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INTERVIEWER'S NAME	_____		_____		_____		MONTH		<table><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>												
RESULT*	_____		_____		_____		YEAR		<table><tr><td>2</td><td>0</td><td>7</td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr></table>	2	0	7									
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NEXT VISIT: DATE	_____		_____				TOTAL NUMBER OF VISITS <table><tr><td></td></tr></table>														
TIME	_____		_____																		
<div>*RESULT CODES: 1 COMPLETED 2 NOT AT HOME 3 POSTPONED 4 REFUSED 5 PARTLY COMPLETED 6 INCAPACITATED 7 OTHER _____ SPECIFY</div>																					
<div>LANGUAGE OF QUESTIONNAIRE**<table><tr><td>0</td><td>1</td></tr></table> LANGUAGE OF INTERVIEW**<table><tr><td></td><td></td></tr></table> NATIVE LANGUAGE OF RESPONDENT**<table><tr><td></td><td></td></tr></table> TRANSLATOR USED (YES = 1, NO = 2) <table><tr><td></td></tr></table></div> <div>LANGUAGE OF QUESTIONNAIRE** <b>ENGLISH</b> **LANGUAGE CODES: 01 ENGLISH 02 NEPALI 03 MAITHILI 04 BHOJPURI</div>										0	1										
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TEAM		TEAM SUPERVISOR																			
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## INTRODUCTION AND CONSENT

Hello. My name is \_\_\_\_\_. I am working for New ERA to collect data on 2022 Nepal Demographic and Health Survey being conducted under the aegis of the Ministry of Health and Population. We are conducting a survey about health and other topics all over Nepal. The information we collect will help the government to plan health services. Your household was selected for the survey. The questions usually take about 30 minutes. All of the answers you give will be confidential and will not be shared with anyone other than members of our survey team. You don't have to be in the survey, but we hope you will agree to answer the questions since your views are important. If I ask you any question you don't want to answer, just let me know and I will go on to the next question or you can stop the interview at any time.

In case you need more information about the survey, you may contact the person listed on the card that has already been given to your household.

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

SIGNATURE OF INTERVIEWER \_\_\_\_\_ DATE \_\_\_\_\_

RESPONDENT AGREES  
TO BE INTERVIEWED .. 1

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

### SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	HOURS ..... <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> MINUTES ..... <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	
102	What province were you born in?	PROVINCE NO 1 ..... 01 MADHESH ..... 02 BAGMATI ..... 03 GANDAKI ..... 04 LUMBINI ..... 05 KARNALI ..... 06 SUDURPASCHIM ..... 07 OUTSIDE OF NEPAL ..... 96	→ 104
103	What country were you born in?	COUNTRY ..... <input style="width: 100px; height: 20px; border: 1px solid black;" type="text"/>	
104	How long have you been living continuously in (NAME OF CURRENT CITY, TOWN OR VILLAGE OF RESIDENCE)?  IF LESS THAN ONE YEAR, RECORD '00' YEARS.	YEARS ..... <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> ALWAYS ..... 95 VISITOR ..... 96	→ 110
105	CHECK 104:  00 - 04 YEARS <input style="width: 20px; height: 20px; border: 1px solid black;" type="checkbox"/> 05 YEARS <input style="width: 20px; height: 20px; border: 1px solid black;" type="checkbox"/> OR MORE		→ 107
106	In what month and year did you move here?	MONTH ..... <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> DON'T KNOW MONTH ..... 98 YEAR ..... <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> DON'T KNOW YEAR ..... 9998	
107	Just before you moved here, which province did you live in?	PROVINCE NO 1 ..... 01 MADHESH ..... 02 BAGMATI ..... 03 GANDAKI ..... 04 LUMBINI ..... 05 KARNALI ..... 06 SUDURPASCHIM ..... 07 OUTSIDE OF NEPAL ..... 96	

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
108	Just before you moved here, did you live in a city (metropolitan or sub-metropolitan or municipality), or in a rural area?	CITY (METROPOLITAN OR SUB-METROPOLITAN OR MUNICIPALITY) ..... 1 RURAL AREA ..... 2	
109	Why did you move to this place?	EMPLOYMENT ..... 01 EDUCATION/TRAINING ..... 02 MARRIAGE FORMATION ..... 03 FAMILY REUNIFICATION/OTHER FAMILY RELATED REASON ..... 04 FORCED DISPLACEMENT ..... 05 NATURAL DISASTER ..... 06 OTHER ..... 96 (SPECIFY)	
110	In what month and year were you born?	MONTH ..... <input type="text"/> <input type="text"/> DON'T KNOW MONTH ..... 98 YEAR ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR ..... 9998	
111	How old were you at your last birthday?  COMPARE AND CORRECT 105 AND/OR 106 IF INCONSISTENT.	AGE IN COMPLETED YEARS ..... <input type="text"/> <input type="text"/>	
112	In general, would you say your health is very good, good, moderate, bad, or very bad?	VERY GOOD ..... 1 GOOD ..... 2 MODERATE ..... 3 BAD ..... 4 VERY BAD ..... 5	
113	Have you ever attended school?	YES ..... 1 NO ..... 2	→ 115
113A	Has (NAME) ever participated in a literacy program or any other program that involves learning to read and write (not including primary school)?	YES ..... 1 NO ..... 2	→ 117
115	What is the highest grade you have completed?  IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL, RECORD '00'.	GRADE ..... <input type="text"/> <input type="text"/>	
116	CHECK 115:  GRADE 12 OR <input type="checkbox"/> ABOVE GRADE 12 <input type="checkbox"/> LOWER ↓		→ 119
117	Now I would like you to read this sentence to me.  SHOW CARD TO RESPONDENT.  IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE: Can you read any part of the sentence to me?	CANNOT READ AT ALL ..... 1 ABLE TO READ ONLY PART OF THE SENTENCE ..... 2 ABLE TO READ WHOLE SENTENCE ..... 3 NO CARD WITH REQUIRED LANGUAGE ..... 4 (SPECIFY LANGUAGE) BLIND/VISUALLY IMPAIRED ..... 5	
118	CHECK 117:  CODE '2', '3' OR '4' <input type="checkbox"/> CIRCLED ↓ CODE '1' OR '5' CIRCLED <input type="checkbox"/>		→ 120

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
119	Do you read a newspaper or magazine at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK ..... 1 LESS THAN ONCE A WEEK ..... 2 NOT AT ALL ..... 3	
120	Do you listen to the radio at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK ..... 1 LESS THAN ONCE A WEEK ..... 2 NOT AT ALL ..... 3	
121	Do you watch television at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK ..... 1 LESS THAN ONCE A WEEK ..... 2 NOT AT ALL ..... 3	
122	Do you own a mobile phone?	YES ..... 1 NO ..... 2	→ 124
123	Is your mobile phone a smart phone?	YES ..... 1 NO ..... 2	
124	In the last 12 months, have you used a mobile phone to make financial transactions such as sending or receiving money, paying bills, purchasing goods or services, or receiving wages?	YES ..... 1 NO ..... 2	
125	Do you have an account in a bank or other financial institution that you yourself use?	YES ..... 1 NO ..... 2	→ 127
126	Did you yourself put money in or take money out of this account in the last 12 months?	YES ..... 1 NO ..... 2	
127	Have you ever used the Internet from any location on any device?	YES ..... 1 NO ..... 2	→ 130
128	In the last 12 months, have you used the Internet?  IF NECESSARY, PROBE FOR USE FROM ANY LOCATION, WITH ANY DEVICE.	YES ..... 1 NO ..... 2	→ 130
129	During the last one month, how often did you use the Internet: almost every day, at least once a week, less than once a week, or not at all?	ALMOST EVERY DAY ..... 1 AT LEAST ONCE A WEEK ..... 2 LESS THAN ONCE A WEEK ..... 3 NOT AT ALL ..... 4	
130	What is your religion?	HINDU ..... 01 BUDDHIST ..... 02 MUSLIM ..... 03 KIRAT ..... 04 CHRISTIAN ..... 05  OTHER ..... 96 (SPECIFY)	
131	What is your caste/ethnic group?	HILL BRAHMIN ..... 01 HILL CHHETRI ..... 02 TERAI BRAHMIN/CHETTRI ..... 03 OTHER TERA CASTE ..... 04 HILL DALIT ..... 05 TERAI DALIT ..... 06 NEWAR ..... 07 HILL JANAJATI ..... 08 TERAI JANAJATI ..... 09 MUSLIM ..... 10  OTHER ..... 96 (SPECIFY)	

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
201	Now I would like to ask about any children you have had during your life. I am interested in all of the children that are biologically yours, even if they are not legally yours or do not have your last name. Have you ever fathered any children with any woman?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	<input type="checkbox"/> → 206								
202	Do you have any sons or daughters that you have fathered who are now living with you?	YES ..... 1 NO ..... 2	→ 204								
203	a) How many sons live with you? b) And how many daughters live with you? IF NONE, RECORD '00'.	a) SONS AT HOME ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> b) DAUGHTERS AT HOME ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>									
204	Do you have any sons or daughters that you have fathered who are alive but do not live with you?	YES ..... 1 NO ..... 2	→ 206								
205	a) How many sons are alive but do not live with you? b) And how many daughters are alive but do not live with you? IF NONE, RECORD '00'.	a) SONS ELSEWHERE ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> b) DAUGHTERS ELSEWHERE ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>									
206	Have you ever fathered a son or a daughter 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 DON'T KNOW ..... 8	<input type="checkbox"/> → 208								
207	a) How many boys have died? b) And how many girls have died? IF NONE, RECORD '00'.	a) BOYS DEAD ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> b) GIRLS DEAD ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>									
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL CHILDREN ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table>									
209	CHECK 208: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">             HAS HAD MORE THAN ONE CHILD <input type="checkbox"/> </div> <div style="text-align: center;">             HAS NOT HAD ANY CHILDREN <input type="checkbox"/> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%; text-align: center;">             HAS HAD ONLY ONE CHILD <input type="checkbox"/> </div> <div style="width: 50%; text-align: center;">             HAS HAD ONLY ONE CHILD <input type="checkbox"/> </div> </div>			→ 211 → 301							
210	Did all of the children you have fathered have the same biological mother?	YES ..... 1 NO ..... 2									
211	CHECK 208: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">             HAS HAD MORE THAN ONE CHILD <input type="checkbox"/> </div> <div style="text-align: center;">             HAS HAD ONLY ONE CHILD <input type="checkbox"/> </div> </div> a) How old were you when your first child was born?      b) How old were you when your child was born?	AGE IN YEARS ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table>									
212	CHECK 203 AND 205: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">             AT LEAST ONE LIVING CHILD <input type="checkbox"/> </div> <div style="text-align: center;">             NO LIVING CHILDREN <input type="checkbox"/> </div> </div>			→ 301							

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
213	<p>CHECK 203 AND 205:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>MORE THAN ONE LIVING CHILD <input type="checkbox"/></p> <p>a) How old is your youngest child?</p> </div> <div style="width: 45%;"> <p>ONLY ONE LIVING CHILD <input type="checkbox"/></p> <p>b) How old is your child?</p> </div> </div>	<p>AGE IN YEARS ..... <input type="text"/> <input type="text"/></p>	
214	<p>CHECK 213:</p> <div style="display: flex; justify-content: space-around;"> <p>(YOUNGEST) CHILD IS AGE 0-2 YEARS <input type="checkbox"/></p> <p>(YOUNGEST) CHILD IS AGE 3 YEARS OR OLDER <input type="checkbox"/></p> </div>		→ 301
215	<p>CHECK 203 AND 205:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>MORE THAN ONE LIVING CHILD <input type="checkbox"/></p> <p>a) What is the name of your youngest child?</p> </div> <div style="width: 45%;"> <p>ONLY ONE LIVING CHILD <input type="checkbox"/></p> <p>b) What is the name of your child?</p> </div> </div>	<p>_____</p> <p align="center">(NAME OF (YOUNGEST) CHILD)</p>	
216	When (NAME)'s mother was pregnant with (NAME), did she have any antenatal check-ups?	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>	→ 218
217	Were you ever present during any of those antenatal check-ups?	<p>PRESENT ..... 1</p> <p>NOT PRESENT ..... 2</p>	
218	Was (NAME) born in a hospital or health facility?	<p>HOSPITAL/HEALTH FACILITY ..... 1</p> <p>OTHER ..... 2</p>	→ 301
219	Did you go with (NAME's) mother to the health facility where she gave birth to (NAME)?	<p>YES ..... 1</p> <p>NO ..... 2</p>	

SECTION 3. CONTRACEPTION

301	Now I would like to talk about family planning - the various ways or methods that a couple can use to delay or avoid a pregnancy. Have you ever heard of (METHOD)?	
01	Female Sterilization. PROBE: Women can have an operation to avoid having any more children.	YES ..... 1 NO ..... 2
02	Male Sterilization. PROBE: Men can have an operation to avoid having any more children.	YES ..... 1 NO ..... 2
03	IUCD. PROBE: Women can have a loop or coil placed inside them by a doctor or a nurse which can prevent pregnancy for one or more years.	YES ..... 1 NO ..... 2
04	Injectables or Sayana Press. PROBE: Women can have an injection by a health provider that stops them from becoming pregnant for one or more months.	YES ..... 1 NO ..... 2
05	Implants. PROBE: Women can have one or more small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years.	YES ..... 1 NO ..... 2
06	Pill. PROBE: Women can take a pill every day to avoid becoming pregnant.	YES ..... 1 NO ..... 2
07	Condom. PROBE: Men can put a rubber sheath on their penis before sexual intercourse.	YES ..... 1 NO ..... 2
09	Emergency Contraception. PROBE: As an emergency measure, within 3 days after they have unprotected sexual intercourse, women can take special pills to prevent pregnancy.	YES ..... 1 NO ..... 2
10	Standard Days Method. PROBE: A woman uses a string of colored beads to know the days she can get pregnant. On the days she can get pregnant, she uses a condom or does not have sexual intercourse.	YES ..... 1 NO ..... 2
11	Lactational Amenorrhea Method (LAM). PROBE: Up to 6 months after childbirth, before the menstrual period has returned, women use a method requiring frequent breastfeeding day and night.	YES ..... 1 NO ..... 2
12	Rhythm Method. PROBE: To avoid pregnancy, women do not have sexual intercourse on the days of the month they think they can get pregnant.	YES ..... 1 NO ..... 2
13	Withdrawal. PROBE: Men can be careful and pull out before climax.	YES ..... 1 NO ..... 2
14	Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	YES, MODERN METHOD <div style="text-align: right;">_____ A</div> <div style="text-align: center;">(SPECIFY)</div> YES, TRADITIONAL METHOD <div style="text-align: right;">_____ B</div> <div style="text-align: center;">(SPECIFY)</div> NO ..... Y

**SECTION 3. CONTRACEPTION**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP
302	In the last 12 months have you:	YES      NO			
	a) Heard about family planning on the radio?	a) RADIO .....	1	2	
	b) Seen anything about family planning on the television?	b) TELEVISION .....	1	2	
	c) Read about family planning in a newspaper or magazine?	c) NEWSPAPER OR MAGAZINE .....	1	2	
	d) Received a voice or text message about family planning on a mobile phone?	d) MOBILE PHONE .....	1	2	
	e) Seen anything about family planning on social media such as Facebook, Twitter, or Instagram?	e) FACEBOOK/TWITTER/ INSTAGRAM .....	1	2	
	f) Seen anything about family planning on a poster, leaflet or brochure?	f) POSTER/LEAFLET/ BROCHURE .....	1	2	
	g) Seen anything about family planning on an outdoor sign or billboard?	g) OUTDOOR SIGN/BILLBOARD .....	1	2	
	h) Heard anything about family planning at community meetings or events?	h) COMMUNITY MEETINGS/ EVENTS .....	1	2	
303	In the last few months, have you discussed family planning with a health worker or health professional?	YES .....	1		
		NO .....	2		
304	Now I would like to ask you about a woman's risk of pregnancy. From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant when she has sexual relations?	YES .....	1		
		NO .....	2		
		DON'T KNOW .....	8		→ 306
305	Is this time just before her period begins, during her period, right after her period has ended, or halfway between two periods?	JUST BEFORE HER PERIOD BEGINS .....	1		
		DURING HER PERIOD .....	2		
		RIGHT AFTER HER PERIOD HAS ENDED .....	3		
		HALFWAY BETWEEN TWO PERIODS .....	4		
		OTHER _____ (SPECIFY)	6		
		DON'T KNOW .....	8		
306	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		
307	I will now read you some statements about contraception. Please tell me if you agree or disagree with each one.	AGREE      DIS-AGREE      DK			
	a) Contraception is a woman's concern and a man should not have to worry about it.	a) CONTRACEPTION WOMAN'S CONCERN	1	2	8
	b) Women who use contraception may become promiscuous.	b) WOMEN MAY BECOME PROMISCUOUS	1	2	8



SECTION 4. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES		SKIP
401	Are you currently married or living together with a woman as if married?	YES, CURRENTLY MARRIED .....	1	→ 404
		YES, LIVING WITH A WOMAN .....	2	
		NO, NOT IN UNION .....	3	
402	Have you ever been married or lived together with a woman as if married?	YES, FORMERLY MARRIED .....	1	→ 413
		YES, LIVED WITH A WOMAN .....	2	
		NO .....	3	
403	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED .....	1	→ 410
		DIVORCED .....	2	
		SEPARATED .....	3	
404	Is your (wife/partner) living with you now or is she staying elsewhere?	LIVING WITH HIM .....	1	
		STAYING ELSEWHERE .....	2	
405	Do you have other wives or do you live with other women as if married?	YES (MORE THAN ONE WIFE) .....	1	→ 407
		NO (ONLY ONE WIFE) .....	2	
406	Altogether, how many wives or live-in partners do you have?	TOTAL NUMBER OF WIVES AND LIVE-IN PARTNERS ..... <input type="text"/> <input type="text"/>		
407	<p>CHECK 405:</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>ONE WIFE/ PARTNER <input type="checkbox"/></p> <p>↓</p> <p>a) Please tell me the name of (your wife/the woman you are living with as if married).</p> </div> <div style="text-align: center;"> <p>MORE THAN ONE WIFE/ PARTNER <input type="checkbox"/></p> <p>↓</p> <p>b) Please tell me the name of each of your wives or each woman you are living with as if married.</p> </div> </div> <p>RECORD THE NAME AND THE LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE FOR EACH WIFE AND LIVE-IN PARTNER.</p> <p>IF A WOMAN IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'.</p>	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>NAME</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> </div> <div style="width: 10%;"> <p>LINE NUMBER</p> <p><input type="text"/> <input type="text"/></p> <p><input type="text"/> <input type="text"/></p> <p><input type="text"/> <input type="text"/></p> <p><input type="text"/> <input type="text"/></p> </div> <div style="width: 45%;"> <p>408</p> <p>How old was (NAME) on her last birthday?</p> <p>AGE</p> <p><input type="text"/> <input type="text"/></p> <p><input type="text"/> <input type="text"/></p> <p><input type="text"/> <input type="text"/></p> <p><input type="text"/> <input type="text"/></p> </div> </div>		
408	ASK 408 FOR EACH PERSON.			
409	<p>CHECK 407:</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>ONE WIFE/ PARTNER <input type="checkbox"/></p> <p>↓</p> </div> <div style="text-align: center;"> <p>MORE THAN ONE WIFE/ PARTNER <input type="checkbox"/></p> </div> </div>	<p>→ 411</p>		
410	Have you been married or lived with a woman only once or more than once?	MORE THAN ONCE .....	1	
		ONLY ONCE .....	2	

**SECTION 4. MARRIAGE AND SEXUAL ACTIVITY**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
411	<p>CHECK 405 AND 410:</p> <div style="display: flex; justify-content: space-around; align-items: flex-start;"> <div style="text-align: center;"> <p>BOTH ARE <input type="checkbox"/></p> <p>CODE '2'</p> <p>a) In what month and year did you start living with your (wife/partner)?</p> </div> <div style="text-align: center;"> <p>OTHER <input type="checkbox"/></p> <p>b) Now I would like to ask about your first (wife/partner). In what month and year did you start living with her?</p> </div> </div>	<div style="display: flex; justify-content: space-between;"> <div>MONTH .....</div> <div><input type="text"/></div> </div> <div style="display: flex; justify-content: space-between;"> <div>DON'T KNOW MONTH .....</div> <div>98</div> </div> <div style="display: flex; justify-content: space-between;"> <div>YEAR .....</div> <div><input type="text"/></div> </div> <div style="display: flex; justify-content: space-between;"> <div>DON'T KNOW YEAR .....</div> <div>9998</div> </div>	<div style="text-align: right;">→ 413</div>
412	How old were you when you first started living with her?	<div style="display: flex; justify-content: space-between;"> <div>AGE .....</div> <div><input type="text"/></div> </div>	
413	<b>CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.</b>		
414	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?	<div style="display: flex; justify-content: space-between;"> <div>NEVER HAD SEXUAL INTERCOURSE .....</div> <div>00</div> </div> <div style="display: flex; justify-content: space-between;"> <div>AGE IN YEARS .....</div> <div><input type="text"/></div> </div>	<div style="text-align: right;">→ 501</div>
415	<p>I would like to ask you about your recent sexual activity. When was the last time you had sexual intercourse?</p> <p>IF LESS THAN 12 MONTHS, ANSWER MUST BE RECORDED IN DAYS, WEEKS OR MONTHS. IF 12 MONTHS (ONE YEAR) OR MORE, ANSWER MUST BE RECORDED IN YEARS.</p>	<div style="display: flex; justify-content: space-between;"> <div>DAYS AGO .....</div> <div>1</div> </div> <div style="display: flex; justify-content: space-between;"> <div>WEEKS AGO .....</div> <div>2</div> </div> <div style="display: flex; justify-content: space-between;"> <div>MONTHS AGO .....</div> <div>3</div> </div> <div style="display: flex; justify-content: space-between;"> <div>YEARS AGO .....</div> <div>4</div> </div>	<div style="text-align: right;">→ 429</div>
416	The last time you had sexual intercourse, did you or your partner do something or use any method to delay or avoid a pregnancy?	<div style="display: flex; justify-content: space-between;"> <div>YES .....</div> <div>1</div> </div> <div style="display: flex; justify-content: space-between;"> <div>NO .....</div> <div>2</div> </div> <div style="display: flex; justify-content: space-between;"> <div>DON'T KNOW .....</div> <div>8</div> </div>	<div style="text-align: right;">→ 418</div>
417	Do you know of a place where you can obtain a method of family planning?	<div style="display: flex; justify-content: space-between;"> <div>YES .....</div> <div>1</div> </div> <div style="display: flex; justify-content: space-between;"> <div>NO .....</div> <div>2</div> </div>	<div style="text-align: right;">→ 419</div>
418	<p>What method did you or your partner use?</p> <p>RECORD ALL MENTIONED.</p> <p>IF CODE 'G' IS CIRCLED, SKIP TO 420 EVEN IF ANOTHER METHOD WAS ALSO USED.</p>	<div style="display: flex; justify-content: space-between;"> <div>FEMALE STERILIZATION .....</div> <div>A</div> </div> <div style="display: flex; justify-content: space-between;"> <div>MALE STERILIZATION .....</div> <div>B</div> </div> <div style="display: flex; justify-content: space-between;"> <div>IUCD .....</div> <div>C</div> </div> <div style="display: flex; justify-content: space-between;"> <div>INJECTABLES .....</div> <div>D</div> </div> <div style="display: flex; justify-content: space-between;"> <div>IMPLANTS .....</div> <div>E</div> </div> <div style="display: flex; justify-content: space-between;"> <div>PILL .....</div> <div>F</div> </div> <div style="display: flex; justify-content: space-between;"> <div>CONDOM .....</div> <div>G</div> </div> <div style="display: flex; justify-content: space-between;"> <div>EMERGENCY CONTRACEPTION .....</div> <div>I</div> </div> <div style="display: flex; justify-content: space-between;"> <div>STANDARD DAYS METHOD .....</div> <div>J</div> </div> <div style="display: flex; justify-content: space-between;"> <div>LACTATIONAL AMENORRHEA METHOD .....</div> <div>K</div> </div> <div style="display: flex; justify-content: space-between;"> <div>RHYTHM METHOD .....</div> <div>L</div> </div> <div style="display: flex; justify-content: space-between;"> <div>WITHDRAWAL .....</div> <div>M</div> </div> <div style="display: flex; justify-content: space-between;"> <div>OTHER MODERN METHOD .....</div> <div>X</div> </div> <div style="display: flex; justify-content: space-between;"> <div>OTHER TRADITIONAL METHOD .....</div> <div>Y</div> </div>	<div style="text-align: right;">→ 420</div>
419	The last time you had sexual intercourse, was a condom used?	<div style="display: flex; justify-content: space-between;"> <div>YES .....</div> <div>1</div> </div> <div style="display: flex; justify-content: space-between;"> <div>NO .....</div> <div>2</div> </div>	<div style="text-align: right;">→ 422</div>

SECTION 4. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
420	<p>What was the brand name of the condom used?</p> <p>IF BRAND NOT KNOWN, ASK TO SEE THE PACKAGE.</p>	<p>DHAAL ..... 01</p> <p>PANTHER ..... 02</p> <p>DZIRE ..... 03</p> <p>KAMASUTRA ..... 04</p> <p>JODI ..... 05</p> <p>NUMBER 1 ..... 06</p> <p>BLACK COBRA ..... 07</p> <p>MOHP-NO BRAND ..... 08</p> <p>OTHER ..... 96</p> <p align="center">(SPECIFY)</p> <p>DON'T KNOW ..... 98</p>	
421	<p>From where did you obtain the condom the last time?</p> <p>PROBE TO IDENTIFY TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.</p>	<p><b>PUBLIC SECTOR</b></p> <p>GOVERNMENT HOSPITAL ..... 11</p> <p>PHC/PRIMARY HOSPITAL ..... 12</p> <p>HEALTH POST ..... 13</p> <p>BASIC HEALTH CARE CENTER ..... 14</p> <p>URBAN HEALTH CENTER ..... 15</p> <p>COMMUNITY HEALTH UNIT ..... 17</p> <p>FCHV ..... 18</p> <p>OTHER PUBLIC FACILITIES ..... 16</p> <p align="center">(SPECIFY)</p> <p><b>PRIVATE MEDICAL SECTOR</b></p> <p>PRIVATE HOSPITAL ..... 21</p> <p>PRIVATE CLINIC ..... 22</p> <p>PHARMACY ..... 23</p> <p>SANGINI OUTLET ..... 24</p> <p>OTHER PRIVATE MEDICAL FACILITIES ..... 26</p> <p align="center">(SPECIFY)</p> <p><b>NGO MEDICAL SECTOR</b></p> <p>FPAN ..... 31</p> <p>MARIE STOPES ..... 32</p> <p>OTHER NGO MEDICAL FACILITIES ..... 36</p> <p align="center">(SPECIFY)</p> <p><b>OTHER SOURCE</b></p> <p>SHOP ..... 41</p> <p>FRIEND/RELATIVE ..... 43</p> <p>OTHER ..... 96</p> <p align="center">(SPECIFY)</p> <p>DON'T KNOW ..... 98</p>	
422	<p>What was your relationship to this person with whom you had sexual intercourse?</p> <p>IF GIRLFRIEND: Were you living together as if married?</p> <p>IF YES, RECORD '2'.</p> <p>IF NO, RECORD '3'.</p>	<p>WIFE ..... 1</p> <p>LIVE-IN PARTNER ..... 2</p> <p>GIRLFRIEND NOT LIVING WITH RESPONDENT ..... 3</p> <p>CASUAL ACQUAINTANCE ..... 4</p> <p>CLIENT/SEX WORKER ..... 5</p> <p>OTHER ..... 6</p> <p align="center">(SPECIFY)</p>	
423	<p>Apart from this person, have you had sexual intercourse with any other person in the last 12 months?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	→ 429
424	<p>The last time you had sexual intercourse with this second person, was a condom used?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	

SECTION 4. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP		
425	<p>What was your relationship to this second person with whom you had sexual intercourse?</p> <p>IF GIRLFRIEND: Were you living together as if married?</p> <p>IF YES, RECORD '2'. IF NO, RECORD '3'.</p>	<p>WIFE ..... 1</p> <p>LIVE-IN PARTNER ..... 2</p> <p>GIRLFRIEND NOT LIVING WITH RESPONDENT ..... 3</p> <p>CASUAL ACQUAINTANCE ..... 4</p> <p>CLIENT/SEX WORKER ..... 5</p> <p>OTHER _____ 6 (SPECIFY)</p>			
426	<p>Apart from these two people, have you had sexual intercourse with any other person in the last 12 months?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	→ 429		
427	<p>The last time you had sexual intercourse with this third person, was a condom used?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>			
428	<p>What was your relationship to this third person with whom you had sexual intercourse?</p> <p>IF GIRLFRIEND: Were you living together as if married?</p> <p>IF YES, RECORD '2'. IF NO, RECORD '3'.</p>	<p>WIFE ..... 1</p> <p>LIVE-IN PARTNER ..... 2</p> <p>GIRLFRIEND NOT LIVING WITH RESPONDENT ..... 3</p> <p>CASUAL ACQUAINTANCE ..... 4</p> <p>CLIENT/SEX WORKER ..... 5</p> <p>OTHER _____ 6 (SPECIFY)</p>			
429	<p>In total, with how many different people have you had sexual intercourse in your lifetime?</p> <p>IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF PARTNERS IS 95 OR MORE, RECORD '95'.</p>	<p>NUMBER OF PARTNERS IN LIFETIME ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 30px; height: 20px;"></td><td style="width: 30px; height: 20px;"></td></tr></table></p> <p>DON'T KNOW ..... 98</p>			

## SECTION 5. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP							
501	CHECK 401: CURRENTLY MARRIED OR LIVING WITH A PARTNER <input type="checkbox"/> NOT CURRENTLY MARRIED AND NOT LIVING WITH A PARTNER <input type="checkbox"/>	→ 514								
502	CHECK 418: MAN NOT STERILIZED OR QUESTION NOT ASKED <input type="checkbox"/> MAN STERILIZED <input type="checkbox"/>	→ 514								
503	CHECK 407: ONE WIFE/PARTNER <input type="checkbox"/> MORE THAN ONE WIFE/PARTNER <input type="checkbox"/>	→ 509								
504	Is your (wife/partner) currently pregnant?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8 → 507								
505	Now I have some questions about the future. After the child you and your (wife/partner) 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 → 514								
506	After the birth of the child you are expecting now, how long would you like to wait before the birth of another child?	MONTHS ..... 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> YEARS ..... 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> SOON/NOW ..... 993 OTHER ..... 996 (SPECIFY) DON'T KNOW ..... 998 → 514								
507	CHECK 208: HAS FATHERED CHILDREN <input type="checkbox"/> a) Now I have some questions about the future. Would you like to have another child, or would you prefer not to have any more children? HAS NOT FATHERED CHILDREN <input type="checkbox"/> b) Now I have some questions about the future. Would you like to have a child, or would you prefer not to have any children?	HAVE (A/ANOTHER) CHILD ..... 1 NO MORE/NONE ..... 2 SAYS COUPLE CAN'T GET PREGNANT ..... 3 WIFE/PARTNER STERILIZED ..... 4 RESPONDENT STERILIZED ..... 5 UNDECIDED/DON'T KNOW ..... 8 → 514								
508	CHECK 208: HAS FATHERED CHILDREN <input type="checkbox"/> a) How long would you like to wait from now before the birth of another child? HAS NOT FATHERED CHILDREN <input type="checkbox"/> b) How long would you like to wait from now before the birth of a child?	MONTHS ..... 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> YEARS ..... 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> SOON/NOW ..... 993 SAYS COUPLE CAN'T GET PREGNANT ..... 994 OTHER ..... 996 (SPECIFY) DON'T KNOW ..... 998 → 514								
509	Are any of your (wives/partners) currently pregnant?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8 → 512								

## SECTION 5. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
510	Now I have some questions about the future. After the (child/children) you and your (wives/partners) 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	→ 514								
511	After the birth of the child you are expecting now, how long would you like to wait before the birth of another child?	MONTHS ..... 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> YEARS ..... 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> SOON/NOW ..... 993 OTHER ..... 996 (SPECIFY) DON'T KNOW ..... 998									→ 514
512	CHECK 208:  HAS FATHERED CHILDREN <input type="checkbox"/> ↓ a) Now I have some questions about the future. Would you like to have another child, or would you prefer not to have any more children?  HAS NOT FATHERED CHILDREN <input type="checkbox"/> ↓ b) Now I have some questions about the future. Would you like to have a child, or would you prefer not to have any children?	HAVE (A/ANOTHER) CHILD ..... 1 NO MORE/NONE ..... 2 SAYS COUPLE CAN'T GET PREGNANT ..... 3 (WIFE/WIVES/PARTNER(S)) STERILIZED ..... 4 RESPONDENT STERILIZED ..... 5 UNDECIDED/DON'T KNOW ..... 8	→ 514								
513	CHECK 208:  HAS FATHERED CHILDREN <input type="checkbox"/> ↓ a) How long would you like to wait from now before the birth of another child?  HAS NOT FATHERED CHILDREN <input type="checkbox"/> ↓ b) How long would you like to wait from now before the birth of a child?	MONTHS ..... 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> YEARS ..... 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> SOON/NOW ..... 993 SAYS COUPLE CAN'T GET PREGNANT ..... 994 OTHER ..... 996 (SPECIFY) DON'T KNOW ..... 998									
514	CHECK 203 AND 205:  HAS LIVING CHILDREN <input type="checkbox"/> ↓ a) If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be?  NO LIVING CHILDREN <input type="checkbox"/> ↓ b) If you could choose exactly the number of children to have in your whole life, how many would that be?  PROBE FOR A NUMERIC RESPONSE.	NONE ..... 00  NUMBER ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table>  OTHER ..... 96 (SPECIFY)			→ 601  → 601						
515	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 .. <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> OTHER ..... 96 (SPECIFY)									

SECTION 6. EMPLOYMENT AND GENDER ROLES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	Have you done any work in the last 7 days?	YES ..... 1 NO ..... 2	→ 604
602	Although you did not work in the last 7 days, do you have any job or business from which you were absent for leave, illness, vacation, or any other such reason?	YES ..... 1 NO ..... 2	→ 604
603	Have you done any work in the last 12 months?	YES ..... 1 NO ..... 2	→ 607
604	What is your occupation? That is, what kind of work do you mainly do?	_____ _____ _____ <span style="border: 1px dashed black; padding: 2px;">  </span>	
605	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	
606	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	
607	CHECK 401:  CURRENTLY MARRIED OR LIVING WITH A PARTNER <input type="checkbox"/> NOT CURRENTLY MARRIED AND <input type="checkbox"/> NOT LIVING WITH A PARTNER		→ 612
608	CHECK 606:  CODE '1' OR '2' <input type="checkbox"/> OTHER <input type="checkbox"/> CIRCLED ↓		→ 610
609	Who usually decides how the money you earn will be used: you, your (wife/partner), or you and your (wife/partner) jointly?	RESPONDENT ..... 1 WIFE/PARTNER ..... 2 RESPONDENT AND WIFE/PARTNER JOINTLY .. 3  OTHER _____ 6 (SPECIFY)	
610	Who usually makes decisions about health care for yourself: you, your (wife/partner), you and your (wife/partner) jointly, or someone else?	RESPONDENT ..... 1 WIFE/PARTNER ..... 2 RESPONDENT AND WIFE/PARTNER JOINTLY .. 3 SOMEONE ELSE ..... 4 OTHER ..... 6	
611	Who usually makes decisions about making major household purchases?	RESPONDENT ..... 1 WIFE/PARTNER ..... 2 RESPONDENT AND WIFE/PARTNER JOINTLY .. 3 SOMEONE ELSE ..... 4 OTHER ..... 6	

**SECTION 6. EMPLOYMENT AND GENDER ROLES**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																				
612	Do you own this or any other house either alone or jointly with someone else?	ALONE ONLY ..... 01 JOINTLY WITH WIFE/PARTNER ONLY ..... 02 JOINTLY WITH SOMEONE ELSE ONLY ..... 03 JOINTLY WITH WIFE/PARTNER AND SOMEONE ELSE ..... 04 BOTH ALONE AND JOINTLY ..... 05 DOES NOT OWN ..... 06	→ 615																																				
613	Do you have a title deed or other government recognized document for any house you own?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 615																																				
614	Is your name on this document?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8																																					
615	Do you own any agricultural or non-agricultural land either alone or jointly with someone else?	ALONE ONLY ..... 01 JOINTLY WITH WIFE/PARTNER ONLY ..... 02 JOINTLY WITH SOMEONE ELSE ONLY ..... 03 JOINTLY WITH WIFE/PARTNER AND SOMEONE ELSE ..... 04 BOTH ALONE AND JOINTLY ..... 05 DOES NOT OWN ..... 06	→ 618																																				
616	Do you have a title deed or other government recognized document for any land you own?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 618																																				
617	Is your name on this document?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8																																					
618	In your opinion, is a husband justified in hitting or beating his wife in the following situations:	<table> <tr> <th></th><th>YES</th><th>NO</th><th>DK</th></tr> <tr> <td>a) If she goes out without telling him?</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>b) If she neglects the children?</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>c) If she argues with him?</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>d) If she refuses to have sex with him?</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>e) If she burns the food?</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>f) If she brings less or brings no dowry?</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>g) If she doesn't follow everyday routine household</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>h) If she talks to other men?</td><td>1</td><td>2</td><td>8</td></tr> </table>		YES	NO	DK	a) If she goes out without telling him?	1	2	8	b) If she neglects the children?	1	2	8	c) If she argues with him?	1	2	8	d) If she refuses to have sex with him?	1	2	8	e) If she burns the food?	1	2	8	f) If she brings less or brings no dowry?	1	2	8	g) If she doesn't follow everyday routine household	1	2	8	h) If she talks to other men?	1	2	8	
	YES	NO	DK																																				
a) If she goes out without telling him?	1	2	8																																				
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g) If she doesn't follow everyday routine household	1	2	8																																				
h) If she talks to other men?	1	2	8																																				
619	As far as you know did your father ever beat your mother?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8																																					



SECTION 7. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
700	Now I would like to talk about HIV and AIDS.		
701	Have you ever heard of HIV or AIDS?	YES ..... 1 NO ..... 2	→ 729
702	CHECK 111: AGE <div style="display: flex; justify-content: space-around; align-items: center;"> <div>15-24 YEARS <input type="checkbox"/></div> <div>25 YEARS OR OLDER <input type="checkbox"/></div> </div>		→ 708
703	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	
704	Can people get HIV from mosquito bites?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
705	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	
706	Can people get HIV by sharing food with a person who has HIV?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
707	Is it possible for a healthy-looking person to have HIV?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
708	Have you heard of ARVs, that is, antiretroviral medicines that treat HIV?	YES ..... 1 NO ..... 2	
708A	Can HIV be transmitted from an infected mother to her baby:  a) During pregnancy? b) During delivery? c) By breastfeeding?	<div style="display: flex; justify-content: space-around; margin-bottom: 5px;"> <span>YES</span><span>NO</span><span>DK</span> </div> a) DURING PREGNANCY    1    2    8 b) DURING DELIVERY    1    2    8 c) BREASTFEEDING    1    2    8	
709	Are there any special medicines that a doctor or a nurse can give to a woman infected with HIV to reduce the risk of transmission to the baby?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
712	<b>CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.</b>		
713	Have you ever been tested for HIV?	YES ..... 1 NO ..... 2	→ 721
714	In what month and year was your most recent HIV test?	MONTH ..... <input type="text"/> <input type="text"/> DON'T KNOW MONTH ..... 98 YEAR ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR ..... 9998	

SECTION 7. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
715	<p>Where was the test done?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.</p>	<p><b>PUBLIC SECTOR</b></p> <p>GOVERNMENT HOSPITAL ..... 11</p> <p>PHC/PRIMARY HOSPITAL ..... 12</p> <p>HTC CENTER ..... 13</p> <p>OTHER PUBLIC FACILITIES</p> <p>_____ 16</p> <p align="center">(SPECIFY)</p> <p><b>PRIVATE MEDICAL SECTOR</b></p> <p>PRIVATE HOSPITAL ..... 21</p> <p>PRIVATE CLINIC ..... 22</p> <p>PRIVATE DOCTOR ..... 23</p> <p>STAND-ALONE HTC CENTER ..... 24</p> <p>PHARMACY ..... 25</p> <p>OTHER PRIVATE MEDICAL FACILITIES</p> <p>_____ 26</p> <p align="center">(SPECIFY)</p> <p><b>NGO MEDICAL SECTOR</b></p> <p>FPAN ..... 31</p> <p>MARIE STOPES ..... 32</p> <p>MOBILE HTC SERVICES ..... 33</p> <p>OTHER NGO MEDICAL FACILITIES</p> <p>_____ 36</p> <p align="center">(SPECIFY)</p> <p><b>OTHER SOURCE</b></p> <p>HOME ..... 41</p> <p>WORKPLACE ..... 42</p> <p>CORRECTIONAL FACILITY ..... 43</p> <p>OTHER _____ 96</p> <p align="center">(SPECIFY)</p>	
716	Did you get the results of the test?	<p>YES ..... 1</p> <p>NO ..... 2</p>	→ 720
717	What was the result of the test?	<p>POSITIVE ..... 1</p> <p>NEGATIVE ..... 2</p> <p>INDETERMINATE ..... 3</p> <p>DECLINED TO ANSWER ..... 4</p>	→ 720
718	In what month and year did you receive your first HIV-positive test result?	<p>MONTH ..... <input type="text"/> <input type="text"/></p> <p>DON'T KNOW MONTH ..... 98</p> <p>YEAR ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>DON'T KNOW YEAR ..... 9998</p> <p>SAME DATE AS MOST RECENT HIV TEST ..... 95</p>	
719	<p>Are you currently taking ARVs, that is antiretroviral medicines?</p> <p>By currently, I mean that you may have missed some doses but you are still taking ARVs.</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>	

SECTION 7. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
720	How many times have you been tested for HIV in your lifetime?  IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE, IF NUMBER OF TESTS IS 95 OR MORE, RECORD '95'.	NUMBER OF HIV TESTS ..... <input type="text"/> <input type="text"/>	
721	Have you heard of test kits people can use to test themselves for HIV?	YES ..... 1 NO ..... 2	→ 723
722	Have you ever tested yourself for HIV using a self-test kit?	YES ..... 1 NO ..... 2	
723	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	
724	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	
729	CHECK 701:  HEARD ABOUT HIV OR AIDS <input type="checkbox"/> NOT HEARD ABOUT HIV OR AIDS <input type="checkbox"/> ↓ ↓ a) Apart from HIV, have you heard about other infections that can be transmitted through sexual contact? b) Have you heard about infections that can be transmitted through sexual contact?	YES ..... 1 NO ..... 2	
730	CHECK 414:  HAS HAD SEXUAL INTERCOURSE <input type="checkbox"/> NEVER HAD SEXUAL INTERCOURSE <input type="checkbox"/>		→ 735
731	CHECK 729: HEARD ABOUT OTHER SEXUALLY TRANSMITTED INFECTIONS?  YES <input type="checkbox"/> NO <input type="checkbox"/>		→ 733
732	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	
733	Sometimes men experience an abnormal discharge from their penis. During the last 12 months, have you had an abnormal discharge from your penis?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
734	Sometimes men have a sore or ulcer on or near their penis. During the last 12 months, have you had a sore or ulcer on or near your penis?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
735	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	
736	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	

SECTION 8. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
806	Do you currently smoke tobacco every day, some days, or not at all?	EVERY DAY ..... 1 SOME DAYS ..... 2 NOT AT ALL ..... 3	→ 809 → 808
807	In the past, have you smoked tobacco every day?	YES ..... 1 NO ..... 2	→ 810
808	In the past, have you ever smoked tobacco every day, some days, or not at all?	EVERY DAY ..... 1 SOME DAYS ..... 2 NOT AT ALL ..... 3	→ 811
809	<p>On average, how many of the following products do you currently smoke each day? Also, let me know if you use the product, but not every day.</p> <p>IF RESPONDENT REPORTS USING THE PRODUCT BUT NOT EVERY DAY, RECORD '888'. IF THE PRODUCT IS NOT USED AT ALL, RECORD '000'.</p> <p>a) Manufactured cigarettes?</p> <p>b) Hand-rolled cigarettes?</p> <p>d) Pipes full of tobacco/sulpha/chilum?</p> <p>e) Cigars?</p> <p>f) Number of water pipe sessions?</p> <p>g) Any others?</p> <p align="center">_____ (SPECIFY)</p>	<p align="right">NUMBER DAILY</p> <p>a) MANUFACTURED CIGARETTES ..... <input type="text"/> <input type="text"/> <input type="text"/></p> <p>b) HAND-ROLLED CIGARETTES ..... <input type="text"/> <input type="text"/> <input type="text"/></p> <p>d) PIPES FULL OF TOBACCO ..... <input type="text"/> <input type="text"/> <input type="text"/></p> <p>e) CIGARS ..... <input type="text"/> <input type="text"/> <input type="text"/></p> <p>f) NUMBER OF WATER PIPE SESSIONS ..... <input type="text"/> <input type="text"/> <input type="text"/></p> <p>g) OTHERS ..... <input type="text"/> <input type="text"/> <input type="text"/></p>	→ 811
810	<p>On average, how many of the following products do you currently smoke each week? Also, let me know if you use the product, but not every week.</p> <p>IF RESPONDENT REPORTS USING THE PRODUCT BUT NOT EVERY WEEK, RECORD '888'. IF THE PRODUCT IS NOT USED AT ALL, RECORD '000'.</p> <p>a) Manufactured cigarettes?</p> <p>b) Hand-rolled cigarettes?</p> <p>d) Pipes full of tobacco/sulpha/chilum?</p> <p>e) Cigars?</p> <p>f) Number of water pipe sessions?</p> <p>g) Any others?</p> <p align="center">_____ (SPECIFY)</p>	<p align="right">NUMBER WEEKLY</p> <p>a) MANUFACTURED CIGARETTES ..... <input type="text"/> <input type="text"/> <input type="text"/></p> <p>b) HAND-ROLLED CIGARETTES ..... <input type="text"/> <input type="text"/> <input type="text"/></p> <p>d) PIPES FULL OF TOBACCO ..... <input type="text"/> <input type="text"/> <input type="text"/></p> <p>e) CIGARS ..... <input type="text"/> <input type="text"/> <input type="text"/></p> <p>f) NUMBER OF WATER PIPE SESSIONS ..... <input type="text"/> <input type="text"/> <input type="text"/></p> <p>g) OTHERS ..... <input type="text"/> <input type="text"/> <input type="text"/></p>	

SECTION 8. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
811	Do you currently use smokeless tobacco every day, some days, or not at all?	EVERY DAY ..... 1 SOME DAYS ..... 2 NOT AT ALL ..... 3	→ 813 → 814
812	<p>On average, how many times a day do you use the following products? Also, let me know if you use the product, but not every day.</p> <p>IF RESPONDENT REPORTS USING THE PRODUCT BUT NOT EVERY DAY, RECORD '888'. IF THE PRODUCT IS NOT USED AT ALL, RECORD '000'.</p> <p>a) Snuff, by mouth?</p> <p>b) Snuff, by nose?</p> <p>c) Chewing tobacco (gutka/khaini)?</p> <p>d) Betel quid with tobacco?</p> <p>e) Any others?</p> <p align="center">_____ (SPECIFY)</p>	<p align="right">TIMES DAILY</p> <p>a) SNUFF, BY MOUTH ..... <input type="text"/> <input type="text"/> <input type="text"/></p> <p>b) SNUFF, BY NOSE ..... <input type="text"/> <input type="text"/> <input type="text"/></p> <p>c) CHEWING TOBACCO ..... <input type="text"/> <input type="text"/> <input type="text"/></p> <p>d) BETEL QUID WITH TOBACCO ..... <input type="text"/> <input type="text"/> <input type="text"/></p> <p>e) ANY OTHERS ..... <input type="text"/> <input type="text"/> <input type="text"/></p>	→ 814
813	<p>On average, how many times a week do you use the following products? Also, let me know if you use the product, but not every week.</p> <p>IF RESPONDENT REPORTS USING THE PRODUCT BUT NOT EVERY WEEK, RECORD '888'. IF THE PRODUCT IS NOT USED AT ALL, RECORD '000'.</p> <p>a) Snuff, by mouth?</p> <p>b) Snuff, by nose?</p> <p>c) Chewing tobacco (gutka/khaini)?</p> <p>d) Betel quid with tobacco?</p> <p>e) Any others?</p> <p align="center">_____ (SPECIFY)</p>	<p align="right">TIMES WEEKLY</p> <p>a) SNUFF, BY MOUTH ..... <input type="text"/> <input type="text"/> <input type="text"/></p> <p>b) SNUFF, BY NOSE ..... <input type="text"/> <input type="text"/> <input type="text"/></p> <p>c) CHEWING TOBACCO ..... <input type="text"/> <input type="text"/> <input type="text"/></p> <p>d) BETEL QUID WITH TOBACCO ..... <input type="text"/> <input type="text"/> <input type="text"/></p> <p>e) ANY OTHERS ..... <input type="text"/> <input type="text"/> <input type="text"/></p>	
814	Now I would like to ask you some questions about drinking alcohol. Have you ever consumed any alcohol, such as beer, wine, spirits, or jaand, chyang etc.?	YES ..... 1 NO ..... 2	→ 816A
815	<p>We count one drink of alcohol as one can or bottle of beer, one glass of wine, or one shot of spirits. During the last one month, on how many days did you have at least one drink of alcohol?</p> <p>IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF RESPONDENT ANSWERS 'EVERY DAY' OR 'ALMOST EVERY DAY,' CODE '95'.</p>	<p>DID NOT HAVE EVEN ONE DRINK ..... 00</p> <p>NUMBER OF DAYS ..... <input type="text"/> <input type="text"/></p> <p>EVERY DAY/ALMOST EVERY DAY ..... 95</p>	→ 816A

SECTION 8. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
816	In the last one month, on the days that you drank alcohol, how many drinks did you usually have per day?	NUMBER OF DRINKS ..... <input type="text"/> <input type="text"/>	
816A	Have you ever heard of an illness called tuberculosis or TB?	YES ..... 1 NO ..... 2	→ 817
816B	What are the common symptoms of TB ?  RECORD ALL MENTIONED.	COUGH FOR MORE THAN 2 WEEKS ..... A FEVER IN THE EVENINGS ..... B CHEST PAIN ..... C LOSS OF WEIGHT ..... D LOSS OF APPETITE ..... E BLOOD IN SPUTUM ..... F TIREDNESS/FATIGUE ..... G COUGH ..... H FEVER ..... I PERSON TURNS BLACK ..... J OTHER ..... X (SPECIFY) DON'T KNOW ..... Z	
816C	How does tuberculosis spread from one person to another?  RECORD ALL MENTIONED.	THROUGH THE AIR WHEN COUGHING OR SNEEZING ..... A THROUGH SHARING UTENSILS ..... B THROUGH TOUCHING A PERSON WITH TB ..... C THROUGH SHARING FOOD ..... D THROUGH SEXUAL CONTACT ..... E THROUGH MOSQUITO BITES ..... F THROUGH SPIT/SALIVA ..... G INHERITED ..... H OTHER ..... X (SPECIFY) DON'T KNOW ..... Z	
816D	Can tuberculosis be cured?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 816F
816E	What is the duration of treatment of TB now a days?  IF MORE THAN 7 MONTHS, RECORD 7.	MONTHS ..... <input type="text"/> DON'T KNOW ..... 8	
816F	Have you ever been told by a health care provider that you have/had tuberculosis?	YES ..... 1 NO ..... 2	→ 816I
816G	Did you seek treatment for TB?	YES ..... 1 NO ..... 2	→ 816I

## SECTION 8. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
816H	Where did you go for treatment for TB?  RECORD ALL MENTIONED.	<b>PUBLIC SECTOR</b> GOVERNMENT HOSPITAL ..... A PHC/PRIMARY HOSPITAL ..... B HEALTH POST ..... C BA HEALTH POST ..... D URBAN HEALTH CENTER ..... E COMMUNITY HEALTH UNIT ..... F  OTHER _____ G (SPECIFY)  <b>NON-GOVT. (NGO) SECTOR</b> FPAN ..... H MARIE STOPES ..... I  OTHER NGO FACILITIES  _____ J (SPECIFY)  <b>PRIVATE MEDICAL SECTOR</b> PRIVATE HOSPITAL ..... K PRIVATE CLINIC ..... L PHARMACY ..... M OTHER PRIVATE MEDICAL FACILITIES  _____ N (SPECIFY)  <b>OTHER SOURCE</b> SHOP ..... O FRIEND/RELATIVE ..... P TRADITIONAL HEALER ..... Q  OTHER _____ X (SPECIFY)  DON'T KNOW ..... Z	
816I	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	
817	Are you covered by any health insurance?	YES ..... 1 NO ..... 2	→ 818A
818	What type of health insurance are you covered by?  RECORD ALL MENTIONED.	GOVERNMENT HEALTH INSURANCE ..... A HEALTH INSURANCE THROUGH EMPLOYER ..... B SOCIAL SECURITY ..... C OTHER PRIVATELY PURCHASED COMMERCIAL HEALTH INSURANCE ..... D  OTHER _____ X (SPECIFY)	
818A	Have you ever heard of COVID-19?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 818F

**SECTION 8. OTHER HEALTH ISSUES**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
818B	What are the common symptoms of COVID-19 infection?  RECORD ALL MENTIONED.	FEVER ..... A COUGH ..... B SHORTNESS OF BREATH AND BREATHING DIFFICULTIES ..... C MUSCLE PAIN ..... D HEADACHE ..... E LOSS OF TASTE OR SMELL ..... F DIAHRREA ..... G COMMON COLD AND RUNNING NOSE ..... H  OTHER ..... X (SPECIFY) DON'T KNOW ..... Z	
818C	Do you know if there are ways to prevent the spread of COVID-19?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 818E
818D	What measures are you taking to reduce your risk of getting infected by COVID-19?  RECORD ALL MENTIONED.	WEARING A MASK ..... A WASHING HANDS PROPERLY ..... B USING SANITIZER ..... C MAINTAINING DISTANCE ..... D AVOID TOUCHING EYES/NOSE/MOUTH ..... E PRACTICE RESPIRATORY HYGIENE ..... F GET VACCINATED ..... G FOCUS ON CLEANLINESS ..... H DRINK HOT WATER (WITH OR WITHOUT HERBS) ..... I  OTHER ..... X (SPECIFY) DID NOTHING ..... Z	
818E	Where/from whom have you received information around COVID-19?  RECORD ALL MENTIONED.	FCHVs ..... A HEALTH MOTHER'S GROUP ..... B COMMUNITY HEALTH WORKERS ..... C OTHER FRONTLINE WORKERS FROM INGO ..... D RADIO PROGRAM ..... E SMS/TEXT MESSAGING ..... F HEALTH FACILITY ..... G PHONE COUNSELING ..... H TELEVISION ..... I MOBILE RING TONE ..... J FAMILY/RELATIVES/FRIENDS/NEIGHBORS ..... K SOCIAL MEDIA ..... L  OTHER ..... X (SPECIFY) DON'T KNOW ..... Z	
818F	In the last three months have you heard or seen the following programs on the television and/or radio:  a) Janaswasthya Bahas TV Karyakram? b) Jeevanchakra TV serial? c) Janaswasthya Radio Karyakram? d) Swasthya Gatibidhi Radio Karyakram? e) Eek Dui Tin Sunau eekai chin Radio Karyakram? f) Bhanchhin Aama Radio Karyakram? g) Hello Bhanchhin Aama Radio Karyakram? h) Jeevan Raksya Radio Karyakram (COVID-19)	<div style="text-align: right;">YES NO</div> a) JANASWASTHA BAHAS ..... 1 2 b) JEEVAN CHAKRA ..... 1 2 c) JANASWASTHA RADIO ..... 1 2 d) SWASTHYA GATIBIDHI ..... 1 2 e) EEK DUI TIN ..... 1 2 f) BHANCHIN AAMA ..... 1 2 g) HELLO BHANCHIN ..... 1 2 h) JEEVAN RAKSYA ..... 1 2	



MENTAL HEALTH MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES					SKIP
	Now I will ask you a few questions on how you have felt or behaved in the last 2 weeks. You may find some of these questions very personal. Let me assure you that your answers are completely confidential and will not be told to anyone. If I ask you any question you don't want to answer, just let me know and I will go on to the next question.						
	<b>GAD (ANXIETY) CODES:</b> CODE '7' (RF) REFUSED TO ANSWER CODE '8' (DK) DON'T KNOW						
GAD	The next questions are about how you have been feeling during the last 2 weeks. Over the last 2 weeks, how often have you been bothered by the following problems? Would you say never, rarely, often, or always?  1) Feeling nervous, anxious or on edge? Would you say never, rarely, often, or always?  2) Not being able to stop or control worrying?  IF NECESSARY ASK: Would you say never, rarely, often, or always?  3) Worrying too much about different things?  IF NECESSARY ASK: Would you say never, rarely, often, or always?  4) Trouble relaxing?  IF NECESSARY ASK: Would you say never, rarely, often, or always?  5) Being so restless that it is hard to sit still?  IF NECESSARY ASK: Would you say never, rarely, often, or always?  6) Becoming easily annoyed or irritable?  IF NECESSARY ASK: Would you say never, rarely, often, or always?  7) Feeling afraid as if something awful might happen?  IF NECESSARY ASK: Would you say never, rarely, often, or always?	NEVER	RARELY	OFTEN	AL- WAYS	RF	DK
	1)	0	1	2	3	7	8
	2)	0	1	2	3	7	8
	3)	0	1	2	3	7	8
	4)	0	1	2	3	7	8
	5)	0	1	2	3	7	8
	6)	0	1	2	3	7	8
	7)	0	1	2	3	7	8

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

MTH2	Thinking about what you yourself have experienced among the different things we have been talking about, have you ever tried to seek help?	YES ..... 1 NO ..... 2	→ MTH4
MTH3	From whom have you sought help?  Anyone else?  RECORD ALL MENTIONED.	DOCTOR/MEDICAL PERSONNEL ..... A SOCIAL SERVICE ORGANIZATION ..... B SOCIAL WORKER ..... C COMMUNITY HEALTH WORKER/ FIELDWORKER ..... D RELIGIOUS LEADER/DHAMI ..... E CURRENT/FORMER SPOUSE/PARTNER .. F OTHER FAMILY MEMBER ..... G FRIEND ..... H NEIGHBOR ..... I NON_GOVERNMENT ORGANIZATIONS .... J  OTHER ..... X (SPECIFY)	
MTH4	Have you ever been told by a doctor or other healthcare worker that you have:  a) Depression? b) Anxiety?	<div style="text-align: right;">YES NO</div> a) DEPRESSION ..... 1 2 b) ANXIETY ..... 1 2	
MTH5	During the last 2 weeks, did you take medicine prescribed by a doctor or other healthcare worker for depression or anxiety?	YES ..... 1 NO ..... 2	
MTH6	During the last 2 weeks, did you take medicine prescribed by a doctor or other healthcare worker for any other mental health condition?	YES ..... 1 NO ..... 2	
MTH6A	During the last 2 weeks, did you receive counseling for your mental health condition?	YES ..... 1 NO ..... 2	
MTH7	SCORE THE PHQ SCALE BY SUMMING THE ANSWERS TO PHQ 1-9.	PHQ SCORE ..... <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table>	
MTH8	CHECK MTH7 AND PHQ9: ASSESS NEED FOR REFERRAL  RESPONDENTS WITH A SCORE OF 10 OR HIGHER ON THE PHQ SCALE, AND/OR THOSE WHO ANSWERED '1', '2', OR '3' ON PHQ9 SHOULD BE OFFERED A REFERRAL FOR MENTAL HEALTH SERVICES.  <div style="display: flex; justify-content: space-between; align-items: center;"> <div>           SCORE OF 10 OR HIGHER ON THE PHQ SCALE AND/OR ANY CODE '1', '2', OR '3' IN PHQ9           <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; vertical-align: middle; margin-top: 5px;"></div> </div> <div>           OTHER <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; vertical-align: middle; margin-top: 5px;"></div> </div> </div>	→ 819	
MTH9	Thank you for answering this series of questions. Based on the information you shared with me about your recent experiences, you may benefit from services provided by [NAME OF AGENCY].  PROVIDE RESPONDENT WITH REFERRAL CARD. This card provides [NAME OF AGENCY]'s contact information.		
819	RECORD THE TIME.	HOURS ..... <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table> MINUTES ..... <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table>	

INTERVIEWER'S OBSERVATIONS  
TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT INTERVIEW:

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COMMENTS ON SPECIFIC QUESTIONS:

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ANY OTHER COMMENTS:

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SUPERVISOR'S OBSERVATIONS

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