

Appendix-3**BCHIMES****100. Individual Questionnaire Control**

101. District -----	102.VDC/Municipality Name
103. Ward Number	104. Cluster Number
105. Name of Village/Tole	106 Household Number
107. Date of Interview DD MM YY	
108. Name of Household Head	109. Name of the Respondent
110. Line number of the Respondent	
111. Revisit Necessary 1=Yes 2= No	112. Date when Revisit is to be made DD MM YY
113. Interview Complete? (if yes, fill in from Q.117 onwards) 1=Yes 2= No	
114. Reasons for no/ or incomplete interview 1=Refusal 2 = No HH member at home 3 = No competent person at home 4 = Entire HH empty 5 = Others (specify)	
115 Interviewer Code (See list)	116. Editor Code (See list)
117.Supervisor Code (See list)	118. Data Entry Operator I (See list) 119. Data Entry Operator II (See list)

200 Demographic and Social Characteristics

201. How old are you?-----
(write Completed Years)
202. At what age were you first married? (write Completed Years)
203. How many sons have you given birth to? **(write 00 if none and skip to Q205)**
204. How many of them are alive? **(write 00 if none)**
205. How many daughters have you given births to? **(write 00 if none and skip to Q207)**
206. How many of them are alive? **(write 00 if none)**
207. Are you currently pregnant? Yes No **(skip to instructions just before Q208.)**
- 207a. How many months into pregnancy?_____ months

Interviewer note: If she has never been pregnant ask Q210. If she has given at least one birth or is currently pregnant, then ask Q208.
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208. At what age did you get pregnant for the first time? **(write Completed Years)**
209. Do you want to have any more children (apart from current pregnancy)?
Yes No
(SKIP to Q211)
210. How many children would you like to have?
211. Have you ever attended school? Yes No
(Ask Q213)
212. What is the highest grade you have completed? **(Ask Q 214 if grade 5 or above)**
213. Can you read and write?
1. Read only
2. read and write
3. No **(Ask Q215)**
214. How often do you read a newspaper or a magazine in a week? Times
215. How often do you listen to radio in a day? Times
216. How often do you watch television in a week? Times

300. Family Planning

301. There are different ways of delaying, postponing and stopping getting pregnant, and these are called family planning methods. Are you aware of any of these methods?
Yes No
(Skip to Q323)
- 301(a) What are the methods are you aware of?
1. Pills
2. Condom

3. Depo-Provera (injection)
4. IUD
5. Norplant
6. Female sterilisation
7. Vasectomy
8. Foaming tabs/foams/jelly/diaphragm
9. Rhythm/periodic abstinence
10. Others (specify)

302. What is the source of your knowledge? (up to 3 multi responses)

1. Newspaper
2. Poster/pamphlets
3. Billboards
4. Radio
5. TV
6. Health workers
7. TBA
8. FCHV
9. NGO/F.P workers
10. Husband
11. Friends
12. Neighbours

13. Others (specify)

303. Have you ever used anything or tried in any way to delay or avoid getting pregnant?

1. Yes

2. No

(Skip to filter box before Q305)

304. What had you done? (up to 3 responses)

1. Pills
2. Condom
3. Depo-Provera (injection)
4. IUD
5. Norplant
6. Female sterilisation
7. Vasectomy
8. Foaming tabs/foams/jelly/diaphragm
9. Rhythm/periodic abstinence
10. Others (specify)

Interviewer tick-mark the following box

1. Currently pregnant and “yes” in Q 303 skip to Q313.
2. Currently pregnant and “No” in Q303 skip to Q319
3. Not currently pregnant, start with Q 305

305. Are you or your husband currently doing some thing or using any method to delay or avoid your getting pregnant?

1. Yes

2. No (**Ask Q 319**)

306. What method are you/your husband currently using?

1. Pills
2. Condom
3. Depo-Provera (injection)
11. IUD
12. Norplant
13. Female sterilisation
14. Vasectomy
15. Foaming tabs/foams/jelly/diaphragm
16. Rhythm/periodic abstinence
17. Others (specify)

Interviewer note: if no method is used/ever used, ask from Q 319. If sterilisation is used, ask Q307 and if other methods are used, then ask Q312.

307. Did you/your spouse sign a consent form at the time of sterilisation? 1. Yes 2. No
 308. How many sons did you have at the time of sterilisation?

309. How many daughters did you have at the time of sterilisation?

310. Do you regret that you/your husband had the operation not to have any children?
 1. Yes 2. No
(Skip to Q 312)

311. Why do you regret the operation?
 1. Respondent wants another child
 2. Spouse wants another child
 3. Side-effects
 4. Death of child/children
 5. Others (specify)

312. How long have you been using the last method of family planning? Months (if in days write 000 to indicate less than a month)

313. Did you experience any side-effects? 1. Yes 2. No
(Ask Q 318)

314. If yes, what was it? (multiple respond upto 3)
 1. Weakness
 2. Nausea
 3. Vomiting
 4. Cramps
 5. Amenorrhea/delayed periods
 6. Back pain
 7. Others (specify)

315. Did you go anywhere or contact any health/FP worker for the treatment of side effects?
 1. Yes 2. No
(Ask Q318)

316. Where did you go or whom did you contact for treatment?
 1. Hospital/health centre/PHCC

1. Health post/sub- health post
2. Private clinic /nursing home
3. Faith healers
4. VHW/MCHW
5. FCHV/TBA
6. FP services of NGO
7. Others (specify)

317. Was their treatment/advice helpful? Yes No

318. Where is the nearest place you can get family planning service?

1. Hospital
2. Health centre/PHCC
3. Health post/ sub-health post
4. Outreach clinic
5. Pharmacy
6. Private clinic/nursing home
7. Others (specify)

(Ask Q 320)

319. What is the main reason for not using any contraception to avoid getting pregnant?

Fertility related

Not having sex	11
Infrequent sex	12
Menopausal hysterectomy	13
Sub-fecund/infecund	14

Opposition to use

Respondent opposed	21
Husband opposed	22
Others opposed	23
Religious prohibition	24

Lack of knowledge

Knows no method	31
Knows no source	32

Method-related reasons

Health concerns	41
Fear of side effects	42
Lack of access/too far	43
Clinic time not suitable	44
Costs too much	45
Inconvenient to use	46
Interferes with body's natural process	47

Others (specify)-_____	96
Don't Know	98

320. Do you plan to use family planning method in future? 1. Yes 2.No 3. D.K
(Skip to 322)

321. Which method do you plan to use?

1. Pills
2. Condom
3. Depo-Provera (injection)
4. IUD
5. Norplant
6. Female sterilisation
7. Vasectomy
8. Foaming tabs/foams/jelly/diaphragm
9. Rhythm/periodic abstinence
10. Others (specify)

322. Have you and your husband ever discussed the number of children you should have?

- 1.Yes 2.No

323. Have you and your husband ever discussed the use of family planning methods?

- 1.Yes 2.No

324. Have you ever heard “Ghanti Heri Haad Nilnu” radio programme?

- 1.Yes 2.No

325. What sort of information about family planning or health would you be interested to hear/see on radio/TV?

1. Family planning methods
2. Side-effects and how to handle them
3. STDs
4. HIV/AIDS
5. Safe Motherhood
6. Diarrhoea
7. ARI
8. Immunisation
9. Nutrition
10. Sanitation
11. Others (specify)

326. What should be the best time to broadcast these messages?

Morning hours	6-9	9-12
Day-time hours	12-3	3-6
Evening hours	6-9	
Night hours	9-12	

Interviewer tick-mark one of the following

1. Respondent does not have a child under 5 years of age or is not pregnant, skip to Q501
2. Respondent has a child under 5 years of age, continue from Q401
3. If Respondent is currently pregnant, start from Q401.

400. ANTE-NATAL and Delivery care

401 Did you go anywhere for antenatal care during your this/last pregnancy?

1. Yes

2. No

(Start asking Q420)

402. Where did you go?

1. PHC Outreach clinic
2. Sub-health post/health post
3. Health centre/PHCC
4. Hospital
5. Private clinic/Nursing home
6. Others (specify)

403. Who did you see?

1. Doctor
2. Nurse/ANM
3. Health assistant
4. AHW
5. MCH worker
6. Village Health Worker
7. Others (specify)_____

404. Did the health care provider discussed about:

- | | | |
|---|--------|------|
| A. Place of delivery | 1. Yes | 2.No |
| B. Breastfeeding | 1. Yes | 2.No |
| C. TT shots | 1. Yes | 2.No |
| D. Nutrition | 1. Yes | 2.No |
| E. Hygiene | 1. Yes | 2.No |
| F. Iron and Folic acid supplementation | 1. Yes | 2.No |
| G. Danger signs of pregnancy | 1. Yes | 2.No |
| H. Danger signs during delivery | 1. Yes | 2.No |
| I. Place to go if danger signs observed | 1. Yes | 2.No |
| J. Family planning | 1. Yes | 2.No |

405. How long did it take you to get there from your home? Minutes (00 if less than one hour)

406. During this/last pregnancy how many times did you receive antenatal care?
Times

407. How many months pregnant were you when you first received antenatal care during your this/last pregnancy? Months
408. Were you given TT shots during your this/last pregnancy?
 1. Yes 2.No
(Go to 410)
409. If yes, how many times during this/last pregnancy? times **(if less than two times ask: Q410, otherwise start with Q412).**
410. Were you given any TT shots during previous pregnancy?
 Yes No
(Ask Q 412)
411. If yes how many times? Times
412. Did you receive or buy Iron or Iron/Folic Acid combination tablets during this/last pregnancy?
 1. Yes 2. No
(Go to Q 414)
413. How many days did you take them during your this/last pregnancy? Days
414. Did you experience any complications/problem during this/last pregnancy?
 1.Yes 2. No
(Skip to Q421)
- 415.If yes, what was the problem (multi-response up to three 3 answers)?
 1.High blood pressure
 2.Oedema of face or hand
 3.Lack of blood or anaemia
 4. High fever
 5. Convulsion
 6.Vaginal bleeding
 7.Vaginal discharge
 8. Severe abdominal pain
 9. Others (specify)
416. Did you seek help for this problem? 1.Yes 2. No
(Skip to Q421)
- 417.Where did you seek help for the problem?
 1. Sub-health post/health post
 2. Health centre
 3. Hospital
 4. Private clinic/nursing home
 5. Others (specify)
418. Were you satisfied with the services? 1.Yes 2 No
(Skip to Q421)
419. What was the problem with the services? (up to 3 multi responses)
 1. No trained person present
 2. No medicine
 3. No equipment

4. Attitude and behavior of service provider not good
5. Had to pay for the services
6. No prompt service
7. Others (specify)

(Skip to 421)

420. Why did you not go for ANC service? (up to 3 multi responses)

1. Did not feel any need
2. Quality of service is not good
3. Behavior/attitude of the service provider not good
4. Too far away
5. No time to visit health institutions
6. Family did not allow
7. Have to pay for the services
8. Not aware of the need for examination
9. D.K
10. Others

421. Did you smoke (tobacco) (while you were pregnant)? 1.Yes 2.No

422. Did you drink alcohol/beer during pregnancy? 1.Yes 2.No

(Skip to Q424)

423. How often did you drink alcohol during last pregnancy?

1. Daily
2. Weekly
3. More than once in a week.
4. Occasionally
5. Other (specify)

424. Did you suffer from night blindness during your this/last pregnancy?

1. Yes
2. No

425. Did your food intake decrease or increase during this/last pregnancy?

1. Increased
- 2 Remained same
- 3 Decreased

426. What signs and symptoms during pregnancy will lead you to seek emergency care?
(Mark all responses)

- 1.High blood pressure
- 2.Oedema of face or hand
- 3.Lack of blood or anaemia
4. High fever
5. Convulsion
- 6.Vaginal bleeding
- 7.Vaginal discharge
8. Severe abdominal pain
9. Others (specify)

Interviewer tick-mark the following

- 1. If at least one delivery, start asking from Q427.**
- 2. If not delivered at all skip to Q501.**

Delivery care:

427. Where did you deliver your last child?

1. Home
2. Barn/cowshed
3. Hospital/primary healthcare centre
4. Health post/ sub-health post
5. Private clinic/nursing home
6. Others (specify)_____

428. Who assisted you in delivery?

1. Doctor
2. Nurse/ANM
3. Health assistant/AHW
4. Trained Traditional Birth Attendant
5. Untrained Traditional Birth Attendant
6. Village Health Worker
7. Maternal Child Health Worker
8. FCHV
9. Relatives/friends
10. No one **(skip to 430)**
11. Others (specify)_____

429. When did they assist you?

1. During labour
2. To deliver the baby
3. To deliver the placenta
4. During delivery when problem started
5. Others (specify)_____

Interviewer tick-mark below:

- 1. If delivered at health institution skip to Q434**
- 2. Otherwise skip to Q430**

430. If not delivered at health institutions was HDK used (show the Home Delivery Kit to the respondent) in delivery? 1 Yes 2.No

(Skip to Q432)

431. Where did you get it?

1. VHW
2. FCHV
3. MCHW
4. Trained TBA

5. Trained TBA
6. Pharmacy
7. Other village shop
8. Depot holder
9. Other (specify)

432. What was used to cut the umbilical cord?

1. New blade
2. Old blade boiled (sterilised)
3. Old blade not boiled
4. Other instruments boiled (sterilised)
5. Other instruments not boiled (not sterilised)

433. What was used to treat the cord?

1. Nothing
2. Antiseptic
3. Ash
4. Oil/ghee
5. Cowdung
6. Herbal
7. Others (specify)

434. How big was the child at the time of delivery?

1. Very Large
2. Large
3. Average
4. Small
5. Very Small
6. Don't Know

435. Did you receive postpartum check-up within 24 hours of delivery?

1. Yes
2. No

436. Around the time of birth did you have any of the following complications/problems?

- | | | |
|---|--------|-------|
| a. Long/prolonged labour | 1. Yes | 2. No |
| b. Life-threatening excessive bleeding | 1. Yes | 2. No |
| c. A high fever with bad smelling vaginal discharge | 1. Yes | 2. No |
| d. Convulsion? | 1. Yes | 2. No |

437. If “**no**” in all the categories of **Q436** skip to **Section 500**. If “**yes**” in any of the categories, ask: Where was she referred to for this/these problems?

1. Trained TBA
2. Untrained TBA
3. FCHV
4. Health post/ sub-health post
5. Health centre/PHCC/Hospital
6. Private clinic/nursing home
7. Pharmacy
8. Faith healers
9. Others (specify)_____

If 'nowhere' skip to section 500

438. What mode of transport was used to reach the service centre?
1. Carrying by people
 2. Bullock cart
 3. Tractor/truck
 4. Stretcher
 5. Bus/taxi
 6. Others (specify)_____

500. STD/HIV/AIDS

501. Have you ever heard of illness called STD? 1. Yes

2. No

(Ask Q 503)

502. From which sources of information have you learned about STD (probe)? Any other sources? (Record the first three mentioned.)

1. Radio
2. Television
3. Newspaper/magazines
4. Pamphlets/posters
5. Health workers
6. FCHV
7. TBA
8. Husband
9. Schools/teachers
10. Community meetings
11. Friends/relatives
12. Workplace
13. Others (specify)

503. Have you ever heard of illness called AIDS?

1. Yes

2. No

(Ask from section 600)

504. From which sources of information have you learned most about AIDS (probe) Any other sources? (Record first three mentioned.)

1. Radio
2. Television
3. Newspaper/magazines
4. Pamphlets/posters
5. Health workers
6. FCHV
7. TBA
8. Husband
9. Schools/teachers
10. Community meetings
11. Friends/relatives
12. Workplace
13. Others (specify)

505. Is there anything a person can do to avoid getting AIDS or the virus that causes AIDS?

1. Yes

2. No

(Ask Q507)

506. What can a person do? Any other ways? (probe and record all mentioned)

1. Safe sex
2. Abstain from sex

- 3. Use condoms ☐
- 4. Have only one sex partner ☐
- 5. Avoid sex with prostitutes ☐
- 6. Avoid sex with homosexuals ☐
- 7. Avoid blood transfusions ☐
- 8. Avoid injections ☐
- 9. Avoid kissing ☐
- 10. Avoid mosquito bites ☐
- 11. Seek protection from traditional healers ☐
- 12. Other (specify) ☐

507. Is it possible for a healthy-looking person to have the AIDS virus?
 1. Yes 2. No 3. Ok

508. Do you think your chances of getting AIDS are small, moderate, great or that you have no risk at all?
 1. Small
 2. Moderate
 3. Great (high)
 4. No risk at all
 5. Have AIDS
 6. Don't know
 7. Other (specify)

509. Do you know the place where you could get (blood) tested for HIV?
 1. Yes 2. No

(Skip to 600)

510. You do not need to tell me the results, have you ever been tested for HIV?
 1. Yes 2. No

Interviewer tick-mark one of the following
--

- | |
|---|
| 1. Respondent has no children under 5, stop interviewing.
2. Respondent has at least one child under 5, continue section 601 |
|---|

600. Breastfeeding

601. Did you ever breastfeed your last child? 1. Yes 2. No
(Go to Section 700)

602. How long after birth did you put child to breast? (Hours)
(If less than one hour write 00)

603. Did you feed colostrum to the child?

1. Yes 2. No

604. For how many months have you been breastfeeding this child? (Months)(Write 88 for still breastfeeding, If stopped breastfeeding skip to 606)

605. If still breastfeeding how long do you intend to breastfeed him/her? Months

606. At what age did you give water to drink for your child? Months
(Write 88 if the child was not given water)

607. Was the child fed anything from the feeding bottle yesterday or last night?

1. Yes 2. No

write 88 if water not given yet

608. When (at what age) did you start giving other food to the child? (Age) Months

write 88 if no food given yet

609. If not currently breastfeeding, why did you stop breastfeeding the child?

1. Mother ill/weak
2. Child ill/weak
3. Nipple/breast problem
4. Not enough milk
5. Mother working
6. Child refused
7. Weaning age/age to stop
8. Became pregnant
9. Started using contraception
10. Others (specify)_____

700. CARE OF ACUTE RESPIRATORY INFECTIONS (ARI) (children upto 5 yrs. of age)

Questions	Line number Name Sex Age	Line number Name Sex Age	Line number Name Sex Age
701. Has (name) suffered from cough and cold during last two weeks?	1=Yes, 2=No if No go to 705	1=Yes, 2=No if No go to 705	1=Yes, 2=No if No go to 705
702. What signs and symptoms did you notice when the child was sick with cough and cold? (Multi-response up to 3)			
Is coughing 01	01	01	01
Has a blocked/running nose 02	02	02	02
Has fever 03	03	03	03
Is breathing fast 04	04	04	04
Has difficulty breathing 05	05	05	05
Has chest in-drawing 06	06	06	06
Has problems eating/drinking 07	07	07	07
Other answers (specify) 08	08	08	08
703. During (Name's) ARI what did you offer him/her to drink?			
Breast Milk 01	01	01	01
Cereal-based gruel or soup 02	02	02	02
Yogurt 03	03	03	03
Fruit juice 04	04	04	04
Cow/buffalo/canned milk 05	05	05	05
Water during feeding time 06	06	06	06
Plain water 07	07	07	07
Any other fluids 08	08	08	08
Nothing 09	09	09	09
704. Where did you seek for (name's) treatment?	01	01	01
Nowhere and no treatment 01	02	02	02
Nowhere but home treatment 02	03	03	03
Sub-health post/health post 03	04	04	04
PHCC/hospital 04	05	05	05
Ayurvedic centre/hospital 05	06	06	06
Village Health Worker /MCHW 06	07	07	07
FCHV 07	08	08	08
Private clinic/nursing home 08	09	09	09
Medical shop/pharmacy 09	10	10	10
Faith healers 10	11	11	11
Others (specify)----- 11			
705. How many times has this child suffered from ARI during last year?			

800. DIARRHOEA (children upto 5 yrs. of age)

Questions	Line number Name Sex Age	Line number Name Sex Age	Line number Name Sex Age
801. Has (name) had diarrhoea in last two weeks? 1=Yes, 2=No	if No to question 808	if No to question 808	if No to question 808
802. Was there any blood in (name's) stool during his/her diarrhoea?	1=Yes 2=No	1=Yes 2=No	1=Yes 2=No
803. During (name's) diarrhoea, what did you offer him/her to drink? Breastmilk 01 Cereal-based gruel or soup 02 Yogurt 03 Fruit juice 04 Nun-Chhini-Pani 05 Cow/buffalo/canned milk 06 Jeevan Jal/Nav Jeevan/ORS Packet 07 Water during feeding time 08 Plain water 09 Any other fluids 10 Nothing 11	01 02 03 04 05 06 07 08 09 10 11	01 02 03 04 05 06 07 08 09 10 11	01 02 03 04 05 06 07 08 09 10 11
804. During diarrhoea was the child offered none, less same or more amount of liquid than usual? 1=None 2= Less 3=Same 4=More	1 2 3 4	1 2 3 4	1 2 3 4
805. During diarrhoea did s/he eat/fed none, less, same or more than usual? 1=None 2= Less 3=Same 4=More	1 2 3 4	1 2 3 4	1 2 3 4

Questions	Line number		Line number		Line number	
	Name	Age	Name	Age	Name	Age
806. Where did you seek for (name's) treatment?						
Nowhere and no treatment	01		01		01	
Nowhere but home treatment	02		02		02	
Sub-health post/health post	03		03		03	
PHCC/hospital	04		04		04	
Ayurvedic centre/hospital	05		05		05	
Village Health Worker/MCHW	06		06		06	
Female Community H. Volunteer	07		07		07	
Private clinic/nursing home	08		08		08	
Medical shop/pharmacy	09		09		09	
Faith healers	10		10		10	
Others (specify)-----	11		11		11	
807. How much cost did you incur in (name's) treatment .(If nothing was incurred write 0000 in total cost. If only total cost is available mention that in appropriate column).						
1. Travel cost						
2. Check-up fee						
3. Medicine						
4. Admission to health institution						
5. Other fees and expenses						
6. Faith healer cost/charges						
7. Total cost						
808. How many times has this child suffered from diarrhoea during last year?						

809. When the child is sick what symptoms will lead you to seek cure at health institutions or a medical personnel? (Record all answers)

1. When the child cannot eat or drink
2. Chest in-drawing
3. When the fever is high
4. When the child is lethargic or unconscious
5. Difficulty in breathing or rapid breathing
6. When there is blood in the stool
7. Vomits everything s/he eats or drinks
8. When the frequency of diarrhoea is high
9. When the child is excessively thirsty
10. Others (specify)

900. Vitamin A ((children aged 6 months to 5 yrs. of age)

901. Are you aware of the National Vitamin ‘A’ programme?

1 Yes 2 No.

902. Are any other members of your family aware of this programme?

1 Yes 2 No 3 DK.

Questions	Line number Name Sex Age	Line number Name Sex Age	Line number Name Sex Age
903. Did s/he receive Vitamin A capsule during last Oct/Nov – April/May? Yes = 1 No = 2.	Yes = 1, No = 2	Yes = 1, No = 2	Yes = 1, No = 2
904. Can you tell me the activities done during the distribution of vitamin A?(Record all that applies)			
1. Provided the capsule	Yes =1, No=2	Yes =1, No=2	Yes =1, No=2
2. Cut the capsule with scissors or other tools	Yes =1, No=2	Yes =1, No=2	Yes =1, No=2
3. Written child’s name	Yes =1, No=2	Yes =1, No=2	Yes =1, No=2
4. Squeezed capsule in the mouth	Yes =1, No=2	Yes =1, No=2	Yes =1, No=2
5. Other (specify)	Yes =1, No=2	Yes =1, No=2	Yes =1, No=2

1000. Immunisation

Interviewer: The questions of this module should be asked for all children in the household age 12-23 months with their mothers or caretakers. If an immunisation card is available copy the dates for each type of immunisation below. If complete date for vaccination is not recorded in the card then : I) write 98 for any of the three(day/month/year not recorded, and ii) write 44 if none is recorded. If the card is not available use probing questions 1011-1017 to find out whether the child received that vaccination , and if so, how many doses. Record mother's responses for each vaccine dose in the space provided.

Questions	1. Line Number: 2. Child's Name 3. Date of birth						1. Line Number: 2. Child's Name 3. Date of birth					
	Y=1 N=2	Date of Immunisation (Day) (Month) (Year)					Y=1 N=2	Date of Immunisation (Day) (Month) (Year)				
1001. Is there a vaccination card for (name)	Y=1, N=2						Y=1, N=2					
1002. BCG	Y=1, N=2						Y=1, N=2					
1003. DPT1	Y=1, N=2						Y=1, N=2					
1004. DPT2	Y=1, N=2						Y=1, N=2					
1005. DPT3	Y=1, N=2						Y=1, N=2					
1006. OPV1	Y=1, N=2						Y=1, N=2					
1007. OPV2	Y=1, N=2						Y=1, N=2					
1008. OPV3	Y=1, N=2						Y=1, N=2					
1009. MEASLES	Y=1, N=2						Y=1, N=2					
1010. Has (name) received any vaccination whose dates are not recorded in the card?	Y=1, N=2						Y=1, N=2					
Probing questions to use when no vaccination card is available												
1011. Has (name) received BCG vaccination against tuberculosis, that is, an injection in the shoulder that caused a scar?	Y=1, N=2						Y=1, N=2					
1012. Has (name) ever been given "vaccination injections" that is an injection in the thigh or buttocks to prevent him/her from getting tetanus, whooping cough, and diphtheria? (Note DPT is given at the time of polio drops.)	Y=1, N=2						Y=1, N=2					
1013. How many times?	Y=1, N=2						Y=1, N=2					
1014. Has (name) been given any "polio drops" to protect him/her from getting polio diseases?	Y=1, N=2						Y=1, N=2					
1015. How many times?	Y=1, N=2						Y=1, N=2					
1016. Has s/he ever been given polio drops in last National Immunisation Day?	Y=1, N=2						Y=1, N=2					
1017. Has (name) ever been given "vaccination injections," that is, a shot in the arm after nine months of age to prevent him/her from getting measles?	Y=1, N=2						Y=1, N=2					

1018. If no vaccination card, then ask, was she given any vaccination card during vaccination of the child?
1. Yes 2. No
1019. Was she asked to keep the card safely and bring it back the next time she brings the child for immunisation?
1. Yes 2. No
1020. During immunisation were you informed about the vaccine and what it protects against?
1. Yes 2. No
1021. During immunisation were you informed about the number of doses to be completed?.
1. Yes 2. No
1022. During immunisation were you informed about the side-effects of immunisation including fever /swelling at the site of immunisation?.
1. Yes 2. No