ OR '02' OR MORE YEARS ↓ ASKED ↓ OR '00-01' YEAR		→ 812
809	CHECK 714: YEARS ☐ AGO DAYS, WEEKS OR ☐ MONTHS AGO ↓ NOT ☐ ASKED		→ 811 → 811

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

810	CHECK 804:
	
	WANTS TO HAVE ☐ WANTS NO MORE/ ☐
	A/ANOTHER CHILD NONE
	      ↓ ↓
	
	a) You have said that you b) You have said that you
	   do not want (a/another) do not want any (more)
	   child soon. Can you children. Can you tell
	   tell me why you are not me why you are not
	   using a method to using a method to
	   prevent pregnancy? prevent pregnancy?
	
	   Any other reason? Any other reason?
	
	      RECORD ALL REASONS MENTIONED.
		NOT MARRIED . . . . A
		
		FERTILITY-RELATED REASONS
		   NOT HAVING SEX . . . . B
		   INFREQUENT SEX C
		   HUSBAND AWAY . . . . D
		   MENOPAUSAL/HYSTERECTOMY . . . . E
		   CAN'T GET PREGNANT . . . . F
		   NOT MENSTRUATED SINCE
		       LAST BIRTH . . . . G
		   BREASTFEEDING . . . . H
		   UP TO GOD/FATALISTIC I
		
		OPPOSITION TO USE
		   RESPONDENT OPPOSED . . . . J
		   HUSBAND/PARTNER OPPOSED . . . . K
		   OTHERS OPPOSED L
		   RELIGIOUS PROHIBITION . . . . M
		
		LACK OF KNOWLEDGE
		   KNOWS NO METHOD . . . . N
		   KNOWS NO SOURCE . . . . O
		
		METHOD-RELATED REASONS
		   SIDE EFFECTS/HEALTH
		       CONCERNS . . . . P
		   LACK OF ACCESS/TOO FAR . . . . Q
		   COSTS TOO MUCH . . . . R
		   PREFERRED METHOD
		       NOT AVAILABLE . . . . S
		   NO METHOD AVAILABLE . . . . T
		   INCONVENIENT TO USE . . . . U
		   INTERFERES WITH BODY'S
		       NORMAL PROCESSES V
		
		OTHER _____ X
		              (SPECIFY)
		DON'T KNOW . . . . Z	

811	CHECK 303: USING A CONTRACEPTIVE METHOD? NOT ☐ NO, NOT ☐ YES, ☐ ASKED ↓ CURRENTLY USING ↓ CURRENTLY USING		→ 813
812	Do you think you will use a contraceptive method to delay or avoid pregnancy at any time in the future?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	

813	CHECK 216:
	
	HAS LIVING ☐ NO LIVING ☐
	CHILDREN CHILDREN
	     ↓ ↓
	a) If you could go back to b) If you could choose
	   the time you did not exactly the number of
	   have any children and children to have in
	   could choose exactly your whole life, how
	   the number of children many would that be?
	   to have in your whole
	   life, how many would
	   that be?
	      PROBE FOR A NUMERIC RESPONSE.
		NONE 00
		
		NUMBER . . . . ☐☐
		
		OTHER _____ 96
		              (SPECIFY)
			→ 815
			
			→ 815

814	How many of these children would you like to be boys, how many would you like to be girls and for how many would it not matter if it's a boy or a girl?	BOYS GIRLS EITHER NUMBER . . ☐☐ ☐☐ ☐☐ OTHER _____ 96 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
815	In the last few months have you: a) Heard about family planning on the radio? b) Seen anything about family planning on the television? c) Read about family planning in a newspaper or magazine? d) Received a voice or text message about family planning on a mobile phone? e) Read about family planning in brochure or flipchart? f) Seen message on family planning in a poster, hoarding board or billboard? g) Read/seen message in the internet? h) Seen street dramas on family planning? i) Heard from mother's group/teachers? j) Heard from FCHVs?	YES NO a) RADIO . . . . 1 2 b) TELEVISION . . . . 1 2 c) NEWSPAPER OR MAGAZINE . . . . 1 2 d) MOBILE PHONE . . . . 1 2 e) BROCHURE OR FLIPCHART . . . . 1 2 f) POSTER, HOARDING BOARD . . . . 1 2 g) INTERNET/WEBSIT . . . . 1 2 h) STREET DRAMA . . . . 1 2 i) MOTHER'S GROUP/TEACHEF . . . . 1 2 j) FCHV 1 2	
817	CHECK 701: YES, YES, NO, CURRENTLY LIVING NOT IN A UNION MARRIED↓ WITH A MAN↓	→901

818	CHECK 303: USING A CONTRACEPTIVE METHOD?
	
	                              NOT
	CURRENTLY CURRENTLY
	USING↓ USING
	       NOT
	     ASKED
		→820
		
		→822

819	Would you say that using contraception is mainly your decision, mainly your (husband's/partner's) decision, or did you both decide together?	MAINLY RESPONDENT . . . . 1 MAINLY HUSBAND/PARTNER . . . . 2 JOINT DECISION . . . . 3 OTHER _____ 6 (SPECIFY)	→821
820	Would you say that not using contraception is mainly your decision, mainly your (husband's/partner's) decision, or did you both decide together?	MAINLY RESPONDENT . . . . 1 MAINLY HUSBAND/PARTNER . . . . 2 JOINT DECISION . . . . 3 OTHER _____ 6 (SPECIFY)	
821	CHECK 304: NEITHER ARE NOT HE OR SHE ARE STERILIZED↓ ASKED↓ STERILIZED	→901
822	Does your (husband/partner) want the same number of children that you want, or does he want more or fewer than you want?	SAME NUMBER . . . . 1 MORE CHILDREN . . . . 2 FEWER CHILDREN . . . . 3 DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
901	CHECK 701: CURRENTLY MARRIED/ ☐ LIVING WITH A MAN ↓	NOT IN ☐ UNION	→ 909
902	How old was your (husband/partner) on his last birthday?	AGE IN COMPLETED YEARS .... ☐☐	
903	Did your (husband/partner) ever attend school?	YES .... 1 NO 2	→ 906
905	What was the highest grade he completed? IF COMPLETED LESS THAN ONE GRADE, RECORD '00'.	GRADE .... ☐☐ DON'T KNOW 98	
906	Has your (husband/partner) done any work in the last 7 days?	YES .... 1 NO .... 2 DON'T KNOW 8	→ 908
907	Has your (husband/partner) done any work in the last 12 months?	YES .... 1 NO .... 2 DON'T KNOW 8	→ 909
908	What is your (husband's/partner's) occupation? That is, what kind of work does he mainly do?	_____ _____ ☐☐ _____	
909	Aside from your own housework, have you done any work in the last seven days?	YES .... 1 NO 2	→ 913
910	As you know, some women take up jobs for which they are paid in cash or kind. Others sell things, have a small business or work on the family farm or in the family business. In the last seven days, have you done any of these things or any other work?	YES .... 1 NO 2	→ 913
911	Although you did not work in the last seven days, do you have any job or business from which you were absent for leave, illness, vacation, maternity leave, or any other such reason?	YES .... 1 NO 2	→ 913
912	Have you done any work in the last 12 months?	YES .... 1 NO 2	→ 916A
913	What is your occupation? That is, what kind of work do you mainly do?	_____ _____ ☐☐ _____	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
914	Do you do this work for a member of your family, for someone else, or are you self-employed?	FOR FAMILY MEMBER . . . . 1 FOR SOMEONE ELSE . . . . 2 SELF-EMPLOYED 3	
915	Do you usually work throughout the year, or do you work seasonally, or only once in a while?	THROUGHOUT THE YEAR . . . . 1 SEASONALLY/PART OF THE YEAR . . . . 2 ONCE IN A WHILE 3	
916	Are you paid in cash or kind for this work or are you not paid at all?	CASH ONLY . . . . 1 CASH AND KIND . . . . 2 IN KIND ONLY . . . . 3 NOT PAID 4	
916A	Would you say women are paid less, equal, or more than men for the same job in your locality?	LESS . . . . 1 EQUAL . . . . 2 MORE . . . . 3 NOT SURE . . . . 4 DON'T KNOW 8	
917	CHECK 701: CURRENTLY ☐ MARRIED/LIVING WITH A MAN ↓ NOT IN UNION ☐		→ 925
918	CHECK 916: CODE '1' OR '2' ☐ CIRCLED ↓ OTHER ☐		→ 921

919	Who usually decides how the money you earn will be used: you, your (husband/partner), or you and your (husband/partner) jointly?	RESPONDENT 1
		HUSBAND/PARTNER 2
		RESPONDENT AND
		    HUSBAND/PARTNER JOINTLY 3
		
		OTHER _____ 6
		                (SPECIFY)	

920	Would you say that the money that you earn is more than what your (husband/partner) earns, less than what he earns, or about the same?	MORE THAN HIM . . . . 1 LESS THAN HIM . . . . 2 ABOUT THE SAME . . . . 3 HUSBAND/PARTNER HAS NO EARNINGS . . . . 4 DON'T KNOW 8	→ 922

921	Who usually decides how your (husband's/partner's) earnings will be used: you, your (husband/partner), or you and your (husband/partner) jointly?	RESPONDENT 1
		HUSBAND/PARTNER 2
		RESPONDENT AND
		    HUSBAND/PARTNER JOINTLY 3
		HUSBAND/PARTNER HAS
		    NO EARNINGS 4
		
		OTHER _____ 6
		                (SPECIFY)	

922	Who usually makes decisions about health care for yourself: you, your (husband/partner), you and your (husband/partner) jointly, or someone else?	RESPONDENT . . . . 1 HUSBAND/PARTNER . . . . 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY . . . . 3 SOMEONE ELSE . . . . 4 OTHER 6	
923	Who usually makes decisions about making major household purchases?	RESPONDENT . . . . 1 HUSBAND/PARTNER . . . . 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY . . . . 3 SOMEONE ELSE . . . . 4 OTHER 6	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
924	Who usually makes decisions about visits to your family or relatives?	RESPONDENT .... 1 HUSBAND/PARTNER .... 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY .... 3 SOMEONE ELSE .... 4 OTHER 6	
924A	Who usually makes decisions about your children's education?	RESPONDENT .... 1 HUSBAND/PARTNER .... 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY .... 3 SOMEONE ELSE .... 4 OTHER 6	
924B	Who decides how your inherited asset (pewa) is used?	RESPONDENT .... 1 HUSBAND/PARTNER .... 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY .... 3 SOMEONE ELSE .... 4 OTHER 6	
925	Do you own this or any other house either alone or jointly with someone else?	ALONE ONLY .... 1 JOINTLY ONLY .... 2 BOTH ALONE AND JOINTLY .... 3 DOES NOT OWN 4	→ 928
926	Do you have a title deed for any house you own?	YES .... 1 NO .... 2 DON'T KNOW 8	
928	Do you own any agricultural or non-agricultural land either alone or jointly with someone else?	ALONE ONLY .... 1 JOINTLY ONLY .... 2 BOTH ALONE AND JOINTLY .... 3 DOES NOT OWN 4	→ 930A
929	Do you have a title deed for any land you own?	YES .... 1 NO .... 2 DON'T KNOW 8	

930A	Do you know the following about your household? a) How much property/land owned? b) Under whose name it is registered?		YES	NO	NO LAND/ PROPERTY	
		a) OWNERSHIF	1	2	3	
		b) REGISTRATION	1	2	3	

931	PRESENCE OF OTHERS AT THIS POINT (PRESENT AND LISTENING, PRESENT BUT NOT LISTENING, OR NOT PRESENT)		PRES./ LISTEN.	PRES./ NOT LISTEN.	NOT PRES.	
		CHILDREN < 10	1	2	3	
		HUSBAND	1	2	3	
		OTHER MALES	1	2	3	
		OTHER FEMALES	1	2	3	

932	In your opinion, is a husband justified in hitting or beating his wife in the following situations: a) If she goes out without telling him? b) If she neglects the children? c) If she argues with him? d) If she refuses to have sex with him? e) If she burns the food? f) If she brings less or brings no dowry?		YES	NO	DK	
		a) GOES OUT	1	2	8	
		b) NEGLECTS CHILDREN ..	1	2	8	
		c) ARGUES	1	2	8	
		d) REFUSES SEX	1	2	8	
		e) BURNS FOOD	1	2	8	
		f) LESS/NO DOWRY	1	2	8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1001	Now I would like to talk about something else. Have you ever heard of HIV or AIDS?	YES . . . . 1 NO 2	→ 1042
1002	HIV is the virus that can lead to AIDS. Can people reduce their chance of getting HIV by having just one uninfected sex partner who has no other sex partners?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
1003	Can people get HIV from mosquito bites?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
1004	Can people reduce their chance of getting HIV by using a condom every time they have sex?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
1005	Can people get HIV by sharing food with a person who has HIV?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
1006	Can people get the AIDS virus by touching someone who has AIDS?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
1007	Is it possible for a healthy-looking person to have HIV?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
1008	Can HIV be transmitted from an infected mother to her baby: a) During pregnancy? b) During delivery? c) By breastfeeding?	YES NO DK a) DURING PREGNANCY . . 1 2 8 b) DURING DELIVERY . . . . . 1 2 8 c) BREASTFEEDING 1 2 8	

1009	CHECK 1008:
	
	    AT LEAST ☐ OTHER ☐
	    ONE 'YES' ↓
			→ 1011

1010	Are there any special drugs that a doctor or a nurse can give to a woman infected with HIV to reduce the risk of transmission to the baby?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	

1011	CHECK 208 AND 215:
	
	                    NO BIRTHS ☐
	    LAST BIRTH IN ☐
	    2071-2073 ↓ LAST BIRTH IN ☐
	               2070 OR EARLIER
		→ 1027
		
		→ 1027

1012	CHECK 408 FOR LAST BIRTH:
	
	        HAD ☐ NO ☐
	  ANTENATAL ANTENATAL
	     CARE ↓ CARE
		→ 1024

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1013	**CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.**		
1014	During any of the antenatal visits for your last birth were you given any information about: a) Babies getting HIV from their mother? b) Things that you can do to prevent getting HIV? c) Getting tested for HIV?	YES NO DK a) HIV FROM MOTHER .. 1 2 8 b) THINGS TO DO .... 1 2 8 c) TESTED FOR HIV 1 2 8	
1015	Were you offered a test for HIV as part of your antenatal care?	YES .... 1 NO 2	
1016	I don't want to know the results, but were you tested for HIV as part of your antenatal care?	YES .... 1 NO 2	→ 1024

1017	Where was the test done?
	
	PROBE TO IDENTIFY THE TYPE OF SOURCE.
	
	IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.
	
	_____
	(NAME OF PLACE)
		PUBLIC SECTOR
		   GOVERNMENT HOSPITAL 11
		   PRIMARY HEALTH CARE CENTER 12
		
		   OTHER PUBLIC FACILITIES
		
		   _____ 16
		         (SPECIFY)
		
		NON-GOVT. (NGO) SECTOR
		   FPAN 21
		   MARIE STOPES 22
		
		   OTHER NGO FACILITIES
		
		   _____ 26
		         (SPECIFY)
		
		PRIVATE MEDICAL SECTOR
		   PRIVATE HOSPITAL/
		     NURSING HOME 31
		   PRIVATE CLINIC 32
		   STAND-ALONE HTC/VCT CENTER 33
		   PHARMACY 34
		   MOBILE HTC/VCT SERVICES 35
		   OTHER PRIVATE MEDICAL FACILITIES
		
		   _____ 36
		         (SPECIFY)
		OTHER SOURCE
		   HOME 41
		   WORKPLACE 42
		   CORRECTIONAL FACILITY 43
		
		OTHER _____ 96
		         (SPECIFY)	

1018	I don't want to know the results, but did you get the results of the test?	YES .... 1 NO 2	→ 1024
1019	All women are supposed to receive counseling after being tested. After you were tested, did you receive counseling?	YES .... 1 NO .... 2 DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1024	CHECK 1016: YES ☐	NO OR ☐ NOT ASKED	→ 1027
1025	Have you been tested for HIV since that time you were tested during your pregnancy?	YES . . . . 1 NO 2	→ 1028
1026	How many months ago was your most recent HIV test?	MONTHS AGO . . . . ☐☐ TWO OR MORE YEARS 95	→ 1032A
1027	I don't want to know the results, but have you ever been tested for HIV?	YES . . . . 1 NO 2	→ 1031
1028	How many months ago was your most recent HIV test?	MONTHS AGO . . . . ☐☐ TWO OR MORE YEARS 95	
1029	I don't want to know the results, but did you get the results of the test?	YES . . . . 1 NO 2	
1030	Where was the test done? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	**PUBLIC SECTOR** GOVERNMENT HOSPITAL . . . . 11 PRIMARY HEALTH CARE CENTER . . . . 12 OTHER PUBLIC FACILITIES _____ 16 (SPECIFY) **NON-GOVT. (NGO) SECTOR** FPAN . . . . 21 MARIE STOPES . . . . 22 OTHER NGO FACILITIES _____ 26 (SPECIFY) **PRIVATE MEDICAL SECTOR** PRIVATE HOSPITAL/CLINIC/ NURSING HOME . . . . 31 PRIVATE CLINIC . . . . 32 STAND-ALONE HTC/VCT CENTER . . . . 33 PHARMACY . . . . 34 MOBILE HTC/VCT SERVICES . . . . 35 OTHER PRIVATE MEDICAL FACILITIES _____ 36 (SPECIFY) **OTHER SOURCE** HOME . . . . 41 WORKPLACE . . . . 42 CORRECTIONAL FACILITY . . . . 43 OTHER _____ 96 (SPECIFY)	→ 1032A

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1031	Do you know of a place where people can go to get an HIV test?	YES . . . . 1 NO 2	→ 1032A

1032	Where is that?
	
	Any other place?
	
	PROBE TO IDENTIFY THE TYPE OF SOURCE.
	
	IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.
	
	_____
	(NAME OF PLACE)
		PUBLIC SECTOR
		   GOVERNMENT HOSPITAL . . . . A
		   PRIMARY HEALTH CARE CENTER . . . . B
		
		   OTHER PUBLIC FACILITIES
		
		   _____ D
		           (SPECIFY)
		
		NON-GOVT. (NGO) SECTOR
		   FPAN . . . . E
		   MARIE STOPES . . . . F
		
		   OTHER NGO FACILITIES
		
		   _____ G
		           (SPECIFY)
		
		PRIVATE MEDICAL SECTOR
		   PRIVATE HOSPITAL/CLINIC/
		      PRIVATE DOCTOR . . . . H
		   PRIVATE CLINIC I
		   STAND-ALONE HTC/VCT CENTER . . . . J
		   PHARMACY . . . . K
		   MOBILE HTC/VCT SERVICES L
		   OTHER PRIVATE MEDICAL FACILITIES
		
		   _____ M
		           (SPECIFY)
		
		OTHER _____ X
		           (SPECIFY)	

1032A	Do you think there is a treatment for HIV?	YES . . . . 1 NO . . . . 2 DON'T KNOW/NOT SURE 8	→ 1035
1032B	Do you know from where HIV treatment (Anti Retroviral Treatment) can be received?	YES . . . . 1 NO 2	
1035	Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had HIV?	YES . . . . 1 NO . . . . 2 DON'T KNOW/NOT SURE/DEPENDS 8	
1036	Do you think children living with HIV should be allowed to attend school with children who do not have HIV?	YES . . . . 1 NO . . . . 2 DON'T KNOW/NOT SURE/DEPENDS 8	
1037	Do you think people hesitate to take an HIV test because they are afraid of how other people will react if the test result is positive for HIV?	YES . . . . 1 NO . . . . 2 DON'T KNOW/NOT SURE/DEPENDS 8	
1038	Do people talk badly about people living with HIV, or who are thought to be living with HIV?	YES . . . . 1 NO . . . . 2 DON'T KNOW/NOT SURE/DEPENDS 8	
1039	Do people living with HIV, or thought to be living with HIV, lose the respect of other people?	YES . . . . 1 NO . . . . 2 DON'T KNOW/NOT SURE/DEPENDS 8	
1040	Do you agree or disagree with the following statement: I would be ashamed if someone in my family had HIV.	AGREE . . . . 1 DISAGREE . . . . 2 DON'T KNOW/NOT SURE/DEPENDS 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1041	Do you fear that you could get HIV if you come into contact with the saliva of a person living with HIV?	YES . . . . 1 NO . . . . 2 SAYS SHE HAS HIV . . . . 3 DON'T KNOW/NOT SURE/DEPENDS 8	
1042	CHECK 1001: HEARD ABOUT ☐ NOT HEARD ABOUT ☐ HIV OR AIDS↓ HIV OR AIDS↓ a) Apart from HIV, have b) Have you heard about you heard about other infections that can be infections that can be transmitted through transmitted through sexual contact? sexual contact?	YES . . . . 1 NO 2	
1043	CHECK 713: HAS HAD SEXUAL ☐ NEVER HAD SEXUAL ☐ INTERCOURSE↓ INTERCOURSE		→ 1051
1044	CHECK 1042: HEARD ABOUT OTHER SEXUALLY TRANSMITTED INFECTIONS? YES ☐ NO ☐		→ 1046
1045	Now I would like to ask you some questions about your health in the last 12 months. During the last 12 months, have you had a disease which you got through sexual contact?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
1046	Sometimes women experience a bad-smelling abnormal genital discharge. During the last 12 months, have you had a bad-smelling abnormal genital discharge?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
1047	Sometimes women have a genital sore or ulcer. During the last 12 months, have you had a genital sore or ulcer?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
1048	CHECK 1045, 1046, AND 1047: HAS HAD AN ☐ HAS NOT HAD AN ☐ INFECTION↓ INFECTION OR (ANY 'YES') DOES NOT KNOW		→ 1051
1049	The last time you had (PROBLEM FROM 1045/1046/1047), did you seek any kind of advice or treatment?	YES . . . . 1 NO 2	→ 1051

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

1050	Where did you go?
	
	Any other place?
	
	PROBE TO IDENTIFY THE TYPE OF SOURCE.
	
	IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE
	
	_____
	(NAME OF PLACE)
		PUBLIC SECTOR
		  GOVERNMENT HOSPITAL . . . . A
		  PRIMARY HEALTH CARE CENTER . . . . B
		  HEALTH POST/SUB-
		    HEALTH POST C
		  PHC OUTREACH CLINIC . . . . D
		  MOBILE CAMP . . . . E
		  SATELLITE CLINIC . . . . F
		  OTHER PUBLIC FACILITIES
		
		  _____ G
		  (SPECIFY)
		
		NON-GOVT. (NGO) SECTOR
		  FPAN . . . . H
		  MARIE STOPES I
		
		  OTHER NGO FACILITIES
		
		  _____ J
		  (SPECIFY)
		
		PRIVATE MEDICAL SECTOR
		  PRIVATE HOSPITAL/
		    NURSING HOME . . . . K
		  PRIVATE CLINIC L
		  PHARMACY . . . . M
		  OTHER PRIVATE MEDICAL FACILITIES
		
		  _____ N
		  (SPECIFY)
		OTHER SOURCE
		  SHOP . . . . O
		
		  OTHER _____ X
		  (SPECIFY)	

1051	If a wife knows her husband has a disease that she can get during sexual intercourse, is she justified in asking that they use a condom when they have sex?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
1052	Is a wife justified in refusing to have sex with her husband when she knows he has sex with other women?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
1053	CHECK 701: CURRENTLY MARRIED/ ☐ LIVING WITH A MAN ↓ NOT IN UNION ☐		→ 1101
1054	Can you say no to your (husband/partner) if you do not want to have sexual intercourse?	YES . . . . 1 NO . . . . 2 DEPENDS/NOT SURE 8	
1055	Could you ask your (husband/partner) to use a condom if you wanted him to?	YES . . . . 1 NO . . . . 2 DEPENDS/NOT SURE 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1101	Now I would like to ask you some other questions relating to health matters. Have you had an injection for any reason in the last 12 months? IF YES: How many injections have you had? IF NUMBER OF INJECTIONS IS 90 OR MORE, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'. IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.	NUMBER OF INJECTIONS . . . . [ ][ ] NONE 00	→ 1104
1102	Among these injections, how many were administered by a doctor, a nurse, a pharmacist, a dentist, or any other health worker? IF NUMBER OF INJECTIONS IS 90 OR MORE, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'. IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.	NUMBER OF INJECTIONS . . . . [ ][ ] NONE 00	→ 1104
1103	The last time you got an injection from a health worker, did he/she take the syringe and needle from a new, unopened package?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
1104	Do you currently smoke cigarettes every day, some days, or not at all?	EVERY DAY . . . . 1 SOME DAYS . . . . 2 NOT AT ALL 3	→ 1106
1105	On average, how many cigarettes do you currently smoke each day?	NUMBER OF CIGARETTES . . . . [ ][ ]	
1106	Do you currently smoke or use any other type of tobacco every day, some days, or not at all?	EVERY DAY . . . . 1 SOME DAYS . . . . 2 NOT AT ALL 3	→ 1107A
1107	What other type of tobacco do you currently smoke or use? RECORD ALL MENTIONED.	PIPES FULL OF TOBACCO/SULPHA, CHILUM A CIGARS . . . . B WATER PIPE . . . . C SNUFF BY MOUTH . . . . D SNUFF BY NOSE . . . . E CHEWING TOBACCO (GUTKA/KHAII . . . . F BETEL QUID WITH TOBACCO . . . . G OTHER _____ X (SPECIFY)	
1107A	Have you ever heard of an illness called tuberculosis or TB?	YES . . . . 1 NO 2	→ 1108
1107B	What are the common symptoms of TB ? RECORD ALL MENTIONED.	COUGH FOR MORE THAN 2 WEEKS . . . . A FEVER IN THE EVENINGS . . . . B CHEST PAIN . . . . C LOSS OF WEIGH . . . . D LOSS OF APPETITE . . . . E HEMOPTYSIS . . . . F OTHER _____ X (SPECIFY) DON'T KNOW . . . . Z	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

1107C	How does tuberculosis spread from one person to another?
	
	RECORD ALL MENTIONED.
		THROUGH THE AIR WHEN COUGHING
		    OR SNEEZING . . . . A
		THROUGH SHARING UTENSILS . . . . B
		THROUGH TOUCHING A PERSON WITH TE C
		THROUGH FOOD . . . . D
		THROUGH SEXUAL CONTACT . . . . E
		THROUGH MOSQUITO BITES. . . . . F
		THROUGH SPIT . . . . G
		THROUGH GENES . . . . H
		
		OTHER _____ X
		                 (SPECIFY)
		
		DON'T KNOW . . . . Z	

1107D	If you were sick with TB, where would you prefer to seek care?
	
	RECORD ALL MENTIONED.
		PUBLIC SECTOR
		    GOVERNMENT HOSPITAL/CLINIC . . . . A
		    PRIMARY HEALTH CARE CENTER . . . . . B
		    HEALTH POST/SUB-
		        HEALTH POST C
		    PHC OUTREACH CLINI. . . . . D
		    MOBILE CAMP . . . . E
		    FCHV . . . . F
		
		OTHER _____ G
		                 (SPECIFY)
		
		NON-GOVT. (NGO) SECTOR
		    FPAN . . . . H
		    MARIE STOPES I
		
		    OTHER NGO FACILITIES
		
		    _____ J
		                 (SPECIFY)
		
		PRIVATE MEDICAL SECTOR
		    PRIVATE HOSPITAL/
		        NURSING HOME. K
		    PRIVATE CLINIC. L
		    PHARMACY . . . . M
		    OTHER PRIVATE MEDICAL FACILITIES
		
		    _____ N
		                 (SPECIFY)
		
		OTHER SOURCE
		    SHOP . . . . O
		    FRIEND/RELATIVE . . . . P
		    TRADITIONAL HEALER. . . . . Q
		
		OTHER _____ X
		                 (SPECIFY)
		
		DON'T KNOW . . . . Z	

1107E	If a member of your family got tuberculosis, would you want it to remain a secret or not?	YES, REMAIN A SECRET . . . . 1 NO . . . . 2 DON'T KNOW/UNSURE. 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES		SKIP
1108	Many different factors can prevent women from getting medical advice or treatment for themselves. When you are sick and want to get medical advice or treatment, is each of the following a big problem or not a big problem:		BIG PROBLEM / NOT A BIG PROBLEM	
	a) Getting permission to go to the doctor/health service provider?	a) PERMISSION TO GO 1	2	
	b) Getting money needed for advice or treatment?	b) GETTING MONEY 1	2	
	c) The distance to the health facility?	c) DISTANCE 1	2	
	d) Not wanting to go alone?	d) GO ALONE 1	2	
	e) No female health service provider available in the health facility	e) FEMALE PROVIDER 1	2	
1108A	In the last three months have you heard or seen the following programs on the radio and/or television:		YES / NO	
	a) Jana Swastha Radio Karyakram?	a) JANA SWASTHA 1	2	
	b) Janasankhya Chetana ka Sworeharu Radio Karyakram?	b) JANASANKHYA 1	2	
	c) Jeevan Chakra TV Karyakram?	c) JEEVAN CHAKRA 1	2	
	d) Thorai bhaye pugi sari TV Karyakram?	d) THORAI BHAYA 1	2	
	e) Sathi Sanga Manka Kura Radio Karyakram?	e) SATHI SANGA MANKA 1	2	
	f) Bhanchin Aama Radio Karyakram?	f) BHANCHIN AAMA 1	2	
	g) Bhandai Sundai Radio Karyakram?	g) BHANDAI SUNDAI 1	2	
	h) Pariwar Niyojan, SMART Bancha Jeevan TV/Radio Karyakram?	h) SMART BANCHA JEEVAN .. 1	2	
	i) Navimalam TV/Radio Karyakram?	i) NAVIMALAM 1	2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1108B	Is there a health mother's group in this ward?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	→ 1201
1108C	In the past 6 months, how many health mother's group meetings have you participated in?	NUMBER OF MEETING . . . . ☐☐	

1108D	What issues are discussed during the health mother's group meetings?
	
	RECORD ALL MENTIONED.
		RECEIVED INFORMATION OF CHILD FEED. . . . . A
		RECEIVED INFORMATION ON FOOD/COOKIN. . B
		RECEIVED INFORMATION ON GARDENINC. C
		RECEIVED INFORMATION ON POULTR. . . . . . . D
		RECEIVED INFORMATION ON PROCESSIN. . . . . E
		RECEIVED INFORMATION ON REPRODUCTIVE
		   HEALTH/WOMEN'S HEALTH CAF. . . . . F
		WATCH DEMONSTRATION ON COOKIN. . . . . . . G
		DISCUSS ABOUT NUTRITION . . . . H
		DISCUSS GENDER ISSUES I
		DISCUSS ABOUT HANDWASHIN. . . . . J
		DISCUSS ABOUT TOILET . . . . K
		DISCUSS ABOUT FAMILY PLANNING L
		DISCUSS ABOUT DIARRHEA . . . . M
		
		OTHER _____ X
		            (SPECIFY)
		
		DON'T KNOW . . . . Z	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1201	Now I would like to ask you some questions about your brothers and sisters born to your natural mother, including those who are living with you, those living elsewhere and those who have died. From our experience in prior surveys, we know it may sometimes be difficult to establish a complete list of all the children born to your natural mother. We will work together to draw the most complete list and work to recall all your siblings. Could you please now give me the names of all of your brothers and sisters born to your natural mother. DO NOT FILL IN THE ORDER NUMBER YET.		

NAME   ORDER NUMBER   NAME   ORDER NUMBER

a _____ [ ][ ]   k _____ [ ][ ]

b _____ [ ][ ]   l _____ [ ][ ]

c _____ [ ][ ]   m _____ [ ][ ]

d _____ [ ][ ]   n _____ [ ][ ]

e _____ [ ][ ]   o _____ [ ][ ]

f _____ [ ][ ]   p _____ [ ][ ]

g _____ [ ][ ]   q _____ [ ][ ]

h _____ [ ][ ]   r _____ [ ][ ]

i _____ [ ][ ]   s _____ [ ][ ]

j _____ [ ][ ]   t _____ [ ][ ]

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1202	CHECK 1201: ONE OR MORE BROTHERS [ ] NO BROTHERS [ ] OR SISTERS LISTED ↓ OR SISTERS LISTED		→ 1204
1203	READ THE NAMES OF THE BROTHERS AND SISTERS TO THE RESPONDENT AND AFTER THE LAST ONE ASK: Are there any other brothers and sisters from the same mother that you have not mentioned? NO [ ] ↓ YES [ ] →	LIST ADDITIONAL BROTHERS AND SISTERS IN 1201.	
1204	Sometimes people forget to mention children born to their natural mother because they do not live with them or they do not see them very often. Are there any brothers or sisters who do not live with you that you have not mentioned? NO [ ] ↓ YES [ ] →	LIST ADDITIONAL BROTHERS AND SISTERS IN 1201.	
1205	Sometimes people forget to mention children born to their natural mother because they have died. Are there any brothers or sisters who died that you have not mentioned? NO [ ] ↓ YES [ ] →	LIST ADDITIONAL BROTHERS AND SISTERS IN 1201.	
1206	Some people have brothers or sisters from the same mother but a different father. Are there any brothers or sisters born to your natural mother, but who have a different natural father, that you have not mentioned? NO [ ] ↓ YES [ ] →	LIST ADDITIONAL BROTHERS AND SISTERS IN 1201.	
1207	COUNT THE NUMBER OF BROTHERS AND SISTERS RECORDED IN 1201.	TOTAL BROTHERS AND SISTERS . . [ ][ ]	

1208	CHECK 1207: Just to make make sure that I have this right: Your mother had in TOTAL _____ births, excluding you, during her lifetime. Is that correct? YES ☐ NO ☐ ——————————→ PROBE AND CORRECT 1201 AND/OR 1207.	
1209	CHECK 1207: ONE OR MORE ☐ NO ☐ —————————————————→ BROTHERS/SISTERS ↓ BROTHER OR SISTER	1300
1210	Please tell me, which brother or sister was born first? And which was born next? RECORD '01' FOR THE ORDER NUMBER IN 1201 FOR THE FIRST BROTHER OR SISTER, '02' FOR THE SECOND, AND SO ON UNTIL YOU HAVE RECORDED THE ORDER NUMBER FOR ALL BROTHERS AND SISTERS.	
1211	How many births did your mother have before you were born? NUMBER OF PRECEDING BIRTHS . . ☐☐	

1212	LIST THE BROTHERS AND SISTERS ACCORDING TO THE ORDER NUMBER IN 1201. ASK 1214 TO 1225 FOR ONE BROTHER OR SISTER BEFORE ASKING ABOUT THE NEXT BROTHER OR SISTER. IF THERE ARE MORE THAN 12 BROTHERS AND SISTERS, USE AN ADDITIONAL QUESTIONNAIRE.					
1213	NAME OF BROTHER OR SISTER. ___	(01) ___	(02) ___	(03) ___	(04) ___	(05) ___	(06) ___
1214	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
1215	Is (NAME) still alive?	YES ..... 1 NO ..... 2 GO TO 1217 DK ..... 8 GO TO (02)	YES ..... 1 NO ..... 2 GO TO 1217 DK ..... 8 GO TO (03)	YES ..... 1 NO ..... 2 GO TO 1217 DK ..... 8 GO TO (04)	YES ..... 1 NO ..... 2 GO TO 1217 DK ..... 8 GO TO (05)	YES ..... 1 NO ..... 2 GO TO 1217 DK ..... 8 GO TO (06)	YES ..... 1 NO ..... 2 GO TO 1217 DK ..... 8 GO TO (07)
1216	How old is (NAME)?	☐☐ GO TO (02)	☐☐ GO TO (03)	☐☐ GO TO (04)	☐☐ GO TO (05)	☐☐ GO TO (06)	☐☐ GO TO (07)
1217	How many years ago did (NAME) die?	☐☐	☐☐	☐☐	☐☐	☐☐	☐☐
1218	How old was (NAME) when (he/she) died? IF DON'T KNOW, PROBE AND ASK ADDITIONAL QUESTIONS TO GET AN	☐☐ IF MALE OR DIED BEFORE 12 YEARS OF AGE, GO TO 1223	☐☐ IF MALE OR DIED BEFORE 12 YEARS OF AGE, GO TO 1223	☐☐ IF MALE OR DIED BEFORE 12 YEARS OF AGE, GO TO 1223	☐☐ IF MALE OR DIED BEFORE 12 YEARS OF AGE, GO TO 1223	☐☐ IF MALE OR DIED BEFORE 12 YEARS OF AGE, GO TO 1223	☐☐ IF MALE OR DIED BEFORE 12 YEARS OF AGE, GO TO 1223
1219	Was (NAME) pregnant when she died?	YES ..... 1 GO TO 1223 NO 2	YES ..... 1 GO TO 1223 NO 2	YES ..... 1 GO TO 1223 NO 2	YES ..... 1 GO TO 1223 NO 2	YES ..... 1 GO TO 1223 NO 2	YES ..... 1 GO TO 1223 NO 2
1220	Did (NAME) die during childbirth?	YES ..... 1 GO TO (02) NO 2	YES ..... 1 GO TO (03) NO 2	YES ..... 1 GO TO (04) NO 2	YES ..... 1 GO TO (05) NO 2	YES ..... 1 GO TO (06) NO 2	YES ..... 1 GO TO (07) NO 2
1221	Did (NAME) die within two months after the end of a pregnancy or childbirth?	YES ..... 1 NO ..... 2 GO TO 1223	YES ..... 1 NO ..... 2 GO TO 1223	YES ..... 1 NO ..... 2 GO TO 1223	YES ..... 1 NO ..... 2 GO TO 1223	YES ..... 1 NO ..... 2 GO TO 1223	YES ..... 1 NO ..... 2 GO TO 1223
1222	How many days after the end of the pregnancy did (NAME) die?	☐☐	☐☐	☐☐	☐☐	☐☐	☐☐
1223	Was (NAME)'s death due to intentional self harm?	YES ..... 1 GO TO (02) NO 2	YES ..... 1 GO TO (03) NO 2	YES ..... 1 GO TO (04) NO 2	YES ..... 1 GO TO (05) NO 2	YES ..... 1 GO TO (06) NO 2	YES ..... 1 GO TO (07) NO 2
1224	Was (NAME)'s death due to an act of harm or violence by others?	YES ..... 1 GO TO (02) NO 2	YES ..... 1 GO TO (03) NO 2	YES ..... 1 GO TO (04) NO 2	YES ..... 1 GO TO (05) NO 2	YES ..... 1 GO TO (06) NO 2	YES ..... 1 GO TO (07) NO 2
1225	Was (NAME)'s death due to an accidental injury or poisoning (including natural calamities) not inflicted by self or others?	YES ..... 1 NO ..... 2 GO TO (02)	YES ..... 1 NO ..... 2 GO TO (03)	YES ..... 1 NO ..... 2 GO TO (04)	YES ..... 1 NO ..... 2 GO TO (05)	YES ..... 1 NO ..... 2 GO TO (06)	YES ..... 1 NO ..... 2 GO TO (07)
IF NO MORE BROTHERS OR SISTERS, GO TO 1300.							

1212	LIST THE BROTHERS AND SISTERS ACCORDING TO THE ORDER NUMBER IN 1201. ASK 1214 TO 1225 FOR ONE BROTHER OR SISTER BEFORE ASKING ABOUT THE NEXT BROTHER OR SISTER. IF THERE ARE MORE THAN 12 BROTHERS AND SISTERS, USE AN ADDITIONAL QUESTIONNAIRE.						
1213	NAME OF BROTHER OR SISTER.	(07) _____	(08) _____	(09) _____	(10) _____	(11) _____	(12) _____
1214	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
1215	Is (NAME) still alive?	YES . . . . . 1￼NO . . . . . 2￼GO TO 1217￼DK . . . . . 8￼GO TO (08)	YES . . . . . 1￼NO . . . . . 2￼GO TO 1217￼DK . . . . . 8￼GO TO (09)	YES . . . . . 1￼NO . . . . . 2￼GO TO 1217￼DK . . . . . 8￼GO TO (10)	YES . . . . . 1￼NO . . . . . 2￼GO TO 1217￼DK . . . . . 8￼GO TO (11)	YES . . . . . 1￼NO . . . . . 2￼GO TO 1217￼DK . . . . . 8￼GO TO (12)	YES . . . . . 1￼NO . . . . . 2￼GO TO 1217￼DK . . . . . 8￼GO TO (13)
1216	How old is (NAME)?	☐☐￼GO TO (08)	☐☐￼GO TO (09)	☐☐￼GO TO (10)	☐☐￼GO TO (11)	☐☐￼GO TO (12)	☐☐￼GO TO (13)
1217	How many years ago did (NAME) die?	☐☐	☐☐	☐☐	☐☐	☐☐	☐☐
1218	How old was (NAME) when (he/she) died?￼￼IF DON'T KNOW, PROBE AND ASK ADDITIONAL QUESTIONS TO GET AN ESTIMATE.	☐☐￼￼IF MALE OR DIED BEFORE 12 YEARS OF AGE, GO TO 1223	☐☐￼￼IF MALE OR DIED BEFORE 12 YEARS OF AGE, GO TO 1223	☐☐￼￼IF MALE OR DIED BEFORE 12 YEARS OF AGE, GO TO 1223	☐☐￼￼IF MALE OR DIED BEFORE 12 YEARS OF AGE, GO TO 1223	☐☐￼￼IF MALE OR DIED BEFORE 12 YEARS OF AGE, GO TO 1223	☐☐￼￼IF MALE OR DIED BEFORE 12 YEARS OF AGE, GO TO 1223
1219	Was (NAME) pregnant when she died?	YES . . . . . 1￼GO TO 1223￼NO 2	YES . . . . . 1￼GO TO 1223￼NO 2	YES . . . . . 1￼GO TO 1223￼NO 2	YES . . . . . 1￼GO TO 1223￼NO 2	YES . . . . . 1￼GO TO 1223￼NO 2	YES . . . . . 1￼GO TO 1223￼NO 2
1220	Did (NAME) die during childbirth?	YES . . . . . 1￼GO TO (08)￼NO 2	YES . . . . . 1￼GO TO (09)￼NO 2	YES . . . . . 1￼GO TO (10)￼NO 2	YES . . . . . 1￼GO TO (11)￼NO 2	YES . . . . . 1￼GO TO (12)￼NO 2	YES . . . . . 1￼GO TO (13)￼NO 2
1221	Did (NAME) die within two months after the end of a pregnancy or childbirth?	YES . . . . . 1￼NO . . . . . 2￼GO TO 1223	YES . . . . . 1￼NO . . . . . 2￼GO TO 1223	YES . . . . . 1￼NO . . . . . 2￼GO TO 1223	YES . . . . . 1￼NO . . . . . 2￼GO TO 1223	YES . . . . . 1￼NO . . . . . 2￼GO TO 1223	YES . . . . . 1￼NO . . . . . 2￼GO TO 1223
1222	How many days after the end of the pregnancy did (NAME) die?	☐☐	☐☐	☐☐	☐☐	☐☐	☐☐
1223	Was (NAME)'s death due to intentional self harm?	YES . . . . . 1￼GO TO (08)￼NO 2	YES . . . . . 1￼GO TO (09)￼NO 2	YES . . . . . 1￼GO TO (10)￼NO 2	YES . . . . . 1￼GO TO (11)￼NO 2	YES . . . . . 1￼GO TO (12)￼NO 2	YES . . . . . 1￼GO TO (13)￼NO 2
1224	Was (NAME)'s death due to an act of harm or violence by others?	YES . . . . . 1￼GO TO (08)￼NO 2	YES . . . . . 1￼GO TO (09)￼NO 2	YES . . . . . 1￼GO TO (10)￼NO 2	YES . . . . . 1￼GO TO (11)￼NO 2	YES . . . . . 1￼GO TO (12)￼NO 2	YES . . . . . 1￼GO TO (13)￼NO 2
1225	Was (NAME)'s death due to an accidental injury or poisoning (including natural calamities) not inflicted by self or others?	YES . . . . . 1￼NO . . . . . 2￼￼￼￼￼￼￼GO TO (02)	YES . . . . . 1￼NO . . . . . 2￼￼￼￼￼￼￼GO TO (03)	YES . . . . . 1￼NO . . . . . 2￼￼￼￼￼￼￼GO TO (04)	YES . . . . . 1￼NO . . . . . 2￼￼￼￼￼￼￼GO TO (05)	YES . . . . . 1￼NO . . . . . 2￼￼￼￼￼￼￼GO TO (06)	YES . . . . . 1￼NO . . . . . 2￼￼￼￼￼￼￼GO TO (07)
	IF NO MORE BROTHERS OR SISTERS, GO TO 1300.						

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1300	CHECK COVER PAGE: WOMAN SELECTED FOR DV MODULE? WOMAN SELECTED ☐ FOR THIS SECTION ↓	WOMAN ☐ NOT SELECTED	→ 1333
1301	CHECK FOR PRESENCE OF OTHERS: DO NOT CONTINUE UNTIL PRIVACY IS ENSURED. PRIVACY OBTAINED . . . . 1 ↓	PRIVACY NOT POSSIBLE . . . . 2 ————	→ 1332
1301A	READ TO THE RESPONDENT: Now I would like to ask you questions about some other important aspects of a woman's life. You may find some of these questions very personal. However, your answers are crucial for helping to understand the condition of women in [COUNTRY]. Let me assure you that your answers are completely confidential and will not be told to anyone and no one else in your household will know that you were asked these questions. If I ask you any question you don't want to answer, just let me know and I will go on to the next question.		
1302	CHECK 701 AND 702: CURRENTLY MARRIED/ LIVING WITH A MAN ☐ ↓ FORMERLY MARRIED/ LIVED WITH A MAN (READ IN PAST TENSE AND USE 'LAST' WITH 'HUSBAND/PARTNER') ☐ ↓ NEVER MARRIED/ NEVER LIVED WITH A MAN ☐		→ 1316

1303	First, I am going to ask you about some situations which happen to some women. Please tell me if these apply to your relationship with your (last) (husband/partner)? a) He (is/was) jealous or angry if you (talk/talked) to other men? b) He frequently (accuses/accused) you of being unfaithful? c) He (does/did) not permit you to meet your female friends? d) He (tries/tried) to limit your contact with your family? e) He (insists/insisted) on knowing where you (are/were) at all times?		
		YES	NO	DK
	JEALOUS	1	2	8
	ACCUSES	1	2	8
	NOT MEET FRIENDS . .	1	2	8
	NO FAMILY	1	2	8
	WHERE YOU ARE	1	2	8

1304	Now I need to ask some more questions about your relationship with your (last) (husband/partner). A. Did your (last) (husband/partner) ever:	B. How often did this happen during the last 12 months: often, only sometimes, or not at all?	

		EVER		OFTEN	SOME-TIMES	NOT IN LAST 12 MONTHS
a)	say or do something to humiliate you in front of others?	YES 1 NO 2 ↓	→	1	2	3
b)	threaten to hurt or harm you or someone you care about?	YES 1 NO 2 ↓	→	1	2	3
c)	insult you or make you feel bad about yourself?	YES 1 NO 2 ↓	→	1	2	3

1305	A. Did your (last) (husband/partner) ever do any of the following things to you:	B. How often did this happen during the last 12 months: often, only sometimes, or not at all?	

NO.	QUESTIONS AND FILTERS			CODING CATEGORIES			SKIP
		EVER		OFTEN	SOME-TIMES	NOT IN LAST 12 MONTHS	
	a) push you, shake you, or throw something at you?	YES 1 NO 2 →		1	2	3	
	b) slap you?	YES 1 NO 2 →		1	2	3	
	c) twist your arm or pull your hair?	YES 1 NO 2 →		1	2	3	
	d) punch you with his fist or with something that could hurt you?	YES 1 NO 2 →		1	2	3	
	e) kick you, drag you, or beat you up?	YES 1 NO 2 →		1	2	3	
	f) try to choke you or burn you on purpose?	YES 1 NO 2 →		1	2	3	
	g) threaten or attack you with a knife, gun, or other weapon?	YES 1 NO 2 →		1	2	3	
	h) physically force you to have sexual intercourse with him when you did not want to?	YES 1 NO 2 →		1	2	3	
	i) physically force you to perform any other sexual acts you did not want to?	YES 1 NO 2 →		1	2	3	
	j) force you with threats or in any other way to perform sexual acts you did not want to?	YES 1 NO 2 →		1	2	3	
1306	CHECK 1305A (a-j): AT LEAST ONE ☐ 'YES' ↓			NOT A SINGLE ☐ 'YES'			→ 1309
1307	How long after you first (got married/started living together) with your (last) (husband/partner) did (this/any of these things) first happen? IF LESS THAN ONE YEAR, RECORD '00'.			NUMBER OF YEARS . . . . . ☐☐ BEFORE MARRIAGE/BEFORE LIVING TOGETHER 95			
1308	Did the following ever happen as a result of what your (last) (husband/partner) did to you: a) You had cuts, bruises, or aches? b) You had eye injuries, sprains, dislocations, or burns? c) You had deep wounds, broken bones, broken teeth, or any other serious injury?			 YES . . . . 1 NO . . . . 2 YES . . . . 1 NO . . . . 2 YES . . . . 1 NO 2			
1309	Have you ever hit, slapped, kicked, or done anything else to physically hurt your (last) (husband/partner) at times when he was not already beating or physically hurting you?			YES . . . . 1 NO 2			→ 1311

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1310	In the last 12 months, how often have you done this to your (last) (husband/partner): often, only sometimes, or not at all?	OFTEN . . . . 1 SOMETIMES . . . . 2 NOT AT ALL 3	
1311	Does (did) your (last) (husband/partner) drink alcohol?	YES . . . . 1 NO 2	→ 1313
1312	How often does (did) he get drunk: often, only sometimes, or never?	OFTEN . . . . 1 SOMETIMES . . . . 2 NEVER 3	
1313	Are (Were) you afraid of your (last) (husband/partner): most of the time, sometimes, or never?	MOST OF THE TIME AFRAID . . . . 1 SOMETIMES AFRAID . . . . 2 NEVER AFRAID 3	
1314	CHECK 709: MARRIED MORE ☐ MARRIED ONLY ☐ THAN ONCE ↓ ONCE		→ 1316

1315	A. So far we have been talking about the behavior of your (current/last) (husband/partner). Now I want to ask you about the behavior of any previous (husband/partner).	B. How long ago did this last happen?	

		EVER	0 - 11 MONTHS AGO	12+ MONTHS AGO	DON'T REMEMBER
a)	Did any previous (husband/partner) ever hit, slap, kick, or do anything else to hurt you physically?	YES 1 → NO 2 ↓	1	2	3
b)	Did any previous (husband/partner) physically force you to have intercourse or perform any other sexual acts against your will?	YES 1 → NO 2 ↓	1	2	3

1316	CHECK 701 AND 702: EVER MARRIED/EVER ☐ NEVER MARRIED/NEVER ☐ LIVED WITH A MAN ↓ LIVED WITH A MAN ↓ a) From the time you were 15 years old has anyone other than (your/any) (husband/partner) hit you, slapped you, kicked you, or done anything else to hurt you physically? b) From the time you were 15 years old has anyone hit you, slapped you, kicked you, or done anything else to hurt you physically?	YES . . . . 1 NO . . . . 2 REFUSED TO ANSWER/ NO ANSWER 3	→ 1319
1317	Who has hurt you in this way? Anyone else? RECORD ALL MENTIONED.	MOTHER/STEP-MOTHER . . . . A FATHER/STEP-FATHER . . . . B SISTER/BROTHER . . . . C DAUGHTER/SON . . . . D OTHER RELATIVE . . . . E CURRENT BOYFRIEND . . . . F FORMER BOYFRIEND . . . . G MOTHER-IN-LAW . . . . H FATHER-IN-LAW . . . . I OTHER IN-LAW . . . . J TEACHER . . . . K EMPLOYER/SOMEONE AT WORK . . . . . L POLICE/SOLDIER . . . . M OTHER _____ X (SPECIFY)	
1318	In the last 12 months, how often has (this person/have these persons) physically hurt you: often, only sometimes, or not at all?	OFTEN . . . . 1 SOMETIMES . . . . 2 NOT AT ALL 3	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1319	CHECK 201, 207AA, AND 226: EVER BEEN PREGNANT ☐ ('YES' ON 201 OR 207AA OR 226) ↓	NEVER BEEN PREGNANT ☐	→ 1322
1320	Has any one ever hit, slapped, kicked, or done anything else to hurt you physically while you were pregnant?	YES .... 1 NO 2	→ 1322
1321	Who has done any of these things to physically hurt you while you were pregnant? Anyone else? RECORD ALL MENTIONED.	CURRENT HUSBAND/PARTNER ..... A MOTHER/STEP-MOTHER .... B FATHER/STEP-FATHEI............. C SISTER/BROTHER .... D DAUGHTER/SON .... E OTHER RELATIVE .... F FORMER HUSBAND/PARTNER ..... G CURRENT BOYFRIENC............. H FORMER BOYFRIEND .... I MOTHER-IN-LAW .... J FATHER-IN-LAW .... K OTHER IN-LAW .... L TEACHER .... M EMPLOYER/SOMEONE AT WORI..... N POLICE/SOLDIER .... O OTHER _____ X (SPECIFY)	
1322	CHECK 701 AND 702: EVER MARRIED/EVER ☐ LIVED WITH A MAN ↓ NEVER MARRIED/NEVER ☐ LIVED WITH A MAN		→ 1322B
1322A	Now I want to ask you about things that may have been done to you by someone other than (your/any) (husband/partner). At any time in your life, as a child or as an adult, has anyone ever forced you in any way to have sexual intercourse or perform any other sexual acts when you did not want to?	YES .... 1 NO .... 2 REFUSED TO ANSWER/ NO ANSWER 3	→ 1323 →1324A
1322B	At any time in your life, as a child or as an adult, has anyone ever forced you in any way to have sexual intercourse or perform any other sexual acts when you did not want to?	YES .... 1 NO .... 2 REFUSED TO ANSWER/ NO ANSWER 3	→ 1326
1323	Who was the person who was forcing you the very first time this happened?	CURRENT HUSBAND/PARTNER ..... 01 FORMER HUSBAND/PARTNE .... 02 CURRENT/FORMER BOYFRIEND..... 03 FATHER/STEP-FATHEI............. 04 BROTHER/STEP-BROTHE .... 05 OTHER RELATIVE .... 06 IN-LAW .... 07 OWN FRIEND/ACQUAINTANC....... 08 FAMILY FRIEND .... 09 TEACHER .... 10 EMPLOYER/SOMEONE AT WORI..... 11 POLICE/SOLDIER .... 12 PRIEST/RELIGIOUS LEADER .... 13 STRANGER .... 14 OTHER _____ 96 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1324	CHECK 701 AND 702: EVER MARRIED/EVER ☐ NEVER MARRIED/NEVER ☐ LIVED WITH A MAN ↓ LIVED WITH A MAN ↓ a) In the last 12 months, has anyone other than (your/any) (husband/partner) physically forced you to have sexual intercourse when you did not want to? b) In the last 12 months has anyone physically forced you to have sexual intercourse when you did not want to?	YES . . . . 1 NO 2	→ 1325
1324A	CHECK 1305A (h-j) and 1315A(b) AT LEAST ONE ☐ NOT A ☐ 'YES' ↓ SINGLE 'YES'		→ 1326
1325	CHECK 701 AND 702: EVER MARRIED/EVER ☐ NEVER MARRIED/NEVER ☐ LIVED WITH A MAN ↓ LIVED WITH A MAN ↓ a) How old were you the first time you were forced to have sexual intercourse or perform any other sexual acts by anyone, including (your/any) husband/partner? b) How old were you the first time you were forced to have sexual intercourse or perform any other sexual acts?	AGE IN COMPLETED YEARS . . . . ☐☐ DON'T KNOW 98	
1326	CHECK 1305A (a-j), 1315A (a,b), 1316, 1320, 1322A, AND 1322B: AT LEAST ONE ☐ NOT A SINGLE ☐ 'YES' ↓ 'YES'		→ 1330
1327	Thinking about what you yourself have experienced among the different things we have been talking about, have you ever tried to seek help?	YES . . . . 1 NO 2	→ 1329

1328	From whom have you sought help?
	
	Anyone else?
	
	RECORD ALL MENTIONED.
		OWN FAMILY . . . . A
		HUSBAND'S/PARTNER'S FAMILY . . . . . B
		CURRENT/FORMER
		   HUSBAND/PARTNER C
		CURRENT/FORMER BOYFRIEND . . . . . D
		FRIEND . . . . E
		NEIGHBOR . . . . F
		RELIGIOUS LEADER . . . . G
		DOCTOR/MEDICAL PERSONNEL . . . . . H
		POLICE I
		LAWYER . . . . J
		SOCIAL SERVICE ORGANIZATIO . . . . . K
		GBV WATCH GROUP L
		MOTHER'S GROUP . . . . M
		ONE STOP CRISIS MANAGEMENT
		   CENTER (OCMC . . . . N
		
		OTHER _____ X
		          (SPECIFY)
			→ 1330

1329	Have you ever told any one about this?	YES . . . . 1 NO 2	
1330	As far as you know, did your father ever beat your mother?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1330AA	CHECK 701 AND 702: EVER MARRIED/EVER ☐ LIVED WITH A MAN ↓ NEVER MARRIED/NEVER ☐ LIVED WITH A MAN		→ 1331

1330A	Have you ever experienced the following?			
			YES	NO
	a) Not given enough food to eat?	a) NOT ENOUGH TO EAT	1	2
	b) Not cared for when you were too ill?	b) NOT CARED WHEN ILL	1	2
	c) Asked to go for forced abortion?	c) FORCED ABORTION	1	2
	d) Threatened with divorce by husband or in-laws?	d) THREATENED DIVORCE	1	2
	e) Asked to go for forced divorce?	e) FORCED DIVORCE	1	2
	f) Abused for not bearing a son?	f) ABUSED FOR NO SON	1	2
	g) Abused for using a family planning method?	g) USING FAMILY PLANNING . .	1	2

	THANK THE RESPONDENT FOR HER COOPERATION AND REASSURE HER ABOUT THE CONFIDENTIALITY OF HER ANSWERS. FILL OUT THE QUESTIONS BELOW WITH REFERENCE TO THE DOMESTIC VIOLENCE		

1331	DID YOU HAVE TO INTERRUPT THE INTERVIEW BECAUSE SOME ADULT WAS TRYING TO LISTEN, OR CAME INTO THE ROOM, OR INTERFERED IN ANY OTHER WAY?				
			YES, ONCE	YES, MORE THAN ONCE	NO
		HUSBAND	1	2	3
		OTHER MALE ADULT	1	2	3
		FEMALE ADULT	1	2	3

1332	INTERVIEWER'S COMMENTS/EXPLANATION FOR NOT COMPLETING THE DOMESTIC VIOLENCE MODULE. _____ _____ _____		

1332A	Thank you for taking the time to answer these questions. We would like to get additional information on childbearing and contraception in order to find better ways to help couples in Nepal achieve their family goals. Another member of our team may return in a few days to ask you a few additional questions about these topics. Is it okay for another member of our team to contact you about participating? Your responses will remain confidential.	YES . . . . 1 NO 2	

1333	RECORD THE TIME.	HOURS . . . . ☐☐ MINUTES . . . . ☐☐	

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT INTERVIEW:

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COMMENTS ON SPECIFIC QUESTIONS:

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ANY OTHER COMMENTS:

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SUPERVISOR'S OBSERVATIONS

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