

BANGLADESH DEMOGRAPHIC AND HEALTH SURVEY 2017-18
 HOUSEHOLD QUESTIONNAIRE

 NIPOORT, MOHFW
 MITRA AND ASSOCIATES

IDENTIFICATION					
DIVISION _____ DISTRICT _____ UPAZILA _____ UNION/WARD _____ VILLAGE/MOHALLA/BLOCK _____ CLUSTER NUMBER HOUSEHOLD NUMBER RURAL=1, CITY CORPORATION=2, OTHER URBAN=3 NAME OF THE HOUSEHOLD HEAD _____ IS HOUSEHOLD SELECTED FOR BIOMARKER? (YES = 1, NO = 2)	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 5px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 5px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 5px;"></div> </div> <div style="display: flex; flex-direction: column; align-items: center; margin-top: 20px;"> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 5px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 5px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 5px;"></div> </div>				
INTERVIEWER VISITS					
	1	2	3	FINAL VISIT	
DATE	_____	_____	_____	DAY <div style="display: flex; flex-direction: column; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 2px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 2px;"></div> </div>	
INTERVIEWER'S NAME	_____	_____	_____	MONTH <div style="display: flex; flex-direction: column; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 2px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 2px;"></div> </div>	
RESULT*	_____	_____	_____	YEAR <div style="display: flex; flex-direction: column; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 2px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 2px;"></div> </div>	
NEXT VISIT: DATE	_____	_____	_____	INT. NO. <div style="display: flex; flex-direction: column; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 2px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 2px;"></div> </div>	
TIME	_____	_____	_____	RESULT* <div style="display: flex; flex-direction: column; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 2px;"></div> </div>	
*RESULT CODES: 1 COMPLETED 2 NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT 3 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME 4 POSTPONED 5 REFUSED 6 DWELLING VACANT OR ADDRESS NOT A DWELLING 7 DWELLING DESTROYED 8 DWELLING NOT FOUND 9 OTHER <div style="text-align: center; margin-top: 10px;">_____ (SPECIFY)</div>			TOTAL NUMBER OF VISITS <div style="display: flex; flex-direction: column; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 2px;"></div> </div>		
			TOTAL PERSONS IN HOUSEHOLD <div style="display: flex; flex-direction: column; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 2px;"></div> </div>		
			TOTAL EVER MARRIED WOMEN 15-49 YRS <div style="display: flex; flex-direction: column; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 2px;"></div> </div>		
			TOTAL NUMBER OF CHILDREN 0-5 YRS <div style="display: flex; flex-direction: column; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 2px;"></div> </div>		
			TOTAL WOMEN AND MEN 18+ YRS <div style="display: flex; flex-direction: column; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 2px;"></div> </div>		
			LINE NO. OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE <div style="display: flex; flex-direction: column; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 2px;"></div> </div>		
SUPERVISOR <div style="display: flex; align-items: center;"> <div style="border-bottom: 1px solid black; width: 80px; margin-right: 10px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> NAME NUMBER </div>		FIELD EDITOR <div style="display: flex; align-items: center;"> <div style="border-bottom: 1px solid black; width: 80px; margin-right: 10px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> NAME NUMBER </div>		OFFICE EDITOR <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 40px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> NUMBER </div>	KEYED BY <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 40px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> NUMBER </div>

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Introductory statement:

My name is _____. I am working for Mitra and Associates, a private research organization located in Dhaka. We are conducting a survey about health all over Bangladesh under the authority of the National Institute of Population Research and Training (NIPORT), Medical Education and Family Welfare Division, Ministry of Health and Family Welfare (MOHFW). The information we collect will help the government to plan health and family planning services. Your household was selected for the survey. I would like to ask you some questions about your household. 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.

Why is the study being done?

The survey aims to provide information to address the monitoring and evaluation needs of the Fourth Health, Population and Nutrition Sector Program (HPNSP) and to provide managers and policy makers involved in this program with the information that they need to effectively plan and execute future interventions.

What is involved in the study?

You have been selected as a respondent in this survey. I would like to ask you some questions about your household and household members.

What will you have to do if you agree to participate?

Since you have been selected as a respondent in this study, I shall be thankful if you provide your valuable response on certain issues. If some questions cause you embarrassment or make you feel uncomfortable, you can refuse to answer them.

What are the risks and benefits of this study?

By providing information you will not have any risk whatsoever, rather this will help the government and policy planners to evaluate, strengthen and refocus national effort to improve health, population and nutrition programs.

Confidentiality:

Whatever information you provide will be kept strictly confidential. It will be used for research purposes and will be seen only by staff and researchers at the organizations mentioned.

Is there any compensation for participating in the study?

Your participation in the study is voluntary and promises no financial benefit.

Right to refuse or withdraw:

Participation in this survey is voluntary and you can choose not to answer any individual question or all of the questions. However, we hope that you will participate in this survey since your views are important.

Who do I contact if I have a question or problem?

If you wish to know more about your rights as a participant in this study you may write the Bangladesh Medical Research Council (BMRC), Mohakhali, Dhaka or Mitra and Associates, Main Road 1, House 35, Senpara Parbata, Mirpur 10, Dhaka or Phone 9025410, 9025412. If you have further questions regarding the nature of this study you may also contact NIPORT, 13/1 Sheikh Shaheb Bazar, Azimpur, Dhaka-1205 or Phone 9662495, 58611206.

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

SIGNATURE OF INTERVIEWER _____ DATE _____

RESPONDENT AGREES
TO BE INTERVIEWED .. 1

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



RECORD THE TIME.	HOURS	<input type="text"/>	<input type="text"/>
	MINUTES	<input type="text"/>	<input type="text"/>

HOUSEHOLD SCHEDULE

							IF AGE 15 OR OLDER	IF AGE 5 YEARS OR OLDER	
LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	MARITAL STATUS	EVER ATTENDED SCHOOL	
1	2	3	4	5	6	7	8	9	10
	<p>Please give me the names of the persons who usually live in your household and guests of the household who stayed here last night, starting with the head of the household.</p> <p>AFTER LISTING THE NAMES AND RECORDING THE RELATIONSHIP AND SEX FOR EACH PERSON, ASK QUESTIONS 2A-2C TO BE SURE THAT THE LISTING IS COMPLETE.</p> <p>THEN ASK APPROPRIATE QUESTIONS IN COLUMNS 5-20 FOR EACH PERSON.</p>	What is the relationship of (NAME) to the head of the household?	Is (NAME) male or female?	Does (NAME) usually live here?	Did (NAME) stay here last night?	How old is (NAME)?	What is (NAME)'s current marital status?	Has (NAME) ever attended school?	What is the highest level of school (NAME) has attended? What is the highest class (NAME) completed at that level?
		SEE CODES BELOW.				IF 95 OR MORE, RECORD '95'.	1 = CURRENTLY MARRIED 2 = DIVORCED/SEPARATED 3 = WIDOWED 4 = NEVER-MARRIED		SEE CODES BELOW.
01		<input type="text"/>	M F 1 2	Y N 1 2	Y N 1 2	IN YEARS <input type="text"/>	<input type="text"/>	Y N 1 2 COL. (13)	LEVEL CLASS <input type="text"/>
02		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	1 2 COL. (13)	<input type="text"/>
03		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	1 2 COL. (13)	<input type="text"/>
04		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	1 2 COL. (13)	<input type="text"/>
05		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	1 2 COL. (13)	<input type="text"/>
06		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	1 2 COL. (13)	<input type="text"/>
07		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	1 2 COL. (13)	<input type="text"/>
08		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	1 2 COL. (13)	<input type="text"/>
09		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	1 2 COL. (13)	<input type="text"/>
10		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	1 2 COL. (13)	<input type="text"/>

2A) Just to make sure that I have a complete listing: are there any other people such as small children or infants that we have not listed?	YES <input type="checkbox"/>	→ ADD TO TABLE	NO <input type="checkbox"/>
2B) Are there any other people who may not be members of your family, such as domestic servants, lodgers, or friends who usually live here?	YES <input type="checkbox"/>	→ ADD TO TABLE	NO <input type="checkbox"/>
2C) Are there any guests or temporary visitors staying here, or anyone else who stayed here last night, who have not been listed?	YES <input type="checkbox"/>	→ ADD TO TABLE	NO <input type="checkbox"/>

CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD

- | | |
|------------------------------------|-------------------------------|
| 01 = HEAD | 07 = PARENT-IN-LAW |
| 02 = WIFE OR HUSBAND | 08 = BROTHER OR SISTER |
| 03 = SON OR DAUGHTER | 09 = OTHER RELATIVE |
| 04 = SON-IN-LAW OR DAUGHTER-IN-LAW | 10 = ADOPTED/FOSTER/STEPCHILD |
| 05 = GRANDCHILD | 11 = NOT RELATED |
| 06 = PARENT | 98 = DON'T KNOW |

HOUSEHOLD SCHEDULE

							IF AGE 15 OR OLDER	IF AGE 5 YEARS OR OLDER	
LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	MARITAL STATUS	EVER ATTENDED SCHOOL	
1	2	3	4	5	6	7	8	9	10
	<p>Please give me the names of the persons who usually live in your household and guests of the household who stayed here last night, starting with the head of the household.</p> <p>AFTER LISTING THE NAMES AND RECORDING THE RELATIONSHIP AND SEX FOR EACH PERSON, ASK QUESTIONS 2A-2C TO BE SURE THAT THE LISTING IS COMPLETE.</p> <p>THEN ASK APPROPRIATE QUESTIONS IN COLUMNS 5-20 FOR EACH PERSON.</p>	<p>What is the relationship of (NAME) to the head of the household?</p> <p>SEE CODES BELOW.</p>	<p>Is (NAME) male or female?</p>	<p>Does (NAME) usually live here?</p>	<p>Did (NAME) stay here last night?</p>	<p>How old is (NAME)?</p> <p>IF 95 OR MORE, RECORD '95'.</p>	<p>What is (NAME)'s current marital status?</p> <p>1 = CURRENTLY MARRIED 2 = DIVORCED/SEPARATED 3 = WIDOWED 4 = NEVER-MARRIED</p>	<p>Has (NAME) ever attended school?</p>	<p>What is the highest level of school (NAME) has attended?</p> <p>What is the highest class (NAME) completed at that level?</p> <p>SEE CODES BELOW.</p>

HOUSEHOLD SCHEDULE

							IF AGE 15 OR OLDER	IF AGE 5 YEARS OR OLDER	
LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	MARITAL STATUS	EVER ATTENDED SCHOOL	
1	2	3	4	5	6	7	8	9	10
	<p>Please give me the names of the persons who usually live in your household and guests of the household who stayed here last night, starting with the head of the household.</p> <p>AFTER LISTING THE NAMES AND RECORDING THE RELATIONSHIP AND SEX FOR EACH PERSON, ASK QUESTIONS 2A-2C TO BE SURE THAT THE LISTING IS COMPLETE.</p> <p>THEN ASK APPROPRIATE QUESTIONS IN COLUMNS 5-20 FOR EACH PERSON.</p>	What is the relationship of (NAME) to the head of the household?	Is (NAME) male or female?	Does (NAME) usually live here?	Did (NAME) stay here last night?	How old is (NAME)?	What is (NAME)'s current marital status?	Has (NAME) ever attended school?	What is the highest level of school (NAME) has attended? What is the highest class (NAME) completed at that level?
		SEE CODES BELOW.				IF 95 OR MORE, RECORD '95'.	1 = CURRENTLY MARRIED 2 = DIVORCED/SEPARATED 3 = WIDOWED 4 = NEVER-MARRIED		SEE CODES BELOW.
11		<input type="text"/>	M F 1 2	Y N 1 2	Y N 1 2	IN YEARS <input type="text"/>	<input type="text"/>	Y N 1 2 ↓ COL. (13)	LEVEL CLASS <input type="text"/>
12		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	1 2 ↓ COL. (13)	<input type="text"/>
13		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	1 2 ↓ COL. (13)	<input type="text"/>
14		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	1 2 ↓ COL. (13)	<input type="text"/>
15		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	1 2 ↓ COL. (13)	<input type="text"/>
16		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	1 2 ↓ COL. (13)	<input type="text"/>
17		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	1 2 ↓ COL. (13)	<input type="text"/>
18		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	1 2 ↓ COL. (13)	<input type="text"/>
19		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	1 2 ↓ COL. (13)	<input type="text"/>
20		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	1 2 ↓ COL. (13)	<input type="text"/>

TICK HERE IF CONTINUATION SHEET USED ☐

CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD

01 = HEAD	07 = PARENT-IN-LAW
02 = WIFE OR HUSBAND	08 = BROTHER OR SISTER
03 = SON OR DAUGHTER	09 = OTHER RELATIVE
04 = SON-IN-LAW OR DAUGHTER-IN-LAW	10 = ADOPTED/FOSTER/STEPCHILD

HOUSEHOLD SCHEDULE

							IF AGE 15 OR OLDER	IF AGE 5 YEARS OR OLDER	
LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	MARITAL STATUS	EVER ATTENDED SCHOOL	
1	2	3	4	5	6	7	8	9	10
	<p>Please give me the names of the persons who usually live in your household and guests of the household who stayed here last night, starting with the head of the household.</p> <p>AFTER LISTING THE NAMES AND RECORDING THE RELATIONSHIP AND SEX FOR EACH PERSON, ASK QUESTIONS 2A-2C TO BE SURE THAT THE LISTING IS COMPLETE.</p> <p>THEN ASK APPROPRIATE QUESTIONS IN COLUMNS 5-20 FOR EACH PERSON.</p>	<p>What is the relationship of (NAME) to the head of the household?</p> <p>SEE CODES BELOW.</p>	<p>Is (NAME) male or female?</p>	<p>Does (NAME) usually live here?</p>	<p>Did (NAME) stay here last night?</p>	<p>How old is (NAME)?</p> <p>IF 95 OR MORE, RECORD '95'.</p>	<p>What is (NAME)'s current marital status?</p> <p>1 = CURRENTLY MARRIED 2 = DIVORCED/SEPARATED 3 = WIDOWED 4 = NEVER-MARRIED</p>	<p>Has (NAME) ever attended school?</p>	<p>What is the highest level of school (NAME) has attended?</p> <p>What is the highest class (NAME) completed at that level?</p> <p>SEE CODES BELOW.</p>

05 = GRANDCHILD
06 = PARENT

11 = NOT RELATED
98 = DON'T KNOW

HOUSEHOLD SCHEDULE

						BIOMARKER TESTING						
LINE NO.	IF AGE 5-24 YEARS		IF AGE 8 OR OLDER	IF AGE 0-4 YEARS	IF AGE 18 OR OLDER	IF AGE 13 OR OLDER	ALL HOUSEHOLDS			SELECTED HOUSEHOLDS		
							WOMEN	WOMEN	CHILDREN	WOMEN		MEN
										INTERVIEW	WEIGHT HEIGHT	
	11	12	13	14	14A	15	15B	16	17	18	19	20
	Did (NAME) attend school at any time during the 2017 school year?	During [this/that] school year, what level and class [is/was] (NAME) attending? SEE CODES BELOW.	Is (NAME) currently working?	Does (NAME) have a birth certificate? IF NO, PROBE: Has (NAME)'s birth ever been registered with the civil authority? 1 = HAS CERTIFICATE 2 = REGISTERED 3 = NEITHER 8 = DON'T KNOW		Does (NAME) have a mobile phone?	CIRCLE LINE NUMBER OF ALL EVER-MARRIED WOMEN AGE 15-49 IF COLUMN 4 IS 2 AND IF COLUMN 7 IS 15-49, AND IF COLUMN 8 IS 1-3	CIRCLE LINE NUMBER OF ALL EVER-MARRIED WOMEN AGE 15-49 IF COLUMN 4 IS 2 AND IF COLUMN 7 IS 15-49, AND IF COLUMN 8 IS 1-3	CIRCLE LINE NUMBER OF ALL CHILD-REN AGE 0-5 YEARS IF COLUMN 7 IS 0-5	CIRCLE LINE NUMBER OF EVER-MARRIED WOMEN AGE 18-49 IF COLUMN 4 IS 2 AND IF COLUMN 7 IS 18-49, AND IF COLUMN 8 IS 1-3	CIRCLE LINE NUMBER OF EVER-MARRIED WOMEN AGE 50+ IF COLUMN 4 IS 2 AND IF COLUMN 7 IS 50+, AND IF COLUMN 8 IS 1-3, NEVER-MARRIED WOMEN AGE 18+ IF COLUMN 4 IS 2 AND IF COLUMN 7 IS 18+, AND IF COLUMN 8	CIRCLE LINE NUMBER OF ALL MEN AGE 18+ IF COLUMN 4 IS 1 AND IF COLUMN 7 IS 18+.
01	Y N 1 2 ↓ COL. (13)	LEVEL CLASS [] [] []	Y N 1 2	[]	Y N DK 1 2 8	Y N 1 2	01	01	01	01	01	01
02	1 2 ↓ COL. (13)	[] [] []	1 2	[]	1 2 8	1 2	02	02	02	02	02	02
03	1 2 ↓ COL. (13)	[] [] []	1 2	[]	1 2 8	1 2	03	03	03	03	03	03
04	1 2 ↓ COL. (13)	[] [] []	1 2	[]	1 2 8	1 2	04	04	04	04	04	04
05	1 2 ↓ COL. (13)	[] [] []	1 2	[]	1 2 8	1 2	05	05	05	05	05	05
06	1 2 ↓ COL. (13)	[] [] []	1 2	[]	1 2 8	1 2	06	06	06	06	06	06
07	1 2 ↓ COL. (13)	[] [] []	1 2	[]	1 2 8	1 2	07	07	07	07	07	07
08	1 2 ↓ COL. (13)	[] [] []	1 2	[]	1 2 8	1 2	08	08	08	08	08	08
09	1 2 ↓ COL. (13)	[] [] []	1 2	[]	1 2 8	1 2	09	09	09	09	09	09
10	1 2 ↓ COL. (13)	[] [] []	1 2	[]	1 2 8	1 2	10	10	10	10	10	10

CODES FOR Qs. 10 AND 12: EDUCATION

LEVEL	CLASS
1 = PRIMARY	00 = LESS THAN 1 YEAR COMPLETED
2 = SECONDARY	(USE '00' FOR Q. 10 ONLY.)
3 = HIGHER	THIS CODE IS NOT ALLOWED
6 = PRE-PRIMARY	FOR Q. 12.)
8 = DON'T KNOW	98 = DON'T KNOW

HOUSEHOLD SCHEDULE

						BIOMARKER TESTING						
LINE NO.	IF AGE 5-24 YEARS		IF AGE 8 OR OLDER	IF AGE 0-4 YEARS	IF AGE 18 OR OLDER	IF AGE 13 OR OLDER	ALL HOUSEHOLDS			SELECTED HOUSEHOLDS		
							WOMEN	WOMEN	CHILDREN	WOMEN		MEN
							INTERVIEW	WEIGHT HEIGHT	WEIGHT HEIGHT	BP GLUCOSE	WEIGHT HEIGHT BP GLUCOSE	WEIGHT HEIGHT BP GLUCOSE
	11	12	13	14	14A	15	15B	16	17	18	19	20
	Did (NAME) attend school at any time during the 2017 school year?	During [this/that] school year, what level and class [is/was] (NAME) attending? SEE CODES BELOW.	Is (NAME) currently working?	Does (NAME) have a birth certificate? IF NO, PROBE: Has (NAME)'s birth ever been registered with the civil authority?		Does (NAME) have a mobile phone?	CIRCLE LINE NUMBER OF ALL EVER-MARRIED WOMEN AGE 15-49 IF COLUMN 4 IS 2 AND IF COLUMN 7 IS 15-49, AND IF COLUMN 8 IS 1-3	CIRCLE LINE NUMBER OF ALL EVER-MARRIED WOMEN AGE 15-49 IF COLUMN 4 IS 2 AND IF COLUMN 7 IS 15-49, AND IF COLUMN 8 IS 1-3	CIRCLE LINE NUMBER OF ALL CHILD-REN AGE 0-5 YEARS IF COLUMN 7 IS 0-5	CIRCLE LINE NUMBER OF EVER-MARRIED WOMEN AGE 18-49 IF COLUMN 4 IS 2 AND IF COLUMN 7 IS 18-49, AND IF COLUMN 8 IS 1-3	CIRCLE LINE NUMBER OF EVER-MARRIED WOMEN AGE 50+ IF COLUMN 4 IS 2 AND IF COLUMN 7 IS 50+, AND IF COLUMN 8 IS 1-3, NEVER-MARRIED WOMEN AGE 18+ IF COLUMN 4 IS 2 AND IF COLUMN 7 IS 18+, AND IF COLUMN 8	CIRCLE LINE NUMBER OF ALL MEN AGE 18+ IF COLUMN 4 IS 1 AND IF COLUMN 7 IS 18+.

HOUSEHOLD SCHEDULE

						BIOMARKER TESTING						
LINE NO.	IF AGE 5-24 YEARS		IF AGE 8 OR OLDER	IF AGE 0-4 YEARS	IF AGE 18 OR OLDER	IF AGE 13 OR OLDER	ALL HOUSEHOLDS			SELECTED HOUSEHOLDS		
							WOMEN	WOMEN	CHILDREN	WOMEN		MEN
										BP GLUCOSE	WEIGHT HEIGHT BP GLUCOSE	
							INTERVIEW	WEIGHT HEIGHT	WEIGHT HEIGHT			
	11	12	13	14	14A	15	15B	16	17	18	19	20
	Did (NAME) attend school at any time during the 2017 school year?	During [this/that] school year, what level and class [is/was] (NAME) attending? SEE CODES BELOW.	Is (NAME) currently working?	Does (NAME) have a birth certificate? IF NO, PROBE: Has (NAME)'s birth ever been registered with the civil authority? 1 = HAS CERTIFICATE 2 = REGISTERED 3 = NEITHER 8 = DON'T KNOW		Does (NAME) have a mobile phone?	CIRCLE LINE NUMBER OF ALL EVER-MARRIED WOMEN AGE 15-49 IF COLUMN 4 IS 2 AND IF COLUMN 7 IS 15-49, AND IF COLUMN 8 IS 1-3	CIRCLE LINE NUMBER OF ALL EVER-MARRIED WOMEN AGE 15-49 IF COLUMN 4 IS 2 AND IF COLUMN 7 IS 15-49, AND IF COLUMN 8 IS 1-3	CIRCLE LINE NUMBER OF ALL CHILD-REN AGE 0-5 YEARS IF COLUMN 7 IS 0-5	CIRCLE LINE NUMBER OF EVER-MARRIED WOMEN AGE 18-49 IF COLUMN 4 IS 2 AND IF COLUMN 7 IS 18-49, AND IF COLUMN 8 IS 1-3	CIRCLE LINE NUMBER OF EVER-MARRIED WOMEN AGE 50+ IF COLUMN 4 IS 2 AND IF COLUMN 7 IS 50+, AND IF COLUMN 8 IS 1-3, NEVER-MARRIED WOMEN AGE 18+ IF COLUMN 4 IS 2 AND IF COLUMN 7 IS 18+, AND IF COLUMN 8	CIRCLE LINE NUMBER OF ALL MEN AGE 18+ IF COLUMN 4 IS 1 AND IF COLUMN 7 IS 18+.
11	Y N 1 2 ↓ COL. (13)	LEVEL CLASS □ □ □ □	Y N 1 2	□		Y N 1 2	11	11	11	11	11	11
12	1 2 ↓ COL. (13)	□ □ □ □	1 2	□		1 2	12	12	12	12	12	12
13	1 2 ↓ COL. (13)	□ □ □ □	1 2	□		1 2	13	13	13	13	13	13
14	1 2 ↓ COL. (13)	□ □ □ □	1 2	□		1 2	14	14	14	14	14	14
15	1 2 ↓ COL. (13)	□ □ □ □	1 2	□		1 2	15	15	15	15	15	15
16	1 2 ↓ COL. (13)	□ □ □ □	1 2	□		1 2	16	16	16	16	16	16
17	1 2 ↓ COL. (13)	□ □ □ □	1 2	□		1 2	17	17	17	17	17	17
18	1 2 ↓ COL. (13)	□ □ □ □	1 2	□		1 2	18	18	18	18	18	18
19	1 2 ↓ COL. (13)	□ □ □ □	1 2	□		1 2	19	19	19	19	19	19
20	1 2 ↓ COL. (13)	□ □ □ □	1 2	□		1 2	20	20	20	20	20	20

CODES FOR Qs. 10 AND 12: EDUCATION

LEVEL	CLASS
1 = PRIMARY	00 = LESS THAN 1 YEAR COMPLETED
2 = SECONDARY	(USE '00' FOR Q. 10 ONLY.)
3 = HIGHER	THIS CODE IS NOT ALLOWED
6 = PRE-PRIMARY	FOR Q. 12.)

HOUSEHOLD SCHEDULE

						BIOMARKER TESTING						
LINE NO.	IF AGE 5-24 YEARS		IF AGE 8 OR OLDER	IF AGE 0-4 YEARS	IF AGE 18 OR OLDER	IF AGE 13 OR OLDER	ALL HOUSEHOLDS			SELECTED HOUSEHOLDS		
							WOMEN	WOMEN	CHILDREN	WOMEN		MEN
							INTERVIEW	WEIGHT HEIGHT	WEIGHT HEIGHT	BP GLUCOSE	WEIGHT HEIGHT BP GLUCOSE	WEIGHT HEIGHT BP GLUCOSE
	11	12	13	14	14A	15	15B	16	17	18	19	20
	Did (NAME) attend school at any time during the 2017 school year?	During [this/that] school year, what level and class [is/was] (NAME) attending? SEE CODES BELOW.	Is (NAME) currently working?	Does (NAME) have a birth certificate? IF NO, PROBE: Has (NAME)'s birth ever been registered with the civil authority? 1 = HAS CERTIFICATE 2 = REGISTERED 3 = NEITHER 8 = DON'T KNOW		Does (NAME) have a mobile phone?	CIRCLE LINE NUMBER OF ALL EVER-MARRIED WOMEN AGE 15-49 IF COLUMN 4 IS 2 AND IF COLUMN 7 IS 15-49, AND IF COLUMN 8 IS 1-3	CIRCLE LINE NUMBER OF ALL EVER-MARRIED WOMEN AGE 15-49 IF COLUMN 4 IS 2 AND IF COLUMN 7 IS 15-49, AND IF COLUMN 8 IS 1-3	CIRCLE LINE NUMBER OF ALL CHILD-REN AGE 0-5 YEARS IF COLUMN 7 IS 0-5	CIRCLE LINE NUMBER OF EVER-MARRIED WOMEN AGE 18-49 IF COLUMN 4 IS 2 AND IF COLUMN 7 IS 18-49, AND IF COLUMN 8 IS 1-3	CIRCLE LINE NUMBER OF EVER-MARRIED WOMEN AGE 50+ IF COLUMN 4 IS 2 AND IF COLUMN 7 IS 50+, AND IF COLUMN 8 IS 1-3, NEVER-MARRIED WOMEN AGE 18+ IF COLUMN 4 IS 2 AND IF COLUMN 7 IS 18+, AND IF COLUMN 8	CIRCLE LINE NUMBER OF ALL MEN AGE 18+ IF COLUMN 4 IS 1 AND IF COLUMN 7 IS 18+.

8 = DON'T KNOW 98 = DON'T KNOW

HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	What is the main source of drinking water for members of your household?	PIPED WATER PIPED INTO DWELLING 11 PIPED TO YARD/PLOT 12 PIPED TO NEIGHBOR 13 PUBLIC TAP/STANDPIPE 14 TUBE WELL OR BOREHOLE 21 DUG WELL PROTECTED WELL 31 UNPROTECTED WELL 32 WATER FROM SPRING PROTECTED SPRING 41 UNPROTECTED SPRING 42 RAINWATER 51 TANKER TRUCK 61 CART WITH SMALL TANK 71 SURFACE WATER (RIVER/DAM/ LAKE/POND/STREAM/CANAL/ IRRIGATION CHANNEL) 81 BOTTLED WATER 91 OTHER _____ 96 (SPECIFY)	<div style="position: relative; height: 100px;"> → 107 → 107 </div>
103	Where is that water source located?	IN OWN DWELLING 1 IN OWN YARD/PLOT 2 ELSEWHERE 3	
107	Do you do anything to the water to make it safer to drink?	YES 1 NO 2 DON'T KNOW 8	→ 109
108	What do you usually do to make the water safer to drink? Anything else? RECORD ALL MENTIONED.	BOIL A ADD BLEACH/CHLORINE B STRAIN THROUGH A CLOTH C USE WATER FILTER (CERAMIC/ SAND/COMPOSITE/ETC) D SOLAR DISINFECTION E LET IT STAND AND SETTLE F OTHER _____ X (SPECIFY) DON'T KNOW Z	
109	What kind of toilet facility do members of your household usually use? IF NOT POSSIBLE TO DETERMINE, ASK PERMISSION TO OBSERVE THE FACILITY.	FLUSH OR POUR FLUSH TOILET FLUSH TO PIPED SEWER SYSTEM 11 FLUSH TO SEPTIC TANK 12 FLUSH TO PIT LATRINE 13 FLUSH TO SOMEWHERE ELSE 14 FLUSH, DON'T KNOW WHERE 15 PIT LATRINE VENTILATED IMPROVED PIT LATRINE 21 PIT LATRINE WITH SLAB 22 PIT LATRINE WITHOUT SLAB/OPEN PI..... 23 COMPOSTING TOILET 31 BUCKET TOILET 41 HANGING TOILET/HANGING LATRINE 51 NO FACILITY/BUSH/FIELD 61 OTHER _____ 96 (SPECIFY)	→ 113
110	Do you share this toilet facility with other households?	YES 1 NO 2	→ 112

HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP										
111	Including your own household, how many households use this toilet facility?	NO. OF HOUSEHOLDS IF LESS THAN 10 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 30px; text-align: center;">0</td><td style="width: 30px;"></td></tr></table> 10 OR MORE HOUSEHOLDS 95 DON'T KNOW 98	0										
0													
112	Where is this toilet facility located?	IN OWN DWELLING 1 IN OWN YARD/PLOT 2 ELSEWHERE 3											
113	What type of fuel does your household mainly use for cooking?	ELECTRICITY 01 LPG 02 NATURAL GAS 03 BIOGAS 04 KEROSENE 05 COAL, LIGNITE 06 CHARCOAL 07 WOOD 08 STRAW/SHRUBS/GRASS 09 AGRICULTURAL CROP 10 ANIMAL DUNG 11 NO FOOD COOKED IN HOUSEHOLD 95 OTHER 96 (SPECIFY)	→ 116										
114	Is the cooking usually done in the house, in a separate building, or outdoors?	IN THE HOUSE 1 IN A SEPARATE BUILDING 2 OUTDOORS 3 OTHER 6 (SPECIFY)	→ 116										
115	Do you have a separate room which is used as a kitchen?	YES 1 NO 2											
116	How many rooms in this household are used for sleeping?	ROOMS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 30px;"></td><td style="width: 30px;"></td></tr></table>											
117	Does this household own any livestock, herds, other farm animals, or poultry?	YES 1 NO 2	→ 119										
118	How many of the following animals does this household own? IF NONE, RECORD '00'. IF 95 OR MORE, RECORD '95'. IF UNKNOWN, RECORD '98'. a) Buffaloes? b) Milk cows or bulls? c) Goats or sheep? d) Chickens or ducks? e) Other farm animals?	a) BUFFALOES <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 30px;"></td><td style="width: 30px;"></td></tr></table> b) MILK COWS/BULLS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 30px;"></td><td style="width: 30px;"></td></tr></table> c) GOATS/SHEEP <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 30px;"></td><td style="width: 30px;"></td></tr></table> d) CHICKEN/DUCKS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 30px;"></td><td style="width: 30px;"></td></tr></table> e) OTHER FARM ANIMALS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 30px;"></td><td style="width: 30px;"></td></tr></table>											
119	Does any member of this household own any homestead? IF 'NO' PROBE: Does your household own homestead in any other places?	YES 1 NO 2											
119A	Does your household own any land other than the homestead land?	YES 1 NO 2	→ 121										

HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP			
120	<p>How much land do members of this household own other than the homestead land?</p> <p>AMOUNT _____</p> <p>SPECIFY LOCAL UNIT _____</p> <p>1 LOCAL UNIT =ACRES</p> <p>IF 95 OR MORE, CIRCLE '950'.</p>	<p align="right">ACRES DECIMAL</p> <p>AREA <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 40px; height: 20px;"></td><td style="width: 40px; height: 20px;"></td></tr></table> . <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 40px; height: 20px;"></td></tr></table></p> <p>95 OR MORE ACRES 995</p> <p>DON'T KNOW 998</p>				
121	<p>Does your household have:</p> <p>a) Electricity?</p> <p>b) Solar electricity?</p> <p>c) A radio?</p> <p>d) A television?</p> <p>e) A mobile phone?</p> <p>f) A non-mobile telephone?</p> <p>g) A computer/laptop?</p> <p>h) A refrigerator?</p> <p>i) An almirah/wardrobe?</p> <p>j) An electric fan?</p> <p>k) A DVD/VCD player?</p> <p>l) A water pump?</p> <p>m) An IPS/generator?</p> <p>n) An air conditioner?</p>	<p align="right">YES NO</p> <p>a) ELECTRICITY 1 2</p> <p>b) SOLAR ELECTRICITY 1 2</p> <p>c) RADIO 1 2</p> <p>d) TELEVISION 1 2</p> <p>e) MOBILE TELEPHONE 1 2</p> <p>f) NON-MOBILE TELEPHONE .. 1 2</p> <p>g) COMPUTER/LAPTOP 1 2</p> <p>h) REFRIGERATOR 1 2</p> <p>i) ALMIRAH/WARDROBE 1 2</p> <p>j) ELECTRIC FAN 1 2</p> <p>k) DVD/VCD PLAYER 1 2</p> <p>l) WATER PUMP 1 2</p> <p>m) IPS/GENERATOR 1 2</p> <p>n) AIR CONDITIONER 1 2</p>				
122	<p>Does any member of this household own:</p> <p>a) A car/truck/microbus?</p> <p>b) An autobike/tempo/CNG?</p> <p>c) A rickshaw/van?</p> <p>d) A bicycle?</p> <p>e) A motorcycle or motor scooter?</p> <p>f) A boat with a motor?</p> <p>g) A canoe or boat without a motor?</p>	<p align="right">YES NO</p> <p>a) CAR/TRUCK/MICROBUS 1 2</p> <p>b) AUTOBIKE/TEMPO/CNG 1 2</p> <p>c) RICKSHAW/VAN 1 2</p> <p>d) BICYCLE 1 2</p> <p>e) MOTORCYCLE/MOTOR SCOOTER 1 2</p> <p>f) BOAT WITH MOTOR 1 2</p> <p>g) CANOE/BOAT WITHOUT MOTOR 1 2</p>				
123	<p>Does any member of this household have a bank account?</p>	<p>YES 1</p> <p>NO 2</p>				

ADDITIONAL HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
125	WE WOULD LIKE TO LEARN ABOUT THE PLACES THAT HOUSEHOLDS USE TO WASH THEIR HANDS. CAN YOU PLEASE SHOW ME WHERE MEMBERS OF YOUR HOUSEHOLD MOST OFTEN WASH THEIR HANDS?	OBSERVED, FIXED PLACE WITHIN DWELLING 1 OBSERVED, FIXED PLACE NOT IN DWELLING 2 OBSERVED, NO FIXED PLACE 3 NOT OBSERVED, NOT IN DWELLING/YARD/PLOT 4 NOT OBSERVED, NO PERMISSION TO SEE 5 NOT OBSERVED, OTHER REASON 7	<div style="border-left: 1px solid black; padding-left: 5px;"> → 128 </div>
126	OBSERVE PRESENCE OF WATER AT THE PLACE FOR HANDWASHING. RECORD OBSERVATION.	WATER IS AVAILABLE 1 WATER IS NOT AVAILABLE 2	
127	OBSERVE PRESENCE OF SOAP, DETERGENT, OR OTHER CLEANSING AGENT AT THE PLACE FOR HANDWASHING. RECORD OBSERVATION.	SOAP OR DETERGENT (BAR, LIQUID, POWDER, PASTE) A ASH, MUD, SAND B NONE Y	
127A	OBSERVATION ONLY: OBSERVE TYPE OF PLACE FOR HAND WASHING	COVERED SPACE (INSIDE DWELLING) 1 OPEN SPACE, NOT SHARED 2 OPEN SPACE, SHARED 3	
128	OBSERVE MAIN MATERIAL OF THE FLOOR OF THE DWELLING. RECORD OBSERVATION.	NATURAL FLOOR EARTH/SAND 11 DUNG 12 RUDIMENTARY FLOOR WOOD PLANKS 21 PALM/BAMBOO 22 FINISHED FLOOR PARQUET OR POLISHED WOOD 31 VINYL OR ASPHALT STRIPS 32 CERAMIC TILES 33 CEMENT 34 CARPET 35 OTHER _____ 96 (SPECIFY)	
129	OBSERVE MAIN MATERIAL OF THE ROOF OF THE DWELLING. RECORD OBSERVATION.	NATURAL ROOFING NO ROOF 11 THATCH/PALM LEAF 12 SOD 13 RUDIMENTARY ROOFING RUSTIC MAT 21 PALM/BAMBOO 22 WOOD PLANKS 23 CARDBOARD 24 FINISHED ROOFING TIN/METAL 31 WOOD 32 CALAMINE/CEMENT FIBER 33 CERAMIC TILES 34 CEMENT 35 ROOFING SHINGLES 36 OTHER _____ 96 (SPECIFY)	

ADDITIONAL HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
130	<p>OBSERVE MAIN MATERIAL OF THE EXTERIOR WALLS OF THE DWELLING.</p> <p>RECORD OBSERVATION.</p>	<p>NATURAL WALLS</p> <p>NO WALLS 11</p> <p>CANE/PALM/TRUNKS 12</p> <p>DIRT 13</p> <p>RUDIMENTARY WALLS</p> <p>BAMBOO WITH MUD 21</p> <p>STONE WITH MUD 22</p> <p>UNCOVERED ADOBE 23</p> <p>PLYWOOD 24</p> <p>CARDBOARD 25</p> <p>REUSED WOOD 26</p> <p>FINISHED WALLS</p> <p>TIN 31</p> <p>CEMENT 32</p> <p>STONE WITH LIME/CEMENT 33</p> <p>BRICKS 34</p> <p>CEMENT BLOCKS 35</p> <p>WOOD PLANKS/SHINGLES 36</p> <p>OTHER _____ 96 (SPECIFY)</p>									
131	RECORD THE TIME.	<p>HOURS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p> <p>MINUTES <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p>									

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT INTERVIEW:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

EDITOR'S OBSERVATIONS

INTRODUCTION AND CONSENT

Introductory statement:

My name is _____. I am working for Mitra and Associates, a private research organization located in Dhaka. We are conducting a survey about health all over Bangladesh under the authority of the National Institute of Population Research and Training (NIPORT), Medical Education and Family Welfare Division, Ministry of Health and Family Welfare (MOHFW). The information we collect will help the government to plan health and family planning services. Your household was selected for the survey. The questions usually take about 30-60 minutes. All of the answers you give will be confidential and will not be shared with anyone other than members of our survey team. 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.

Why is the study being done?

The survey aims to provide information to address the monitoring and evaluation needs of the Fourth Health, Population and Nutrition Sector Program (HPNSP) and to provide managers and policy makers involved in this program with the information that they need to effectively plan and execute future interventions.

What is involved in the study?

You have been selected as a respondent in this survey. I would like to ask you some questions about you and your children.

What will you have to do if you agree to participate?

Since you have been selected as a respondent in this study, I shall be thankful if you provide your valuable response on certain issues. If some questions cause you embarrassment or make you feel uncomfortable, you can refuse to answer them.

What are the risks and benefits of this study?

By providing information you will not have any risk whatsoever, rather this will help the government and policy planners to evaluate, strengthen and refocus national effort to improve health, population and nutrition programs.

Confidentiality:

Whatever information you provide will be kept strictly confidential. It will be used for research purposes and will be seen only by staff and researchers at the organizations mentioned.

Is there any compensation for participating in the study?

Your participation in the study is voluntary and promises no financial benefit.

Right to refuse or withdraw:

Participation in this survey is voluntary and you can choose not to answer any individual question or all of the questions. However, we hope that you will participate in this survey since your views are important.

Who do I contact if I have a question or problem?

If you wish to know more about your rights as a participant in this study you may write the Bangladesh Medical Research Council (BMRC), Mohakhali, Dhaka or Mitra and Associates, Main Road 1, House 35, Senpara Parbata, Mirpur 10, Dhaka or Phone 9025410, 9025412. If you have further questions regarding the nature of this study you may also contact NIPORT, 13/1 Sheikh Shaheb Bazar, Azimpur, Dhaka-1205 or

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

May I begin the interview now? Yes 1 No 2 → END



Participant's Name: _____ Signature (or thumb print): _____ Date: _____
(or legal guardian if participant is a minor – note relationship): _____

Name of witness: _____ Signature: _____ Date: _____

Name of person obtaining consent: _____ Signature: _____ Date: _____
(Must be study investigator or individual who has been designated to obtain consent)

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
101	RECORD THE TIME.	HOURS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> MINUTES <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>									
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 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> ALWAYS 95 VISITOR 96			→ 104A						
103	Just before you moved here, did you live in a city, in a town, or in a rural area?	CITY CORPORATION 1 OTHER TOWN 2 RURAL AREA 3									
104	Before you moved here, which DIVISION did you	BARISAL 01 CHITTAGONG 02 DHAKA 03 KHULNA 04 MYMENSINGH 05 RAJSHAHI 06 RANGPUR 07 SYLHET 08 OUTSIDE OF BANGLADESH 96									
104A	Do you have a national ID card?	YES 1 NO 2	→ 105								
104B	Would you please show me your national ID	CARD SEEN BY INTERVIEWER 1 CARD NOT SEEN BY INTERVIEWER 2									
105	In what month and year were you born?	MONTH <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> DON'T KNOW MONTH 98 YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td></tr></table> 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 YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table>									
106A	Are you now married, separated, deserted, divorced, widowed, or have you never been married?	CURRENTLY MARRIED 1 SEPARATED 2 DESERTED 3 DIVORCED 4 WIDOWED 5 NEVER MARRIED 6	→ END								
107	Have you ever attended school/madrasha?	YES 1 NO 2	→ 111								
107A	What type of school have you last attended?	SCHOOL 1 MADRASHA 2									
108	What is the highest level of school you attended: primary, secondary, or higher?	PRIMARY 1 SECONDARY 2 HIGHER 3									
109	What is the highest class you completed at that level? IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL, RECORD '00'.	CLASS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table>									

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
110	CHECK 108: <div style="display: flex; justify-content: space-around; align-items: center;"> <div>PRIMARY <input type="checkbox"/></div> <div>SECONDARY OR <input type="checkbox"/></div> </div> <div style="display: flex; justify-content: space-around; align-items: center;"> <div>↓</div> <div>HIGHER</div> </div>		→ 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 SENTENC 2 ABLE TO READ WHOLE SENTENC 3 NO CARD WITH REQUIRED LANGUAGE 4 (SPECIFY LANGUAGE) _____ BLIND/VISUALLY IMPAIRED 5	
112	CHECK 111: <div style="display: flex; justify-content: space-around; align-items: center;"> <div>CODE '2', '3' OR '4' <input type="checkbox"/></div> <div>CODE '1' OR '5' <input type="checkbox"/></div> </div> <div style="display: flex; justify-content: space-around; align-items: center;"> <div>↓</div> <div>CIRCLED</div> </div>		→ 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 (including FM and community 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 phone?	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	
122	What is your religion?	ISLAM 1 HINDUISM 2 BUDDHISM 3 CHRISTIANITY 4 OTHER 6 (SPECIFY) _____	

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
201	Now I would like to ask about all the births you have had during your life. Have you ever given birth?	YES 1 NO 2	→ 206								
202	Do you have any sons or daughters to whom you have given birth who are now living with you?	YES 1 NO 2	→ 204								
203	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 to whom you have given birth who are alive but do not live with	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 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	YES 1 NO 2	→ 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 BIRTHS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>									
209	CHECK 208: Just to make sure that I have this right: you have had in TOTAL ____ births during your life. Is that correct? <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> YES <input type="checkbox"/> ↓ </div> <div style="text-align: center;"> NO <input type="checkbox"/> ↓ PROBE AND CORRECT 201-208 AS NECESSARY. </div> </div>										
210	CHECK 208: <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;"> ONE OR MORE BIRTHS ↓ </div> <div style="text-align: center;"> NO BIRTHS <input type="checkbox"/> </div> </div>		→ 226								

SECTION 2. REPRODUCTION

211 Now I would like to record the names of all your births, whether still alive or not, starting with the first one you had.
RECORD NAMES OF ALL THE BIRTHS IN 212. RECORD TWINS AND TRIPLETS ON SEPARATE ROWS. IF THERE ARE MORE THAN 10 BIRTHS, USE AN ADDITIONAL QUESTIONNAIRE, STARTING WITH THE SECOND ROW.

212	213	214	215	216	217 IF ALIVE:	218 IF ALIVE:	219 IF ALIVE:	220 IF DEAD:	221
What name was given to your (first/next) baby?	Is (NAME) a boy or a girl?	Were any of these births twins?	On what day, month, and year was (NAME) born?	Is (NAME) still alive?	How old was (NAME) at (NAME)'s last birthday?	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) RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR	Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME), including any children who died after birth?
01	BOY 1 GIRL 2	SING 1 MULT 2	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES 1 NO 2 ↓ (SKIP TO	AGE IN YEARS <input type="text"/> <input type="text"/>	YES 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/> ↓ (NEXT BIRTH)	DAYS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/>	
02	BOY 1 GIRL 2	SING 1 MULT 2	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES 1 NO 2 ↓ (SKIP TO	AGE IN YEARS <input type="text"/> <input type="text"/>	YES 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/> ↓ (SKIP TO 221)	DAYS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/>	YES 1 (ADD BIRTH) ↓ NO 2 (NEXT BIRTH)
03	BOY 1 GIRL 2	SING 1 MULT 2	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES 1 NO 2 ↓ (SKIP TO	AGE IN YEARS <input type="text"/> <input type="text"/>	YES 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/> ↓ (SKIP TO 221)	DAYS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/>	YES 1 (ADD BIRTH) ↓ NO 2 (NEXT BIRTH)
04	BOY 1 GIRL 2	SING 1 MULT 2	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES 1 NO 2 ↓ (SKIP TO	AGE IN YEARS <input type="text"/> <input type="text"/>	YES 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/> ↓ (SKIP TO 221)	DAYS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/>	YES 1 (ADD BIRTH) ↓ NO 2 (NEXT BIRTH)
05	BOY 1 GIRL 2	SING 1 MULT 2	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES 1 NO 2 ↓ (SKIP TO	AGE IN YEARS <input type="text"/> <input type="text"/>	YES 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/> ↓ (SKIP TO 221)	DAYS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/>	YES 1 (ADD BIRTH) ↓ NO 2 (NEXT BIRTH)

212	213	214	215	216	217 IF ALIVE:	218 IF ALIVE:	219 IF ALIVE:	220 IF DEAD:	221
What name was given to your (first/next) baby? RECORD NAME. BIRTH HISTORY	Is (NAME) a boy or a girl?	Were any of these births twins?	On what day, month, and year was (NAME) born?	Is (NAME) still alive?	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) RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR	Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME), including any children who died after birth?
06	BOY 1 GIRL 2	SING 1 MULT 2	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES 1 NO 2 ↓ (SKIP TO	AGE IN YEARS <input type="text"/> <input type="text"/>	YES 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/> ↓ (SKIP TO 221)	DAYS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/>	YES (ADD BIRTH) 1 ↓ NO (NEXT BIRTH) 2
07	BOY 1 GIRL 2	SING 1 MULT 2	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES 1 NO 2 ↓ (SKIP TO	AGE IN YEARS <input type="text"/> <input type="text"/>	YES 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/> ↓ (SKIP TO 221)	DAYS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/>	YES (ADD BIRTH) 1 ↓ NO (NEXT BIRTH) 2
08	BOY 1 GIRL 2	SING 1 MULT 2	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES 1 NO 2 ↓ (SKIP TO	AGE IN YEARS <input type="text"/> <input type="text"/>	YES 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/> ↓ (SKIP TO 221)	DAYS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/>	YES (ADD BIRTH) 1 ↓ NO (NEXT BIRTH) 2
09	BOY 1 GIRL 2	SING 1 MULT 2	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES 1 NO 2 ↓ (SKIP TO	AGE IN YEARS <input type="text"/> <input type="text"/>	YES 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/> ↓ (SKIP TO 221)	DAYS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/>	YES (ADD BIRTH) 1 ↓ NO (NEXT BIRTH) 2
10	BOY 1 GIRL 2	SING 1 MULT 2	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES 1 NO 2 ↓ (SKIP TO	AGE IN YEARS <input type="text"/> <input type="text"/>	YES 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/> ↓ (SKIP TO 221)	DAYS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/>	YES (ADD BIRTH) 1 ↓ NO (NEXT BIRTH) 2

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
222	Have you had any live births since the birth of (NAME OF LAST BIRTH)?	YES 1 (RECORD BIRTH(S) IN TABLE) ← NO 2	
223	COMPARE 208 WITH NUMBER OF BIRTHS IN BIRTH HISTORY <div style="display: flex; justify-content: space-around;"> <div>NUMBERS ARE SAME <input type="checkbox"/></div> <div>NUMBERS ARE DIFFERENT <input type="checkbox"/></div> </div> <div style="text-align: center;">(PROBE AND RECONCILE) ←</div>		
224	CHECK 215: ENTER THE NUMBER OF BIRTHS IN 2012 OR LATER	NUMBER OF BIRTHS <input type="text"/> NONE 0	→ 226
225	C FOR EACH BIRTH IN 2012 OR LATER, 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		
226	Are you pregnant now?	YES 1 NO 2 UNSURE 8	→ 229C
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 <input type="text"/> <input type="text"/>	
228	When you got pregnant, did you want to get pregnant at that time?	YES 1 NO 2	→ 229C
229	CHECK 208: TOTAL NUMBER OF BIRTHS <div style="display: flex; justify-content: space-around;"> <div>ONE OR MORE <input type="checkbox"/></div> <div>NONE <input type="checkbox"/></div> </div> <div style="display: flex; justify-content: space-between;"> <div>a) Did you want to have a baby later on or did you not want any more children?</div> <div>b) Did you want to have a baby later on or did you not want any children?</div> </div>	LATER 1 NO MORE/NONE 2	
229C	Have you ever heard of menstrual regulation (MR)?	YES 1 NO 2	→ 230
229D	Have you ever used MR?	YES 1 NO 2	→ 229G
229E	In the last three years did you use MR?	YES 1 NO 2	

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
229G	Have you heard about drugs available for MR?	YES 1 NO 2	→ 230
229H	Have you ever used drugs for MR?	YES 1 NO 2	→ 230
229I	Did you use any MR drug in the last three years?	YES 1 NO 2	
230	Have you ever had a pregnancy that miscarried, was aborted, or ended in a stillbirth?	YES 1 NO 2	→ 239
231	When did the last such pregnancy end?	MONTH YEAR	
232	CHECK 231: LAST PREGNANCY ENDED IN 2012 OR LATER <input type="checkbox"/> → 234 LAST PREGNANCY ENDED IN 2011 OR EARLIER <input type="checkbox"/> → 239		
LINE NO.	233 In what month and year did the preceding such pregnancy end?	234 How many months pregnant were you when that pregnancy ended?	235 Since January 2012, have you had any other pregnancies that did not result in a live
01		<input type="text"/> <input type="text"/> NUMBER OF MONTHS	YES 1 → NEXT LINE NO 2 → 236
02	<input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> YEAR	<input type="text"/> <input type="text"/> NUMBER OF MONTHS	YES 1 → NEXT LINE NO 2 → 236
03	<input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> YEAR	<input type="text"/> <input type="text"/> NUMBER OF MONTHS	YES 1 → NEXT LINE NO 2 → 236
04	<input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> YEAR	<input type="text"/> <input type="text"/> NUMBER OF MONTHS	YES 1 NO 2 → 236
236	C FOR EACH PREGNANCY THAT DID NOT END IN A LIVE BIRTH IN 2012 OR LATER, ENTER 'T' IN THE 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.		
237	Did you have any miscarriages, abortions or stillbirths that ended before 2012?	YES 1 NO 2	→ 239
238	When did the last such pregnancy that terminated before 2012 end?	MONTH YEAR	

SECTION 2. REPRODUCTION

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

243	CHECK 215 AND 216: <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 30%;"> ANY CHILD(REN) BORN IN 2007 OR LATER WHO DIED <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> </div> <div style="width: 30%; text-align: center;"> NO CHILD BORN IN 2007 OR LATER WHO DIED <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> </div> <div style="width: 30%; text-align: right;"> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> → 301 </div> </div>					
244	COPY INFORMATION IN 212, 213, 215, AND 220 FOR EACH CHILD BORN IN 2007 OR LATER WHO DIED					
212	213	215	220	246	247	248
NAME OF DECEASED CHILD	IS (NAME) A BOY OR A GIRL?	(NAME)'S DAY, MONTH AND YEAR OF BIRTH	(NAME)'S AGE AT DEATH IN DAYS, MONTHS, OR YEAR	CHECK 220: AGE AT DEATH RECORDED IN DAYS, MONTHS, OR 2-4 YEARS	Now I would like to ask further questions about your child(ren) who died. On what day, month and year did (NAME) die?	CHECK 247: YEAR OF DEATH
	BOY 1 GIRL 2	DAY <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> MONTH <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;"/> <input style="width: 30px; height: 20px; border: 1px solid black;"/> <input style="width: 30px; height: 20px; border: 1px solid black;"/> YEAR	DAYS 1 <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> MONTHS 2 <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> YEARS 3 <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>	DAYS, MONTHS OR 2-4 YEARS (GO TO 247) 5 OR MORE YEARS (GO TO NEXT LINE. IF NO MORE CHILDREN SKIP TO 249) <div style="display: flex; align-items: center; margin-top: 10px;"> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <div style="margin: 0 5px;">→</div> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <div style="margin: 0 5px;">←</div> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> </div>	DAY <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> MONTH <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;"/> <input style="width: 30px; height: 20px; border: 1px solid black;"/> <input style="width: 30px; height: 20px; border: 1px solid black;"/> YEAR	YEAR 2012 OR LATER . . . YEAR 2011 OR EARLIER . .
	BOY 1 GIRL 2	DAY <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> MONTH <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;"/> <input style="width: 30px; height: 20px; border: 1px solid black;"/> <input style="width: 30px; height: 20px; border: 1px solid black;"/> YEAR	DAYS 1 <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> MONTHS 2 <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> YEARS 3 <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>	DAYS, MONTHS OR 2-4 YEARS (GO TO 247) 5 OR MORE YEARS (GO TO NEXT LINE. IF NO MORE CHILDREN SKIP TO 249) <div style="display: flex; align-items: center; margin-top: 10px;"> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <div style="margin: 0 5px;">→</div> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <div style="margin: 0 5px;">←</div> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> </div>	DAY <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> MONTH <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;"/> <input style="width: 30px; height: 20px; border: 1px solid black;"/> <input style="width: 30px; height: 20px; border: 1px solid black;"/> YEAR	YEAR 2012 OR LATER . . . YEAR 2011 OR EARLIER . .
	BOY 1 GIRL 2	DAY <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> MONTH <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;"/> <input style="width: 30px; height: 20px; border: 1px solid black;"/> <input style="width: 30px; height: 20px; border: 1px solid black;"/> YEAR	DAYS 1 <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> MONTHS 2 <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> YEARS 3 <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>	DAYS, MONTHS OR 2-4 YEARS (GO TO 247) 5 OR MORE YEARS (GO TO NEXT LINE. IF NO MORE CHILDREN SKIP TO 249) <div style="display: flex; align-items: center; margin-top: 10px;"> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <div style="margin: 0 5px;">→</div> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <div style="margin: 0 5px;">←</div> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> </div>	DAY <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> MONTH <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;"/> <input style="width: 30px; height: 20px; border: 1px solid black;"/> <input style="width: 30px; height: 20px; border: 1px solid black;"/> YEAR	YEAR 2012 OR LATER . . . YEAR 2011 OR EARLIER . .
249	CHECK 248: ENTER THE NUMBER OF DEATHS SINCE JANUARY 2012 (CODE 1). IF NONE, RECORD '0' AND SKIP TO 301.					<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> → 301
250	CHECK 249: IF ONE OR MORE, READ THE FOLLOWING STATEMENT: 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 NO

SECTION 3. CONTRACEPTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
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.		
301A	Have you heard about EMERGENCY CONTRACEPTION PILLS (ECP)? As an emergency measure after unprotected sexual intercourse, women can take special pills at any time within three days to prevent pregnancy?	YES 1 NO 2	→ 301D
301B	Have you ever used ECP?	YES 1 NO 2	→ 301D
301C	Did you use ECP in last 12 months?	YES 1 NO 2	
301D	Have you heard about LACTATIONAL AMENORRHEA METHOD (LAM)? Up to 6 months after child birth, a woman can use a method that requires she breastfeeds frequently, day and night, and that her menstrual period has not returned.	YES 1 NO 2	→ 302
301E	Have you ever used LAM?	YES 1 NO 2	
302	CHECK 106A: CURRENTLY MARRIED <input type="checkbox"/> SEPARATED/DESERTED <input type="checkbox"/> DIVORCED/WIDOWED <input type="checkbox"/>		→ 312
302A	CHECK 226: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/>		→ 312
303	Are you or your husband currently doing something or using any method to delay or avoid getting	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 IUD C INJECTABLES D IMPLANTS E PILL F CONDOM G EMERGENCY CONTRACEPTION PILL I LACTATIONAL AMENORRHEA METHOD K SAFE PERIOD L WITHDRAWAL M OTHER MODERN METHOD X OTHER TRADITIONAL METHOD Y	→ 307 → 309 → 309 → 309 → 305 → 306 → 309 → 309
305	What is the brand name of the pills you are using? IF DON'T KNOW THE BRAND, ASK TO SEE THE PACKAGE. IF PACKAGE NOT SEEN, SHOW THE BRAND CHART AND CIRCLE THE BRAND NAME OF PILLS.	NORDETTE-28 01 FEMICON 02 MINICON 03 FEMIPILL 04 NORET-28 05 SHUK 06 OVOSTAT 07 DESOLON 08 BRIDICON 09 LYNES 10 MARVELON 11 COMBINATION 3 (C 3) 12 MENOREST 13 ROSEN 14 GIANCE 35 15 APAN 17 OTHER 96 (SPECIFY) DON'T KNOW 98	→ 309





SECTION 3. CONTRACEPTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
306	<p>What is the brand name of the condoms you are using?</p> <p>IF DON'T KNOW THE BRAND, ASK TO SEE THE PACKAGE. IF PACKAGE NOT SEEN, SHOW THE BRAND CHART AND CIRCLE THE BRAND NAME OF PILLS.</p>	RAJA 01 PANTHEI 02 HERC 03 SENSATION 04 U & ME 05 MOODS 06 GAMY 07 WONDER LIFE 08 ROMANTEX 09 DUREX 10 LOVE GUARD 11 CORAL 12 JIPPY 13 NIRAPAC 14 GREEN LOVE 15 CAREX 16 DELUXE NIRODH 17 XTREME 18 SUPER GUARD 19 OTHER 96 (SPECIFY) DON'T KNOW 98	<p>→ 309</p>
307	<p>In what facility did the sterilization take place?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p align="center">(NAME OF PLACE)</p>	PUBLIC SECTOR MEDICAL COLLEGE HOSPITAL 11 SPECIALIZED GOVT HOSPITAL 12 DISTRICT HOSPITAL 13 MCWC 14 UPAZILA HEALTH COMPLEX 15 UH & FAMILY WELFARE CENTI 17 OTHER PUBLIC 16 (SPECIFY) NGO SECTOR NGO STATIC CLINIC 21 OTHER NGO SECTOR 26 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE MEDICAL COLLEGE HOSPITAL 31 PRIVATE HOSPITAL 32 PRIVATE CLINIC 33 QUALIFIED DOCTOR'S CHAMBER 34 OTHER PRIVATE MEDICAL SECTOR 36 (SPECIFY) OTHER 96 (SPECIFY) DON'T KNOW 98	

SECTION 3. CONTRACEPTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
308	In what month and year was the sterilization performed?	MONTH <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td></tr></table>									→ 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 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td></tr></table>									
310	CHECK 308 AND 309, 215 AND 231: ANY BIRTH OR PREGNANCY TERMINATION AFTER MONTH AND YEAR OF START OF USE OF CONTRACEPTION IN 308 OR 309 <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;"> NO <input type="checkbox"/> ↓ </div> <div style="text-align: center;"> YES <input type="checkbox"/> 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) ← </div> </div>										

SECTION 3. CONTRACEPTION (PAPER OPTION)

311	<p>CHECK 308 AND 309:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p align="center">YEAR IS 2012 OR </p> <p>C ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN THE CALENDAR AND IN EACH MONTH BACK TO THE DATE STARTED USING.</p> <p align="center">THEN CONTINUE </p> </div> <div style="width: 45%; border-left: 1px dashed black; padding-left: 10px;"> <p align="center">YEAR IS 2011 OR EARLIER </p> <p>C ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN THE CALENDAR AND EACH MONTH BACK TO JANUARY 2012.</p> <p align="center">THEN  (SKIP TO 314) ←</p> </div> </div>
312	<p>I would like to ask you some questions about the times you or your husband may have used a method to avoid getting pregnant during the last few years.</p> <p>USE CALENDAR TO PROBE FOR EARLIER PERIODS OF USE AND NONUSE, STARTING WITH MOST RECENT USE, BACK TO JANUARY 2012. USE NAMES OF CHILDREN, DATES OF BIRTH, AND PERIODS OF PREGNANCY AS REFERENCE POINTS.</p> <p>C IN COLUMN 1, ENTER METHOD USE CODE OR '0' FOR NONUSE IN EACH BLANK MONTH.</p> <p>ILLUSTRATIVE QUESTIONS:</p> <ol style="list-style-type: none"> When was the last time you used a method? Which method was that? When did you start using that method? How long after the birth of (NAME)? How long did you use the method then? <p>C IN COLUMN 2, ENTER CODES FOR DISCONTINUATION NEXT TO THE LAST MONTH OF USE. NUMBER OF CODES IN COLUMN 2 MUST BE SAME AS NUMBER OF INTERRUPTIONS OF METHOD USE IN COLUMN 1.</p> <p>ASK WHY SHE STOPPED USING THE METHOD. IF A PREGNANCY FOLLOWED, ASK WHETHER SHE BECAME PREGNANT UNINTENTIONALLY WHILE USING THE METHOD OR DELIBERATELY STOPPED</p> <p>ILLUSTRATIVE QUESTIONS:</p> <ol style="list-style-type: none"> Why did you stop using the (METHOD)? Did you become pregnant while using (METHOD), or did you stop to get pregnant, or did you stop for some other reason? IF DELIBERATELY STOPPED TO BECOME PREGNANT, ASK: How many months did it take you to get pregnant after you stopped using (METHOD)? AND ENTER '0' IN EACH SUCH MONTH IN COLUMN 1.

SECTION 3. CONTRACEPTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
313	CHECK THE CALENDAR FOR USE OF ANY CONTRACEPTIVE METHOD IN ANY MONTH NO METHOD USED <input type="checkbox"/> ANY METHOD USED <input type="checkbox"/>		315
314	Have you ever used anything or tried in any way to delay or avoid getting pregnant?	YES 1 NO 2	317
315	CHECK 304: CIRCLE METHOD CODE: IF MORE THAN ONE METHOD CODE CIRCLED IN 304, CIRCLE CODE FOR HIGHEST METHOD IN	NO CODE CIRCLED 00 FEMALE STERILIZATION 01 MALE STERILIZATION 02 IUD 03 INJECTABLES 04 IMPLANTS 05 PILL 06 CONDON 07 EMERGENCY CONTRACEPTION PILL 09 LACTATIONAL AMENORRHEA METHOD 11 SAFE PERIOD 12 WITHDRAWAL 13 OTHER MODERN METHOD 95 OTHER TRADITIONAL METHOD 96	317 319 319 317 317
316	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 MEDICAL COLLEGE HOSPITAL 11 SPECIALIZED GOVT HOSPITAL 12 DISTRICT HOSPITAL 13 MCWC 14 UPAZILA HEALTH COMPLEX 15 UH & FAMILY WELFARE CENT. 17 COMMUNITY CLINIC 18 SAT. CLINIC/EPI OUTREACH 19 GOVT. FIELD WORKER (FWA) 20 OTHER PUBLIC SECTOR 16 (SPECIFY) NGO SECTOR NGO STATIC CLINIC 21 NGO SATELLITE CLINIC 22 NGO DEPO HOLDER 23 NGO FIELD WORKER 24 OTHER NGO SECTOR 26 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE MEDICAL COLLEGE HOSPITAL . 31 PRIVATE HOSPITAL 32 PRIVATE CLINIC 33 QUALIFIED DOCTOR'S CHAMBER 34 NON-QUALIFIED DOCTOR'S CHAMBE . . 35 PHARMACY/DRUG STORE 37 OTHER PRIVATE MEDICAL SECTOR 36 (SPECIFY) OTHER SOURCE SHOP 41 FRIEND/RELATIVE 42 OTHER 96 (SPECIFY)	317 319 319 317 319

SECTION 3. CONTRACEPTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
317	Do you know of a place where you can obtain a method of family planning?	YES 1 NO 2	→ 319
318	Where is that? Any other place? PROBE TO IDENTIFY EACH TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE) _____ (NAME OF PLACE) _____ (NAME OF PLACE)	PUBLIC SECTOR MEDICAL COLLEGE HOSPITAL A SPECIALIZED GOVT HOSPITAL B DISTRICT HOSPITAL C MCWC D UPAZILA HEALTH COMPLEX E UH & FAMILY WELFARE CENTI F COMMUNITY CLINIC G SAT. CLINIC/EPI OUTREACH H GOVT. FIELD WORKER (FWA) I OTHER PUBLIC SECTOR J (SPECIFY) _____ NGO SECTOR NGO STATIC CLINIC K NGO SATELLITE CLINIC L NGO DEPO HOLDER M NGO FIELD WORKER N OTHER NGO SECTOR O (SPECIFY) _____ PRIVATE MEDICAL SECTOR PRIVATE MEDICAL COLLEGE HOSPITAL... P PRIVATE HOSPITAL Q PRIVATE CLINIC R QUALIFIED DOCTOR'S CHAMBER S NON-QUALIFIED DOCTOR'S CHAMBE.... T PHARMACY/DRUG STORE U OTHER PRIVATE MEDICAL SECTOR V (SPECIFY) _____ OTHER SOURCE SHOP W FRIEND/RELATIVE X OTHER Y (SPECIFY) _____	
319	In some places, there is a clinic set up for a day or part of a day in someone's house or in a school. During the past three months, was there any such clinic in this village or mohalla?	YES 1 NO 2 DON'T KNOW 8	→ 322
320	Did you visit such a temporary health clinic in the past three months?	YES 1 NO 2	→ 322
321	What services did you receive?	FAMILY PLANNING METHODS A IMMUNIZATIONS B CHILD GROWTH MONITORING C TETANUS INJECTION D ANTENATAL CARE E VITAMIN A FOR CHILDREN F OTHER X (SPECIFY) _____ DON'T KNOW Z	
322	Are you aware of any community clinic in your area?	YES 1 NO 2	→ 325
323	Did you visit the community clinic in the past three months?	YES 1 NO 2	→ 325

SECTION 3. CONTRACEPTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
324	What services did you receive?	FAMILY PLANNING METHODS A IMMUNIZATIONS B CHILD GROWTH MONITORING..... C TETANUS INJECTION..... D ANTENATAL CARE..... E NORMAL DELIVER..... F POSTNATAL CARE..... G CHILD HEALTH CA..... H VITAMIN A FOR CHILDREN I TUBERCULOSIS (TB) J NCD (HYPERTENSION, DIAI..... K OTHER _____ X (SPECIFY) DON'T KNOW Z	
325	In the last 6 months, were you visited by a fieldworker who talked to you about family planning or gave you a family planning method?	TALKED 1 GAVE FAMILY PLANNING METHO 2 TALKED AND GAVE METHOD 3 NO 4	→ 401
326	Who visited you to talk about family planning or to give you family planning methods? Name _____ Anyone else? Name _____	GOVT. FP WORKER A GOVT. HEALTH WORKEI..... B NGO WORKER C OTHER _____ X (SPECIFY)	
327	During the last six months, how many times did a health worker or workers visit you to talk about family planning or to give you family planning	NUMBER OF TIMES <input type="text"/> <input type="text"/> DON'T KNOW 98	
328	When was the last time you were visited by a fieldworker who talked to you about family planning? IF MORE THAN ONE WORKER VISITED: When did the last worker visit you? IF LESS THAN ONE MONTH AGO WRITE '0'.	MONTHS AGO <input type="text"/> DON'T KNOW 8	

SECTION 4. PREGNANCY AND POSTNATAL CARE

401	CHECK 215: <div style="text-align: center;">ONE OR MORE BIRTHS IN 2014 OR LATER <input type="checkbox"/></div> <div style="text-align: center;">NO BIRTHS IN 2014 OR LATER <input type="checkbox"/> → 601</div>		
402	CHECK 215. RECORD THE BIRTH HISTORY NUMBER IN 403 AND THE NAME AND SURVIVAL STATUS IN 404 FOR EACH BIRTH IN 2014 OR LATER. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. Now I would like to ask some questions about your children born in the last three years. (We will talk about each separately.)		
403	BIRTH HISTORY NUMBER FROM 212 IN BIRTH HISTORY.	LAST BIRTH BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/>	NEXT-TO-LAST BIRTH BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/>
404	FROM 212 AND 216:	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>
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 427) ← NO 2
406	CHECK 208: <div style="display: flex; justify-content: space-around;"><div>ONLY ONE BIRTH <input type="checkbox"/> a) Did you want to have a baby later on, or did you not want any children?</div><div>MORE THAN ONE BIRTH <input type="checkbox"/> b) Did you want to have a baby later on, or did you not want any more children?</div></div>	LATER 1 NO MORE/NONE 2 (SKIP TO 408) ←	LATER 1 NO MORE/NONE 2 (SKIP TO 427) ←
407	How much longer did you want to wait?	MONTHS 1 <input type="text"/> <input type="text"/> YEARS 2 <input type="text"/> <input type="text"/> DON'T KNOW 998	MONTHS 1 <input type="text"/> <input type="text"/> YEARS 2 <input type="text"/> <input type="text"/> DON'T KNOW 998
408	Did you see anyone for antenatal care for this pregnancy?	YES 1 NO 2 SKIP TO 414B ←	
409	Whom did you see? Anyone else? PROBE TO IDENTIFY EACH TYPE OF PERSON AND RECORD ALL MENTIONED. IF YOU ARE NOT SURE OF THE DESIGNATION OF THE PERSON, WRITE HER/HIS NAME AND ASK THE SUPERVISOR TO FIND OUT. CIRCLE THE APPROPRIATE _____ NAME	HEALTH PERSONNEL QUALIFIED DOCTOR . A NURSE/MIDWIFE/ PARAMEDIC B FAMILY WELFARE VISITOR (FWV) C COMMUNITY SKILLED BIRTH ATTENDANT (CSBA) D SUB-ASSISTANT COMMUNITY MEDICAL OFFICER (SACMO) . E COMMUNITH HEALTH CARE PROVIDER (CHCP) F HEALTH ASSISTANT (HA) G FAMILY WELFARE ASSISTANT (FWA) H	

	NAME _____	NGO WORKER I OTHER PERSON TRAINED TBA (TTBA) . J UNTRAINED TBA (UTBA) K UNQUALIFIED DOCTOR L 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? 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) Anywhere else?	HOME HOME A PUBLIC SECTOR MEDICAL COLLEGE HOSPITAL B SPECIALIZED GOVT HOSPITAL C DISTRICT HOSPITAL D MCWC E UPAZILA HEALTH COMPLEX F UH & FAMILY WELFARE CENTRE G COMMUNITY CLINIC . H SAT. CLINIC/EPI OUTREACH I OTHER PUBLIC SECTOR SECTOR _____ J (SPECIFY) NGO SECTOR NGO STATIC CLINIC K NGO SAT CLINIC L PRIVATE MEDICAL SECTOR PRIVATE MEDICAL COLLEGE HOSPITAL M PRIVATE HOSPITAL N PRIVATE CLINIC O QUALIFIED DOCTOR CHAMBER P UNQUALIFIED DOCTOR CHAMBER Q PHARMACY R OTHER PRIVATE MEDICAL _____ S (SPECIFY) OTHER _____ X (SPECIFY)	
411	How many months pregnant were you when you first received antenatal care for this pregnancy?	MONTH: <input type="text"/> <input type="text"/> DON'T KNOW 98	
412	How many times did you receive antenatal care during this pregnancy?	NUMBER OF TIMES <input type="text"/> <input type="text"/> DON'T KNOW 98	

413	As part of your antenatal care during this pregnancy, were any of the following done at least once: a) Was your weight measured? b) Was your blood pressure c) Did you give a urine sample? d) Did you give a blood sample? e) Did you have an f) Did you receive counselling about pregnancy danger signs? g) Did you receive counseling about a family planning method you can use immediately after you give birth?	<table border="0"> <tr> <td></td><td>YES</td><td>NO</td></tr> <tr> <td>a) WEIGH1.....</td><td>1</td><td>2</td></tr> <tr> <td>b) BP</td><td>1</td><td>2</td></tr> <tr> <td>c) URINE</td><td>1</td><td>2</td></tr> <tr> <td>d) BLOOD</td><td>1</td><td>2</td></tr> <tr> <td>e) ULTRASOUND.....</td><td>1</td><td>2</td></tr> <tr> <td>f) DANGER SIGNS .</td><td>1</td><td>2</td></tr> <tr> <td>g) FP METHOD AFTER BIRTH.....</td><td>1</td><td>2</td></tr> </table>		YES	NO	a) WEIGH1.....	1	2	b) BP	1	2	c) URINE	1	2	d) BLOOD	1	2	e) ULTRASOUND.....	1	2	f) DANGER SIGNS .	1	2	g) FP METHOD AFTER BIRTH.....	1	2	
	YES	NO																									
a) WEIGH1.....	1	2																									
b) BP	1	2																									
c) URINE	1	2																									
d) BLOOD	1	2																									
e) ULTRASOUND.....	1	2																									
f) DANGER SIGNS .	1	2																									
g) FP METHOD AFTER BIRTH.....	1	2																									
NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____																								
414A	During (any of) your antenatal care visit(s), were you told about signs of pregnancy complications?	YES 1 NO 2 DON'T KNOW 8																									
414B	When you got pregnant with (NAME), did any fieldworker/ community worker visit you at your home to counsel you on healthy pregnancy or give you a checkup?	YES 1 NO 2 (SKIP TO 420) ←																									
414C	Who visited you? IF YOU ARE NOT SURE OF THE DESIGNATION OF THE PERSON, WRITE HER/HIS NAME AND ASK THE SUPERVISOR TO FIND OUT. CIRCLE THE APPROPRIATE _____ NAME	COMMUNITY SKILLED BIRTH ATTENDANT (CSBA) A HEALTH ASSISTANT (HA) B FAMILY WELFARE ASSISTANT (FWA) C NGO WORKER D TRAINED TBA (TTBA) E UNTRAINED TBA (UTBA) F OTHER _____ X (SPECIFY)																									
414D	What did they do: a) Was your weight measured? b) Was your blood pressure c) Did you give a urine sample? d) Did you give a blood sample? e) Did you receive counselling about pregnancy danger signs?	<table border="0"> <tr> <td></td><td>YES</td><td>NO</td></tr> <tr> <td>a) WEIGH1.....</td><td>1</td><td>2</td></tr> <tr> <td>b) BP</td><td>1</td><td>2</td></tr> <tr> <td>c) URINE</td><td>1</td><td>2</td></tr> <tr> <td>d) BLOOD</td><td>1</td><td>2</td></tr> <tr> <td>e) DANGER SIGNS .</td><td>1</td><td>2</td></tr> </table>		YES	NO	a) WEIGH1.....	1	2	b) BP	1	2	c) URINE	1	2	d) BLOOD	1	2	e) DANGER SIGNS .	1	2							
	YES	NO																									
a) WEIGH1.....	1	2																									
b) BP	1	2																									
c) URINE	1	2																									
d) BLOOD	1	2																									
e) DANGER SIGNS .	1	2																									
414E	How many home visits did you receive during the last pregnancy?	NUMBER OF TIMES <input type="text"/> <input type="text"/> DON'T KNOW 98																									
420	During this pregnancy, were you given or did you buy any iron tablets or iron syrup? SHOW TABLETS/SYRUP.	YES 1 NO 2 (SKIP TO 427) ← DON'T KNOW 8																									
421	During the whole pregnancy, for how many days did you take the tablets or syrup? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER OF DAYS.	DAYS <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 998																									

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 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> KG FROM RECALL 2 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 99998	KG FROM CARD 1 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> KG FROM RECALL 2 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 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. IF YOU ARE NOT SURE OF THE DESIGNATION OF THE PERSON, WRITE HER/HIS NAME AND ASK THE SUPERVISOR TO FIND OUT. CIRCLE THE APPROPRIATE _____ NAME _____ NAME	HEALTH PERSONNEL QUALIFIED DOCTOR . A NURSE/MIDWIFE/ PARAMEDIC B FAMILY WELFARE VISITOR (FWV) C COMMUNITY SKILLED BIRTH ATTENDANT (CSBA) D SUB-ASSISTANT COMMUNITY MEDICAL OFFICER (SACMO) E COMMUNITY HEALTH CARE PROVIDER (CHCP) F HEALTH ASSISTANT (HA) G FAMILY WELFARE ASSISTANT (FWA) . H NGO WORKER I OTHER PERSON TRAINED TBA (TTBA) . J UNTRAINED TBA (UTBA) K UNQUALIFIED DOCTOR L RELATIVE? M NEIGHBOURS/ FRIENDS N OTHER _____ X (SPECIFY) NO ONE ASSISTED Y	HEALTH PERSONNEL QUALIFIED DOCTOR . A NURSE/MIDWIFE/ PARAMEDIC B FAMILY WELFARE VISITOR (FWV) C COMMUNITY SKILLED BIRTH ATTENDANT (CSBA) D SUB-ASSISTANT COMMUNITY MEDICAL OFFICER (SACMO) E COMMUNITY HEALTH CARE PROVIDER (CHCP) F HEALTH ASSISTANT (HA) G FAMILY WELFARE ASSISTANT (FWA) . H NGO WORKER I OTHER PERSON TRAINED TBA (TTBA) . J UNTRAINED TBA (UTBA) K UNQUALIFIED DOCTOR L RELATIVE? M NEIGHBOURS/ FRIENDS N OTHER _____ X (SPECIFY) NO ONE ASSISTED Y
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) IF CODE 42 OR 43 IS CIRCLED, ASK THE NAME OF THE FACILITY _____ (NAME OF PLACE)	HOME HOME 11 (SKIP TO 433I) ← PUBLIC SECTOR MEDICAL COLLEGE HOSPITAL 21 SPECIALIZED GOVT HOSPITAL 22 DISTRICT HOSPITAL 23 MCWC 24 UPAZILA HEALTH COMPLEX 25 UH & FAMILY WELFARE CENTRE 27 COMMUNITY CLINIC 28 OTHER PUBLIC SECTOR 26 SPECIFY _____	HOME HOME 11 (SKIP TO 433I) ← PUBLIC SECTOR MEDICAL COLLEGE HOSPITAL 21 SPECIALIZED GOVT HOSPITAL 22 DISTRICT HOSPITAL 23 MCWC 24 UPAZILA HEALTH COMPLEX 25 UH & FAMILY WELFARE CENTRE 27 COMMUNITY CLINIC 28 OTHER PUBLIC SECTOR 26 SPECIFY _____

ADDRESS (CITY OR TOWN): MOBILE / TELEPHONE NUMBER ASK FOR DISCHARGE LETTER OR OTHER DOCUMENT TO GET THIS INFORMATION.	NGO SECTOR NGO STATIC CLINIC 31 DELIVERY HUT 32 PRIVATE MEDICAL SECTOR PRIVATE MEDICAL COLLEGE HOSPITAL 41 PRIVATE HOSPITAL 42 PRIVATE CLINIC 43 OTHER PRIVATE MEDICAL 46 _____ SPECIFY OTHER _____ 96 (SPECIFY) (SKIP TO 433I)	NGO SECTOR NGO STATIC CLINIC 31 DELIVERY HUT 32 PRIVATE MEDICAL SECTOR PRIVATE MEDICAL COLLEGE HOSPITAL 41 PRIVATE HOSPITAL 42 PRIVATE CLINIC 43 OTHER PRIVATE MEDICAL 46 _____ SPECIFY OTHER _____ 96 (SPECIFY) (SKIP TO 433V)
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NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____																		
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 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DAYS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> WEEKS 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DON'T KNOW 998																			
432	Was (NAME) delivered by caesarean, that is, did they cut your belly open to take the baby	YES 1 NO 2 (SKIP TO 433I)	YES 1 NO 2 (SKIP TO 433V)																		
433	When was the decision made to have the caesarean section? Was it before or after your labor pains started?	BEFORE 1 AFTER 2 (SKIP TO 433D)	BEFORE 1 AFTER 2 (SKIP TO 433V)																		
433A	How many days before the delivery was the decision to have caesarean section made?	DAY OF DELIVERY 1 DAY BEFORE DELIVERY 2 2 - 7 DAYS BEFORE DELIVERY 3 8 - 30 DAYS BEFORE DELIVERY 4 30+ DAYS BEFORE DELIVERY 5																			
433D	Who proposed first to have the birth delivered by caesarean section, you, a family member, or	RESPONDENT 1 (SKIP TO 433F) FAMILY MEMBER 2 DOCTOR 3																			
433E	Were you or your family told the reasons for having the operation?	YES 1 NO 2 (SKIP TO 433G)																			
433F	What were the reasons for making the decision to have the caesarean section? Any other reason? CIRCLE ALL MENTIONED.	CONVENIENCE A DO NOT WANT TO GO THROUGH LABOR PAIN B MALPRESENTATION C PREMATURE BABY D CORD PROLAPSE E MULTIPLE BIRTHS F FAILURE TO PROGRESS IN LABOR G PRE-ECLAMPSIA H DIABETES I PREVIOUS C/S J LESS PRESSURE ON BABY'S BRAIN K																			

		OTHER COMPLICATIONS DURING DELIVERY L OTHER X							
433G	CHECK CHILD NOT FIRST BIRTH <input type="checkbox"/> CHILD FIRST BIRTH <input type="checkbox"/> ↓ → 433I								
433H	Did you have a caesarean section before this birth?	YES 1 NO 2							
NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____						
433I	Did you or any of your family members ever use a mobile phone to get health services or advice for you or (NAME) during your pregnancy or delivery?	YES 1 NO 2 (SKIP TO 433L) ←							
433J	What was the reason the mobile phone was used? Any other reason? CIRCLE ALL MENTIONED.	TO ASK WHAT TO DO A TO CONTACT SERVICE PROVIDER B TO ARRANGE TRANSPORT C TO ARRANGE FOR MONEY D TO ARRANGE FOR DELIVERY E OTHER _____ . X SPECIFY _____							
433K	Who did you call? Any other person? CIRCLE ALL MENTIONED. IF YOU ARE NOT SURE OF THE DESIGNATION OF THE PERSON, WRITE HER/HIS NAME AND ASK THE SUPERVISOR TO FIND OUT. CIRCLE THE APPROPRIATE CODE. _____ NAME _____ NAME	HEALTH PERSONNEL QUALIFIED DOCTOR A NURSE/MIDWIFE/PARAMEDIC B FAMILY WELFARE VISITOR (FWV) C COMMUNITY SKILLED BIRTH ATTENDANT (CSBA) D SUB-ASSISTANT COMMUNITY MEDICAL OFFICER (SACMO) E COMMUNITY HEALTH CARE PROVIDER (CHCP) F HEALTH ASSISTANT (HA) G FAMILY WELFARE ASSISTANT (FWA) H NGO WORKER I OTHER PERSON TRAINED TBA (TTBA) J UNTRAINED TBA (UTBA) K UNQUALIFIED DOCTOR L RELATIVE M NEIGHBORS/FRIENDS N OTHER _____ X (SPECIFY) _____							
433L	How much did you pay in total for your last delivery? IF MORE THAN 999995, WRITE 999995.	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table> TAKA NOTHING 000000 433N ← DON'T KNOW 999998							

433M	Where did you get the money for (NAME'S) delivery?	FAMILY FUNG A BORROWED B SOLD ASSETS/ MORTGAGE C GIFT FROM FAMILY D GIFT FROM NEIGHBOUR/ FRIEND E VOUCHER F INSURANCE G OTHER X SPECIFY	
433N	CHECK 430: PLACE OF	CODE 11' OR '96' CIRCLED <input type="checkbox"/> OTHER <input type="checkbox"/> (SKIP TO 433R)	
NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME	NEXT-TO-LAST BIRTH NAME
433O	Now I would like to ask you some specific questions about what was done with (NAME) during and immediately following delivery. Was a Clean Delivery Kit used during the delivery of (NAME)? SHOW PICTURE OF DELIVERY KIT	YES 1 NO 2 DON'T KNOW 8	
433P	What was used to cut the cord?	BLADE FROM DELIVERY KIT 1 BLADE FROM OTHER SOURCE 2 BAMBOO STRIP 3 SCISSORS 4 OTHER 6 SPECIFY CORD WAS NOT CUT 7 (SKIP TO 433R) ← DON'T KNOW 8	
433Q	Was the (INSTRUMENT IN 433P) boiled before the cord was cut?	YES 1 NO 2 DON'T KNOW 8	
433R	Was anything applied to the cord immediately after cutting and tying it?	YES 1 NO 2 (SKIP TO 433U) ← DON'T KNOW 8	
433S	Did you or anyone else put chlorhexidine on the cord stump? SHOW GOVERNMENT SUPPLIED SAMPLE AND	YES 1 NO 2 DON'T KNOW 8	

433T	Other than chlorhexidine, what was applied to the cord after it was cut and tied?	ANTIBIOTICS (POWDER/OINTM' A ANTISEPTIC (DETOL/SAVLON/HEXISOL B SPIRIT/ALCOHO C MUSTARD OIL WITH GARLI D CHEWED RICE E TUMERIC JUICE/POWDER F GINGER JUICE/POWE G SHIDUR H BORIC POWDEF I GENTIAN VIOLET (BLUE INK) J TALCUM POWEI K OTHER _____ X SPECIFY NOTHING OTHER THAN CHLORHEXIDINI L DON'T KNOW Z																			
433U	How long after birth was (NAME) dried?	<5 MINUTES 1 5-9 MINUTES 2 10+ MINUTES 3 NOT DRIED 4 DON'T KNOW 8																			
433V	After the birth, was (NAME) put directly on the bare skin of your chest? SHOW PICTURE OF SKIN-TO-SKIN POSITION.	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8																		
NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____																		
433W	How long after delivery was (NAME) bathed for the first time? IF LESS THAN ONE DAY, RECORD IN HOURS. IF LESS THAN ONE WEEK. RECORD IN	HOURS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DAYS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> WEEKS 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> NOT BATHED 995 DON'T KNOW 998																			
434	CHECK 430: PLACE OF OTHER <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td></tr></table> ↓		CODE '11' OR '96' CIRCLED <input type="checkbox"/> → 434I																		
434A	To go to the facility where you gave birth to (NAME), did you move from another health facility, did you go there directly from your home, or from somewhere else that was not a health facility?	CAME FROM ANOTHER HEALTH FACILITY 1 CAME FROM HOME 2 CAME FROM NON-HEALTH FACILITY LOCATION 3 (SKIP TO 434F) ← DON'T KNOW 8																			
434B	From which facility did you move to the facility where you gave birth to (NAME)? PROBE TO IDENTIFY THE TYPE OF SOURCE.	PUBLIC SECTOR MEDICAL COLLEGE HOSPITAL 21 SPECIALIZED GOVT HOSPITAL 22 DISTRICT HOSPITA 23 MCWC 24 UPAZILA HEALTH COMPLEX 25																			

	IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	UH & FAMILY WELFARE CENTRE 27 COMMUNITY CLINIC 28 OTHER PUBLIC SECTOR _____ 26 SPECIFY _____ NGO SECTOR NGO STATIC CLINIC 31 DELIVERY HL 32 PRIVATE MEDICAL SECTOR PRIVATE MEDICAL COLLEGE HOSPITAL 41 PRIVATE HOSPITAL 42 PRIVATE CLINIC 43 OTHER PRIVATE MEDICAL _____ 46 SPECIFY _____ OTHER _____ 96 (SPECIFY) _____ (SKIP TO 434I) ←									
434C	Why did you move from one facility to the facility where you gave birth to (NAME)?	PROBLEM DURING LABOR/ EMERGENCY 1 NO APPROPRIATE HEALTH PROF. AVAILABILITY 2 FACILITY TOO CROWDED/ NO BED AVAILABILITY 3 FACILITY NOT OPEN 4 REFERRED 5 EXPENSIVE SERVICE 7 OTHER _____ 6 (SPECIFY) _____									
		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____								
434D	Did a health worker go with you when you moved to the facility where you gave birth to (NAME)?	YES 1 NO 2 DON'T KNOW 8									
434E	What means of transport did you use to get from the previous facility to the facility where you gave birth to (NAME)?	MOTORISED AMBULANCE 21 CAR 22 CNG/BABY TAXI 23 EASY BIKE 24 PUBLIC BUS 25 BOAT WITH MOTOR 27 RICKSHAW WITH MOTOR 28 OTHER _____ 26 SPECIFY _____ (SKIP TO 434I) ← NOT MOTORISED RICKSHAW/VAN 31 WALKING 32 OTHER _____ 36 SPECIFY _____									
434F	How long did it take you to reach the health facility? PROBE FOR ESTIMATED TIME FROM WHEN DECISION WAS MADE TO GO TO THE FACILITY AND WHEN RESPONDENT ARRIVED.	HOURS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DAYS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>									

434G	What means of transport did you use to get to the facility where you gave birth to (NAME)?	MOTORISED AMBULANCE 21 CAR 22 CNG/BABY TAXI 23 EASY BIKE 24 PUBLIC BUS 25 BOAT WITH MOTOR 27 RICKSHAW WITH MOTOR 28 OTHER 26 SPECIFY																																																							
	NOT MOTORISED RICKSHAW/VAN 31 WALKING 32 (SKIP TO 434I) ← OTHER 36 SPECIFY																																																								
434H	Who arranged transportation to the health facility?	PERSON FROM HEALTH FACILITY/CLINIC 01 FAMILY WELFARE VISITOR 02 OTHER HEALTH PROFESSIONAL 03 TRADITIONAL BIRTH ATTENDANT/DA 04 HUSBAND 05 OTHER FAMILY MEMBER 07 HERSELF 10 OTHER 06 (SPECIFY) DON'T KNOW 08																																																							
434I	CHECK 430: PLACE OF DELIVERY OTHER <input type="checkbox"/> CODE 11, OR 96 CIRCLED <input type="checkbox"/> (SKIP TO 449) ←																																																								
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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) ←																																																							
435A	During this check, were you counseled about:	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>a. Information on family planning methods</td> <td></td> <td></td> </tr> <tr> <td>a. FP METHODS</td> <td>1</td> <td>2</td> </tr> <tr> <td>b. Sources of family planning methods</td> <td></td> <td></td> </tr> <tr> <td>b. FP SOURCES</td> <td>1</td> <td>2</td> </tr> <tr> <td>c. Importance of spacing and or limiting births</td> <td></td> <td></td> </tr> <tr> <td>c. SPACING AND LIMITING BIRTHS</td> <td>1</td> <td>2</td> </tr> <tr> <td>d. Immediate IUD insertion</td> <td>1</td> <td>2</td> </tr> <tr> <td>e. Immediate implant insertion</td> <td></td> <td></td> </tr> <tr> <td>e. IMPLANT</td> <td></td> <td></td> </tr> <tr> <td>f. Immediate tubal ligation</td> <td>1</td> <td>2</td> </tr> <tr> <td>f. TUBAL LIGATION</td> <td>1</td> <td>2</td> </tr> <tr> <td>g. Use of LAM</td> <td>1</td> <td>2</td> </tr> <tr> <td>g. LAM</td> <td>1</td> <td>2</td> </tr> <tr> <td>h. Progesterone only pill – Apan</td> <td>1</td> <td>2</td> </tr> <tr> <td>h. APAN</td> <td>1</td> <td>2</td> </tr> <tr> <td>i. Exclusive breastfeeding</td> <td>1</td> <td>2</td> </tr> <tr> <td>i. EXCLUSIVE BF</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	a. Information on family planning methods			a. FP METHODS	1	2	b. Sources of family planning methods			b. FP SOURCES	1	2	c. Importance of spacing and or limiting births			c. SPACING AND LIMITING BIRTHS	1	2	d. Immediate IUD insertion	1	2	e. Immediate implant insertion			e. IMPLANT			f. Immediate tubal ligation	1	2	f. TUBAL LIGATION	1	2	g. Use of LAM	1	2	g. LAM	1	2	h. Progesterone only pill – Apan	1	2	h. APAN	1	2	i. Exclusive breastfeeding	1	2	i. EXCLUSIVE BF	1	2	
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438	<p>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?</p>	<p>YES 1</p> <p>NO 2</p> <p style="text-align: center;">(SKIP TO 441) ←</p> <p>DON'T KNOW 8</p>																			
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439	<p>How long after delivery was (NAME)'s health first checked?</p> <p>IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.</p>	<p>HOURS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p> <p>DAYS..... 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p> <p>WEEKS 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p> <p>DON'T KNOW 998</p>																			
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441	<p>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?</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 445) ←</p>	
442	<p>How long after delivery did that check take place?</p> <p>IF LESS THAN ONE DAY, RECORD HOURS;</p> <p>IF LESS THAN ONE WEEK, RECORD DAYS.</p>	<p>HOURS 1</p> <p>DAYS..... 2</p> <p>WEEKS 3</p> <p>DON'T KNOW 998</p>	
443	<p>Who checked on your health at that time?</p> <p>PROBE FOR MOST QUALIFIED PERSON.</p> <p>IF YOU ARE NOT SURE OF THE DESIGNATION OF THE PERSON, WRITE HER/HIS NAME AND ASK THE SUPERVISOR TO FIND OUT. CIRCLE THE APPROPRIATE CODE.</p> <p>_____</p> <p>NAME</p> <p>_____</p> <p>NAME</p>	<p>HEALTH PERSONNEL</p> <p>QUALIFIED DOCTOR . 11</p> <p>NURSE/MIDWIFE/ PARAMEDIC 12</p> <p>FAMILY WELFARE VISITOR (FWV) 13</p> <p>COMMUNITY SKILLED BIRTH ATTENDANT (CSBA) 14</p> <p>SUB-ASSISTANT COMMUNITY MEDICAL OFFICER (SACMO) 15</p> <p>COMMUNITH HEALTH CARE PROVIDER (CHCP)..... 16</p> <p>HEALTH ASSISTANT (HA 17</p> <p>FAMILY WELFARE ASSISTANT (FWA) . 18</p> <p>NGO WORKER 21</p> <p>OTHER PERSON</p> <p>TRAINED TBA (TTBA) 31</p> <p>UNTRAINED TBA (UTBA) 32</p> <p>UNQUALIFIED DOCTOR 33</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p>	

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
444	<p>Where did the check take place?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>HOME</p> <p>HOME 11</p> <p>PUBLIC SECTOR</p> <p>MEDICAL COLLEGE</p> <p>HOSPITAL 21</p> <p>SPECIALIZED GOVT</p> <p>HOSPITAL 22</p> <p>DISTRICT HOSPITAL 23</p> <p>MCWC 24</p> <p>UPAZILA HEALTH</p> <p>COMPLEX 25</p> <p>UH & FAMILY WELFARE</p> <p>CENTRE 27</p> <p>COMMUNITY CLINIC 28</p> <p>SAT. CLINIC/T1009EPI</p> <p>OUTREACH 29</p> <p>OTHER PUBLIC</p> <p>SECTOR 26</p> <p>_____ (SPECIFY)</p> <p>NGO SECTOR</p> <p>NGO STATIC CLINIC 31</p> <p>NGO SAT CLINIC 32</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE MEDICAL COLLEGE</p> <p>HOSPITAL 41</p> <p>PRIVATE HOSPITAL 42</p> <p>PRIVATE CLINIC 43</p> <p>QUALIFIED DOCTOR 44</p> <p>UNQUALIFIED DOCTOR 45</p> <p>PHARMACY 47</p> <p>OTHER PRIVATE</p> <p>MEDICAL</p> <p>_____ 46</p> <p>_____ (SPECIFY)</p> <p>OTHER _____ 96</p> <p>_____ (SPECIFY)</p>	
445	<p>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)?</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 457) ←</p> <p>DON'T KNOW 8</p>	
446	<p>How many hours, days or weeks after the birth of (NAME) did that check take place?</p> <p>IF LESS THAN ONE DAY, RECORD HOURS;</p> <p>IF LESS THAN ONE WEEK, RECORD DAYS.</p>	<p>HOURS 1</p> <p>DAYS 2</p> <p>WEEKS 3</p> <p>DON'T KNOW 998</p>	

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
447	<p>Who checked on (NAME)'s health at that time?</p> <p>PROBE FOR MOST QUALIFIED PERSON.</p> <p>IF YOU ARE NOT SURE OF THE DESIGNATION OF THE PERSON, WRITE HER/HIS NAME AND ASK THE SUPERVISOR TO FIND OUT. CIRCLE THE APPROPRIATE CODE.</p> <p>_____</p> <p>NAME</p> <p>_____</p> <p>NAME</p>	<p>HEALTH PERSONNEL</p> <p>QUALIFIED DOCTOR . 11</p> <p>NURSE/MIDWIFE/</p> <p>PARAMEDIC 12</p> <p>FAMILY WELFARE</p> <p>VISITOR (FWV) 13</p> <p>COMMUNITY SKILLED</p> <p>BIRTH ATTENDANT</p> <p>(CSBA) 14</p> <p>SUB-ASSISTANT COMMUNITY</p> <p>MEDICAL OFFICER</p> <p>(SACMO) 15</p> <p>COMMUNITY HEALTH</p> <p>CARE PROVIDER</p> <p>(CHCP) 16</p> <p>HEALTH ASSISTANT (HA 17</p> <p>FAMILY WELFARE</p> <p>ASSISTANT (FWA) . 18</p> <p>NGO WORKER 21</p> <p>OTHER PERSON</p> <p>TRAINED TBA (TTBA) 31</p> <p>UNTRAINED TBA (UTBA) 32</p> <p>UNQUALIFIED DOCTOR 33</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p>	
448	<p>Where did this check of (NAME) take place?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>HOME</p> <p>HOME 11</p> <p>PUBLIC SECTOR</p> <p>MEDICAL COLLEGE</p> <p>HOSPITAL 21</p> <p>SPECIALIZED GOVT</p> <p>HOSPITAL 22</p> <p>DISTRICT HOSPITAL . . . 23</p> <p>MCWC 24</p> <p>UPAZILLA HEALTH</p> <p>COMPLEX 25</p> <p>UH & FAMILY WELFARE</p> <p>CENTRE 27</p> <p>COMMUNITY CLINIC 28</p> <p>SAT. CLINIC.EPI</p> <p>OUTREACH 29</p> <p>OTHER PUBLIC</p> <p>SECTOR _____ 26</p> <p>SPECIFY</p> <p>NGO SECTOR</p> <p>NGO STATIC CLINIC 31</p> <p>NGO SAT CLINIC 32</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE MEDICAL COLLEGE</p> <p>HOSPITAL 41</p> <p>PRIVATE HOSPITAL 42</p> <p>PRIVATE CLINIC 43</p> <p>QUALIFIED DOCTOR 44</p> <p>UNQUALIFIED DOCTOR 45</p> <p>PHARMACY 47</p> <p>OTHER PRIVATE MEDICAL</p> <p>SECTOR _____ 46</p> <p>(SPECIFY)</p>	

		OTHER _____ 96 (SPECIFY) (SKIP TO 457) ←																			
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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 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DAYS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> WEEKS 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DON'T KNOW 998																			
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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	<p>How many hours, days or weeks after the birth of (NAME) did the first check take place?</p> <p>IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.</p>	<p>HOURS AFTER BIRTH 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p> <p>DAYS AFTER BIRTH 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p> <p>WEEKS AFTER BIRTH 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p> <p>DON'T KNOW 998</p>													
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455	<p>Who checked on (NAME)'s health at that time?</p> <p>PROBE FOR MOST QUALIFIED PERSON.</p> <p>IF YOU ARE NOT SURE OF THE DESIGNATION OF THE PERSON, WRITE HER/HIS NAME AND ASK THE SUPERVISOR TO FIND OUT. CIRCLE THE APPROPRIATE CODE.</p> <p>_____</p> <p>NAME</p> <p>_____</p> <p>NAME</p>	<p>HEALTH PERSONNEL</p> <p>QUALIFIED DOCTOR . 11</p> <p>NURSE/MIDWIFE/ PARAMEDIC 12</p> <p>FAMILY WELFARE VISITOR (FWV) 13</p> <p>COMMUNITY SKILLED BIRTH ATTENDANT (CSBA) 14</p> <p>SUB-ASSISTANT COMMUNITY MEDICAL OFFICER (SACMO) 15</p> <p>COMMUNITY HEALTH CARE PROVIDER (CHCP) 16</p> <p>HEALTH ASSISTANT (HA 17</p> <p>FAMILY WELFARE ASSISTANT (FWA) 18</p> <p>NGO WORKER 21</p> <p>OTHER PERSON</p> <p>TRAINED TBA (TTBA) 31</p> <p>UNTRAINED TBA (UTBA) 32</p> <p>UNQUALIFIED DOCTOR 33</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p>													
457	<p>During the first two days after (NAME)'s birth, did any health care provider do the following:</p> <p>a) Examine the cord?</p> <p>b) Measure (NAME)'s</p> <p>c) Counsel you on danger signs for newborns?</p> <p>d) Counsel you on breastfeeding?</p> <p>e) Observe (NAME) breastfeeding?</p>	<p>YES NO DK</p> <p>a) CORD 1 2 8</p> <p>b) TEMP. . . . 1 2 8</p> <p>c) SIGNS 1 2 8</p> <p>d) COUNSEL BREAST-FEED 1 2 8</p> <p>e) OBSERVE BREAST-FEED 1 2 8</p>													
457A	<p>In the first two months after delivery, did you receive a vitamin A dose like (this/any of these)?</p> <p>SHOW COMMON TYPES OF CAPSULE/SYRUP.</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>													
458	<p>Has your menstrual period returned since the birth of (NAME)?</p>	<p>YES 1</p> <p>(SKIP TO 460) ←</p> <p>NO 2</p> <p>(SKIP TO 461) ←</p>													
459	<p>Did your period return between the birth of (NAME) and your next pregnancy?</p>		<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 463) ←</p>												

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?	MONTH: <input type="text"/> <input type="text"/> DON'T KNOW 98	MONTH: <input type="text"/> <input type="text"/> DON'T KNOW 98
461	CHECK 226: IS RESPONDENT PREGNANT?	NOT PREGNANT <input type="checkbox"/> PREGNANT OR UNSURE <input type="checkbox"/> (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?	MONTH: <input type="text"/> <input type="text"/> DON'T KNOW 98	
464	Did you ever breastfeed (NAME)?	YES 1 (SKIP TO 466) ← NO 2	
465	CHECK 404: IS CHILD LIVING?	LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 470) ← (SKIP 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 <input type="text"/> <input type="text"/> DAYS 2 <input type="text"/> <input type="text"/>	
467	In the first three days after delivery, was (NAME) given anything to drink other than breast	YES 1 NO 2	
468	CHECK 404: IS CHILD LIVING?	LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 471) ←	
469	Are you still breastfeeding (NAME)?	YES 1 470 ← NO 2	
469A	For how many months did you breastfeed (NAME)?	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98	
470	Did (NAME) drink anything from a bottle with a nipple yesterday or last night?	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.

SECTION 5A. CHILD IMMUNIZATION (LAST BIRTH)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501A	CHECK 215 IN THE BIRTH HISTORY: ANY BIRTHS IN 2014 OR LATER? ONE OR MORE BIRTHS IN 2014 <input type="checkbox"/> OR LATER NO BIRTHS IN 2014 <input type="checkbox"/> OR LATER		→ 601
502A	RECORD THE NAME AND BIRTH HISTORY NUMBER FROM 212 OF THE LAST CHILD BORN IN 2014 OR LATER. NAME OF LAST BIRTH: _____ BIRTH HISTORY NUMBER: <input type="text"/> <input type="text"/>		
503A	CHECK 216 FOR CHILD: LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>		→ 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 ANOTHER 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 <input type="checkbox"/> CODE '4' CIRCLED <input type="checkbox"/>		→ 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

SECTION 5A. CHILD IMMUNIZATION (LAST BIRTH)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																																																				
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508A	<p>COPY DATES FROM THE CARD. WRITE '44' IN 'DAY' COLUMN IF CARD SHOWS THAT A DOSE WAS GIVEN, BUT NO DATE IS</p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">DAY</th> <th style="text-align: center;">MONTH</th> <th style="text-align: center;">YEAR</th> </tr> </thead> <tbody> <tr><td>BCG</td><td><div></div></td><td><div></div></td><td><div></div></td></tr> <tr><td>PENTA 1</td><td><div></div></td><td><div></div></td><td><div></div></td></tr> <tr><td>PENTA 2</td><td><div></div></td><td><div></div></td><td><div></div></td></tr> <tr><td>PENTA 3</td><td><div></div></td><td><div></div></td><td><div></div></td></tr> <tr><td>OPV/POLIO 1</td><td><div></div></td><td><div></div></td><td><div></div></td></tr> <tr><td>OPV/POLIO 2</td><td><div></div></td><td><div></div></td><td><div></div></td></tr> <tr><td>OPV/POLIO 3</td><td><div></div></td><td><div></div></td><td><div></div></td></tr> <tr><td>PCV/PNEUMOCOCCAL 1</td><td><div></div></td><td><div></div></td><td><div></div></td></tr> <tr><td>PCV/PNEUMOCOCCAL 2</td><td><div></div></td><td><div></div></td><td><div></div></td></tr> <tr><td>PCV/PNEUMOCOCCAL 3</td><td><div></div></td><td><div></div></td><td><div></div></td></tr> <tr><td>IPV</td><td><div></div></td><td><div></div></td><td><div></div></td></tr> <tr><td>fIPV 6 WEEKS</td><td><div></div></td><td><div></div></td><td><div></div></td></tr> <tr><td>fIPV 14 WEEKS</td><td><div></div></td><td><div></div></td><td><div></div></td></tr> <tr><td>MR AT 9 MONTHS</td><td><div></div></td><td><div></div></td><td><div></div></td></tr> <tr><td>MR AT 15 MONTHS</td><td><div></div></td><td><div></div></td><td><div></div></td></tr> <tr><td>VITAMIN A (MOST RECENT)</td><td><div></div></td><td><div></div></td><td><div></div></td></tr> </tbody> </table>		DAY	MONTH	YEAR	BCG	<div></div>	<div></div>	<div></div>	PENTA 1	<div></div>	<div></div>	<div></div>	PENTA 2	<div></div>	<div></div>	<div></div>	PENTA 3	<div></div>	<div></div>	<div></div>	OPV/POLIO 1	<div></div>	<div></div>	<div></div>	OPV/POLIO 2	<div></div>	<div></div>	<div></div>	OPV/POLIO 3	<div></div>	<div></div>	<div></div>	PCV/PNEUMOCOCCAL 1	<div></div>	<div></div>	<div></div>	PCV/PNEUMOCOCCAL 2	<div></div>	<div></div>	<div></div>	PCV/PNEUMOCOCCAL 3	<div></div>	<div></div>	<div></div>	IPV	<div></div>	<div></div>	<div></div>	fIPV 6 WEEKS	<div></div>	<div></div>	<div></div>	fIPV 14 WEEKS	<div></div>	<div></div>	<div></div>	MR AT 9 MONTHS	<div></div>	<div></div>	<div></div>	MR AT 15 MONTHS	<div></div>	<div></div>	<div></div>	VITAMIN A (MOST RECENT)	<div></div>	<div></div>	<div></div>		
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510A	<p>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 or child health days?</p> <p>RECORD 'YES' ONLY IF THE RESPONDENT MENTIONS AT LEAST ONE OF THE VACCINATIONS IN 508A THAT ARE NOT RECORDED AS HAVING BEEN GIVEN.</p>	<p>YES 1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 508A THEN WRITE '00' IN THE CORRESPONDING DAY COLUMN FOR ALL (THEN SKIP TO 525A)</p> <p>NO 2 DON'T KNOW 8 (WRITE '00' IN THE CORRESPONDING DAY COLUMN FOR ALL VACCINATIONS NOT (THEN SKIP TO 525A)</p>																																																																					

SECTION 5A. CHILD IMMUNIZATION (LAST BIRTH)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	NAME OF LAST BIRTH _____	BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/>	
511A	Did (NAME) ever receive any vaccinations to prevent (NAME) from getting diseases, including vaccinations received in campaigns or immunization days or child health days?	YES 1 NO 2 DON'T KNOW 8	→ 525A
512A	Has (NAME) ever received a BCG vaccination against tuberculosis, that is, an injection in the left upper arm or shoulder that usually causes a	YES 1 NO 2 DON'T KNOW 8	
514A	Has (NAME) ever received a pentavalent vaccination, that is, an injection given in the thigh at the same time as polio drops and PCV?	YES 1 NO 2 DON'T KNOW 8	→ 516A
515A	How many times did (NAME) receive the pentavalent vaccine?	NUMBER OF TIMES <input type="text"/>	
516A	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	→ 519A
517A	Did (NAME) receive the first oral polio vaccine in the first two weeks after birth or later?	FIRST TWO WEEKS 1 LATER 2	
518A	How many times did (NAME) receive the oral polio vaccine?	NUMBER OF TIMES <input type="text"/>	
519A	Has (NAME) ever received a pneumococcal vaccination, that is, an injection in the thigh to prevent pneumonia?	YES 1 NO 2 DON'T KNOW 8	→ 521A
520A	How many times did (NAME) receive pneumococcal vaccination?	NUMBER OF TIMES <input type="text"/>	
521A	Has (NAME) ever received an IPV vaccination, 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 vaccination, that is, an injection into the muscles of the left thigh to prevent measles?	YES 1 NO 2 DON'T KNOW 8	→ 525A
524A	How many times did (NAME) receive the measles-rubella vaccine?	NUMBER OF TIMES <input type="text"/>	
525A	Did (NAME) receive any polio vaccine from the National Immunization Days (NIDs)?	YES 1 NO 2 DON'T KNOW 8	→ 527A
526A	At which national immunization day campaigns did (NAME) receive vaccinations?	CAMPAIGN 1: NID (JAN 2014) 1 CAMPAIGN 2: NID (FEB 2014) 2	
527A	Did (NAME) receive any measles-rubella vaccine from the National Measles-Rubella Campaign?	YES 1 NO 2 DON'T KNOW 8	
528A	CONTINUE WITH 501B.		

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501B	CHECK 215 IN THE BIRTH HISTORY: ANY BIRTHS IN 2014 OR LATER? <div> <div>MORE BIRTHS IN 2014 OR LATER <input type="checkbox"/></div> <div>NO BIRTHS IN 2014 OR LATER <input type="checkbox"/></div> </div>		→ 601
502B	RECORD THE NAME AND BIRTH HISTORY NUMBER FROM 212 OF THE LAST CHILD BORN IN 2014 OR LATER. NAME OF NEXT-TO-LAST BIRTH _____ BIRTH HISTORY NUMBE..... <input type="text"/> <input type="text"/>		
503B	CHECK 216 FOR CHILD: <div> <div>LIVING <input type="checkbox"/></div> <div>DEAD <input type="checkbox"/></div> </div>		→ 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: <div> <div>CODE '2' CIRCLED <input type="checkbox"/></div> <div>CODE '4' CIRCLED <input type="checkbox"/></div> </div>		→ 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 SEE 2 YES, CARD AND OTHER DOCUMENT SEEN... 3 NO CARD AND NO OTHER DOCUMENT SEE... 4	→ 511B

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																																																				
	NAME OF NEXT-TO-LAST BIRTH _____ BIRTH HISTORY NUMBE	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>																																																																					
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SECTION 5B. CHILD IMMUNIZATION (NEXT-TO-LAST BIRTH)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	NAME OF NEXT-TO-LAST BIRTH _____	BIRTH HISTORY NUMBE <input type="text"/> <input type="text"/>	
511B	Did (NAME) ever receive any vaccinations to prevent (NAME) from getting diseases, including vaccinations received in campaigns or immunization days or child health days?	YES 1 NO 2 DON'T KNOW 8	→ 525B
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 a pentavalent vaccination, that is, an injection given in the thigh at the same time as polio drops and PCV?	YES 1 NO 2 DON'T KNOW 8	→ 516B
515B	How many times did (NAME) receive the pentavalent vaccine?	NUMBER OF TIMES <input type="text"/>	
516B	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	→ 519B
517B	Did (NAME) receive the first oral polio vaccine in the first two weeks after birth or later?	FIRST TWO WEEKS 1 LATER 2	
518B	How many times did (NAME) receive the oral polio vaccine?	NUMBER OF TIMES <input type="text"/>	
519B	Has (NAME) ever received a pneumococcal vaccination, that is, an injection in the thigh to prevent pneumonia?	YES 1 NO 2 DON'T KNOW 8	→ 521B
520B	How many times did (NAME) receive the pneumococcal vaccine?	NUMBER OF TIMES <input type="text"/>	
521B	Has (NAME) ever received an IPV vaccination, 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 vaccination, that is, an injection into the muscles of the left thigh to prevent measles?	YES 1 NO 2 DON'T KNOW 8	→ 525B
524B	How many times did (NAME) receive the measles-rubella vaccine?	NUMBER OF TIMES <input type="text"/>	
525B	Did (NAME) receive any polio vaccine from the National Immunization Days (NIDs)?	YES 1 NO 2 DON'T KNOW 8	→ 527B
526B	At which national immunization day campaigns did (NAME) receive vaccinations?	CAMPAIGN 1: NID (JAN 2014) 1 CAMPAIGN 2: NID (FEB 2014) 2	
527B	Did (NAME) receive any measles-rubella vaccine from the National Measles-Rubella Campaign?	YES 1 NO 2 DON'T KNOW 8	
528B	CHECK 215 IN BIRTH HISTORY: ANY MORE BIRTHS IN 2014 OR LATER? <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> MORE BIRTHS IN 2014 OR LATER <input type="checkbox"/> (GO TO 502B IN AN ADDITIONAL QUESTIONNAIRE) </div> <div style="text-align: center;"> NO MORE BIRTHS IN 2014 <input type="checkbox"/> </div> </div>		→ 601

SECTION 6. CHILD HEALTH AND NUTRITION

601	CHECK 224: <div style="display: flex; justify-content: space-between;"> <div> ONE OR MORE <input type="checkbox"/> BIRTHS IN 2012 OR </div> <div> NO BIRTHS <input type="checkbox"/> IN 2012 OR </div> </div> <div style="text-align: right;">→ 701</div>		
602	CHECK 215: RECORD THE BIRTH HISTORY NUMBER IN 603 AND THE NAME AND SURVIVAL STATUS IN 604 FOR EACH BIRTH IN 2012 OR LATER. 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.)		
603	BIRTH HISTORY NUMBER FROM 212 IN BIRTH HISTORY.	LAST BIRTH BIRTH HISTORY NUMBER..... <input type="text"/> <input type="text"/>	NEXT-TO-LAST BIRTH BIRTH HISTORY NUMBER..... <input type="text"/> <input type="text"/>
604	FROM 212 AND 216:	NAME _____ <div style="display: flex; justify-content: space-around;"> <div> LIVING <input type="checkbox"/> ↓ </div> <div> DEAD <input type="checkbox"/> (SKIP TO 646) ← </div> </div>	NAME _____ <div style="display: flex; justify-content: space-around;"> <div> LIVING <input type="checkbox"/> ↓ </div> <div> DEAD <input type="checkbox"/> (SKIP TO 646) ← </div> </div>
605	In the last six months, was (NAME) given vitamin A dose like any of these? SHOW COMMON TYPES OF CAPSULES/SYRUPS.	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
606	In the last seven days, was (NAME) given iron pills, sprinkles with iron, or iron syrup like 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 diarrhoea 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

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
609	<p>CHECK 469: CURRENTLY BREASTFEEDING?</p> <p>YES <input type="checkbox"/> NO/NOT <input type="checkbox"/></p> <p>a) Now I would like to know how much (NAME) was given to drink during the diarrhoea including breastmilk. Was (NAME) given less than usual to drink, about the same amount, or more than usual to drink?</p> <p>IF LESS, PROBE: Was (NAME) given much less than</p> <p>b) Now I would like to know how much (NAME) was given to drink during the diarrhoea. Was (NAME) given less than usual to drink, about the same amount, or more than usual to drink?</p> <p>IF LESS, PROBE: Was (NAME) given much less than or somewhat</p>	<p>MUCH LESS..... 1</p> <p>SOMEWHAT LESS..... 2</p> <p>ABOUT THE SAME..... 3</p> <p>MORE 4</p> <p>NOTHING TO DRINK 5</p> <p>DON'T KNOW 8</p>	<p>MUCH LESS..... 1</p> <p>SOMEWHAT LESS..... 2</p> <p>ABOUT THE SAME..... 3</p> <p>MORE 4</p> <p>NOTHING TO DRINK 5</p> <p>DON'T KNOW 8</p>
610	<p>When (NAME) had diarrhoea, was (NAME) given less than usual to eat, about the same amount, more than usual, or nothing to eat?</p> <p>IF LESS, PROBE: Was (NAME) given much less than usual to eat or somewhat less?</p>	<p>MUCH LESS..... 1</p> <p>SOMEWHAT LESS..... 2</p> <p>ABOUT THE SAME..... 3</p> <p>MORE 4</p> <p>STOPPED FOOD 5</p> <p>NEVER GAVE FOOD 6</p> <p>DON'T KNOW 8</p>	<p>MUCH LESS..... 1</p> <p>SOMEWHAT LESS..... 2</p> <p>ABOUT THE SAME..... 3</p> <p>MORE 4</p> <p>STOPPED FOOD 5</p> <p>NEVER GAVE FOOD 6</p> <p>DON'T KNOW 8</p>
611	<p>Did you seek advice or treatment for the diarrhoea from any source?</p>	<p>YES 1</p> <p>NO 2</p> <p align="right">(SKIP TO 615) ←</p>	<p>YES 1</p> <p>NO 2</p> <p align="right">(SKIP TO 615) ←</p>

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	LAST BIRTH	NEXT-TO-LAST BIRTH																																								
		NAME _____	NAME _____																																								
612	<p>Where did you seek advice or treatment?</p> <p>Anywhere else?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE(S).</p> <p>_____ (NAME OF PLACE(S))</p>	<p>PUBLIC SECTOR</p> <p>MEDICAL COLLEGE</p> <p>HOSPITAL A</p> <p>SPECIALIZED GOVT</p> <p>HOSPITAL B</p> <p>DISTRICT HOSPITAL C</p> <p>MCWC D</p> <p>UPAZILA HEALTH</p> <p>COMPLEX E</p> <p>UH & FAMILY WELFARE</p> <p>CENTRE F</p> <p>COMMUNITY CLINIC G</p> <p>SAT. CLINIC.EPI</p> <p>OUTREACH H</p> <p>HEALTH ASSISTANT (HA) . I</p> <p>FAMILY WELFARE</p> <p>ASSISTANT (FWA) J</p> <p>OTHER PUBLIC</p> <p>SECTOR _____ K</p> <p> _____ (SPECIFY)</p> <p>NGO SECTOR</p> <p>NGO STATIC CLINIC L</p> <p>NGO SATELLITE CLINIC . M</p> <p>NGO DEPO HOLDER N</p> <p>NGO FIELD WORKER O</p> <p>OTHER NGO</p> <p>SECTOR _____ P</p> <p> _____ (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE MEDICAL COLLEGE</p> <p>HOSPITAL Q</p> <p>PRIVATE HOSPITAL R</p> <p>PRIVATE CLINIC S</p> <p>QUALIFIED DOCTOR'S</p> <p>CHAMBER T</p> <p>NON-QUALIFIED DOCTOR'S</p> <p>CHAMBER U</p> <p>PHARMACY/DRUG STOF . V</p> <p>OTHER PRIVATE MEDICAL</p> <p>SECTOR _____ W</p> <p> _____ (SPECIFY)</p> <p>OTHER _____ X</p> <p> _____ (SPECIFY)</p>	<p>PUBLIC SECTOR</p> <p>MEDICAL COLLEGE</p> <p>HOSPITAL A</p> <p>SPECIALIZED GOVT</p> <p>HOSPITAL B</p> <p>DISTRICT HOSPITAL C</p> <p>MCWC D</p> <p>UPAZILA HEALTH</p> <p>COMPLEX E</p> <p>UH & FAMILY WELFARE</p> <p>CENTRE F</p> <p>COMMUNITY CLINIC G</p> <p>SAT. CLINIC.EPI</p> <p>OUTREACH H</p> <p>HEALTH ASSISTANT (HA) . I</p> <p>FAMILY WELFARE</p> <p>ASSISTANT (FWA) J</p> <p>OTHER PUBLIC</p> <p>SECTOR _____ K</p> <p> _____ (SPECIFY)</p> <p>NGO SECTOR</p> <p>NGO STATIC CLINIC L</p> <p>NGO SATELLITE CLINIC . M</p> <p>NGO DEPO HOLDER N</p> <p>NGO FIELD WORKER O</p> <p>OTHER NGO</p> <p>SECTOR _____ P</p> <p> _____ (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE MEDICAL COLLEGE</p> <p>HOSPITAL Q</p> <p>PRIVATE HOSPITAL R</p> <p>PRIVATE CLINIC S</p> <p>QUALIFIED DOCTOR'S</p> <p>CHAMBER T</p> <p>NON-QUALIFIED DOCTOR'S</p> <p>CHAMBER U</p> <p>PHARMACY/DRUG STOF . V</p> <p>OTHER PRIVATE MEDICAL</p> <p>SECTOR _____ W</p> <p> _____ (SPECIFY)</p> <p>OTHER _____ X</p> <p> _____ (SPECIFY)</p>																																								
615	<p>Was (NAME) given any of the following at any time since (NAME) started having the diarrhoea:</p> <p>a) A fluid made from a special packet called ORSaline PACKET?</p> <p>b) A home made sugar-salt-water solution (laban gur)?</p> <p>c) Zinc syrup?</p> <p>d) Zinc tablets?</p>	<table border="0"> <tr> <td></td><td>YES</td><td>NO</td><td>DK</td></tr> <tr> <td>a) ORS PKT.</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>b) LABAN GUR . .</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>c) ZINC SYRUP</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>d) ZINC TABLETS</td><td>1</td><td>2</td><td>8</td></tr> </table>		YES	NO	DK	a) ORS PKT.	1	2	8	b) LABAN GUR . .	1	2	8	c) ZINC SYRUP	1	2	8	d) ZINC TABLETS	1	2	8	<table border="0"> <tr> <td></td><td>YES</td><td>NO</td><td>DK</td></tr> <tr> <td>a) ORS PKT. . .</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>b) LABAN GUR . .</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>c) ZINC SYRUP</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>d) ZINC TABLETS</td><td>1</td><td>2</td><td>8</td></tr> </table>		YES	NO	DK	a) ORS PKT. . .	1	2	8	b) LABAN GUR . .	1	2	8	c) ZINC SYRUP	1	2	8	d) ZINC TABLETS	1	2	8
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618	Has (NAME) been ill with a fever at any time in the last 2 weeks?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>																																								
620	Has (NAME) had an illness with a cough at any time in the last 2 weeks?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>																																								

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
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
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 <input type="checkbox"/> NO OR DK <input type="checkbox"/> (SKIP TO 646) ←	YES <input type="checkbox"/> NO OR DK <input type="checkbox"/> (SKIP TO 646) ←
624	Did you seek advice or treatment for the illness from any source?	YES 1 NO 2 (SKIP TO 646) ←	YES 1 NO 2 (SKIP TO 646) ←
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 MEDICAL COLLEGE HOSPITAL A SPECIALIZED GOVT HOSPITAL B DISTRICT HOSPITAL C MCWC D UPAZILA HEALTH COMPLEX E UH & FAMILY WELFARE CENTRE F COMMUNITY CLINIC G SAT. CLINIC.EPI OUTREACH H HEALTH ASSISTANT (HA) . I FAMILY WELFARE ASSISTANT (FWA) J OTHER PUBLIC SECTOR K SPECIFY _____ NGO SECTOR NGO STATIC CLINIC L NGO SATELLITE CLINIC . M NGO DEPO HOLDER N NGO FIELD WORKER O OTHER NGO SECTOR P (SPECIFY) _____ PRIVATE MEDICAL SECTOR PRIVATE MEDICAL COLLEGE HOSPITAL Q PRIVATE HOSPITAL R PRIVATE CLINIC S QUALIFIED DOCTOR'S CHAMBER T NON-QUALIFIED DOCTOR'S CHAMBER U PHARMACY/DRUG STOF. V OTHER PRIVATE MEDICAL SECTOR W (SPECIFY) _____ OTHER X (SPECIFY) _____	PUBLIC SECTOR MEDICAL COLLEGE HOSPITAL A SPECIALIZED GOVT HOSPITAL B DISTRICT HOSPITAL C MCWC D UPAZILA HEALTH COMPLEX E UH & FAMILY WELFARE CENTRE F COMMUNITY CLINIC G SAT. CLINIC.EPI OUTREACH H HEALTH ASSISTANT (HA) . I FAMILY WELFARE ASSISTANT (FWA) J OTHER PUBLIC SECTOR K SPECIFY _____ NGO SECTOR NGO STATIC CLINIC L NGO SATELLITE CLINIC . M NGO DEPO HOLDER N NGO FIELD WORKER O OTHER NGO SECTOR P (SPECIFY) _____ PRIVATE MEDICAL SECTOR PRIVATE MEDICAL COLLEGE HOSPITAL Q PRIVATE HOSPITAL R PRIVATE CLINIC S QUALIFIED DOCTOR'S CHAMBER T NON-QUALIFIED DOCTOR'S CHAMBER U PHARMACY/DRUG STOF. V OTHER PRIVATE MEDICAL SECTOR W (SPECIFY) _____ OTHER X (SPECIFY) _____

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
626	CHECK 625:	<div style="display: flex; justify-content: space-between;"> <div> TWO OR MORE CODES CIRCLED <input type="checkbox"/> </div> <div> ONLY ONE CODE CIRCLED <input type="checkbox"/> </div> </div> <div style="text-align: center;"> ↓ (SKIP TO 628) ← </div>	<div style="display: flex; justify-content: space-between;"> <div> TWO OR MORE CODES CIRCLED <input type="checkbox"/> </div> <div> ONLY ONE CODE CIRCLED <input type="checkbox"/> </div> </div> <div style="text-align: center;"> ↓ (SKIP TO 628) ← </div>
627	Where did you first seek advice or treatment? USE LETTER CODE FROM 625.	FIRST PLACE <input type="checkbox"/>	FIRST PLACE <input type="checkbox"/>
628	How many days after the illness began did you first seek advice or treatment for (NAME)? IF THE SAME DAY RECORD '00'.	DAYS <input type="text"/> <input type="text"/>	DAYS <input type="text"/> <input type="text"/>
630	What drugs did (NAME) take? Any other drugs? RECORD ALL MENTIONED.	<div> ANTIMALARIAL DRUGS SP/FANSIDAR A CHLOROQUINE B PRIMAQUINE C QUININE D COMBINATION WITH ARTEMISININ E OTHER ANTIMALARIAL F _____ (SPECIFY) </div> <div> ANTIBIOTIC DRUGS BETA LACTUM G MACROLIDES H QUINOLONE I CEPHALOSPORIN J COTRIMOXAZOLE K GENTAMYCIN L METRONIDAZOLE M </div> <div> OTHER DRUG _____ (SPECIFY) </div> <div> DON'T KNOW Z </div>	<div> ANTIMALARIAL DRUGS SP/FANSIDAR A CHLOROQUINE B PRIMAQUINE C QUININE D COMBINATION WITH ARTEMISININ E OTHER ANTIMALARIAL F _____ (SPECIFY) </div> <div> ANTIBIOTIC DRUGS BETA LACTUM G MACROLIDES H QUINOLONE I CEPHALOSPORIN J COTRIMOXAZOLE K GENTAMYCIN L METRONIDAZOLE M </div> <div> OTHER DRUG _____ (SPECIFY) </div> <div> DON'T KNOW Z </div>
646		GO BACK TO 604 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 649.	GO TO 604 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 649.

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																																																																												
649	<p>CHECK 215 AND 218, ALL ROWS: NUMBER OF CHILDREN BORN IN 2015 OR LATER LIVING WITH THE RESPONDENT</p> <p align="center">ONE OR MORE <input type="checkbox"/> NONE <input type="checkbox"/></p> <p align="center">↓</p> <p>_____</p> <p>(NAME OF YOUNGEST CHILD LIVING WITH HER)</p> <p align="center">↓</p>		701																																																																																												
650	<p>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.</p>	<table border="1"> <thead> <tr> <th></th><th>YES</th><th>NO</th><th>DK</th></tr> </thead> <tbody> <tr> <td>a) Plain water?</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>b) Juice or juice drinks?</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>c) Clear broth?</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>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'.</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td></td><td align="center" colspan="3">NUMBER OF TIMES DRANK <input type="text"/></td></tr> <tr> <td>e) Infant formula? IF YES: How many times did (NAME) drink infant formula? IF 7 OR MORE TIMES, RECORD '7'.</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td></td><td align="center" colspan="3">NUMBER OF TIMES DRANK <input type="text"/></td></tr> <tr> <td>f) Any other liquids?</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>g) Yogurt? IF YES: How many times did (NAME) eat yogurt? IF 7 OR MORE TIMES, RECORD '7'.</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td></td><td align="center" colspan="3">NUMBER OF TIMES ATE <input type="text"/></td></tr> <tr> <td>h) Any [BRAND NAME OF COMMERCIALY FORTIFIED BABY FOOD, E.G., Cerelac]?</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>i) Bread, rice, noodles, porridge, or other foods made from grains?</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>j) Pumpkin, carrots, squash, or sweet potatoes that are yellow or orange inside?</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>k) White potatoes, white yams, manioc, cassava, or any other foods made from roots?</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>l) Any dark green, leafy vegetables?</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>m) Ripe mangoes, papayas, or [INSERT ANY OTHER LOCALLY AVAILABLE VITAMIN A-</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>n) Any other fruits or vegetables?</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>o) Liver, kidney, heart, or other organ meats?</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>p) Any meat, such as beef, pork, lamb, goat, chicken, or duck?</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>q) Eggs?</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>r) Fresh or dried fish or shellfish?</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>s) Any foods made from beans, peas, lentils, or</td><td>1</td><td>2</td><td>8</td></tr> </tbody> </table>		YES	NO	DK	a) Plain water?	1	2	8	b) Juice or juice drinks?	1	2	8	c) Clear broth?	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'.	1	2	8		NUMBER OF TIMES DRANK <input type="text"/>			e) Infant formula? IF YES: How many times did (NAME) drink infant formula? IF 7 OR MORE TIMES, RECORD '7'.	1	2	8		NUMBER OF TIMES DRANK <input type="text"/>			f) Any other liquids?	1	2	8	g) Yogurt? IF YES: How many times did (NAME) eat yogurt? IF 7 OR MORE TIMES, RECORD '7'.	1	2	8		NUMBER OF TIMES ATE <input type="text"/>			h) Any [BRAND NAME OF COMMERCIALY FORTIFIED BABY FOOD, E.G., Cerelac]?	1	2	8	i) Bread, rice, noodles, porridge, or other foods made from grains?	1	2	8	j) Pumpkin, carrots, squash, or sweet potatoes that are yellow or orange inside?	1	2	8	k) White potatoes, white yams, manioc, cassava, or any other foods made from roots?	1	2	8	l) Any dark green, leafy vegetables?	1	2	8	m) Ripe mangoes, papayas, or [INSERT ANY OTHER LOCALLY AVAILABLE VITAMIN A-	1	2	8	n) Any other fruits or vegetables?	1	2	8	o) Liver, kidney, heart, or other organ meats?	1	2	8	p) Any meat, such as beef, pork, lamb, goat, chicken, or duck?	1	2	8	q) Eggs?	1	2	8	r) Fresh or dried fish or shellfish?	1	2	8	s) Any foods made from beans, peas, lentils, or	1	2	8	
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SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	t) Cheese or other food made from milk?	t) 1 2 8	
	u) Any other solid, semi-solid, or soft food?	u) 1 2 8	
651	CHECK 650 (CATEGORIES 'g' THROUGH 'u'): NOT A SINGLE 'YES' <input type="checkbox"/> AT LEAST ONE 'YES' <input type="checkbox"/>		→ 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	→ 701
653	How many times did (NAME FROM 649) eat solid, semi-solid, or soft foods yesterday during the last 24 hours, day or at night? IF 7 OR MORE TIMES, RECORD '7'.	NUMBER OF TIMES <input type="text"/> DON'T KNOW 8	

SECTION 7. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
701	CHECK 106A: CURRENTLY MARRIED <input type="checkbox"/> SEPARATED/DESERTED DIVORCED/WIDOWED <input type="checkbox"/>		→ 709
704	Is your husband living with you now or is he staying elsewhere?	LIVING WITH HER 1 STAYING ELSEWHERE 2	
705	RECORD THE HUSBAND'S NAME AND LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE. IF HE IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'.	NAME LINE NO. <input type="text"/> <input type="text"/>	
709	Have you been married or lived with a man only once or more than once?	ONLY ONCE 1 MORE THAN ONCE 2	
710	CHECK 709: MARRIED/ LIVED WITH A MAN ONLY ONCE <input type="checkbox"/> MARRIED/ LIVED WITH A MAN MORE THAN ONCE <input type="checkbox"/> a) In what month and year did you start living with your husband? b) Now I would like to ask about your first husband. In what month and year did you start living with him?	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	→ 711A
711	How old were you when you first started living with him?	AGE <input type="text"/> <input type="text"/>	
711A	Do you think you got married at an age that was right for you, or would you have preferred to marry earlier or later?	EARLIER 1 RIGHT TIME 2 LATER 3	→ 711C
711B	At what age would you have preferred to get married?	AGE <input type="text"/> <input type="text"/>	
711C	Were you studying or attending school just before you got married?	YES 1 NO 2	→ 711E
711D	Did you continue your studies after marriage? IF YES: For how long?	NO 1 YES, LESS THAN A YEAR 2 YES, FOR 1-2 YEARS 3 YES, FOR 3-4 YEARS 4 YES, FOR 5+ YEARS 5	
711E	Were you working outside the home just before you got married?	YES 1 NO 2	→ 712
711F	Did you continue working after marriage? IF YES: For how long?	NO 1 YES, LESS THAN A YEAR 2 YES, FOR 1-2 YEARS 3 YES, FOR 3-4 YEARS 4 YES, FOR 5+ YEARS 5	

SECTION 7. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
712	CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE		

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.

713	How old were you when you had sexual intercourse for the very first time?	NEVER HAD SEXUAL INTERCOURSE 00 → 801 AGE IN YEARS <input type="text"/> <input type="text"/>																	
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.	<table border="0"> <tr> <td>DAYS AGO</td> <td>1</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>WEEKS AGO</td> <td>2</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>MONTHS AGO</td> <td>3</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>YEARS AGO</td> <td>4</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>	DAYS AGO	1	<input type="text"/>	<input type="text"/>	WEEKS AGO	2	<input type="text"/>	<input type="text"/>	MONTHS AGO	3	<input type="text"/>	<input type="text"/>	YEARS AGO	4	<input type="text"/>	<input type="text"/>	→ 801
DAYS AGO	1	<input type="text"/>	<input type="text"/>																
WEEKS AGO	2	<input type="text"/>	<input type="text"/>																
MONTHS AGO	3	<input type="text"/>	<input type="text"/>																
YEARS AGO	4	<input type="text"/>	<input type="text"/>																
715	How many times during the last month did you have sexual intercourse? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF TIMES IS 95 OR MORE, WRITE '95'.	NUMBER OF TIMES <input type="text"/> <input type="text"/>																	

SECTION 8. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
801	CHECK 106A: CURRENTLY MARRIED <input type="checkbox"/> SEPERATED/DESERTED <input type="checkbox"/> DIVORCED/WIDOWED		813
801A	CHECK 304: NEITHER STERILIZED <input type="checkbox"/> HE OR SHE STERILIZED <input type="checkbox"/>		811
802	CHECK 226: PREGNANT <input type="checkbox"/> NOT PREGNANT OR UNSURE <input type="checkbox"/>		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 OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/> 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 OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/>		812
807	CHECK 303: USING A CONTRACEPTIVE NOT CURRENTLY USING <input type="checkbox"/> CURRENTLY USING <input type="checkbox"/>		813
808	CHECK 805: '24' OR MORE MONTHS OR '02' OR MORE YEARS <input type="checkbox"/> NOT ASKED <input type="checkbox"/> '00-23' MONTHS OR '00-01' YEAR <input type="checkbox"/>		812
809	CHECK 714: DAYS, WEEKS OR MONTHS AGO <input type="checkbox"/> YEARS AGO <input type="checkbox"/> NOT ASKED <input type="checkbox"/>		811 811

SECTION 8. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
810	<p>CHECK 804:</p> <p>WANTS TO HAVE <input type="checkbox"/> A/ANOTHER CHILD</p> <p>WANTS NO MORE/ <input type="checkbox"/> NONE</p> <p>a) You have said that you do not want (a/another) child soon. Can you tell me why you are not using a method to prevent pregnancy?</p> <p>b) You have said that you do not want any (more) children. Can you tell me why you are not using a method to prevent pregnancy?</p> <p>Any other reason? Any other reason?</p> <p>RECORD ALL REASONS MENTIONED.</p>	<p>FERTILITY-RELATED REASONS</p> <p>NOT HAVING SEX B</p> <p>INFREQUENT SEX C</p> <p>MENOPAUSAL/HYSTERECTOM D</p> <p>CAN'T GET PREGNANT E</p> <p>NOT MENSTRUATED SINCE LAST BIRTH F</p> <p>BREASTFEEDING G</p> <p>UP TO GOD/FATALISTIC H</p> <p>OPPOSITION TO USE</p> <p>RESPONDENT OPPOSED I</p> <p>HUSBAND OPPOSED J</p> <p>OTHERS OPPOSED K</p> <p>RELIGIOUS PROHIBITIO L</p> <p>LACK OF KNOWLEDGE</p> <p>KNOWS NO METHOD M</p> <p>KNOWS NO SOURCE N</p> <p>METHOD-RELATED REASONS</p> <p>SIDE EFFECTS/HEALTH CONCERNS O</p> <p>LACK OF ACCESS/TOO FAR P</p> <p>COSTS TOO MUCH Q</p> <p>PREFERRED METHOD NOT AVAILABLE R</p> <p>NO METHOD AVAILABLE S</p> <p>INCONVENIENT TO USE T</p> <p>INTERFERES WITH BODY'S NORMAL PROCESSE U</p> <p>OTHER X</p> <p align="center">(SPECIFY)</p> <p>DON'T KNOW Z</p>	
811	<p>CHECK 303: USING A CONTRACEPTIVE</p> <p>NOT <input type="checkbox"/> ASKED</p> <p>NO, NOT <input type="checkbox"/> CURRENTLY USING</p> <p>YES, <input type="checkbox"/> CURRENTLY USING</p>		813
812	Do you think you will use a contraceptive method to delay or avoid pregnancy at any time in the future?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	812B
812A	Which contraceptive method would you prefer to use?	<p>FEMALE STERILIZATION 01</p> <p>MALE STERILIZATION 02</p> <p>IUD 03</p> <p>INJECTABLES 04</p> <p>IMPLANTS 05</p> <p>PILL 06</p> <p>CONDOM 07</p> <p>EMERGENCY CONTRACEPTIVE PILL 08</p> <p>LACTATIONAL AMEN. METHOD 11</p> <p>SAFE PERIOD 12</p> <p>WITHDRAWAL 13</p> <p>OTHER 96</p> <p align="center">(SPECIFY)</p> <p>UNSURE 98</p>	813

SECTION 8. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
812B	What is the main reason that you think you will not use a contraceptive method at any time in the future?	FERTILITY-RELATED REASONS NO SEX 21 INFREQUENT SEX 22 MENOPAUSAL/HYSTERECTOMY 23 SUBFECUND/INFECUND 24 WANTS AS MANY CHILDREN AS POSSIBLE 26 OPPOSITION TO USE RESPONDENT OPPOSED 31 HUSBAND/PARTNER OPPOSE 32 OTHERS OPPOSED 33 RELIGIOUS PROHIBITIO 34 LACK OF KNOWLEDGE KNOWS NO METHOD 41 KNOWS NO SOURCE 42 METHOD-RELATED REASONS HEALTH CONCERNS 51 FEAR OF SIDE EFFECTS 52 LACK OF ACCESS/TOO FAR 53 COSTS TOO MUCH 54 INCONVENIENT TO USE 55 INTERFERES WITH BODY'S NORMAL PROCESSES 56 OTHER 96 (SPECIFY) DON'T KNOW 98	
813	CHECK 216: <div style="display: flex; justify-content: space-around; align-items: flex-start;"> <div style="text-align: center;"> 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? PROBE FOR A NUMERIC RESPONSE. </div> <div style="text-align: center;"> 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? </div> </div>	NONE 00 NUMBER <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> 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?	<div style="display: flex; justify-content: space-around; margin-bottom: 5px;"> BOYS GIRLS EITHER </div> NUMBER . . <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> OTHER 96 (SPECIFY)	





SECTION 8. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
815	In the last month have you: a) Heard about family planning on the radio? b) Seen family planning messages on the television? c) Read about family planning in a newspaper or magazine? d) Read about family planning in a poster, billboard or leaflet? e) Heard about family planning in community event? f) Received a voice or text message about family planning on a mobile phone (SMS)? g) Read about family planning in social media (Facebook, Twitter, etc.) h) Read about family planning in a Website or on the Internet?	<div style="text-align: right;">YES NO</div> a) RADIO 1 2 b) TELEVISION 1 2 c) NEWSPAPER OR MAGAZIN 1 2 d) POSTER, BILLBOARD OR LEAFLE. 1 2 e) COMMUNITY EVENT 1 2 f) MOBILE PHONE 1 2 g) SOCIAL MEDIA 1 2 h) INTERNET 1 2	
816A	In the last month have you heard about family planning from any community health worker?	YES 1 NO 2	→ 817
816B	Were these government or non-government workers?	GOVERNMENT A NON-GOVERNMENT B DON'T KNOW C	
817	CHECK 701: <div style="display: flex; justify-content: space-around; align-items: center;"> <div> CURRENTLY <input type="checkbox"/> MARRIED ↓ </div> <div> SEPARATED/DESERTED <input type="checkbox"/> DIVORCED/WIDOWED </div> </div>		→ 901
818	CHECK 303: USING A CONTRACEPTIVE <div style="display: flex; justify-content: space-around; align-items: center;"> <div> CURRENTLY <input type="checkbox"/> USING ↓ </div> <div> NOT CURRENTLY <input type="checkbox"/> USING </div> </div> <div style="margin-top: 10px;"> NOT ASKED <input type="checkbox"/> </div>		→ 820 → 822
819	Would you say that using contraception is mainly your decision, mainly your husband's decision, or did you both decide together?	MAINLY RESPONDENT 1 MAINLY HUSBAND 2 JOINT DECISION 3 OTHER 6 <div style="text-align: right;">(SPECIFY)</div>	→ 821
820	Would you say that not using contraception is mainly your decision, mainly your husband's decision, or did you both decide together?	MAINLY RESPONDENT 1 MAINLY HUSBAND 2 JOINT DECISION 3 OTHER 6 <div style="text-align: right;">(SPECIFY)</div>	
821	CHECK 304: <div style="display: flex; justify-content: space-around; align-items: center;"> <div> NEITHER ARE <input type="checkbox"/> STERILIZED ↓ </div> <div> HE OR SHE ARE <input type="checkbox"/> STERILIZED </div> </div>		→ 901
822	Does your husband want the same number of children that you want, or does he want more or fewer than you want?	SAME NUMBEF 1 MORE CHILDREN 2 FEWER CHILDREN 3 DON'T KNOW 8	

SECTION 9. HUSBAND'S BACKGROUND AND WOMAN'S WORK

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
901	CHECK 701: CURRENTLY MARRIED <input type="checkbox"/> SEPARATED/DESERTED <input type="checkbox"/> DIVORCED/WIDOWED		→ 909
902	How old was your husband on his last birthday?	AGE IN COMPLETED YEAR! <input type="text"/> <input type="text"/>	
903	Did your husband ever attend school?	YES 1 NO 2	→ 906
903A	What type of schooling did your husband last attend?	SCHOOL 1 MADRASHA 2	
904	What was the highest level of school he attended: primary, secondary, or higher?	PRIMARY 1 SECONDARY 2 COLLEGE OR HIGHER 3 DON'T KNOW 8	→ 906
905	What was the highest class he completed at that level? IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL, RECORD '00'.	CLASS <input type="text"/> <input type="text"/> DON'T KNOW 98	
906	Has your husband done any work in the last 7 days?	YES 1 NO 2 DON'T KNOW 8	→ 908
907	Has your husband done any work in the last 12 months?	YES 1 NO 2 DON'T KNOW 8	→ 909
908	What is your occupation? That is, what kind of work does he mainly do?	_____ _____ _____ <input type="text"/> <input type="text"/>	
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	→ 917
913	What is your occupation? That is, what kind of work do you mainly do?	_____ _____ _____ <input type="text"/> <input type="text"/>	

SECTION 9. HUSBAND'S BACKGROUND AND WOMAN'S WORK

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	
917	CHECK 701: CURRENTLY MARRIED <input type="checkbox"/>  SEPARATED/DESERTEED <input type="checkbox"/>  931 DIVORCED/WIDOWED <input type="checkbox"/>		
918	CHECK 916: CODE '1' OR '2' <input type="checkbox"/>  OTHER <input type="checkbox"/>  921		
919	Who usually decides how the money you earn will be used: you, your husband, or you and your husband jointly?	RESPONDENT 1 HUSBAND 2 RESPONDENT AND HUSBAND JOINTLY 3 OTHER _____ 6 (SPECIFY)	
921	Who usually decides how your husband's earnings will be used: you, your husband, or you and your husband jointly?	RESPONDENT 1 HUSBAND 2 RESPONDENT AND HUSBAND JOINTLY 3 HUSBAND HAS NO EARNINGS 4 OTHER _____ 6 (SPECIFY)	
922	Who usually makes decisions about health care for yourself: you, your husband, you and your husband jointly, or someone else?	RESPONDENT 1 HUSBAND 2 RESPONDENT AND HUSBAND JOINTLY 3 SOMEONE ELSE 4 OTHER 6	
923	Who usually makes decisions about making major household purchases?	RESPONDENT 1 HUSBAND 2 RESPONDENT AND HUSBAND JOINTLY 3 SOMEONE ELSE 4 OTHER 6	

SECTION 9. HUSBAND'S BACKGROUND AND WOMAN'S WORK

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
924	Who usually makes decisions about visits to your family or relatives?	RESPONDENT 1 HUSBAND 2 RESPONDENT AND HUSBAND JOINTLY 3 SOMEONE ELSE 4 OTHER 6	
931	PRESENCE OF OTHERS AT THIS POINT (PRESENT AND LISTENING, PRESENT BUT NOT LISTENING, OR NOT PRESENT)	<div style="text-align: right; margin-bottom: 5px;">PRES./</div> <div style="display: flex; justify-content: space-around; font-size: small;"> PRES./ LISTEN. NOT LISTEN. NOT PRES. </div> 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?	<div style="text-align: right; margin-bottom: 5px;">YES NO DK</div> 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	
933	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	
934	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	
935	CHECK 701: <div style="display: flex; justify-content: space-around; align-items: center;"> CURRENTLY MARRIED <input type="checkbox"/> <div style="text-align: center;">↓</div> SEPARATED/DESERTED <input type="checkbox"/> DIVORCED/WIDOWED </div>		1001
936	Can you say no to your husband if you do not want to have sexual intercourse?	YES 1 NO 2 DEPENDS/NOT SURE 8	
937	Could you ask your husband to use a condom if you wanted him to?	YES 1 NO 2 DEPENDS/NOT SURE 8	

SECTION 10. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP															
1001	<p>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?</p> <p>IF YES: How many injections have you had?</p> <p>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.</p>	<p>NUMBER OF INJECTION <input type="text"/> <input type="text"/></p> <p>NONE 00</p>	→ 1008															
1002	<p>Among these injections, how many were administered by a doctor, a nurse, a pharmacist, a dentist, or any other health worker?</p> <p>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.</p>	<p>NUMBER OF INJECTION <input type="text"/> <input type="text"/></p> <p>NONE 00</p>	→ 1008															
1003	The last time you got an injection from a health worker, did he/she take the syringe and needle from a new, unopened package?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>																
1008	<p>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:</p> <p>a) Getting permission to go to the doctor?</p> <p>b) Getting money needed for advice or treatment?</p> <p>c) The distance to the health facility?</p> <p>d) Not wanting to go alone?</p>	<table border="0"> <thead> <tr> <th></th><th>BIG PROBLEM</th><th>NOT A BIG PROBLEM</th></tr> </thead> <tbody> <tr> <td>a) PERMISSION TO GO</td><td>1</td><td>2</td></tr> <tr> <td>b) GETTING MONEY</td><td>1</td><td>2</td></tr> <tr> <td>c) DISTANCE</td><td>1</td><td>2</td></tr> <tr> <td>d) GO ALONE</td><td>1</td><td>2</td></tr> </tbody> </table>		BIG PROBLEM	NOT A BIG PROBLEM	a) PERMISSION TO GO	1	2	b) GETTING MONEY	1	2	c) DISTANCE	1	2	d) GO ALONE	1	2	
	BIG PROBLEM	NOT A BIG PROBLEM																
a) PERMISSION TO GO	1	2																
b) GETTING MONEY	1	2																
c) DISTANCE	1	2																
d) GO ALONE	1	2																
1009	Are you covered by any health insurance?	<p>YES 1</p> <p>NO 2</p>	→ 1011															
1010	<p>What type of health insurance are you covered by?</p> <p>RECORD ALL MENTIONED.</p>	<p>MUTUAL HEALTH ORGANIZATION/ COMMUNITY-BASED HEALTH INSURANCE A</p> <p>HEALTH INSURANCE THROUGH EMPLOYER B</p> <p>SOCIAL SECURITY C</p> <p>OTHER PRIVATELY PURCHASED COMMERCIAL HEALTH INSURANCE D</p> <p>OTHER _____ X (SPECIFY)</p>																
1011	Do you have a health card which provide free or subsidized health care services?	<p>YES 1</p> <p>NO 2</p>																
1012	RECORD THE TIME.	<p>HOURS <input type="text"/> <input type="text"/></p> <p>MINUTES <input type="text"/> <input type="text"/></p>																

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT INTERVIEW:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

EDITOR'S OBSERVATIONS

INSTRUCTIONS:

ONLY ONE CODE SHOULD APPEAR IN ANY BOX.
COLUMN 1 REQUIRES A CODE IN EVERY MONTH.

CODES FOR EACH COLUMN:

COLUMN 1: BIRTHS, PREGNANCIES, CONTRACEPTIVE USE (2)

- B BIRTHS
P PREGNANCIES
T TERMINATIONS
- 0 NO METHOD
- 1 FEMALE STERILIZATION
2 MALE STERILIZATION
3 IUD
4 INJECTABLES
5 IMPLANTS
6 PILL
7 CONDOM
8 EMERGENCY CONTRACEPTION PILL
9 LACTATIONAL AMENORRHEA METHOD
J SAFE PERIOD/RHYTHM METHOD
K WITHDRAWAL
X OTHER MODERN METHOD
Y OTHER TRADITIONAL METHOD

COLUMN 2: DISCONTINUATION OF CONTRACEPTIVE USE

- 0 INFREQUENT SEX/HUSBAND AWAY
1 BECAME PREGNANT WHILE USING
2 WANTED TO BECOME PREGNANT
3 HUSBAND/PARTNER DISAPPROVED
4 WANTED MORE EFFECTIVE METHOD
5 SIDE EFFECTS/HEALTH CONCERNS
- 6 LACK OF ACCESS/TOO FAR
7 COSTS TOO MUCH
8 INCONVENIENT TO USE
F UP TO GOD/FATALISTIC
A DIFFICULT TO GET PREGNANT/MENOPAUSAL
D MARITAL DISSOLUTION/SEPARATION
X OTHER
- _____ (SPECIFY)
- Z DON'T KNOW

				COL. 1	COL. 2	
2	06	JUN	01			2 0 1 8
0	05	MAY	02			
1	04	APR	03			
8	03	MAR	04			
	02	FEB	05			
	01	JAN	06			
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	12	DEC	07			2 0 1 7
	11	NOV	08			
	10	OCT	09			
2	09	SEP	10			
0	08	AUG	11			
1	07	JUL	12			7
7	06	JUN	13			
	05	MAY	14			
	04	APR	15			
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6	06	JUN	25			
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	10	OCT	33			
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0	08	AUG	35			
1	07	JUL	36			5
5	06	JUN	37			
	05	MAY	38			
	04	APR	39			
	03	MAR	40			
	02	FEB	41			
	01	JAN	42			
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	11	NOV	44			
	10	OCT	45			
2	09	SEP	46			
0	08	AUG	47			
1	07	JUL	48			4
4	06	JUN	49			
	05	MAY	50			
	04	APR	51			
	03	MAR	52			
	02	FEB	53			
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	10	OCT	57			
2	09	SEP	58			
0	08	AUG	59			
1	07	JUL	60			3
3	06	JUN	61			
	05	MAY	62			
	04	APR	63			
	03	MAR	64			
	02	FEB	65			
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	12	DEC	67			2 0 1 2
	11	NOV	68			
	10	OCT	69			
2	09	SEP	70			
0	08	AUG	71			
1	07	JUL	72			2
2	06	JUN	73			
	05	MAY	74			
	04	APR	75			
	03	MAR	76			
	02	FEB	77			
	01	JAN	78			

BANGLADESH DEMOGRAPHIC AND HEALTH SURVEY 2017-18
 BIOMARKER QUESTIONNAIRE

 NIPOORT, MOHFW
 MITRA AND ASSOCIATES

IDENTIFICATION																								
PLACE NAME _____																								
NAME OF HOUSEHOLD HEAD _____																								
CLUSTER NUMBER										<table border="1" style="width: 100%; height: 20px;"> <tr><td></td><td></td><td></td><td></td></tr> </table>														
HOUSEHOLD NUMBER										<table border="1" style="width: 100%; height: 20px;"> <tr><td></td><td></td><td></td><td></td></tr> </table>														
HEALTH TECHNICIAN VISITS																								
	1			2			3			FINAL VISIT														
DATE	_____			_____			_____			DAY														
HEALTH TECHNICIAN'S NAME	_____			_____			_____			MONTH														
NUMBER	<table border="1" style="width: 100%; height: 20px;"> <tr><td></td><td></td><td></td><td></td></tr> </table>							<table border="1" style="width: 100%; height: 20px;"> <tr><td></td><td></td><td></td><td></td></tr> </table>							<table border="1" style="width: 100%; height: 20px;"> <tr><td></td><td></td><td></td><td></td></tr> </table>							YEAR		
NEXT VISIT: DATE	_____			_____						TOTAL NUMBER OF VISITS														
TIME	_____			_____						<table border="1" style="width: 100%; height: 20px;"> <tr><td></td></tr> </table>														
NOTES: _____ _____ _____ _____										TOTAL EVER MARRIED WOMEN 15-49 YRS FOR HEIGHT AND WEIGHT SEE HH COL. 16 <table border="1" style="width: 100%; height: 20px;"> <tr><td></td><td></td></tr> </table>														
										TOTAL CHILDREN 0-5 YRS FOR HEIGHT & WEIGHT SEE HH COL. 17 <table border="1" style="width: 100%; height: 20px;"> <tr><td></td><td></td></tr> </table>														
										TOTAL EVER MARRIED WOMEN 18-49 YRS FOR BP AND GLUCOSE SEE HH COL. 18 <table border="1" style="width: 100%; height: 20px;"> <tr><td></td><td></td></tr> </table>														
										TOTAL WOMEN EVER MARRIED 50+ YRS & NEVER MARRIED 18+ YRS FOR HEIGHT, WEIGHT, BP AND GLUCOSE SEE HH COL. 19 <table border="1" style="width: 100%; height: 20px;"> <tr><td></td><td></td></tr> </table>														
										TOTAL MEN 18+ YRS FOR HEIGHT, WEIGHT, BP AND GLUCOSE SEE HH COL. 20 <table border="1" style="width: 100%; height: 20px;"> <tr><td></td><td></td></tr> </table>														
SUPERVISOR				FIELD EDITOR				OFFICE EDITOR		KEYED BY														
_____ NAME <table border="1" style="width: 100%; height: 20px;"> <tr><td></td><td></td><td></td><td></td></tr> </table> NUMBER								_____ NAME <table border="1" style="width: 100%; height: 20px;"> <tr><td></td><td></td><td></td><td></td></tr> </table> NUMBER								<table border="1" style="width: 100%; height: 20px;"> <tr><td></td><td></td></tr> </table> NUMBER				<table border="1" style="width: 100%; height: 20px;"> <tr><td></td><td></td></tr> </table> NUMBER				

WEIGHT AND HEIGHT MEASUREMENT FOR CHILDREN AGE 0-5

101	CHECK COLUMNS 2 AND 17 IN HOUSEHOLD QUESTIONNAIRE. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE CHILDREN 0-5 YEARS IN QUESTION 102; IF MORE THAN SIX CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S).			
		CHILD 1	CHILD 2	CHILD 3
102	CHECK HOUSEHOLD QUESTIONNAIRE: LINE NUMBER FROM COLUMN 17. NAME FROM COLUMN 2.	LINE NUMBER <input type="text"/> <input type="text"/> NAME	LINE NUMBER <input type="text"/> <input type="text"/> NAME	LINE NUMBER <input type="text"/> <input type="text"/> NAME
103	IF MOTHER INTERVIEWED: COPY CHILD'S DATE OF BIRTH (DAY, MONTH, AND YEAR) FROM BIRTH HISTORY. IF MOTHER NOT INTERVIEWED ASK: What is (NAME)'s date of birth?	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR.. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR.. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR.. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
104	CHECK 103: CHILD BORN IN 2012-2018?	YES 1 NO 2 (SKIP TO 109) ←	YES 1 NO 2 (SKIP TO 109) ←	YES 1 NO 2 (SKIP TO 109) ←
105	WEIGHT IN KILOGRAMS.	KG... <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT9994 REFUSED9995 OTHER9996	KG... <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT9994 REFUSED9995 OTHER9996	KG... <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT9994 REFUSED9995 OTHER9996
106	HEIGHT IN CENTIMETERS.	CM.. <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT9994 REFUSED9995 OTHER9996 (SKIP TO 108) ←	CM.. <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT9994 REFUSED9995 OTHER9996 (SKIP TO 108) ←	CM.. <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT9994 REFUSED9995 OTHER9996 (SKIP TO 108) ←
107	MEASURED LYING DOWN OR STANDING UP?	LYING DOWN 1 STANDING UP 2	LYING DOWN 1 STANDING UP 2	LYING DOWN 1 STANDING UP 2
108	MEASURER:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MEASURER NUMBER	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MEASURER NUMBER	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MEASURER NUMBER
109	GO BACK TO 103 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF THE NEXT PAGE; IF NO MORE CHILDREN, GO TO 201.			

WEIGHT AND HEIGHT MEASUREMENT FOR CHILDREN AGE 0-5

		CHILD 4	CHILD 5	CHILD 6
102	CHECK HOUSEHOLD QUESTIONNAIRE: LINE NUMBER FROM COLUMN 17.	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____
103	IF MOTHER INTERVIEWED: COPY CHILD'S DATE OF BIRTH (DAY, MONTH, AND YEAR) FROM BIRTH HISTORY. IF MOTHER NOT INTERVIEWED ASK: What is (name)'ds date of birth?	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR ... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR ... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR ... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
104	CHECK 103: CHILD BORN IN 2012-2018?	YES 1 NO 2 (SKIP TO 109) ←	YES 1 NO 2 (SKIP TO 109) ←	YES 1 NO 2 (SKIP TO 109) ←
105	WEIGHT IN KILOGRAMS.	KG. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996	KG. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996	KG. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996
106	HEIGHT IN CENTIMETERS.	CM. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996 (SKIP TO 108) ←	CM. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996 (SKIP TO 108) ←	CM. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996 (SKIP TO 108) ←
107	MEASURED LYING DOWN OR STANDING UP?	LYING DOWN 1 STANDING UP 2	LYING DOWN 1 STANDING UP 2	LYING DOWN 1 STANDING UP 2
108	MEASURER:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MEASURER NUMBER	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MEASURER NUMBER	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MEASURER NUMBER
109	GO BACK TO 103 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF AN ADDITIONAL QUESTIONNAIRE; IF NO MORE CHILDREN, GO TO 201.			

WEIGHT AND HEIGHT MEASUREMENT FOR EVER-MARRIED WOMEN AGE 15-49

201	CHECK COLUMN 16 IN HOUSEHOLD QUESTIONNAIRE. RECORD THE LINE NUMBER, NAME, AND MARITAL STATUS FOR ALL ELIGIBLE WOMEN IN 202 AND 203. IF THERE ARE MORE THAN THREE WOMEN, USE ADDITIONAL QUESTIONNAIRE(S).			
		WOMAN 1	WOMAN 2	WOMAN 3
202	CHECK HOUSEHOLD QUESTIONNAIRE: LINE NUMBER FROM COLUMN 16. NAME FROM	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____
203	CHECK MARITAL STATUS IN HOUSEHOLD QUESTIONNAIRE COLUMN 8	CODE 4 (NEVER MARRIED) 1 (SKIP TO 207) ↙ CODE 1-3 2	CODE 4 (NEVER MARRIED) 1 (SKIP TO 207) ↙ CODE 1-3 2	CODE 4 (NEVER MARRIED) 1 (SKIP TO 207) ↙ CODE 1-3 2
204	WEIGHT IN KILOGRAMS.	KG... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 99994 REFUSED 99995 OTHER 99996	KG... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 99994 REFUSED 99995 OTHER 99996	KG... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 99994 REFUSED 99995 OTHER 99996
205	HEIGHT IN CENTIMETERS.	CM <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996	CM <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996	CM <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996
206	MEASURER:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MEASURER NUMBER	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MEASURER NUMBER	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MEASURER NUMBER
207	GO BACK TO 202 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF AN ADDITIONAL QUESTIONNAIRE; IF NO MORE EVER-MARRIED WOMEN AGE 15-49, GO TO 300.			

BLOOD PRESSURE AND BLOOD GLUCOSE FOR ALL WOMEN AGE 18 AND OLDER IN SELECTED HOUSEHOLDS

HOUSEHOLD SELECTED FOR BIOMARKER?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	END
300	<p>CHECK COLUMN 18 IN HOUSEHOLD SCHEDULE. RECORD THE LINE NUMBER AND NAME OF EVER MARRIED WOMEN AGE 18-49 FOR BP AND GLUCOSE MEASUREMENTS.</p> <p>CHECK COLUMN 19 IN HOUSEHOLD SCHEDULE. RECORD THE LINE NUMBER AND NAME OF EVER MARRIED WOMEN AGE 50+ AND NEVER MARRIED WOMEN AGE 18+ FOR HEIGHT, WEIGHT, BP AND GLUCOSE MEASUREMENTS.</p> <p>IF THERE ARE MORE THAN THREE WOMEN, USE ADDITIONAL QUESTIONNAIRE(S).</p>			
		WOMAN 1	WOMAN 2	WOMAN 3
301	<p>CHECK HOUSEHOLD QUESTIONNAIRE: LINE NUMBER FROM COLUMNS 18 OR 19.</p> <p>NAME FROM COLUMN 2.</p>	<p>LINE NUMBER <input type="text"/></p>	<p>LINE NUMBER <input type="text"/></p>	<p>LINE NUMBER <input type="text"/></p>
		NAME <input type="text"/>	NAME <input type="text"/>	NAME <input type="text"/>
302	<p>Now I am going to ask you to participate in several physical measurements or tests. I will explain each measurement or test before starting the procedure. You will be free to say yes or no to each one. Before taking the measurements, I am going to ask a few questions about yourself.</p>			
303	<p>AGE: CHECK WOMAN'S QUESTIONNAIRE Q. 106 OR ASK: How old were you at your last birthday?</p>	<p>YEARS <input type="text"/></p>	<p>YEARS <input type="text"/></p>	<p>YEARS <input type="text"/></p>
304	<p>MARITAL STATUS: CHECK HOUSEHOLD QUESTIONNAIRE COLUMN 8</p>	<p>CODE 4 (NEVER MARRIED) 1 (GO TO 304C) ↓</p> <p>CODE 1-3 2</p>	<p>CODE 4 (NEVER MARRIED) 1 (GO TO 304C) ↓</p> <p>CODE 1-3 2</p>	<p>CODE 4 (NEVER MARRIED) 1 (GO TO 304C) ↓</p> <p>CODE 1-3 2</p>
304A	<p>CHECK 303: AGE</p>	<p>AGE IS 50+ 1 (GO TO 304C) ↓</p> <p>AGE IS 18-49 2</p>	<p>AGE IS 50+ 1 (GO TO 304C) ↓</p> <p>AGE IS 18-49 2</p>	<p>AGE IS 50+ 1 (GO TO 304C) ↓</p> <p>AGE IS 18-49 2</p>
304B	<p>PREGNANCY STATUS:</p> <p>Are you pregnant?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p> <p>(SKIP TO 305) ←</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p> <p>(SKIP TO 305) ←</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p> <p>(SKIP TO 305) ←</p>
304C	<p>WEIGHT IN KILOGRAMS.</p> <p>(IF NOT PRESENT IN THE 1ST APPOINTMENT, MAKE A 2ND APPOINTMENT, MAKE A 3RD APPOINTMENT)</p>	<p>KG <input type="text"/></p> <p>NOT PRESENT99994</p> <p>REFUSED 99995</p> <p>OTHER99996</p>	<p>KG <input type="text"/></p> <p>NOT PRESENT99994</p> <p>REFUSED 99995</p> <p>OTHER99996</p>	<p>KG <input type="text"/></p> <p>NOT PRESENT99994</p> <p>REFUSED 99995</p> <p>OTHER99996</p>
304D	<p>HEIGHT IN CENTIMETERS.</p> <p>IF NOT PRESENT IN THE 1ST APPOINTMENT, MAKE A 2ND APPOINTMENT, MAKE A THIRD APPOINTMENT</p>	<p>CM <input type="text"/></p> <p>NOT PRESENT 9994</p> <p>REFUSED 9995</p> <p>OTHER 9996</p>	<p>CM <input type="text"/></p> <p>NOT PRESENT 9994</p> <p>REFUSED 9995</p> <p>OTHER 9996</p>	<p>CM <input type="text"/></p> <p>NOT PRESENT 9994</p> <p>REFUSED 9995</p> <p>OTHER 9996</p>
304E	<p>MEASURER:</p>	<p><input type="text"/></p> <p>MEASURER NUMBER</p>	<p><input type="text"/></p> <p>MEASURER NUMBER</p>	<p><input type="text"/></p> <p>MEASURER NUMBER</p>
305	<p>EDUCATION</p> <p>Have you ever attended school?</p>	<p>YES 1</p> <p>NO 2</p> <p>(GO TO 307) ↓</p>	<p>YES 1</p> <p>NO 2</p> <p>(GO TO 307) ↓</p>	<p>YES 1</p> <p>NO 2</p> <p>(GO TO 307) ↓</p>
306	<p>What is the highest level of school you attended: primary, secondary, or higher?</p>	<p>PRIMARY 1</p> <p>SECONDARY 2</p> <p>HIGHER 3</p>	<p>PRIMARY 1</p> <p>SECONDARY 2</p> <p>HIGHER 3</p>	<p>PRIMARY 1</p> <p>SECONDARY 2</p> <p>HIGHER 3</p>
307	<p>WORK</p> <p>Are you currently working?</p>	<p>YES 1</p> <p>NO 2</p> <p>(GO TO 309) ↓</p>	<p>YES 1</p> <p>NO 2</p> <p>(GO TO 309) ↓</p>	<p>YES 1</p> <p>NO 2</p> <p>(GO TO 309) ↓</p>
308	<p>What is your occupation, that is what is the kind of work do you mainly do?</p>	<p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p>	<p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p>	<p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p>

		WOMAN 1	WOMAN 2	WOMAN 3																																				
	NAME FROM COLUMN 2	NAME _____	NAME _____	NAME _____																																				
309	ASK CONSENT FOR BLOOD PRESSURE MEASUREMENT <p>I would like to measure your blood pressure. This will be done three times during the interview with intervals of about 5 minutes period. This is a harmless procedure. It is used to find out if a person has high blood pressure. If it is not treated, high blood pressure may eventually cause serious damage to the heart and may lead to stroke and death.</p> <p>The results of this blood pressure measurement will be given to you after the measurement process is completed for further follow up if necessary. I will explain the meaning of your blood pressure numbers. If your blood pressure is high, we will suggest that you consult a health facility or doctor since we cannot provide any further testing or treatment during the survey. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team.</p> <p>You can say yes or no to having the blood pressure measurement now. You can also decide at anytime not to participate in the blood pressure measures.</p> <p>Do you have any questions about the blood pressure measurement so far? If you have any questions about the procedure at any time, please ask me. For more information, you may also contact the person(s) information that was given out at the beginning.</p> <p>Will you undergo the blood pressure measurements?</p>																																							
310	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME (IF 'NOT PRESENT' MAKE 2 MORE CALL BACKS TO FIND THE RESPONDENT)	GRANTED 1 REFUSED 2 (SIGN AND GO TO 315) ↙ SIGN _____ ↙ RESP. NOT PRESENT 3 (AFTER TWO CALL BACKS, GO TO 301 IN NEXT COLUMN. IF NO MORE RESPONDENTS, GO TO 400. ↙	GRANTED 1 REFUSED 2 (SIGN AND GO TO 316) ↙ SIGN _____ ↙ RESP. NOT PRESENT 3 (AFTER TWO CALL BACKS, GO TO 301 IN NEXT COLUMN. IF NO MORE RESPONDENTS, GO TO 400. ↙	GRANTED 1 REFUSED 2 (SIGN AND GO TO 316) ↙ SIGN _____ ↙ RESP. NOT PRESENT 3 (AFTER TWO CALL BACKS, GO TO 301 IN NEXT COLUMN. IF NO MORE RESPONDENTS, GO TO 400. ↙																																				
311	Before taking your blood pressure, I would like to ask a few questions about things that may affect these measurements. Have you done any of the following within the past 30 min: Eaten anything? Had coffee, tea, cola or other drink that has caffeine? Smoked/used tobacco?	<table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> </tr> <tr> <td>EATEN</td> <td>1</td> <td>2</td> </tr> <tr> <td>HAD CAFFEINATED DRINK</td> <td>1</td> <td>2</td> </tr> <tr> <td>SMOKED/ USED TOBACCO. .</td> <td>1</td> <td>2</td> </tr> </table>		YES	NO	EATEN	1	2	HAD CAFFEINATED DRINK	1	2	SMOKED/ USED TOBACCO. .	1	2	<table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> </tr> <tr> <td>EATEN</td> <td>1</td> <td>2</td> </tr> <tr> <td>HAD CAFFEINATED DRINK</td> <td>1</td> <td>2</td> </tr> <tr> <td>SMOKED/ USED TOBACCO. .</td> <td>1</td> <td>2</td> </tr> </table>		YES	NO	EATEN	1	2	HAD CAFFEINATED DRINK	1	2	SMOKED/ USED TOBACCO. .	1	2	<table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> </tr> <tr> <td>EATEN</td> <td>1</td> <td>2</td> </tr> <tr> <td>HAD CAFFEINATED DRINK</td> <td>1</td> <td>2</td> </tr> <tr> <td>SMOKED/ USED TOBACCO. .</td> <td>1</td> <td>2</td> </tr> </table>		YES	NO	EATEN	1	2	HAD CAFFEINATED DRINK	1	2	SMOKED/ USED TOBACCO. .	1	2
	YES	NO																																						
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SMOKED/ USED TOBACCO. .	1	2																																						
312	May I begin the process of measuring your blood pressure? I will begin by measuring the circumference of your arm to make sure that I use the right equipment. BEFORE TAKING THE FIRST BP READING, MEASURE RESPONDENT'S ARM CIRCUMFERENCE MIDWAY BETWEEN THE ELBOW AND THE SHOULDER. RECORD MEASUREMENT IN CENTIMETRES.	ARM CIRCUMFERENCE (IN CENTIMETRES) <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>			ARM CIRCUMFERENCE (IN CENTIMETRES) <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>			ARM CIRCUMFERENCE (IN CENTIMETRES) <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>																																
313	USE THE ARM CIRCUMFERENCE MEASUREMENT TO SELECT THE APPROPRIATE BLOOD PRESSURE MONITOR CUFF SIZE. CIRCLE THE CODE FOR THE CUFF SIZE.	SMALL: 16 CM – 24 CM 1 MEDIUM: 25 CM – 36 CM 2 LARGE: 37 CM – 45 CM 3 EXTRA LARGE: 46 CM - 60 CM 4	SMALL: 16 CM – 24 CM 1 MEDIUM: 25 CM – 36 CM 2 LARGE: 37 CM – 45 CM 3 EXTRA LARGE: 46 CM - 60 CM 4	SMALL: 16 CM – 24 CM 1 MEDIUM: 25 CM – 36 CM 2 LARGE: 37 CM – 45 CM 3 EXTRA LARGE: 46 CM - 60 CM 4																																				
314	RECORD TIME	HOURS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> MINUTES <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>					HOURS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> MINUTES <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>					HOURS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> MINUTES <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>																												

		WOMAN 1	WOMAN 2	WOMAN 3
	NAME FROM COLUMN 2	NAME _____	NAME _____	NAME _____
317A	Where did you check your blood pressure last?	PUBLIC SECTOR MEDICAL COLLEGE HOSPITAL 11 SPECIALIZED GOVT HOSPITAL 12 DISTRICT HOSPITAL 13 MCWC 14 UPAZILA HEALTH COMPLEX 15 UH & FAMILY WELFARE CENTER 17 COMMUNITY CLINIC 18 SATELLITE CLINIC 19 GOVT. FIELDWORKER (HA & FWA) 20 OTHER PUBLIC SECTOR 16 (SPECIFY) NGO SECTOR NGO STATIC CLINIC 21 NGO SATELLITE CLINIC . 22 NGO DEPO HOLDER 23 NGO FIELD WORKER 24 OTHER NGO SECTOR 26 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE MEDICAL COLLEGE HOSPITAL 31 PRIVATE HOSPITAL 32 PRIVATE CLINIC 33 QUALIFIED DOCTOR'S CHAMBER 34 NON-QUALIFIED DOCTOR'S CHAMBER 35 PHARMACY/DRUG STORE 37 OTHER PRIVATE MEDICAL SECTOR 36 (SPECIFY) OTHER SOURCE HOME 41 WORKPLACE 42 SHOP 43 TRADITIONAL PRACTITIONER 44 OTHER 96 (SPECIFY)	PUBLIC SECTOR MEDICAL COLLEGE HOSPITAL 11 SPECIALIZED GOVT HOSPITAL 12 DISTRICT HOSPITAL 13 MCWC 14 UPAZILA HEALTH COMPLEX 15 UH & FAMILY WELFARE CENTER 17 COMMUNITY CLINIC 18 SATELLITE CLINIC 19 GOVT. FIELDWORKER (HA & FWA) 20 OTHER PUBLIC SECTOR 16 (SPECIFY) NGO SECTOR NGO STATIC CLINI..... 21 NGO SATELLITE CLINIC . 22 NGO DEPO HOLDER 23 NGO FIELD WORKER 24 OTHER NGO SECTOR 26 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE MEDICAL COLLEGE HOSPITAL 31 PRIVATE HOSPITAL 32 PRIVATE CLINIC 33 QUALIFIED DOCTOR'S CHAMBER 34 NON-QUALIFIED DOCTOR'S CHAMBER 35 PHARMACY/DRUG STORE 37 OTHER PRIVATE MEDICAL SECTOR 36 (SPECIFY) OTHER SOURCE HOME 41 WORKPLACE 42 SHOP 43 TRADITIONAL PRACTITIONER 44 OTHER 96 (SPECIFY)	PUBLIC SECTOR MEDICAL COLLEGE HOSPITAL 11 SPECIALIZED GOVT HOSPITAL 12 DISTRICT HOSPITAL 13 MCWC 14 UPAZILA HEALTH COMPLEX 15 UH & FAMILY WELFARE CENTER 17 COMMUNITY CLINIC 18 SATELLITE CLINIC 19 GOVT. FIELDWORKER (HA & FWA) 20 OTHER PUBLIC SECTOR 16 (SPECIFY) NGO SECTOR NGO STATIC CLINI..... 21 NGO SATELLITE CLINIC . 22 NGO DEPO HOLDER 23 NGO FIELD WORKER 24 OTHER NGO SECTOR 26 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE MEDICAL COLLEGE HOSPITAL 31 PRIVATE HOSPITAL 32 PRIVATE CLINIC 33 QUALIFIED DOCTOR'S CHAMBER 34 NON-QUALIFIED DOCTOR'S CHAMBER 35 PHARMACY/DRUG STORE 37 OTHER PRIVATE MEDICAL SECTOR 36 (SPECIFY) OTHER SOURCE HOME 41 WORKPLACE 42 SHOP 43 TRADITIONAL PRACTITIONER 44 OTHER 96 (SPECIFY)
317B	Have you ever been told by a doctor or other health worker that you have high blood pressure or hypertension?	YES 1 NO 2 (GO TO 319A) ↙	YES 1 NO 2 (GO TO 319A) ↙	YES 1 NO 2 (GO TO 319A) ↙

		WOMAN 1	WOMAN 2	WOMAN 3
	NAME FROM COLUMN 2	NAME _____	NAME _____	NAME _____
317C	Who told you?	HEALTH PERSONNEL QUALIFIED DOCTOR A NURSE/MIDWIFE/ PARAMEDIC B FAMILY WELFARE VISITOR (FWV) C COMMUNITY SKILLED BIRTH ATTENDANT (CSBA) D SUB-ASSISTANT COMMUNITY MEDICAL OFFICER (SACMO) E COMMUNITY HEALTH CARE PROVIDER (CHCP) F HEALTH ASSISTANT (HA) G FAMILY WELFARE ASSISTANT (FWA) H NGO WORKER I OTHER PERSON TRAINED TBA (TTBA) J UNTRAINED TBA (UTBA) K UNQUALIFIED DOCTOR L RELATIVES M NEIGHBORS/FRIENDS N OTHER _____ X SPECIFY	HEALTH PERSONNEL QUALIFIED DOCTOR A NURSE/MIDWIFE/ PARAMEDIC B FAMILY WELFARE VISITOR (FWV) C COMMUNITY SKILLED BIRTH ATTENDANT (CSBA) D SUB-ASSISTANT COMMUNITY MEDICAL OFFICER (SACMO) E COMMUNITY HEALTH CARE PROVIDER (CHCP) F HEALTH ASSISTANT (HA) G FAMILY WELFARE ASSISTANT (FWA) H NGO WORKER I OTHER PERSON TRAINED TBA (TTBA) J UNTRAINED TBA (UTBA) K UNQUALIFIED DOCTOR L RELATIVES M NEIGHBORS/FRIENDS N OTHER _____ X SPECIFY	HEALTH PERSONNEL QUALIFIED DOCTOR A NURSE/MIDWIFE/ PARAMEDIC B FAMILY WELFARE VISITOR (FWV) C COMMUNITY SKILLED BIRTH ATTENDANT (CSBA) D SUB-ASSISTANT COMMUNITY MEDICAL OFFICER (SACMO) E COMMUNITY HEALTH CARE PROVIDER (CHCP) F HEALTH ASSISTANT (HA) G FAMILY WELFARE ASSISTANT (FWA) H NGO WORKER I OTHER PERSON TRAINED TBA (TTBA) J UNTRAINED TBA (UTBA) K UNQUALIFIED DOCTOR L RELATIVES M NEIGHBORS/FRIENDS N OTHER _____ X SPECIFY
318	Are you currently receiving any of the following treatment/ advice by a doctor or other health worker to control your blood pressure? Prescribed medication? Advice to reduce salt intake? Advice/treatment to lose weight? Advice/treatment to stop smoking? Advice to start/do more exercise?	<div style="text-align: right;">YES NO</div> PRESCR. MEDIC. ... 1 2 REDUCE SALT. ... 1 2 LOSE WEIGHT. ... 1 2 STOP SMOKING .. 1 2 EXERCISE 1 2	<div style="text-align: right;">YES NO</div> PRESCR. MEDIC. ... 1 2 REDUCE SALT. ... 1 2 LOSE WEIGHT. ... 1 2 STOP SMOKING .. 1 2 EXERCISE 1 2	<div style="text-align: right;">YES NO</div> PRESCR. MEDIC. ... 1 2 REDUCE SALT. ... 1 2 LOSE WEIGHT. ... 1 2 STOP SMOKING .. 1 2 EXERCISE 1 2
319	Are you currently taking any herbal or traditional remedies for your high blood pressure?	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2
319A	CHECK 310: CONSENT FOR BP MEASUREMENT	'GRANTED' 'REFUSED' CODE '1' CODE '2' <input type="checkbox"/> CIRCLED <input type="checkbox"/> CIRCLED <input type="checkbox"/> <div style="text-align: right;">(SKIP TO 324) ←</div>	'GRANTED' 'REFUSED' CODE '1' CODE '2' <input type="checkbox"/> CIRCLED <input type="checkbox"/> CIRCLED <input type="checkbox"/> <div style="text-align: right;">(SKIP TO 324) ←</div>	'GRANTED' 'REFUSED' CODE '1' CODE '2' <input type="checkbox"/> CIRCLED <input type="checkbox"/> CIRCLED <input type="checkbox"/> <div style="text-align: right;">(SKIP TO 324) ←</div>
320	HEALTH TECHNICIAN: CHECK THAT IT HAS BEEN AT LEAST 5 MINUTES BEFORE TAKING THE SECOND BLOOD PRESSURE MEASUREMENT.			
321	RECORD TIME	HOURS <input type="text"/> <input type="text"/> MINUTES <input type="text"/> <input type="text"/>	HOURS <input type="text"/> <input type="text"/> MINUTES <input type="text"/> <input type="text"/>	HOURS <input type="text"/> <input type="text"/> MINUTES <input type="text"/> <input type="text"/>
322	May I take your blood pressure this time?	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2

		WOMAN 1	WOMAN 2	WOMAN 3
	NAME FROM COLUMN 2	NAME _____	NAME _____	NAME _____
326A	Where did you check your blood glucose last?	PUBLIC SECTOR MEDICAL COLLEGE HOSPITAL 11 SPECIALIZED GOVT HOSPITAL 12 DISTRICT HOSPITAL 13 MCWC 14 UPAZILA HEALTH COMPLEX 15 UH & FAMILY WELFARE CENTER 17 COMMUNITY CLINIC 18 SATELLITE CLINIC 19 GOVT. FIELDWORKER (HA & FWA) 20 OTHER PUBLIC SECTOR 16 (SPECIFY) NGO SECTOR NGO STATIC CLINIC 21 NGO SATELLITE CLINIC . 22 NGO DEPO HOLDER 23 NGO FIELD WORKER 24 OTHER NGO SECTOR 26 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE MEDICAL COLLEGE HOSPITAL 31 PRIVATE HOSPITAL 32 PRIVATE CLINIC 33 QUALIFIED DOCTOR'S CHAMBER 34 NON-QUALIFIED DOCTOR'S CHAMBER 35 PHARMACY/DRUG STORE 37 OTHER PRIVATE MEDICAL SECTOR 36 (SPECIFY) OTHER SOURCE HOME 41 WORKPLACE 42 SHOP 43 TRADITIONAL PRACTITIONER 44 OTHER 96 (SPECIFY)	PUBLIC SECTOR MEDICAL COLLEGE HOSPITAL 11 SPECIALIZED GOVT HOSPITAL 12 DISTRICT HOSPITAL 13 MCWC 14 UPAZILA HEALTH COMPLEX 15 UH & FAMILY WELFARE CENTER 17 COMMUNITY CLINIC 18 SATELLITE CLINIC 19 GOVT. FIELDWORKER (HA & FWA) 20 OTHER PUBLIC SECTOR 16 (SPECIFY) NGO SECTOR NGO STATIC CLINI..... 21 NGO SATELLITE CLINIC . 22 NGO DEPO HOLDER 23 NGO FIELD WORKER 24 OTHER NGO SECTOR 26 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE MEDICAL COLLEGE HOSPITAL 31 PRIVATE HOSPITAL 32 PRIVATE CLINIC 33 QUALIFIED DOCTOR'S CHAMBER 34 NON-QUALIFIED DOCTOR'S CHAMBER 35 PHARMACY/DRUG STORE 37 OTHER PRIVATE MEDICAL SECTOR 36 (SPECIFY) OTHER SOURCE HOME 41 WORKPLACE 42 SHOP 43 TRADITIONAL PRACTITIONER 44 OTHER 96 (SPECIFY)	PUBLIC SECTOR MEDICAL COLLEGE HOSPITAL 11 SPECIALIZED GOVT HOSPITAL 12 DISTRICT HOSPITAL 13 MCWC 14 UPAZILA HEALTH COMPLEX 15 UH & FAMILY WELFARE CENTER 17 COMMUNITY CLINIC 18 SATELLITE CLINIC 19 GOVT. FIELDWORKER (HA & FWA) 20 OTHER PUBLIC SECTOR 16 (SPECIFY) NGO SECTOR NGO STATIC CLINI..... 21 NGO SATELLITE CLINIC . 22 NGO DEPO HOLDER 23 NGO FIELD WORKER 24 OTHER NGO SECTOR 26 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE MEDICAL COLLEGE HOSPITAL 31 PRIVATE HOSPITAL 32 PRIVATE CLINIC 33 QUALIFIED DOCTOR'S CHAMBER 34 NON-QUALIFIED DOCTOR'S CHAMBER 35 PHARMACY/DRUG STORE 37 OTHER PRIVATE MEDICAL SECTOR 36 (SPECIFY) OTHER SOURCE HOME 41 WORKPLACE 42 SHOP 43 TRADITIONAL PRACTITIONER 44 OTHER 96 (SPECIFY)
326B	Have you ever been told by a doctor or other health worker that you have high blood sugar or diabetes?	YES 1 NO 2 (GO TO 328A) ←	YES 1 NO 2 (GO TO 328A) ←	YES 1 NO 2 (GO TO 328A) ←

		WOMAN 1	WOMAN 2	WOMAN 3
	NAME FROM COLUMN 2	NAME _____	NAME _____	NAME _____
326C	Who told you?	HEALTH PERSONNEL QUALIFIED DOCTOR A NURSE/MIDWIFE/ PARAMEDIC B FAMILY WELFARE VISITOR (FWV) C COMMUNITY SKILLED BIRTH ATTENDANT (CSBA) D SUB-ASSISTANT COMMUNITY MEDICAL OFFICER (SACMO) E COMMUNITY HEALTH CARE PROVIDER (CHCP) F HEALTH ASSISTANT (HA) G FAMILY WELFARE ASSISTANT (FWA) H NGO WORKER I OTHER PERSON TRAINED TBA (TTBA) J UNTRAINED TBA (UTBA) K UNQUALIFIED DOCTOR L RELATIVES M NEIGHBORS/FRIENDS N OTHER _____ X SPECIFY _____	HEALTH PERSONNEL QUALIFIED DOCTOR A NURSE/MIDWIFE/ PARAMEDIC B FAMILY WELFARE VISITOR (FWV) C COMMUNITY SKILLED BIRTH ATTENDANT (CSBA) D SUB-ASSISTANT COMMUNITY MEDICAL OFFICER (SACMO) E COMMUNITY HEALTH CARE PROVIDER (CHCP) F HEALTH ASSISTANT (HA) G FAMILY WELFARE ASSISTANT (FWA) H NGO WORKER I OTHER PERSON TRAINED TBA (TTBA) J UNTRAINED TBA (UTBA) K UNQUALIFIED DOCTOR L RELATIVES M NEIGHBORS/FRIENDS N OTHER _____ X SPECIFY _____	HEALTH PERSONNEL QUALIFIED DOCTOR A NURSE/MIDWIFE/ PARAMEDIC B FAMILY WELFARE VISITOR (FWV) C COMMUNITY SKILLED BIRTH ATTENDANT (CSBA) D SUB-ASSISTANT COMMUNITY MEDICAL OFFICER (SACMO) E COMMUNITY HEALTH CARE PROVIDER (CHCP) F HEALTH ASSISTANT (HA) G FAMILY WELFARE ASSISTANT (FWA) H NGO WORKER I OTHER PERSON TRAINED TBA (TTBA) J UNTRAINED TBA (UTBA) K UNQUALIFIED DOCTOR L RELATIVES M NEIGHBORS/FRIENDS N OTHER _____ X SPECIFY _____
327	Are you currently receiving any of the following treatment/ advice by a doctor or other health worker for your high blood glucose or diabetes? Prescribed medication such as insulin? Advice on special diet? Advice/treatment to lose weight? Advice/treatment to stop smoking? Advice to start/do more exercise?	<div style="text-align: right;">YES NO</div> PRESCR. MEDIC. . . . 1 2 SPECIAL DIET. . . . 1 2 LOSE WEIGHT. . . . 1 2 STOP SMOKING . . 1 2 EXERCISE 1 2	<div style="text-align: right;">YES NO</div> PRESCR. MEDIC. . . . 1 2 SPECIAL DIET. . . . 1 2 LOSE WEIGHT. . . . 1 2 STOP SMOKING . . 1 2 EXERCISE 1 2	<div style="text-align: right;">YES NO</div> PRESCR. MEDIC. . . . 1 2 SPECIAL DIET. . . . 1 2 LOSE WEIGHT. . . . 1 2 STOP SMOKING . . 1 2 EXERCISE 1 2

		WOMAN 1	WOMAN 2	WOMAN 3
	NAME FROM COLUMN 2	NAME _____	NAME _____	NAME _____
328	Are you currently taking any herbal or traditional remedies for your high blood glucose or diabetes?	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2
328A	CHECK 310: CONSENT FOR BP MEASUREMENT	'GRANTED' CODE '1' CIRCLED <input type="checkbox"/> 'REFUSED' CODE '2' CIRCLED <input type="checkbox"/> (SKIP TO 333A) ←	'GRANTED' CODE '1' CIRCLED <input type="checkbox"/> 'REFUSED' CODE '2' CIRCLED <input type="checkbox"/> (SKIP TO 333A) ←	'GRANTED' CODE '1' CIRCLED <input type="checkbox"/> 'REFUSED' CODE '2' CIRCLED <input type="checkbox"/> (SKIP TO 333A) ←
329	HEALTH TECHNICIAN: CHECK THAT IT HAS BEEN AT LEAST 5 MINUTES BEFORE TAKING THE THIRD BLOOD PRESSURE MEASUREMENT.			
330	RECORD TIME	HOURS <input type="text"/> <input type="text"/> MINUTES <input type="text"/> <input type="text"/>	HOURS <input type="text"/> <input type="text"/> MINUTES <input type="text"/> <input type="text"/>	HOURS <input type="text"/> <input type="text"/> MINUTES <input type="text"/> <input type="text"/>
331	May I take your blood pressure this time?	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2
332	TAKE THE THIRD BLOOD PRESSURE READING. RECORD THE SYSTOLIC AND DIASTOLIC PRESSURE, THEN PROCEED TO 333A. IF YOU ARE UNABLE TO MEASURE RESPONDENT'S BLOOD PRESSURE, RECORD REASON BLOOD PRESSURE WAS NOT MEASURED	BLOOD PRESSURE MEASUREMENT SYSTOLIC.. <input type="text"/> <input type="text"/> <input type="text"/> DIASTOLIC.. <input type="text"/> <input type="text"/> <input type="text"/> REFUSED 994 TECHNICAL PROBLEMS ... 995 OTHER 996	BLOOD PRESSURE MEASUREMENT SYSTOLIC.. <input type="text"/> <input type="text"/> <input type="text"/> DIASTOLIC.. <input type="text"/> <input type="text"/> <input type="text"/> REFUSED 994 TECHNICAL PROBLEMS ... 995 OTHER 996	BLOOD PRESSURE MEASUREMENT SYSTOLIC.. <input type="text"/> <input type="text"/> <input type="text"/> DIASTOLIC.. <input type="text"/> <input type="text"/> <input type="text"/> REFUSED 994 TECHNICAL PROBLEMS ... 995 OTHER 996
333A	CALCULATE THE AVERAGE OF THE SYSTOLIC AND DIASTOLIC BP READINGS FROM 323 AND 332. (1) CALCULATE THE SUM OF SYSTOLIC AND DIASTOLIC MEASURES IN 323 AND 332. (2) DIVIDE EACH SUM BY 2 AND RECORD THE AVERAGE. PLEASE NOTE: (1) IF THERE IS ONLY ONE BP READING, RECORD IT AS THE AVERAGE. (2) IF THERE IS MORE THAN ONE BP READING, ALWAYS EXCLUDE THE FIRST FROM THE AVERAGE. (3) IF THERE ARE ONLY TWO BP READINGS, THE 2ND IS THE AVERAGE. (4) IF ALL DIASTOLIC VALUES ARE '0', THE AVERAGE IS '0'.	AVERAGE OF 2ND AND 3RD MEASURES: SYSTOLIC.. <input type="text"/> <input type="text"/> <input type="text"/> DIASTOLIC.. <input type="text"/> <input type="text"/> <input type="text"/>	AVERAGE OF 2ND AND 3RD MEASURES: SYSTOLIC.. <input type="text"/> <input type="text"/> <input type="text"/> DIASTOLIC.. <input type="text"/> <input type="text"/> <input type="text"/>	AVERAGE OF 2ND AND 3RD MEASURES: SYSTOLIC.. <input type="text"/> <input type="text"/> <input type="text"/> DIASTOLIC.. <input type="text"/> <input type="text"/> <input type="text"/>

		WOMAN 1	WOMAN 2	WOMAN 3																																																	
	NAME FROM COLUMN 2	NAME _____	NAME _____	NAME _____																																																	
333B	<p>USE THE TABLE BELOW TO MAKE THE CORRECT REFERRAL BASED ON AVERAGE VALUES IN 333A</p> <p style="text-align: center;">ADULT BLOOD PRESSURE VALUE BOX:</p> <table style="margin: 10px auto; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; padding: 5px;">SYSTOLIC</th> <th style="text-align: center; padding: 5px;">≤84</th> <th style="text-align: center; padding: 5px;">85-89</th> <th style="text-align: center; padding: 5px;">90-99</th> <th style="text-align: center; padding: 5px;">100-109</th> <th style="text-align: center; padding: 5px;">110-119</th> <th style="text-align: center; padding: 5px;">≥120</th> </tr> </thead> <tbody> <tr> <td style="padding: 2px 5px;">≤129</td> <td style="text-align: center; padding: 2px 5px;">1</td> <td style="text-align: center; padding: 2px 5px;">2</td> <td style="text-align: center; padding: 2px 5px;">3</td> <td style="text-align: center; padding: 2px 5px;">4</td> <td style="text-align: center; padding: 2px 5px;">5</td> <td style="text-align: center; padding: 2px 5px;">6</td> </tr> <tr> <td style="padding: 2px 5px;">130-139</td> <td style="text-align: center; padding: 2px 5px;">2</td> <td style="text-align: center; padding: 2px 5px;">2</td> <td style="text-align: center; padding: 2px 5px;">3</td> <td style="text-align: center; padding: 2px 5px;">4</td> <td style="text-align: center; padding: 2px 5px;">5</td> <td style="text-align: center; padding: 2px 5px;">6</td> </tr> <tr> <td style="padding: 2px 5px;">140-159</td> <td style="text-align: center; padding: 2px 5px;">3</td> <td style="text-align: center; padding: 2px 5px;">3</td> <td style="text-align: center; padding: 2px 5px;">3</td> <td style="text-align: center; padding: 2px 5px;">4</td> <td style="text-align: center; padding: 2px 5px;">5</td> <td style="text-align: center; padding: 2px 5px;">6</td> </tr> <tr> <td style="padding: 2px 5px;">160-179</td> <td style="text-align: center; padding: 2px 5px;">4</td> <td style="text-align: center; padding: 2px 5px;">4</td> <td style="text-align: center; padding: 2px 5px;">4</td> <td style="text-align: center; padding: 2px 5px;">4</td> <td style="text-align: center; padding: 2px 5px;">5</td> <td style="text-align: center; padding: 2px 5px;">6</td> </tr> <tr> <td style="padding: 2px 5px;">180-209</td> <td style="text-align: center; padding: 2px 5px;">5</td> <td style="text-align: center; padding: 2px 5px;">5</td> <td style="text-align: center; padding: 2px 5px;">5</td> <td style="text-align: center; padding: 2px 5px;">5</td> <td style="text-align: center; padding: 2px 5px;">5</td> <td style="text-align: center; padding: 2px 5px;">6</td> </tr> <tr> <td style="padding: 2px 5px;">≥210</td> <td style="text-align: center; padding: 2px 5px;">6</td> <td style="text-align: center; padding: 2px 5px;">6</td> <td style="text-align: center; padding: 2px 5px;">6</td> <td style="text-align: center; padding: 2px 5px;">6</td> <td style="text-align: center; padding: 2px 5px;">6</td> <td style="text-align: center; padding: 2px 5px;">6</td> </tr> </tbody> </table> <p style="font-size: small; margin-top: 10px;">CIRCLE AVERAGE VALUES FOR THE DIASTOLIC AND THE SYSTOLIC BLOOD PRESSURE IN THE TABLE ABOVE. DRAW A HORIZONTAL LINE IN THE SYSTOLIC PRESSURE ROW AND A VERTICAL LINE IN THE DIASTOLIC PRESSURE COLUMN. CIRCLE THE VALUE WHERE THE LINES MEET. CIRCLE THE SAME VALUE CODE IN THE BLOOD PRESSURE REPORTING FORM AND GIVE IT TO THE RESPONDENT .</p>				SYSTOLIC	≤84	85-89	90-99	100-109	110-119	≥120	≤129	1	2	3	4	5	6	130-139	2	2	3	4	5	6	140-159	3	3	3	4	5	6	160-179	4	4	4	4	5	6	180-209	5	5	5	5	5	6	≥210	6	6	6	6	6	6
SYSTOLIC	≤84	85-89	90-99	100-109	110-119	≥120																																															
≤129	1	2	3	4	5	6																																															
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140-159	3	3	3	4	5	6																																															
160-179	4	4	4	4	5	6																																															
180-209	5	5	5	5	5	6																																															
≥210	6	6	6	6	6	6																																															
334A	<p>ASK CONSENT FOR FASTING BLOOD SUGAR TESTING</p> <p>As part of this survey, we are asking people all over the country to take a blood glucose test. Your glucose level may be an indicator that can measure your risk associated with some non-communicable diseases such as diabetes. This survey will assist the government to develop programs to prevent and treat high and low glucose levels.</p> <p>For the blood glucose testing, we will need a few drops of blood from a finger. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. The blood will be tested for glucose immediately, and the result will be told to you right away for further follow up, if necessary. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team. The results will be given to you with an explanation of the meaning of your blood glucose numbers.</p> <p>If your blood glucose is high, we will suggest that you consult a health facility or doctor since we cannot provide any counselling, further testing or treatment during the survey.</p> <p>Do you have any questions? If you have any questions about the procedure at any time, please ask me now.</p> <p>To obtain correct blood glucose measurement, we would ask that you do not eat or drink anything except plain water for at least 8 hours prior to my blood glucose testing visit.</p> <p>Would you allow me to return to take your blood glucose measurement before you break your fast?</p>																																																				
334B	<p>CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.</p> <p>(IF 'NOT PRESENT' IN THE 1st APPOINTMENT, MAKE A 2nd APPOINTMENT; MAKE A 3rd APPOINTMENT.)</p>	<div style="margin-bottom: 10px;"> 1st APP. GRANTED 1 REFUSED 2 (SIGN AND GO TO 335B) ↙ SIGN _____ </div> <div style="margin-bottom: 10px;"> RESP. NOT PRESENT 3 MAKE SECOND APPOINTMENT ↙ 2nd APP. GRANTED 1 REFUSED 2 (SIGN AND GO TO 335B) ↙ SIGN _____ </div> <div> RESP. NOT PRESENT 3 MAKE THIRD APPOINTMENT ↙ 3rd APP. GRANTED 1 REFUSED 2 (SIGN AND GO TO 335B) ↙ SIGN _____ </div>	<div style="margin-bottom: 10px;"> 1st APP. GRANTED 1 REFUSED 2 (SIGN AND GO TO 335B) ↙ SIGN _____ </div> <div style="margin-bottom: 10px;"> RESP. NOT PRESENT 3 MAKE SECOND APPOINTMENT ↙ 2nd APP. GRANTED 1 REFUSED 2 (SIGN AND GO TO 335B) ↙ SIGN _____ </div> <div> RESP. NOT PRESENT 3 MAKE THIRD APPOINTMENT ↙ 3rd APP. GRANTED 1 REFUSED 2 (SIGN AND GO TO 335B) ↙ SIGN _____ </div>	<div style="margin-bottom: 10px;"> 1st APP. GRANTED 1 REFUSED 2 (SIGN AND GO TO 335B) ↙ SIGN _____ </div> <div style="margin-bottom: 10px;"> RESP. NOT PRESENT 3 MAKE SECOND APPOINTMENT ↙ 2nd APP. GRANTED 1 REFUSED 2 (SIGN AND GO TO 335B) ↙ SIGN _____ </div> <div> RESP. NOT PRESENT 3 MAKE THIRD APPOINTMENT ↙ 3rd APP. GRANTED 1 REFUSED 2 (SIGN AND GO TO 335B) ↙ SIGN _____ </div>																																																	

		WOMAN 1	WOMAN 2	WOMAN 3
	NAME FROM COLUMN 2	NAME _____	NAME _____	NAME _____
334C	<p>When can I come to test your blood glucose?</p> <p>RECORD APPOINTMENT FOR BLOOD GLUCOSE TESTING AND PROCEED TO NEXT SECTION</p>	<p>1ST APP. DATE _____</p> <p>HOUR. . . <input type="text"/> <input type="text"/></p> <p>MINUTES. <input type="text"/> <input type="text"/></p> <p>2ND APP. DATE _____</p> <p>HOUR. . . <input type="text"/> <input type="text"/></p> <p>MINUTES. <input type="text"/> <input type="text"/></p> <p>3RD APP. DATE _____</p> <p>HOUR. . . <input type="text"/> <input type="text"/></p> <p>MINUTES. <input type="text"/> <input type="text"/></p>	<p>1ST APP. DATE _____</p> <p>HOUR. . . <input type="text"/> <input type="text"/></p> <p>MINUTES. <input type="text"/> <input type="text"/></p> <p>2ND APP. DATE _____</p> <p>HOUR. . . <input type="text"/> <input type="text"/></p> <p>MINUTES. <input type="text"/> <input type="text"/></p> <p>3RD APP. DATE _____</p> <p>HOUR. . . <input type="text"/> <input type="text"/></p> <p>MINUTES. <input type="text"/> <input type="text"/></p>	<p>1ST APP. DATE _____</p> <p>HOUR. . . <input type="text"/> <input type="text"/></p> <p>MINUTES. <input type="text"/> <input type="text"/></p> <p>2ND APP. DATE _____</p> <p>HOUR. . . <input type="text"/> <input type="text"/></p> <p>MINUTES. <input type="text"/> <input type="text"/></p> <p>3RD APP. DATE _____</p> <p>HOUR. . . <input type="text"/> <input type="text"/></p> <p>MINUTES. <input type="text"/> <input type="text"/></p>
334D	<p>WHEN RETURNING FOR BLOOD GLUCOSE TESTING: ASK CONSENT FOR BLOOD GLUCOSE TESTING</p> <p>As I mentioned yesterday, we are going to measure the level of sugar in blood. As part of this survey, we are asking people all over the country to take a blood glucose test. Your glucose level is an indicator that can measure your risk associated with some non-communicable diseases such as diabetes. This survey will assist the government to develop programs to prevent and treat high and low glucose levels.</p> <p>For the blood glucose testing, we will need a few drops of blood from a finger. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test.</p> <p>SHOW UNOPENED PACKAGE.</p> <p>The blood will be tested for glucose immediately, and the result will be told to you right away for further follow up, if necessary. The result will be kept other strictly confidential and will not be shared with anyone other than members of our survey team. The results will be given to you with an explanation of the meaning of your blood glucose numbers. If your blood glucose is high, we will suggest that you consult a health facility or doctor since we cannot provide any counselling, further testing or treatment during the survey.</p> <p>You can say yes or no to having the blood glucose measurement now.</p> <p>Do you have any questions? If you have any questions about the procedure at any time, please ask me.</p> <p>Would you allow me to proceed to take your measurement?</p>			
334E	<p>CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.</p> <p>(IF 'NOT PRESENT' MAKE 2 MORE CALL BACKS TO FIND THE RESPONDENT)</p>	<p>GRANTED 1</p> <p>REFUSED 2</p> <p>(SIGN AND GO TO 335B) ↙</p> <p>SIGN _____ ↙</p> <p>RESP. NOT PRESENT 3</p> <p>(AFTER TWO CALL BACKS, GO TO 301 IN NEXT COLUMN. ↙</p>	<p>GRANTED 1</p> <p>REFUSED 2</p> <p>(SIGN AND GO TO 335B) ↙</p> <p>SIGN _____ ↙</p> <p>RESP. NOT PRESENT 3</p> <p>(AFTER TWO CALL BACKS, GO TO 301 IN NEXT COLUMN. ↙</p>	<p>GRANTED 1</p> <p>REFUSED 2</p> <p>(SIGN AND GO TO 335B) ↙</p> <p>SIGN _____ ↙</p> <p>RESP. NOT PRESENT 3</p> <p>(AFTER TWO CALL BACKS, GO TO 301 IN NEXT COLUMN. ↙</p>
334F	When was the last time you had something to eat?	<p>HOURS MINUTES</p> <p>1ST APP. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>2ND APP. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>3RD APP. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	<p>HOURS MINUTES</p> <p>1ST APP. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>2ND APP. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>3RD APP. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	<p>HOURS MINUTES</p> <p>1ST APP. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>2ND APP. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>3RD APP. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>
334G	When was the last time you had something to drink other than plain water?	<p>HOURS MINUTES</p> <p>1ST APP. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>2ND APP. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>3RD APP. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	<p>HOURS MINUTES</p> <p>1ST APP. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>2ND APP. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>3RD APP. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	<p>HOURS MINUTES</p> <p>1ST APP. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>2ND APP. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>3RD APP. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>

		WOMAN 1	WOMAN 2	WOMAN 3
	NAME FROM COLUMN 2	NAME _____	NAME _____	NAME _____
334H	CHECK 334F: LAST TIME EAT	8 HOURS OR MORE 1 (SKIP TO 335) ↙ LESS THAN 8 HOURS 2	8 HOURS OR MORE 1 (SKIP TO 335) ↙ LESS THAN 8 HOURS 2	8 HOURS OR MORE 1 (SKIP TO 335) ↙ LESS THAN 8 HOURS 2
334I	READ TO RESPONDENT:	As mentioned before, in order to obtain correct blood glucose measurement, we need you to fast for at least 8 hours prior to testing. GO TO 334B TO MAKE NEXT APPOINTMENT	As mentioned before, in order to obtain correct blood glucose measurement, we need you to fast for at least 8 hours prior to testing. GO TO 334B TO MAKE NEXT APPOINTMENT	As mentioned before, in order to obtain correct blood glucose measurement, we need you to fast for at least 8 hours prior to testing. GO TO 334B TO MAKE NEXT APPOINTMENT
335	PREPARE EQUIPMENT AND SUPPLIES FOR WHICH CONSENT HAS BEEN OBTAINED AND PROCEED WITH THE BLOOD GLUCOSE TEST.			
335A	RECORD TIME FOR BLOOD GLUCOSE TESTING	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> HOUR <input type="text"/> <input type="text"/> MINUTES <input type="text"/> <input type="text"/>	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> HOUR <input type="text"/> <input type="text"/> MINUTES <input type="text"/> <input type="text"/>	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> HOUR <input type="text"/> <input type="text"/> MINUTES <input type="text"/> <input type="text"/>
335B	RECORD FASTING BLOOD SUGAR IN MMOL/L. IF YOUR ARE UNABLE TO MEASURE RESPONDENT'S BLOOD GLUCOSE RECORD REASON BLOOD GLUCOSE IS NOT MEASURED	MMOL/L <input type="text"/> <input type="text"/> <input type="text"/> (GO TO 301 IN NEXT COLUMN) ↙ REFUSED994 TECHNICAL PROBLEMS .995 OTHER 996 GO TO 301 IN NEXT COLUMN. ↙	MMOL/L <input type="text"/> <input type="text"/> <input type="text"/> (GO TO 301 IN NEXT COLUMN) ↙ REFUSED994 TECHNICAL PROBLEMS .995 OTHER 996 GO TO 301 IN NEXT COLUMN. ↙	MMOL/L.... <input type="text"/> <input type="text"/> <input type="text"/> (GO TO 301 IN NEXT COLUMN) ↙ REFUSED994 TECHNICAL PROBLEMS .995 OTHER 996 GO TO 301 IN NEXT COLUMN. ↙

BLOOD PRESSURE AND BLOOD GLUCOSE FOR MEN AGE 18 AND OLDER IN SELECTED HOUSEHOLDS

HOUSEHOLD SELECTED FOR BIOMARKER? YES <input type="checkbox"/> NO <input type="checkbox"/> → END				
400	CHECK COLUMN 20 IN HOUSEHOLD SCHEDULE. RECORD THE LINE NUMBER AND NAME OF ALL ELIGIBLE MEN AGE 18 AND OLDER FOR HEIGHT AND WEIGHT, BLOOD PRESSURE, AND BLOOD GLUCOSE MEASUREMENTS. IF THERE ARE MORE THAN THREE MEN, USE ADDITIONAL QUESTIONNAIRE(S).			
		MAN 1	MAN 2	MAN 3
401	CHECK HOUSEHOLD QUESTIONNAIRE LINE NUMBER FROM COLUMN 20 NAME FROM COLUMN 2.	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____
402	Now I am going to ask you to participate in several physical measurements or tests. I will explain each measurement or test before starting the procedure. You will be free to say yes or no to each one. Before taking the measurements, I am going to ask a few questions about yourself.			
404B	WEIGHT IN KILOGRAMS.	KILOGRAM <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT 99994 REFUSED 99995 OTHER 99996	KILOGRAM <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT 99994 REFUSED 99995 OTHER 99996	KILOGRAM <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT 99994 REFUSED 99995 OTHER 99996
404C	HEIGHT IN CENTIMETERS.	CM <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996	CM <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996	CM <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996
404D	MEASURER: :	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MEASURER NUMBER	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MEASURER NUMBER	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MEASURER NUMBER
405	EDUCATION Have you ever attended school?	YES 1 NO 2 (GO TO 407) ↴	YES 1 NO 2 (GO TO 407) ↴	YES 1 NO 2 (GO TO 407) ↴
406	What is the highest level of school you attended: primary, secondary, or higher?	PRIMARY 1 SECONDARY 2 HIGHER 3	PRIMARY 1 SECONDARY 2 HIGHER 3	PRIMARY 1 SECONDARY 2 HIGHER 3
407	WORK Are you currently working?	YES 1 NO 2 (GO TO 409) ↴	YES 1 NO 2 (GO TO 409) ↴	YES 1 NO 2 (GO TO 409) ↴
408	What is your occupation, that is what is the kind of work you mainly do?	<input type="text"/> <input type="text"/> _____ _____ _____	<input type="text"/> <input type="text"/> _____ _____ _____	<input type="text"/> <input type="text"/> _____ _____ _____

		MAN 1	MAN 2	MAN 3																																				
	NAME FROM COLUMN 2	NAME _____	NAME _____	NAME _____																																				
409	ASK CONSENT FOR BLOOD PRESSURE MEASUREMENT I would like to measure your blood pressure. This will be done three times during the interview with intervals of five minutes period This is a harmless procedure. It is used to find out if a person has high blood pressure. If it is not treated, high blood pressure may eventually cause serious damage to the heart and may lead to stroke and death. The results of this blood pressure measurement will be given to you after the measurement process is completed for further follow up if necessary. I will explain the meaning of your blood pressure numbers. If your blood pressure is high, we will suggest that you consult a health facility or doctor since we cannot provide any further testing or treatment during the survey. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team. You can say yes or no to having the blood pressure measurement now. You can also decide at anytime not to participate in the blood pressure measures. Do you have any questions about the blood pressure measurement so far? If you have any questions about the procedure at any time, please ask me. For more information, you may also contact the person(s) information that was given out at the beginning. Will you undergo the blood pressure measurements?																																							
410	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME (IF 'NOT PRESENT' MAKE 2 MORE CALL BACKS TO FIND THE RESPONDENT)	GRANTED 1 REFUSED 2 (SIGN AND GO TO 415) ← SIGN _____ ← RESP. NOT PRESENT 3 (AFTER 2 CALL BACKS, GO TO 401 IN NEXT COLUMN. IF NO MORE RESPONDENT, END)	GRANTED 1 REFUSED 2 (SIGN AND GO TO 415) ← SIGN _____ ← RESP. NOT PRESENT 3 (AFTER 2 CALL BACKS, GO TO 401 IN NEXT COLUMN. IF NO MORE RESPONDENT, END)	GRANTED 1 REFUSED 2 (SIGN AND GO TO 415) ← SIGN _____ ← RESP. NOT PRESENT 3 (AFTER 2 CALL BACKS, GO TO 401 IN NEXT COLUMN. IF NO MORE RESPONDENT, END)																																				
411	Before taking your blood pressure, I would like to ask a few questions about things that may affect thee measurements. Have you done any of the following within the past 30 min:	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>Eaten anything?</td> <td>EATEN 1</td> <td>2</td> </tr> <tr> <td>Had coffee, tea, cola or other drink that has caffeine?</td> <td>HAD CAFFEINATED DRINK 1</td> <td>2</td> </tr> <tr> <td>Smoked/used tobacco?</td> <td>SMOKED/ USED TOBACCO. . 1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	Eaten anything?	EATEN 1	2	Had coffee, tea, cola or other drink that has caffeine?	HAD CAFFEINATED DRINK 1	2	Smoked/used tobacco?	SMOKED/ USED TOBACCO. . 1	2	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>Eaten anything?</td> <td>EATEN 1</td> <td>2</td> </tr> <tr> <td>Had coffee, tea, cola or other drink that has caffeine?</td> <td>HAD CAFFEINATED DRINK 1</td> <td>2</td> </tr> <tr> <td>Smoked/used tobacco?</td> <td>SMOKED/ USED TOBACCO. . 1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	Eaten anything?	EATEN 1	2	Had coffee, tea, cola or other drink that has caffeine?	HAD CAFFEINATED DRINK 1	2	Smoked/used tobacco?	SMOKED/ USED TOBACCO. . 1	2	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>Eaten anything?</td> <td>EATEN 1</td> <td>2</td> </tr> <tr> <td>Had coffee, tea, cola or other drink that has caffeine?</td> <td>HAD CAFFEINATED DRINK 1</td> <td>2</td> </tr> <tr> <td>Smoked/used tobacco?</td> <td>SMOKED/ USED TOBACCO. . 1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	Eaten anything?	EATEN 1	2	Had coffee, tea, cola or other drink that has caffeine?	HAD CAFFEINATED DRINK 1	2	Smoked/used tobacco?	SMOKED/ USED TOBACCO. . 1	2
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412	May I begin the process of measuring your blood pressure? I will begin by measuring the circumference of your arm to make sure that I use the right equipment. BEFORE TAKING THE FIRST BP READING, MEASURE RESPONDENT'S ARM CIRCUMFERENCE MIDWAY BETWEEN THE ELBOW AND THE SHOULDER. RECORD MEASUREMENT IN CENTIMETRES.	ARM <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table> CIRCUMFERENCE (IN CENTIMETRES)	ARM <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table> CIRCUMFERENCE (IN CENTIMETRES)	ARM <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table> CIRCUMFERENCE (IN CENTIMETRES)																																				

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	NAME FROM COLUMN 2	NAME _____	NAME _____	NAME _____																																																
413	USE THE ARM CIRCUM. MEASUREMENT TO SELECT THE APPROPRIATE BLOOD PRESSURE MONITOR CUFF SIZE. CIRCLE THE CODE FOR THE CUFF SIZE.	SMALL: 16 CM – 24 CM 1 MEDIUM: 25 CM – 36 CM 2 LARGE: 37 CM – 45 CM 3 EXTRA LARGE: 46 CM - 60 CM 4	SMALL: 16 CM – 24 CM 1 MEDIUM: 25 CM – 36 CM 2 LARGE: 37 CM – 45 CM 3 EXTRA LARGE: 46 CM - 60 CM 4	SMALL: 16 CM – 24 CM 1 MEDIUM: 25 CM – 36 CM 2 LARGE: 37 CM – 45 CM 3 EXTRA LARGE: 46 CM - 60 CM 4																																																
414	RECORD TIME	HOURS <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> MINUTES <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>									HOURS <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> MINUTES <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>									HOURS <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> MINUTES <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>																																
414A	May I take your blood pressure at this time?	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2																																																
415	TAKE THE FIRST BLOOD PRESSURE READING. RECORD THE SYSTOLIC AND DIASTOLIC PRESSURE, THEN PROCEED TO 417. IF YOU ARE UNABLE TO MEASURE RESPONDENT'S BLOOD PRESSURE, RECORD REASON BLOOD PRESSURE WAS NOT MEASURED	BLOOD PRESSURE MEASUREMENT SYSTOLIC . . <table border="1"><tr><td></td><td></td><td></td></tr></table> DIASTOLIC . . <table border="1"><tr><td></td><td></td><td></td></tr></table> REFUSED 994 TECHNICAL PROBLEMS . . . 995 OTHER 996							BLOOD PRESSURE MEASUREMENT SYSTOLIC . . <table border="1"><tr><td></td><td></td><td></td></tr></table> DIASTOLIC . . <table border="1"><tr><td></td><td></td><td></td></tr></table> REFUSED 994 TECHNICAL PROBLEMS . . . 995 OTHER 996							BLOOD PRESSURE MEASUREMENT SYSTOLIC . . <table border="1"><tr><td></td><td></td><td></td></tr></table> DIASTOLIC . . <table border="1"><tr><td></td><td></td><td></td></tr></table> REFUSED 994 TECHNICAL PROBLEMS . . . 995 OTHER 996																																				
417	Before this survey, has your blood pressure ever been measured?	YES 1 NO 2 (GO TO 420A) ↙ REFUSED . . 4 (GO TO 420A) ↙	YES 1 NO 2 (GO TO 420A) ↙ REFUSED . . 4 (GO TO 420A) ↙	YES 1 NO 2 (GO TO 420A) ↙ REFUSED . . 4 (GO TO 420A) ↙																																																
417A	When did you check your blood pressure last?	DAYS AGO 1 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> WEEKS AGO 2 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> MONTHS AGO 3 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> YEARS AGO 4 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>																	DAYS AGO 1 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> WEEKS AGO 2 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> MONTHS AGC 3 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> YEARS AGO 4 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>																	DAYS AGO 1 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> WEEKS AGO 2 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> MONTHS AGC 3 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> YEARS AGO 4 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>																

		MAN 1	MAN 2	MAN 3
	NAME FROM COLUMN 2	NAME _____	NAME _____	NAME _____
417B	Where did you check your blood pressure last?	PUBLIC SECTOR MEDICAL COLLEGE HOSPITAL 11 SPECIALIZED GOVT HOSPITAL 12 DISTRICT HOSPITAL..... 13 MCWC 14 UPAZILA HEALTH COMPLEX 15 UH & FAMILY WELFARE CENTER 17 COMMUNITY CLINIC 18 SATELLITE CLINIC 19 GOVT. FIELDWORKER (HA & FWA) 20 OTHER PUBLIC SECTOR 16 (SPECIFY) NGO SECTOR NGO STATIC CLINIC..... 21 NGO SATELLITE CLINIC .. 22 NGO DEPO HOLDER 23 NGO FIELD WORKER 24 OTHER NGO SECTOR 26 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE MEDICAL COLLEGE HOSPITAL . 31 PRIVATE HOSPITAL 32 PRIVATE CLINIC 33 QUALIFIED DOCTOR'S CHAMBER 34 NON-QUALIFIED DOCTOR'S CHAMBER 35 PHARMACY/DRUG STORI.. 37 OTHER PRIVATE MEDICAL SECTOR 36 (SPECIFY) OTHER SOURCE HOME 41 WORKPLACE 42 SHOP 43 TRADITIONAL PRACTITIONER 44 OTHER 96 (SPECIFY)	PUBLIC SECTOR MEDICAL COLLEGE HOSPITAL 11 SPECIALIZED GOVT HOSPITAL 12 DISTRICT HOSPITAL..... 13 MCWC 14 UPAZILA HEALTH COMPLEX 15 UH & FAMILY WELFARE CENTER 17 COMMUNITY CLINIC 18 SATELLITE CLINIC 19 GOVT. FIELDWORKER (HA & FWA) 20 OTHER PUBLIC SECTOR 16 (SPECIFY) NGO SECTOR NGO STATIC CLINIC..... 21 NGO SATELLITE CLINIC .. 22 NGO DEPO HOLDER 23 NGO FIELD WORKER 24 OTHER NGO SECTOR 26 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE MEDICAL COLLEGE HOSPITAL . 31 PRIVATE HOSPITAL 32 PRIVATE CLINIC 33 QUALIFIED DOCTOR'S CHAMBER 34 NON-QUALIFIED DOCTOR'S CHAMBER 35 PHARMACY/DRUG STORI.. 37 OTHER PRIVATE MEDICAL SECTOR 36 (SPECIFY) OTHER SOURCE HOME 41 WORKPLACE 42 SHOP 43 TRADITIONAL PRACTITIONER 44 OTHER 96 (SPECIFY)	PUBLIC SECTOR MEDICAL COLLEGE HOSPITAL 11 SPECIALIZED GOVT HOSPITAL 12 DISTRICT HOSPITAL..... 13 MCWC 14 UPAZILA HEALTH COMPLEX 15 UH & FAMILY WELFARE CENTER 17 COMMUNITY CLINIC 18 SATELLITE CLINIC 19 GOVT. FIELDWORKER (HA & FWA) 20 OTHER PUBLIC SECTOR 16 (SPECIFY) NGO SECTOR NGO STATIC CLINIC..... 21 NGO SATELLITE CLINIC .. 22 NGO DEPO HOLDER 23 NGO FIELD WORKER 24 OTHER NGO SECTOR 26 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE MEDICAL COLLEGE HOSPITAL . 31 PRIVATE HOSPITAL 32 PRIVATE CLINIC 33 QUALIFIED DOCTOR'S CHAMBER 34 NON-QUALIFIED DOCTOR'S CHAMBER 35 PHARMACY/DRUG STORE .. 37 OTHER PRIVATE MEDICAL SECTOR 36 (SPECIFY) OTHER SOURCE HOME 41 WORKPLACE 42 SHOP 43 TRADITIONAL PRACTITIONER 44 OTHER 96 (SPECIFY)
418	Have you ever been told by a doctor or other health worker that you have high blood pressure or hypertension?	YES 1 NO 2 (GO TO 420A) ←	YES 1 NO 2 (GO TO 420A) ←	YES 1 NO 2 (GO TO 420A) ←

		MAN 1	MAN 2	MAN 3																																																						
	NAME FROM COLUMN 2	NAME _____	NAME _____	NAME _____																																																						
418A	Who told you?	HEALTH PERSONNEL QUALIFIED DOCTOR A NURSE/MIDWIFE/ PARAMEDIC B FAMILY WELFARE VISITOR (FWV) C COMMUNITY SKILLED BIRTH ATTENDANT (CSBA) D SUB-ASSISTANT COMMUNITY MEDICAL OFFICER (SACMO) E COMMUNITY HEALTH CARE PROVIDER (CHCP) F HEALTH ASSISTANT (HA) G FAMILY WELFARE ASSISTANT (FWA) H NGO WORKER I OTHER PERSON UNQUALIFIED DOCTOR . . L RELATIVES M NEIGHBORS/FRIENDS . . . N OTHER _____ X SPECIFY _____	HEALTH PERSONNEL QUALIFIED DOCTOR A NURSE/MIDWIFE/ PARAMEDIC B FAMILY WELFARE VISITOR (FWV) C COMMUNITY SKILLED BIRTH ATTENDANT (CSBA) D SUB-ASSISTANT COMMUNITY MEDICAL OFFICER (SACMO) E COMMUNITY HEALTH CARE PROVIDER (CHCP) F HEALTH ASSISTANT (HA) G FAMILY WELFARE ASSISTANT (FWA) H NGO WORKER I OTHER PERSON UNQUALIFIED DOCTOR . . L RELATIVES M NEIGHBORS/FRIENDS . . . N OTHER _____ X SPECIFY _____	HEALTH PERSONNEL QUALIFIED DOCTOR NURSE/MIDWIFE/ PARAMEDIC FAMILY WELFARE VISITOR (FWV) COMMUNITY SKILLED BIRTH ATTENDANT (CSBA) SUB-ASSISTANT COMMUNITY MEDICAL OFFICER (SACMO) COMMUNITY HEALTH CARE PROVIDER (CHCP) HEALTH ASSISTANT (HA) FAMILY WELFARE ASSISTANT (FWA) NGO WORKER OTHER PERSON UNQUALIFIED DOCTOR . . . RELATIVES NEIGHBORS/FRIENDS OTHER _____ SPECIFY _____																																																						
419	Are you currently receiving any of the following treatment/ advice by a doctor or other health worker to control your blood pressure?	<table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> </tr> <tr> <td>Prescribed medication?</td> <td>PRESCR. MEDIC. . . . 1</td> <td>2</td> </tr> <tr> <td>Advice to reduce salt intake?</td> <td>REDUCE SALT. 1</td> <td>2</td> </tr> <tr> <td>Advice/treatment to lose weight?</td> <td>LOSE WEIGHT. 1</td> <td>2</td> </tr> <tr> <td>Advice/treatment to stop smoking?</td> <td>STOP SMOKING . . . 1</td> <td>2</td> </tr> <tr> <td>Advice to start/do more exercise?</td> <td>EXERCISE 1</td> <td>2</td> </tr> </table>		YES	NO	Prescribed medication?	PRESCR. MEDIC. . . . 1	2	Advice to reduce salt intake?	REDUCE SALT. 1	2	Advice/treatment to lose weight?	LOSE WEIGHT. 1	2	Advice/treatment to stop smoking?	STOP SMOKING . . . 1	2	Advice to start/do more exercise?	EXERCISE 1	2	<table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> </tr> <tr> <td>Prescribed medication?</td> <td>PRESCR. MEDIC. . . . 1</td> <td>2</td> </tr> <tr> <td>Advice to reduce salt intake?</td> <td>REDUCE SALT. 1</td> <td>2</td> </tr> <tr> <td>Advice/treatment to lose weight?</td> <td>LOSE WEIGHT. 1</td> <td>2</td> </tr> <tr> <td>Advice/treatment to stop smoking?</td> <td>STOP SMOKING . . . 1</td> <td>2</td> </tr> <tr> <td>Advice to start/do more exercise?</td> <td>EXERCISE 1</td> <td>2</td> </tr> </table>		YES	NO	Prescribed medication?	PRESCR. MEDIC. . . . 1	2	Advice to reduce salt intake?	REDUCE SALT. 1	2	Advice/treatment to lose weight?	LOSE WEIGHT. 1	2	Advice/treatment to stop smoking?	STOP SMOKING . . . 1	2	Advice to start/do more exercise?	EXERCISE 1	2	<table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> </tr> <tr> <td>Prescribed medication?</td> <td>PRESCR. MEDIC. . . . 1</td> <td>2</td> </tr> <tr> <td>Advice to reduce salt intake?</td> <td>REDUCE SALT. 1</td> <td>2</td> </tr> <tr> <td>Advice/treatment to lose weight?</td> <td>LOSE WEIGHT. 1</td> <td>2</td> </tr> <tr> <td>Advice/treatment to stop smoking?</td> <td>STOP SMOKING . . . 1</td> <td>2</td> </tr> <tr> <td>Advice to start/do more exercise?</td> <td>EXERCISE 1</td> <td>2</td> </tr> </table>		YES	NO	Prescribed medication?	PRESCR. MEDIC. . . . 1	2	Advice to reduce salt intake?	REDUCE SALT. 1	2	Advice/treatment to lose weight?	LOSE WEIGHT. 1	2	Advice/treatment to stop smoking?	STOP SMOKING . . . 1	2	Advice to start/do more exercise?	EXERCISE 1	2
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420	Are you currently taking any herbal or traditional remedies for your high blood pressure?	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2																																																						
420A	CHECK 410: CONSENT FOR BP MEASUREMENT	<table border="0"> <tr> <td>'GRANTED'</td> <td>'REFUSED'</td> </tr> <tr> <td><input type="checkbox"/> CODE '1'</td> <td><input type="checkbox"/> CODE '2'</td> </tr> <tr> <td>CIRCLED</td> <td>CIRCLED</td> </tr> </table> <div style="display: flex; justify-content: space-between;"> ↓ ← (SKIP TO 426) </div>	'GRANTED'	'REFUSED'	<input type="checkbox"/> CODE '1'	<input type="checkbox"/> CODE '2'	CIRCLED	CIRCLED	<table border="0"> <tr> <td>'GRANTED'</td> <td>'REFUSED'</td> </tr> <tr> <td><input type="checkbox"/> CODE '1'</td> <td><input type="checkbox"/> CODE '2'</td> </tr> <tr> <td>CIRCLED</td> <td>CIRCLED</td> </tr> </table> <div style="display: flex; justify-content: space-between;"> ↓ ← (SKIP TO 426) </div>	'GRANTED'	'REFUSED'	<input type="checkbox"/> CODE '1'	<input type="checkbox"/> CODE '2'	CIRCLED	CIRCLED	<table border="0"> <tr> <td>'GRANTED'</td> <td>'REFUSED'</td> </tr> <tr> <td><input type="checkbox"/> CODE '1'</td> <td><input type="checkbox"/> CODE '2'</td> </tr> <tr> <td>CIRCLED</td> <td>CIRCLED</td> </tr> </table> <div style="display: flex; justify-content: space-between;"> ↓ ← (SKIP TO 426) </div>	'GRANTED'	'REFUSED'	<input type="checkbox"/> CODE '1'	<input type="checkbox"/> CODE '2'	CIRCLED	CIRCLED																																				
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421	HEALTH TECHNICIAN: CHECK THAT IT HAS BEEN AT LEAST 5 MINUTES BEFORE TAKING THE SECOND BLOOD PRESSURE MEASUREMENT.																																																			
422	RECORD TIME	HOURS <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> MINUTES <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>									HOURS <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> MINUTES <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>									HOURS <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> MINUTES <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>																																
423	May I take your blood pressure this time?	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2																																																
424	TAKE THE SECOND BLOOD PRESSURE READING. RECORD THE SYSTOLIC AND DIASTOLIC PRESSURE, THEN PROCEED TO 426. IF YOU ARE UNABLE TO MEASURE RESPONDENT'S BLOOD PRESSURE, RECORD REASON BLOOD PRESSURE WAS NOT MEASURED	BLOOD PRESSURE MEASUREMENT SYSTOLIC .. <table border="1"><tr><td></td><td></td><td></td></tr></table> DIASTOLIC .. <table border="1"><tr><td></td><td></td><td></td></tr></table> REFUSED 994 TECHNICAL PROBLEMS ... 995 OTHER 996							BLOOD PRESSURE MEASUREMENT SYSTOLIC .. <table border="1"><tr><td></td><td></td><td></td></tr></table> DIASTOLIC .. <table border="1"><tr><td></td><td></td><td></td></tr></table> REFUSED 994 TECHNICAL PROBLEMS ... 995 OTHER 996							BLOOD PRESSURE MEASUREMENT SYSTOLIC .. <table border="1"><tr><td></td><td></td><td></td></tr></table> DIASTOLIC .. <table border="1"><tr><td></td><td></td><td></td></tr></table> REFUSED 994 TECHNICAL PROBLEMS ... 995 OTHER 996																																				
426	Have you ever heard of an illness called diabetes?	YES 1 NO 2 REFUSED . 4	YES 1 1 NO 2 2 REFUSED . 4	YES ← 1 NO 2 REFUSED . 4																																																
427	Before this survey, has your blood glucose ever been measured?	YES 1 NO 2 (GO TO 431) ← REFUSED . 4 (GO TO 431) ←	YES 1 NO 2 (GO TO 431) ← REFUSED . 4 (GO TO 431) ←	YES 1 NO 2 (GO TO 431) ← REFUSED . 4 (GO TO 431) ←																																																
427A	When did you check your blood glucose last?	DAYS AGO 1 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> WEEKS AGO 2 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> MONTHS AGO.... 3 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> YEARS AGO 4 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>																	DAYS AGO 1 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> WEEKS AGO 2 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> MONTHS AGC.... 3 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> YEARS AGO 4 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>																	DAYS AGO 1 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> WEEKS AGO 2 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> MONTHS AGC.... 3 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> YEARS AGO 4 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>																

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434	<p>TAKE THE THIRD BLOOD PRESSURE READING. RECORD THE SYSTOLIC AND DIASTOLIC PRESSURE, THEN PROCEED TO 436A.</p> <p>IF YOU ARE UNABLE TO MEASURE RESPONDENT'S BLOOD PRESSURE, RECORD REASON BLOOD PRESSURE WAS NOT MEASURED.</p>	<p>BLOOD PRESSURE MEASUREMENT</p> <p>SYSTOLIC.. <input type="text"/> <input type="text"/> <input type="text"/></p> <p>DIASTOLIC.. <input type="text"/> <input type="text"/> <input type="text"/></p> <p>REFUSED 994</p> <p>TECHNICAL PROBLEMS ... 995</p> <p>OTHER 996</p>	<p>BLOOD PRESSURE MEASUREMENT</p> <p>SYSTOLIC.. <input type="text"/> <input type="text"/> <input type="text"/></p> <p>DIASTOLIC.. <input type="text"/> <input type="text"/> <input type="text"/></p> <p>REFUSED 994</p> <p>TECHNICAL PROBLEMS ... 995</p> <p>OTHER 996</p>	<p>BLOOD PRESSURE MEASUREMENT</p> <p>SYSTOLIC.. <input type="text"/> <input type="text"/> <input type="text"/></p> <p>DIASTOLIC.. <input type="text"/> <input type="text"/> <input type="text"/></p> <p>REFUSED 994</p> <p>TECHNICAL PROBLEMS ... 995</p> <p>OTHER 996</p>																																																							
435A	<p>CALCULATE THE AVERAGE OF THE SYSTOLIC AND DIASTOLIC BP READINGS FROM 424 AND 434.</p> <p>(1) CALCULATE THE SUM OF SYSTOLIC AND DIASTOLIC MEASURES IN 424 AND 434.</p> <p>(2) DIVIDE EACH SUM BY 2 AND RECORD THE AVERAGE.</p> <p>PLEASE NOTE:</p> <p>(1) IF THERE IS ONLY ONE BP READING, RECORD IT AS THE AVERAGE.</p> <p>(2) IF THERE IS MORE THAN ONE BP READING, ALWAYS EXCLUDE THE FIRST FROM THE AVERAGE.</p> <p>(3) IF THERE ARE ONLY TWO BP READINGS, THE 2ND IS THE AVERAGE.</p> <p>(4) IF ALL DIASTOLIC VALUES ARE '0', THE AVERAGE IS '0'.</p>	<p>AVERAGE OF 2ND AND 3RD MEASURES:</p> <p>SYSTOLIC.. <input type="text"/> <input type="text"/> <input type="text"/></p> <p>DIASTOLIC.. <input type="text"/> <input type="text"/> <input type="text"/></p>	<p>AVERAGE OF 2ND AND 3RD MEASURES:</p> <p>SYSTOLIC.. <input type="text"/> <input type="text"/> <input type="text"/></p> <p>DIASTOLIC.. <input type="text"/> <input type="text"/> <input type="text"/></p>	<p>AVERAGE OF 2ND AND 3RD MEASURES:</p> <p>SYSTOLIC.. <input type="text"/> <input type="text"/> <input type="text"/></p> <p>DIASTOLIC.. <input type="text"/> <input type="text"/> <input type="text"/></p>																																																							
435B	<p>USE THE TABLE BELOW TO MAKE THE CORRECT REFERRAL BASED ON AVERAGE VALUES IN 435A</p> <p>ADULT BLOOD PRESSURE VALUE BOX:</p> <table border="1"> <thead> <tr> <th rowspan="2">SYSTOLIC</th> <th colspan="6">DIASTOLIC</th> </tr> <tr> <th>≤ 84</th> <th>85-89</th> <th>90-99</th> <th>100-109</th> <th>110-119</th> <th>≥120</th> </tr> </thead> <tbody> <tr> <td>≤129</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> <td>6</td> </tr> <tr> <td>130-139</td> <td>2</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> <td>6</td> </tr> <tr> <td>140-159</td> <td>3</td> <td>3</td> <td>3</td> <td>4</td> <td>5</td> <td>6</td> </tr> <tr> <td>160-179</td> <td>4</td> <td>4</td> <td>4</td> <td>4</td> <td>5</td> <td>6</td> </tr> <tr> <td>180-209</td> <td>5</td> <td>5</td> <td>5</td> <td>5</td> <td>5</td> <td>6</td> </tr> <tr> <td>≥210</td> <td>6</td> <td>6</td> <td>6</td> <td>6</td> <td>6</td> <td>6</td> </tr> </tbody> </table> <p>CIRCLE AVERAGE VALUES FOR THE DIASTOLIC AND THE SYSTOLIC BLOOD PRESSURE IN THE TABLE ABOVE. DRAW A HORIZONTAL LINE IN THE SYSTOLIC PRESSURE ROW AND A VERTICAL LINE IN THE DIASTOLIC PRESSURE COLUMN. CIRCLE THE VALUE WHERE THE LINES MEET.</p> <p>CIRCLE THE SAME VALUE CODE IN THE BLOOD PRESSURE REPORTING FORM AND GIVE IT TO THE RESPONDENT .</p>				SYSTOLIC	DIASTOLIC						≤ 84	85-89	90-99	100-109	110-119	≥120	≤129	1	2	3	4	5	6	130-139	2	2	3	4	5	6	140-159	3	3	3	4	5	6	160-179	4	4	4	4	5	6	180-209	5	5	5	5	5	6	≥210	6	6	6	6	6	6
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≥210	6	6	6	6	6	6																																																					
436A	<p>ASK CONSENT FOR FASTING BLOOD SUGAR TESTING</p> <p>As part of this survey, we are asking people all over the country to take a blood glucose test. Your glucose level may be an indicator that can measure your risk associated with some non-communicable diseases such as diabetes. This survey will assist the government to develop programs to prevent and treat high and low glucose levels.</p> <p>For the blood glucose testing, we will need a few drops of blood from a finger. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. The blood will be tested for glucose immediately, and the result will be told to you right away for further follow up, if necessary. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team. The results will be given to you with an explanation of the meaning of your blood glucose numbers.</p> <p>If your blood glucose is high, we will suggest that you consult a health facility or doctor since we cannot provide any counselling, further testing or treatment during the survey.</p> <p>Do you have any questions? If you have any questions about the procedure at any time, please ask me.</p> <p>To obtain correct blood glucose measurement, we would ask that you do not eat or drink anything except plain water for at least 8 hours prior to my blood glucose testing visit.</p> <p>Would you allow me to return to take your blood glucose measurement before you break your fast?</p>																																																										

		MAN 1	MAN 2	MAN 3
	NAME FROM COLUMN 2	NAME _____	NAME _____	NAME _____
436B	<p>CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.</p> <p>(IF 'NOT PRESENT' IN THE 1ST APPOINTMENT, MAKE A 2ND APPOINTMENT; MAKE A 3RD APPOINTMENT.)</p>	<p>1ST APP. GRANTED 1 REFUSED 2 (SIGN AND GO TO 436K) ←</p> <p>SIGN _____</p> <p>RESP. NOT PRESENT 3 (MAKE SECOND APPOINTMENT) ←</p> <p>2ND APP. GRANTED 1 REFUSED 2 (SIGN AND GO TO 436K) ←</p> <p>SIGN _____</p> <p>RESP. NOT PRESENT 3 (MAKE THIRD APPOINTMENT) ←</p> <p>3RD APP. GRANTED 1 REFUSED 2 (SIGN AND GO TO 436K) ←</p> <p>SIGN _____</p> <p>RESP. NOT PRESENT 3 (GO TO 401 IN NEXT COLUMN. IF NO MORE RESPONDENT, END) ←</p>	<p>1ST APP. GRANTED 1 REFUSED 2 (SIGN AND GO TO 436K) ←</p> <p>SIGN _____</p> <p>RESP. NOT PRESENT 3 (MAKE SECOND APPOINTMENT) ←</p> <p>2ND APP. GRANTED 1 REFUSED 2 (SIGN AND GO TO 436K) ←</p> <p>SIGN _____</p> <p>RESP. NOT PRESENT 3 (MAKE THIRD APPOINTMENT) ←</p> <p>3RD APP. GRANTED 1 REFUSED 2 (SIGN AND GO TO 436K) ←</p> <p>SIGN _____</p> <p>RESP. NOT PRESENT 3 (GO TO 401 IN NEXT COLUMN. IF NO MORE RESPONDENT, END) ←</p>	<p>1ST APP. GRANTED 1 REFUSED 2 (SIGN AND GO TO 436K) ←</p> <p>SIGN _____</p> <p>RESP. NOT PRESENT 3 (MAKE SECOND APPOINTMENT) ←</p> <p>2ND APP. GRANTED 1 REFUSED 2 (SIGN AND GO TO 436K) ←</p> <p>SIGN _____</p> <p>RESP. NOT PRESENT 3 (MAKE THIRD APPOINTMENT) ←</p> <p>3RD APP. GRANTED 1 REFUSED 2 (SIGN AND GO TO 436K) ←</p> <p>SIGN _____</p> <p>RESP. NOT PRESENT 3 (GO TO 401 IN NEXT COLUMN. IF NO MORE RESPONDENT, END) ←</p>
436C	<p>When can I come to test your blood glucose?</p> <p>RECORD APPOINTMENT FOR BLOOD GLUCOSE TESTING AND PROCEED TO NEXT SECTION</p>	<p>1ST APP. DATE _____</p> <p>HOUR. . . <input type="text"/> <input type="text"/></p> <p>MINUTES. <input type="text"/> <input type="text"/></p> <p>2ND APP. DATE _____</p> <p>HOUR. . . <input type="text"/> <input type="text"/></p> <p>MINUTES. <input type="text"/> <input type="text"/></p> <p>3RD APP. DATE _____</p> <p>HOUR. . . <input type="text"/> <input type="text"/></p> <p>MINUTES. <input type="text"/> <input type="text"/></p>	<p>1ST APP. DATE _____</p> <p>HOUR. . . <input type="text"/> <input type="text"/></p> <p>MINUTES. <input type="text"/> <input type="text"/></p> <p>2ND APP. DATE _____</p> <p>HOUR. . . <input type="text"/> <input type="text"/></p> <p>MINUTES. <input type="text"/> <input type="text"/></p> <p>3RD APP. DATE _____</p> <p>HOUR. . . <input type="text"/> <input type="text"/></p> <p>MINUTES. <input type="text"/> <input type="text"/></p>	<p>1ST APP. DATE _____</p> <p>HOUR. . . <input type="text"/> <input type="text"/></p> <p>MINUTES. <input type="text"/> <input type="text"/></p> <p>2ND APP. DATE _____</p> <p>HOUR. . . <input type="text"/> <input type="text"/></p> <p>MINUTES. <input type="text"/> <input type="text"/></p> <p>3RD APP. DATE _____</p> <p>HOUR. . . <input type="text"/> <input type="text"/></p> <p>MINUTES. <input type="text"/> <input type="text"/></p>

		MAN 1	MAN 2	MAN 3
	NAME FROM COLUMN 2	NAME _____	NAME _____	NAME _____
436D	<p>WHEN RETURNING FOR BLOOD GLUCOSE TESTING: ASK CONSENT FOR BLOOD GLUCOSE TESTING</p> <p>As I mentioned yesterday, we are going to measure the level of sugar in blood. As part of this survey, we are asking people all over the country to take a blood glucose test. Your glucose level is an indicator that can measure your risk associated with some non-communicable diseases such as diabetes. This survey will assist the government to develop programs to prevent and treat high and low glucose levels.</p> <p>For the blood glucose testing, we will need a few drops of blood from a finger. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test.</p> <p>SHOW UNOPENED PACKAGE.</p> <p>The blood will be tested for glucose immediately, and the result will be told to you right away for further follow up, if necessary. The result will be kept other strictly confidential and will not be shared with anyone other than members of our survey team. The results will be given to you with an explanation of the meaning of your blood glucose numbers. If your blood glucose is high, we will suggest that you consult a health facility or doctor since we cannot provide any counselling, further testing or treatment during the survey.</p> <p>You can say yes or no to having the blood glucose measurement now.</p> <p>Do you have any questions? If you have any questions about the procedure at any time, please ask me.</p> <p>Would you allow me to proceed to take your measurement?</p>			
436E	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME (IF 'NOT PRESENT' MAKE 2 MORE CALL BACKS TO FIND THE RESPONDENT)	GRANTED 1 REFUSED 2 (SIGN AND GO TO 436K) ← SIGN _____ ← RESP. NOT PRESENT 3 (AFTER TWO CALL BACKS, GO TO 401 IN NEXT COLUMN. IF NO MORE RESPONDENT, END) ←	GRANTED 1 REFUSED 2 (SIGN AND GO TO 436K) ← SIGN _____ ← RESP. NOT PRESENT 3 (AFTER TWO CALL BACKS, GO TO 401 IN NEXT COLUMN. IF NO MORE RESPONDENT, END) ←	GRANTED 1 REFUSED 2 (SIGN AND GO TO 436K) ← SIGN _____ ← RESP. NOT PRESENT 3 (AFTER TWO CALL BACKS, GO TO 401 IN NEXT COLUMN. IF NO MORE RESPONDENT, END) ←
436F	When was the last time you had something to eat?	HOURS MINUTES 1 ST APP. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 2 ND APP. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 3 RD APP. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	HOURS MINUTES 1 ST APP. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 2 ND APP. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 3 RD APP. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	HOURS MINUTES 1 ST APP. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 2 ND APP. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 3 RD APP. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

		MAN 1	MAN 2	MAN 3
	NAME FROM COLUMN 2	NAME _____	NAME _____	NAME _____
436G	When was the last time you had something to drink other than plain water?	<div>HOURS MINUTES</div> <div>1ST APP. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></div> <div>2ND APP. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></div> <div>3RD APP. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></div>	<div>HOURS MINUTES</div> <div>1ST APP. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></div> <div>2ND APP. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></div> <div>3RD APP. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></div>	<div>HOURS MINUTES</div> <div>1ST APP. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></div> <div>2ND APP. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></div> <div>3RD APP. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></div>
436H	CHECK 436F: LAST TIME EAT	8 HOURS OR MORE 1 SKIP TO 436II LESS THAN 8 HOURS 2	8 HOURS OR MORE 1 SKIP TO 436II LESS THAN 8 HOURS 2	8 HOURS OR MORE 1 SKIP TO 436II LESS THAN 8 HOURS 2
436I	READ TO RESPONDENT:	As mentioned before, in order to obtain correct blood glucose measurement, we need you to fast for at least 8 hours prior to testing. GO TO 436B TO MAKE NEXT APPOINTMENT	As mentioned before, in order to obtain correct blood glucose measurement, we need you to fast for at least 8 hours prior to testing. GO TO 436B TO MAKE NEXT APPOINTMENT	As mentioned before, in order to obtain correct blood glucose measurement, we need you to fast for at least 8 hours prior to testing. GO TO 436B TO MAKE NEXT APPOINTMENT
436II	PREPARE EQUIPMENT AND SUPPLIES FOR WHICH CONSENT HAS BEEN OBTAINED AND PROCEED WITH THE BLOOD GLUCOSE TEST.			
436J	RECORD TIME FOR BLOOD GLUCOSE TESTING	<div>DAY <input type="text"/> <input type="text"/></div> <div>MONTH <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></div> <div>YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></div> <div>HOURS <input type="text"/> <input type="text"/></div> <div>MINUTES <input type="text"/> <input type="text"/></div>	<div>DAY <input type="text"/> <input type="text"/></div> <div>MONTH <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></div> <div>YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></div> <div>HOURS <input type="text"/> <input type="text"/></div> <div>MINUTES <input type="text"/> <input type="text"/></div>	<div>DAY <input type="text"/> <input type="text"/></div> <div>MONTH <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></div> <div>YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></div> <div>HOURS <input type="text"/> <input type="text"/></div> <div>MINUTES <input type="text"/> <input type="text"/></div>
436K	RECORD FASTING BLOOD SUGAR IN MMOL/L. IF YOUR ARE UNABLE TO MEASURE RESPONDENT'S BLOOD GLUCOSE , RECORD REASON BLOOD GLUCOSE IS NOT MEASURED	<div>MMOL/L <input type="text"/> <input type="text"/> <input type="text"/></div> <div>(GO TO 401 IN NEXT COLUMN. IF NO MORE RESPONDENT, END) </div> <div>REFUSED 994 </div> <div>TECHNICAL PROBLEMS ... 995 </div> <div>OTHER 996 </div> <div>(GO TO 401 IN NEXT COLUMN. IF NO MORE RESPONDENT, END) </div>	<div>MMOL/L ... <input type="text"/> <input type="text"/> <input type="text"/></div> <div>(GO TO 401 IN NEXT COLUMN. IF NO MORE RESPONDENT, END) </div> <div>REFUSED 994 </div> <div>TECHNICAL PROBLEMS ... 995 </div> <div>OTHER 996 </div> <div>(GO TO 401 IN NEXT COLUMN. IF NO MORE RESPONDENT, END) </div>	<div>MMOL/L ... <input type="text"/> <input type="text"/> <input type="text"/></div> <div>(GO TO 401 IN NEXT COLUMN. IF NO MORE RESPONDENT, END) </div> <div>REFUSED 994 </div> <div>TECHNICAL PROBLEMS ... 995 </div> <div>OTHER 996 </div> <div>(GO TO 401 IN NEXT COLUMN. IF NO MORE RESPONDENT, END) </div>

TO BE FILLED IN AFTER COMPLETING BIOMARKERS

This image shows a single sheet of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

BANGLADESH DEMOGRAPHIC AND HEALTH SURVEY 2017-18
VERBAL AUTOPSY FORM 1
FOR NEONATAL DEATHS (0-28 DAYS OF AGE)

NIPORT, MOHFW
 icddr,b
 Mitra and Associates

IDENTIFICATION	
CLUSTER NUMBER _____	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="display: flex; flex-direction: column; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> </div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> </div>
HOUSEHOLD NUMBER _____	
RURAL = 1, CITY CORPORATION (CC) = 2, OTHER THAN CC = 3 _____	
NAME OF HOUSEHOLD HEAD _____	
NAME AND LINE NUMBER OF RESPONDENT _____	
NAME AND LINE NUMBER OF DEAD CHILD _____	

INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY <div style="display: flex; flex-direction: column; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> </div>
INTERVIEWER'S NAME	_____	_____	_____	MONTH <div style="display: flex; flex-direction: column; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> </div>
RESULT*	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	YEAR <div style="display: flex; flex-direction: column; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px; text-align: center;">2</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px; text-align: center;">0</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px; text-align: center;">1</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> </div>
NEXT VISIT: DATE	_____	_____		INT. NUMBER <div style="display: flex; flex-direction: column; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> </div>
TIME	_____	_____		TOTAL NUMBER OF VISITS <div style="display: flex; flex-direction: column; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> </div>
*RESULT CODES: 1 COMPLETED 2 NO HOUSEHOLD MEMBER AT HOME 3 MOTHER/KNOWLEDGABLE RESPONDENT NOT PRESENT 4 MOTHER OR KNOWLEDGABLE RESPONDENT POSTPONED 5 MOTHER OR KNOWLEDGABLE RESPONDENT REFUSED 6 DWELLING VACANT/DESTROYED/NOT FOUND 7 OTHER _____ (SPECIFY)				

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY
NAME _____	NAME _____	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> </div>	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> </div>
DATE _____	DATE _____		
<div style="display: flex; flex-direction: column; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> </div>	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> </div>		

INTRODUCTION AND CONSENT

Introductory statement:

My name is _____. I am working for Mitra and Associates, a private research organization located in Dhaka. We are conducting a survey about health all over Bangladesh under the authority of the National Institute of Population Research and Training (NIPORT), Medical Education and Family Welfare Division, Ministry of Health and Family Welfare (MOHFW). Your household was selected for the survey. We are collecting information on the causes of death in the community. This information will help the government to plan health and family planning services. We would very much appreciate your participation in this survey. We learned during our earlier visit that (NAME) had died recently. As part of the survey we want to ask you about the circumstances leading to the death of the (NAME). The questions usually take about 30-45 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.

Why is the study being done?

The survey aims to provide information to address the monitoring and evaluation needs of the Fourth Health, Population and Nutrition Sector Program (HPNSP) and to provide managers and policy makers involved in this program with the information that they need to effectively plan and execute future interventions.

What is involved in the study?

You have been selected as a respondent in this survey. I would like to ask you some questions about the circumstances leading to the death of your child.

What will you have to do if you agree to participate?

Since you have been selected as a respondent in this study, I shall be thankful if you provide your valuable response on certain issues. If some questions cause you embarrassment or make you feel uncomfortable, you can refuse to answer them.

What are the risks and benefits of this study?

By providing information you will not have any risk whatsoever, rather this will help the government and policy planners to evaluate, strengthen and refocus national effort to improve health, population and nutrition programs.

Confidentiality:

Whatever information you provide will be kept strictly confidential. It will be used for research purposes and will be seen only by staff and researchers at the organizations mentioned.

Is there any compensation for participating in the study?

Your participation in the study is voluntary and promises no financial benefit.

Right to refuse or withdraw:

Participation in this survey is voluntary and you can choose not to answer any individual question or all of the questions. However, we hope that you will participate in this survey since your views are important.

Who do I contact if I have a question or problem?

If you wish to know more about your rights as a participant in this study you may write the Bangladesh Medical Research Council (BMRC), Mohakhali, Dhaka or Mitra and Associates, Main Road 1, House 35, Senpara Parbata, Mirpur 10, Dhaka or Phone 9025410, 9025412. If you have further questions regarding the nature of this study you may also contact NIPORT, 13/1 Sheikh Shaheb Bazar, Azimpur, Dhaka-1205 or Phone 9662495, 58611206.

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

SIGNATURE OF INTERVIEWER _____ DATE _____

RESPONDENT AGREES
TO BE INTERVIEWED .. 1
↓

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
SECTION 2. BASIC INFORMATION ABOUT RESPONDENT											
200	COPY NAME OF DECEASED CHILD FROM Q. 212 OF WOMAN'S QUESTIONNAIRE	_____ (NAME)									
201	RECORD THE TIME AT START OF INTERVIEW FILL BOTH BOXES	HOURS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> MINUTES <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>									
202	NAME OF THE RESPONDENT	_____ (NAME)									
203	What is your relationship to (NAME)?	FATHER 1 MOTHER 2 SIBLING 3 NO RELATION 4 OTHER RELATIVE 6 (SPECIFY)									
204	Did you live with (NAME) in the period leading to her/his death?	YES 1 NO 2									
SECTION 3. INFORMATION ON THE DECEASED AND DATE/PLACE OF DEATH											
302	Was (NAME) female or male?	FEMALE 1 MALE 2									
303	CHECK 215: NAME'S DATE OF BIRTH RECORD DATE OF BIRTH OF THE DECEASED FROM Q. 215 OF WOMAN'S QUESTIONNAIRE. RECORD '98' IF DON'T KNOW DAY OR MONTH RECORD '9998' IF DON'T KNOW YEAR	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td></tr></table> DAY MONTH YEAR									
303A	In what season did (NAME) die?	SUMMER 1 MONSOON 2 AUTUMN 3 LATE AUTUMN 4 WINTER 5 SPRING 6 DON'T KNOW 8									
304	How old was (NAME) when s/he died? IF LESS THAN ONE DAY RECORD '00'	DAYS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table>									
305	When did (NAME) die? RECORD '98' IF DON'T KNOW DAY OR MONTH RECORD '9998' IF DON'T KNOW YEAR	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td></tr></table> DAY MONTH YEAR									

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
306	CHECK 304: <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;"> AGE AT DEATH 0-28 DAYS <div style="border: 1px solid black; width: 20px; height: 15px; margin: 5px auto;"></div> </div> <div style="text-align: center;"> AGE AT DEATH 29 DAYS AND ABOVE <div style="border: 1px solid black; width: 20px; height: 15px; margin: 5px auto;"></div> </div> </div>		USE VA FORM 2
307	Where did (NAME) die?	HOSPITAL 1 OTHER HEALTH FACILITY 2 ON THE WAY TO A HEALTH FACILITY OR TO A PROVIDER 3 HOME 4 OTHER 6 (SPECIFY) DON'T KNOW 8	

SECTION 4. RESPONDENT'S ACCOUNT OF ILLNESS/EVENTS LEADING TO DEATH

401	Could you tell me about the illness/events that led to (NAME)s death? <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	
402	CAUSE OF DEATH 1 ACCORDING TO RESPONDENT <hr/> <hr/> <hr/> <hr/>	
403	CAUSE OF DEATH 2 ACCORDING TO RESPONDENT <hr/> <hr/>	
403A	ANY OF THE FOLLOWING WORDS OF INTEREST MENTIONED IN THE ABOVE NARRATIVE? ASPHYXIA INCUBATOR LUNG PROBLEM PNEUMONIA PRETERM DELIVERY NONE OF THE ABOVE	A B C D E F

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																																
SECTION 5. PREGNANCY HISTORY																																																			
501	I would like to ask you some questions concerning you when you were pregnant with (NAME), during the delivery of (NAME) and shortly after delivery of (NAME). Some of these questions may not appear to be directly related to (NAME's) death. Please answer all the questions. The answers will help us to get a clear picture of all possible symptoms that (NAME) had.																																																		
502	How many births, including stillbirths, did you have before (NAME)?	NUMBER OF BIRTHS/ STILLBIRTHS <input type="text"/> <input type="text"/> DON'T KNOW98																																																	
503	How many months or weeks was the pregnancy when (NAME) was born?	MONTHS 1 <input type="text"/> <input type="text"/> WEEKS 2 <input type="text"/> <input type="text"/> DON'T KNOW98																																																	
504	Did the pregnancy with (NAME) end earlier than expected?	YES 1 NO 2 DON'T KNOW 8	506																																																
505	How many weeks before the expected date of delivery was (NAME) born? IF LESS THAN ONE WEEK RECORD '00'	WEEKS <input type="text"/> <input type="text"/> DON'T KNOW98																																																	
506	During the pregnancy with (NAME) did you suffer from:	<table border="0"> <thead> <tr> <th></th><th>YES</th><th>NO</th><th>DK</th></tr> </thead> <tbody> <tr> <td>1 High blood pressure?</td><td>HIGH BLOOD PRESSURE 1</td><td>2</td><td>8</td></tr> <tr> <td>2 Heart disease?</td><td>HEART DISEASE 1</td><td>2</td><td>8</td></tr> <tr> <td>3 Diabetes?</td><td>DIABETES 1</td><td>2</td><td>8</td></tr> <tr> <td>4 Epilepsy/convulsion?</td><td>EPILEPSY/CONVULSION 1</td><td>2</td><td>8</td></tr> <tr> <td>5 Did she suffer from any other medically diagnosed illness?</td><td>OTHER 1</td><td>2</td><td>8</td></tr> <tr> <td colspan="4">_____ (SPECIFY) ↓</td></tr> </tbody> </table>		YES	NO	DK	1 High blood pressure?	HIGH BLOOD PRESSURE 1	2	8	2 Heart disease?	HEART DISEASE 1	2	8	3 Diabetes?	DIABETES 1	2	8	4 Epilepsy/convulsion?	EPILEPSY/CONVULSION 1	2	8	5 Did she suffer from any other medically diagnosed illness?	OTHER 1	2	8	_____ (SPECIFY) ↓																								
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_____ (SPECIFY) ↓																																																			
507	During the last 3 months of pregnancy with (NAME) did you suffer from:	<table border="0"> <thead> <tr> <th></th><th>YES</th><th>NO</th><th>DK</th></tr> </thead> <tbody> <tr> <td>01 Vaginal bleeding?</td><td>VAGINAL BLEEDING 1</td><td>2</td><td>8</td></tr> <tr> <td>02 Smelly vaginal discharge?</td><td>SMELLY VAGINAL DISCHARGE 1</td><td>2</td><td>8</td></tr> <tr> <td>03 Puffy face?</td><td>PUFFY FACE 1</td><td>2</td><td>8</td></tr> <tr> <td>04 Headache?</td><td>HEADACHE 1</td><td>2</td><td>8</td></tr> <tr> <td>05 Blurred vision?</td><td>BLURRED VISION 1</td><td>2</td><td>8</td></tr> <tr> <td>06 Convulsion?</td><td>CONVULSION 1</td><td>2</td><td>8</td></tr> <tr> <td>07 Febrile illness?</td><td>FEBRILE ILLNESS 1</td><td>2</td><td>8</td></tr> <tr> <td>08 Severe abdominal pain that was not labor pain?</td><td>SEVERE ABDOMINAL PAIN (NOT LABOR PAIN) 1</td><td>2</td><td>8</td></tr> <tr> <td>09 Pallor and shortness of breath (both present)?</td><td>PALLOR/SHORTNESS OF BREATH (BOTH) 1</td><td>2</td><td>8</td></tr> <tr> <td>10 Did she suffer from any other illness?</td><td>OTHER ILLNESS 1</td><td>2</td><td>8</td></tr> <tr> <td colspan="4">_____ (SPECIFY) ↓</td></tr> </tbody> </table>		YES	NO	DK	01 Vaginal bleeding?	VAGINAL BLEEDING 1	2	8	02 Smelly vaginal discharge?	SMELLY VAGINAL DISCHARGE 1	2	8	03 Puffy face?	PUFFY FACE 1	2	8	04 Headache?	HEADACHE 1	2	8	05 Blurred vision?	BLURRED VISION 1	2	8	06 Convulsion?	CONVULSION 1	2	8	07 Febrile illness?	FEBRILE ILLNESS 1	2	8	08 Severe abdominal pain that was not labor pain?	SEVERE ABDOMINAL PAIN (NOT LABOR PAIN) 1	2	8	09 Pallor and shortness of breath (both present)?	PALLOR/SHORTNESS OF BREATH (BOTH) 1	2	8	10 Did she suffer from any other illness?	OTHER ILLNESS 1	2	8	_____ (SPECIFY) ↓				
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508	Was (NAME) a single or multiple birth?	SINGLE 1 TWIN 2 TRIPLET OR MORE 3 DON'T KNOW 8	601 601																																																
509	What was the birth order of (NAME)?	FIRST 1 SECOND 2 THIRD OR HIGHER 3 DON'T KNOW 8																																																	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
SECTION 6. DELIVERY HISTORY			
601	Where was (NAME) born?	HOSPITAL 1 OTHER HEALTH FACILITY 2 HOME 3 OTHER 6 (SPECIFY) DON'T KNOW 8	
602	Who assisted with the delivery? 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 DURING THE DELIVERY.	HEALTH PERSONNEL QUALIFIED DOCTOR A NURSE/MIDWIFE/ PARAMEDIC B FAMILY WELFARE VISITOR (FWV) C COMMUNITY SKILLED BIRTH ATTENDANT (CSBA) D SUB-ASSISTANT COMMUNITY MEDICAL OFFICER (SACMO) E COMMUNITY HEALTH CARE PROVIDER (CHCP) F HEALTH ASSTANT (HA) G FAMILY WELFARE ASSISTANT H NGO WORKER I OTHER PERSON TRAINED TBA (TTBA) J UNTRAINED TBA (UTBA) K UNQUALIFIED DOCTOR L RELATIVES M NEIGHBOURS/FRIENDS N OTHER X (SPECIFY) NO ONE ASSISTED Y	
603	When did the water break?	BEFORE LABOUR STARTED 1 DURING LABOR 2 WATER DID NOT BREAK 3 DON'T KNOW 8	606
604	How many hours after the water broke was (NAME) born?	LESS THAN 24 HOURS 1 24 HOURS OR MORE 2 DON'T KNOW 8	
605	Was the water foul smelling?	YES 1 NO 2 DON'T KNOW 8	
606	Did (NAME) stop moving in the womb?	YES 1 NO 2 DON'T KNOW 8	608
607	When did (NAME) stop moving in the womb?	BEFORE LABOR STARTED 1 DURING LABOR 2 DON'T KNOW 8	
608	Did (PERSON WHO ASSISTED DELIVERY IN 602) listen for fetal heart sounds during labor?	YES 1 NO 2 DON'T KNOW 8	610
609	Were fetal heart sounds present?	YES 1 NO 2 DON'T KNOW 8	
610	Was there excess bleeding on the day labor started or during delivery?	YES 1 NO 2 DON'T KNOW 8	
611	Did (NAME)'s mother have a fever on the day labor started?	YES 1 NO 2 DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
SECTION 8. HISTORY OF INJURIES/ACCIDENTS			
801	Did (NAME) suffer from any injury or accident that led to her/his death?	YES 1 NO 2 DON'T KNOW 8	→ 804
802	What kind of injury or accident did (NAME) suffer?	ROAD TRAFFIC ACCIDENT 01 FALL 02 DROWNING 03 POISONING 04 BURNS 05 VIOLENCE/ASSAULT 06 FALL FROM HEIGHT 07 INJURED BY FIREARMS 08 STAB INJURY 09 HANGING/STRANGULATION 10 BLUNT FORCE INJURY 11 NATURAL CALAMITIES 12 ELECTROCUTION 13 OTHER 96 (SPECIFY) DON'T KNOW 98	→ 802C
802A	Where was (NAME) when the accident happened?	PEDESTRIAN 1 IN A CAR/SMALL VEHICLE 2 IN A BUS/LARGE VEHICLE 3 ON A MOTORISED CYCLE 4 ON A NON-MOTORISED CYCLE 5 OTHER 6 (SPECIFY)	
802B	With what other object/person did the road traffic accident happen?	PEDESTRIAN 1 IN A CAR/SMALL VEHICLE 2 IN A BUS/LARGE VEHICLE 3 ON A MOTORISED CYCLE 4 ON A NON-MOTORISED CYCLE 5 OTHER 6 (SPECIFY)	
802C	Was (NAME) injured in a non-road traffic accident?	YES 1 NO 2 DON'T KNOW 8	
803	Was the injury intentionally inflicted by someone else?	YES 1 NO 2 DON'T KNOW 8	
804	Did (NAME) suffer from any animal/insect bite that led to her/his death?	YES 1 NO 2 DON'T KNOW 8	→ 901A
805	What type of animal/insect?	DOG 1 SNAKE 2 INSECT 3 OTHER 6 (SPECIFY) DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
SECTION 9. NEONATAL ILLNESS HISTORY			
901A	How old was (NAME) when the disease or event leading to her/his death started?	DAYS <input type="text"/> <input type="text"/> DON'T KNOW 98	
901B	Before the illness or event that led to her/his death, was (NAME) growing normally?	YES 1 NO 2 DON'T KNOW 8	
901C	For how many days was (NAME) ill before she/he died? IF LESS THAN ONE DAY RECORD '00'.	DAYS <input type="text"/> <input type="text"/> DON'T KNOW 98	
901	Was (NAME) ever able to suckle or bottle-feed?	YES 1 NO 2 DON'T KNOW 8	→ 905
902	How soon after birth did (NAME) suckle or bottle-feed?	HOURS 1 <input type="text"/> <input type="text"/> DAYS 2 <input type="text"/> <input type="text"/> DON'T KNOW 998	
903	Did (NAME) stop suckling or bottle-feeding?	YES 1 NO 2 DON'T KNOW 8	→ 905
904	How many days after birth did (NAME) stop suckling or bottle-feeding? IF LESS THAN ONE DAY RECORD '00'.	DAYS <input type="text"/> <input type="text"/> DON'T KNOW 98	
905	Was (NAME) exclusively breastfed?	YES 1 NO 2 DON'T KNOW 8	
906	Did (NAME) have convulsions?	YES 1 NO 2 DON'T KNOW 8	→ 908
907	How soon after birth did the convulsions start? IF LESS THAN ONE DAY RECORD '00'.	DAYS <input type="text"/> <input type="text"/> DON'T KNOW 98	
908	Did (NAME) become stiff and arched backwards?	YES 1 NO 2 DON'T KNOW 8	
909	Was the soft part at the top of (NAME)'s head (fontanelle) swollen or bulging?	YES 1 NO 2 DON'T KNOW 8	→ 910A
910	How many days after birth did (NAME) have the swelling or bulging? IF LESS THAN ONE DAY RECORD '00'.	DAYS <input type="text"/> <input type="text"/> DON'T KNOW 98	
910A	During the illness that led to death was the soft top part of (NAME)'s head (fontanelle) sunken?	YES 1 NO 2 DON'T KNOW 8	→ 911

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
910B	How many days after birth did (NAME) have the sunken top of head? IF LESS THAN ONE DAY RECORD '00'.	DAYS <input type="text"/> <input type="text"/> DON'T KNOW 98	
911	Did (NAME) become unresponsive or unconscious after birth?	YES 1 NO 2 DON'T KNOW 8	→912A
912	How many days after birth did (NAME) become unresponsive or unconscious? IF LESS THAN ONE DAY RECORD '00'.	DAYS <input type="text"/> <input type="text"/> DON'T KNOW 98	
912A	Did (NAME) become unresponsive or unconscious in last illness?	YES 1 NO 2 DON'T KNOW 8	
912B	Did (NAME) become unresponsive or unconscious in 24 hours before she/he died?	YES 1 NO 2 DON'T KNOW 8	
913	Did (NAME) have a fever?	YES 1 NO 2 DON'T KNOW 8	→915
914	How many days after birth did (NAME) have a fever? IF LESS THAN ONE DAY RECORD '00'.	DAYS <input type="text"/> <input type="text"/> DON'T KNOW 98	
914A	Did the fever continue until death?	YES 1 NO 2 DON'T KNOW 8	
915	Did (NAME) become cold to the touch?	YES 1 NO 2 DON'T KNOW 8	→917
916	How many days after birth did (NAME) become cold to the touch? IF LESS THAN ONE DAY RECORD '00'.	DAYS <input type="text"/> <input type="text"/> DON'T KNOW 98	
917	Did (NAME) have a cough?	YES 1 NO 2 DON'T KNOW 8	→919
918	How many days after birth did (NAME) start to cough? IF LESS THAN ONE DAY RECORD '00'.	DAYS <input type="text"/> <input type="text"/> DON'T KNOW 98	
919	Did (NAME) have fast breathing?	YES 1 NO 2 DON'T KNOW 8	→921
920	How many days after birth did (NAME) start breathing fast? IF LESS THAN ONE DAY RECORD '00'.	DAYS <input type="text"/> <input type="text"/> DON'T KNOW 98	
921	Did (NAME) have difficulty breathing?	YES 1 NO 2 DON'T KNOW 8	→922B
922	How many days after birth did (NAME) start having difficulty in breathing? IF LESS THAN ONE DAY RECORD '00'.	DAYS <input type="text"/> <input type="text"/> DON'T KNOW 98	
922A	For how many days did the difficulty breathing last?	DAYS <input type="text"/> <input type="text"/> DON'T KNOW 98	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
922B	During the illness that led to death, did (NAME) become lethargic after a normal activity?	YES 1 NO 2 DON'T KNOW 8	
923	Did (NAME) have chest indrawing?	YES 1 NO 2 DON'T KNOW 8	
924	Did (NAME) have noisy breathing (grunting or wheezing)? DEMONSTRATE	YES 1 NO 2 DON'T KNOW 8	
925	Did (NAME) have flaring of the nostrils?	YES 1 NO 2 DON'T KNOW 8	
926	Did (NAME) have diarrhoea?	YES 1 NO 2 DON'T KNOW 8	→930
927	How many days after birth did (NAME) have diarrhoea? IF LESS THAN ONE DAY RECORD '00'.	DAYS <input type="text"/> <input type="text"/> DON'T KNOW 98	
927A	How long did the diarrhoea last? IF LESS THAN ONE DAY RECORD '00'.	DAYS <input type="text"/> <input type="text"/> DON'T KNOW 98	
928	When the diarrhoea was most severe, how many times did (NAME) pass stools in a day?	NUMBER OF TIMES A DAY <input type="text"/> <input type="text"/> DON'T KNOW 98	
929	Was there blood in the stools?	YES 1 NO 2 DON'T KNOW 8	
930	Did (NAME) have vomiting?	YES 1 NO 2 DON'T KNOW 8	→933
931	How many days after birth did vomiting start? IF LESS THAN ONE DAY RECORD '00'.	DAYS <input type="text"/> <input type="text"/> DON'T KNOW 98	
932	When the vomiting was most severe, how many times did (NAME) vomit in a day?	NUMBER OF TIMES A DAY <input type="text"/> <input type="text"/> DON'T KNOW 98	
932A	Did (NAME) vomit in the week preceding death?	YES 1 NO 2 DON'T KNOW 8	
933	Did (NAME) have a more than usually protruding abdomen?	YES 1 NO 2 DON'T KNOW 8	→935
934	How many days after birth did (NAME) have abdominal distension?	DAYS <input type="text"/> <input type="text"/> DON'T KNOW 98	
935	Did (NAME) have redness or discharge from the umbilical cord stump?	YES 1 NO 2 DON'T KNOW 8	
936	Did (NAME) have a pustular skin rash?	YES 1 NO 2 DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
937	Did (NAME) have yellow palms or soles?	YES 1 NO 2 DON'T KNOW 8	→939A
938	How many days after birth did the yellow palms or soles begin? IF LESS THAN ONE DAY RECORD '00'.	DAYS <input type="text"/> <input type="text"/> DON'T KNOW 98	
939	For how many days did (NAME) have yellow palms or soles? IF LESS THAN ONE DAY RECORD '00'.	DAYS <input type="text"/> <input type="text"/> DON'T KNOW 98	
939A	Did (NAME) appear healthy and then died suddenly?	YES 1 NO 2 DON'T KNOW 8	

SECTION 10. MOTHER'S HEALTH AND CONTEXTUAL FACTORS

	ASK THE RESPONDENT ABOUT HER PREGNANCY WITH (NAME).		
1001	How old were you at the time (NAME) died?	YEARS <input type="text"/> <input type="text"/> DON'T KNOW 98	
1002	Did you receive antenatal care?	YES 1 NO 2 DON'T KNOW 8	
1002A	Did you have any complications in the last 3 months of the pregnancy before labor?	YES 1 NO 2 DON'T KNOW 8	
1002B	What was the color of the water when the water broke?	GREEN OR BROWN 1 CLEAR 2 WATER DID NOT BREAK 3 OTHER 6 DON'T KNOW 8	
1002C	Did you receive any vaccinations since reaching adulthood during this pregnancy?	YES 1 NO 2 DON'T KNOW 8	
1002D	During labor, did you have a fever?	YES 1 NO 2 DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1002E	During the last 3 months of pregnancy, labor, or delivery, did you have high blood pressure?	YES 1 NO 2 DON'T KNOW 8	
1002F	Did you have diabetes mellitus?	YES 1 NO 2 DON'T KNOW 8	
1002G	Did you have foul smelling vaginal discharge during pregnancy or after delivery?	YES 1 NO 2 DON'T KNOW 8	
1002H	During the last 3 months of pregnancy, labor or delivery did you mother suffer from convulsions?	YES 1 NO 2 DON'T KNOW 8	
1002I	During the last 3 months of pregnancy (NAME), did you suffer from blurred vision?	YES 1 NO 2 DON'T KNOW 8	
1002J	Did you have severe anemia?	YES 1 NO 2 DON'T KNOW 8	
1002K	Did you have vaginal bleeding during the last 3 months of pregnancy but before labor started?	YES 1 NO 2 DON'T KNOW 8	
1003	Did you receive tetanus toxoid (TT) vaccine?	YES 1 NO 2 DON'T KNOW 8	→ 1005
1004	How many doses?	NUMBER OF DOSES <input type="text"/> <input type="text"/> DON'T KNOW 98	
1005	How is your health now?	HEALTHY 1 ILL 2 DON'T KNOW 8	
1005A	Have you ever been tested for HIV/AIDS?	YES 1 NO 2 DON'T KNOW 8	
1005B	Have you ever been told she had HIV/AIDS by a health worker?	YES 1 NO 2 DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
SECTION 11 TREATMENT AND HEALTH SERVICE USE FOR THE FINAL ILLNESS			
1101	Did (NAME) receive any treatment for the illness that led to death?	YES 1 NO 2 DON'T KNOW 8	→ 1201
1101A	Did (NAME) receive oral rehydration salts?	YES 1 NO 2 DON'T KNOW 8	→ 1101C
1101B	Did (NAME) need oral rehydration salts?	YES 1 NO 2 DON'T KNOW 8	
1101C	Did (NAME) receive intravenous fluids (drops) treatment?	YES 1 NO 2 DON'T KNOW 8	→ 1101E
1101D	Did (NAME) need intravenous fluids (drops) treatment?	YES 1 NO 2 DON'T KNOW 8	
1101E	Did (NAME) receive a blood transfusion?	YES 1 NO 2 DON'T KNOW 8	→ 1101G
1101F	Did (NAME) need a blood transfusion?	YES 1 NO 2 DON'T KNOW 8	
1101G	Did (NAME) receive treatment/food through a tube passed through the nose?	YES 1 NO 2 DON'T KNOW 8	→ 1101I
1101H	Did (NAME) need treatment/food through a tube passed through the nose?	YES 1 NO 2 DON'T KNOW 8	
1101I	Did (NAME) receive injectable antibiotics?	YES 1 NO 2 DON'T KNOW 8	→ 1101K
1101J	Did (NAME) need injectable antibiotics?	YES 1 NO 2 DON'T KNOW 8	
1101K	Did (NAME) receive antiretroviral therapy (ART)?	YES 1 NO 2 DON'T KNOW 8	→ 1101M
1101L	Did (NAME) need antiretroviral therapy (ART)?	YES 1 NO 2 DON'T KNOW 8	
1101M	Did (NAME) have an operation for the illness?	YES 1 NO 2 DON'T KNOW 8	→ 1102
1101N	Did (NAME) need an operation for the illness?	YES 1 NO 2 DON'T KNOW 8	
1102	Can you please list the treatments (NAME) was given for the illness that led to death? COPY FROM PRESCRIPTION/DISCHARGE NOTES IF AVAILABLE	 	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1104H	In the final days before death, was traditional medicine used?	YES 1 NO 2 DON'T KNOW 8	
1104I	In the final days before death, did anyone use a telephone or cell phone to call for help?	YES 1 NO 2 DON'T KNOW 8	
1104J	Over the course of the illness, did the total costs of care and treatment prohibit other household payments?	YES 1 NO 2 DON'T KNOW 8	
1105	Did a health service provider tell you the cause of death?	YES 1 NO 2 DON'T KNOW 8	→ 1201
1106	What did the health service provider say?	_____ _____ _____	

SECTION 12 DATA ABSTRACTED FROM BIRTH AND DEATH CERTIFICATES

1201	Was (NAME)'s birth registered?	YES 1 NO 2 DON'T KNOW 8	→ 1204
1202	WRITE BIRTH REGISTRATION NUMBER FILL IN FROM RIGHT TO LEFT	<div> <div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div> </div> <div> <div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div> </div>	
1203	WRITE DATE OF BIRTH REGISTRATION COPY DAY, MONTH AND YEAR OF BIRTH CERTIFICATE.	<div> <div></div><div></div> </div> <div> <div></div><div></div> </div> <div> <div></div><div></div><div></div><div></div> </div> <div>DAY MONTH YEAR</div>	
1204	Was (NAME)'s death registered?	YES 1 NO 2 DON'T KNOW 8	→ 1301
1205	WRITE DEATH REGISTRATION NUMBER FILL IN FROM RIGHT TO LEFT	<div> <div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div> </div>	
1206	WRITE DATE OF DEATH REGISTRATION COPY DAY, MONTH AND YEAR OF DEATH CERTIFICATE.	<div> <div></div><div></div> </div> <div> <div></div><div></div> </div> <div> <div></div><div></div><div></div><div></div> </div> <div>DAY MONTH YEAR</div>	
1207	RECORD THE CAUSE OF DEATH FROM THE FIRST (TOP) LINE OF THE DEATH CERTIFICATE:	_____	
1208	RECORD THE CAUSE OF DEATH FROM THE SECOND LINE OF THE DEATH CERTIFICATE (IF ANY):	_____	
1209	RECORD THE CAUSE OF DEATH FROM THE THIRD LINE OF THE DEATH CERTIFICATE (IF ANY):	_____	
1210	RECORD THE CAUSE OF DEATH FROM THE FOURTH LINE OF THE DEATH CERTIFICATE (IF ANY):	_____	
1211	RECORD THE CONTRIBUTORY CAUSE OF DEATH FROM THE DEATH CERTIFICATE (CHAPTER 2):	_____	

SECTION 13. DATA ABSTRACTED FROM OTHER HEALTH RECORDS							
1301	OTHER HEALTH RECORDS AVAILABLE	YES 1 NO 2	→ 1311				
1302	FOR EACH TYPE OF HEALTH RECORD SUMMARIZE DETAILS FOR LAST 2 VISITS (IF MORE THAN 2) AND RECORD DATE OF ISSUE. (RECORD INFORMATION ABOUT MOTHER AND STILLBORN DECEASED CHILD)						
1303	BURIAL PERMIT (CAUSE OF DEATH) _____ _____						
1304	POST MORTEM RESULTS (CAUSE OF DEATH) _____ _____						
1305	VACCINATION/MCH/ANC CARD (RELEVANT INFORMATION) _____ _____						
1306	HOSPITAL PRESCRIPTION (RELEVANT INFORMATION) _____ _____						
1307	TREATMENT CARDS (RELEVANT INFORMATION) _____ _____						
1308	HOSPITAL DISCHARGE (RELEVANT INFORMATION) _____ _____						
1309	LABORATORY RESULTS (RELEVANT INFORMATION) _____ _____						
1310	OTHER HOSPITAL DOCUMENTS SPECIFY: _____ _____ _____						
1311	RECORD THE TIME AT THE END OF INTERVIEW FILL BOTH BOXES	HOURS MINUTES	<table border="1"> <tr> <td></td><td></td></tr> <tr> <td></td><td></td></tr> </table>				

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ON SPECIFIC QUESTIONS:


ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

NAME OF THE SUPERVISOR: _____ DATE: _____

BANGLADESH DEMOGRAPHIC AND HEALTH SURVEY 2017-18
VERBAL AUTOPSY FORM 2
DEATH OF CHILD AGED 4 WEEKS TO 5 YEARS

NIPORT, MOHFW
icddr,b
Mitra and Associates

IDENTIFICATION	
CLUSTER NUMBER _____	
HOUSEHOLD NUMBER _____	
RURAL = 1, CITY CORPORATION = 2, OTHER THAN CC = 3 _____	
NAME OF HOUSEHOLD HEAD _____	
NAME AND LINE NUMBER OF RESPONDENT _____	
NAME AND LINE NUMBER OF DEAD CHILD _____	

INTERVIEWING VISITS											
		1		2		3		FINAL VISIT			
DATE								<div> <div>DAY</div> <div>MONTH</div> <div>YEAR</div> <div>INTERVIEWER'S ID</div> <div>RESULT</div> </div> <div> <div> <div></div> <div></div> </div> <div> <div></div> <div></div> </div> <div> <div>2</div> <div>0</div> <div>1</div> <div></div> </div> <div> <div></div> <div></div> <div></div> <div></div> </div> <div> <div></div> </div> </div>			
INTERVIEWER'S NAME											
RESULT*											
NEXT VISIT: DATE								TOTAL NUMBER OF VISITS			
TIME											
<p>*RESULT CODES:</p> <div> <div>1 COMPLETED</div> <div>2 NO HOUSEHOLD MEMBER AT HOME</div> <div>3 MOTHER/KNOWLEDGABLE RESPONDENT NOT PRESENT</div> <div>4 MOTHER OR KNOWLEDGABLE RESPONDENT POSTPONED</div> <div>5 MOTHER OR KNOWLEDGABLE RESPONDENT REFUSED</div> <div>6 DWELLING VACANT/DESTROYED/NOT FOUND</div> <div>7 OTHER _____ (SPECIFY)</div> </div>											
<div>SUPERVISOR</div> <div>NAME _____</div> <div>DATE _____</div>				<div>FIELD EDITOR</div> <div>NAME _____</div> <div>DATE _____</div>				<div>OFFICE EDITOR</div> <div>_____</div>		<div>KEYED BY</div> <div>_____</div>	

Introductory statement:

My name is _____. I am working for Mitra and Associates, a private research organization located in Dhaka. We are conducting a survey about health all over Bangladesh under the authority of the National Institute of Population Research and Training (NIPORT), Medical Education and Family Welfare Division, Ministry of Health and Family Welfare (MOHFW). The information we collect will help the government to plan health services. Your household was selected for the survey. I would like to ask you some questions about your household. 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.

Why the study being done?

The survey aims to provide information to address the monitoring and evaluation needs of the Fourth Health, Population and Nutrition Sector Program (HPNSP) and to provide managers and policy makers involved in this program with the information that they need to effectively plan and execute future interventions.

What is involved in the study?

You have been selected as respondents in this survey. I would like to ask you some questions about your household and household members.

What will you have to do if you agree to participate?

Since, you have been selected as respondents in this study. I shall be thankful if you provide your valuable response on certain issues. If some questions cause you embarrassment or make you feel uncomfortable, you can refuse to answer them. The survey usually takes about 30 minutes to complete.

What are the risks and benefits of this study?

By providing information you will not have any risk what so ever, rather this will help the government and policy planners to evaluate, strengthen and refocus national effort to improve health, population and nutrition programs.

Confidentiality:

Whatever information you provide will be kept strictly confidential. It will be used for research purposes and will be seen only by staff and researchers at the organizations mentioned.

Is there any compensation for participating in the study?

Your participation in the study is voluntary and promises no financial benefit.

Right to refuse or withdraw:

Participation in this survey is voluntary and you can choose not to answer any individual question or all of the questions. However, we hope that you will participate in this survey since your views are important.

Who do I contact if I have a question or problem?

If you wish to know more about your rights as a participant in this study you may write the Bangladesh Medical Research Council (BMRC), Mohakhali, Dhaka or Mitra and Associates, Main Road 1, House 35, Senpara Parbata, Mirpur 10, Dhaka or Phone 9025410, 9025412. If you have further questions regarding the nature of this study you may also contact NIPORT, 13/1 Sheikh Shaheb Bazar, Azimpur, Dhaka-1205 or Phone 9662495, 58611206.

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

May I begin the interview now?

Signature of respondent _____

Date: _____

RESPONDENT AGREES TO BE INTERVIEWED... 1 RESPONDENT DOES NOT AGREE TO BE INTERVIEWED... 2 → END

↓

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
SECTION 2. BASIC INFORMATION ABOUT RESPONDENT			
200	COPY NAME OF DECEASED CHILD FROM Q. 212 OF WOMAN'S QUESTIONNAIRE	_____ (NAME)	
201	RECORD THE TIME AT THE START OF THE INTERVIEW FILL BOTH BOXES	HOURS MINUTES <div style="display: inline-block; vertical-align: middle;"> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> </div>	
202	NAME OF THE RESPONDENT	_____ (NAME)	
203	What is your relationship to (NAME) ?	FATHER 1 MOTHER 2 SIBLING 3 NO RELATION 4 OTHER RELATIVE 6 (SPECIFY) _____	
204	Did you live with (NAME) in the period leading to her/his death?	YES 1 NO 2	
SECTION 3. INFORMATION ON THE DECEASED AND DATE/PLACE OF DEATH			
302	Was (NAME) female or male?	FEMALE 1 MALE 2	
303	When was (NAME) born? RECORD DATE OF BIRTH OF THE DECEASED FROM Q215 OF WOMAN'S QUESTIONNAIRE	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 40px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> </div> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> DAY MONTH YEAR </div>	
303A	In what season did (NAME) die?	SUMMER 1 MONSOON 2 AUTUMN 3 LATE AUTUMN 4 WINTER 5 SPRING 6 DON'T KNOW 8	
304	How old was (NAME) when s/he died? EITHER ONE CODE	DAYS 1 <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> MONTHS 2 <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>	
305	When did (NAME) die? RECORD '98' IF DON'T KNOW DAY OR MONTH RECORD '9998' IF DON'T KNOW YEAR	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 40px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> </div> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> DAY MONTH YEAR </div>	
306	CHECK 304: AGE AT DEATH 29 DAYS TO LESS THAN 5 YEARS <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>	AGE AT DEATH 0-28 DAYS <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> → AGE AT DEATH 5 YEARS AND ABOVE <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> →	USE VA FORM 1 END

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
307	Where did (NAME) die?	HOSPITAL 1 OTHER HEALTH FACILITY 2 ON THE WAY TO HEALTH FACILITY OR TO A PROVIDER 3 HOME 4 OTHER 6 (SPECIFY) DON'T KNOW 8	

SECTION 4. RESPONDENT'S ACCOUNT OF ILLNESS/EVENTS LEADING TO DEATH

401	<p>Could you tell me about the illness/events that led to (NAME)s death?</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	
402	<p>CAUSE OF DEATH 1 ACCORDING TO RESPONDENT</p> <p>_____</p>	
403	<p>CAUSE OF DEATH 2 ACCORDING TO RESPONDENT</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	
403A	<p>ANY OF THE FOLLOWING WORDS OF INTEREST MENTIONED IN THE ABOVE NARRATIVE?</p> <p> ABDOMEN A CANCER B DEHYDRATION C DENGUE FEVER D DIARRHEA E FEVER F HEART PROBLEMS G JAUNDICE (YELLOW SKIN OR EYES) H PNEUMONIA I RASH J NONE OF THE ABOVE K </p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
SECTION 5. HISTORY OF PREVIOUSLY KNOWN MEDICAL CONDITIONS			
501	I would like to ask you some questions concerning previously known medical conditions the deceased had; injuries and accidents that the deceased suffered; and signs and symptoms that (NAME) had/showed when s/he was ill. Some of these questions may not appear to be directly related to his/her death. Please bear with me and answer all the questions. The answers will help us to get a clear picture of all possible symptoms that (NAME) had. Please tell me if the deceased suffer from any of the following illnesses:		
502	Heart disease?	YES 1 NO 2 DON'T KNOW 8	
503	Diabetes?	YES 1 NO 2 DON'T KNOW 8	
504	Asthma?	YES 1 NO 2 DON'T KNOW 8	
505	Epilepsy?	YES 1 NO 2 DON'T KNOW 8	
506	Malnutrition?	YES 1 NO 2 DON'T KNOW 8	
507	Cancer?	YES 1 NO 2 DON'T KNOW 8	→ 509
508	Can you specify the type or site of cancer?	TYPE/SITE _____ _____	
509	Tuberculosis?	YES 1 NO 2 DON'T KNOW 8	
510	HIV/AIDS?	YES 1 NO 2 DON'T KNOW 8	
510A	Did (s)he have a recent positive test by a health professional for malaria?	YES 1 NO 2 DON'T KNOW 8	
510B	Did (s)he have a recent negative test by a health professional for malaria?	YES 1 NO 2 DON'T KNOW 8	
510C	Was there any diagnosis by a health professional of dengue fever?	YES 1 NO 2 DON'T KNOW 8	
510D	Was there any diagnosis by a health professional of measles?	YES 1 NO 2 DON'T KNOW 8	
510E	Was there any diagnosis by a health professional of sickle cell disease?	YES 1 NO 2 DON'T KNOW 8	
510F	Was there any diagnosis by a health professional of kidney disease?	YES 1 NO 2 DON'T KNOW 8	
510G	Was there any diagnosis by a health professional of liver disease?	YES 1 NO 2 DON'T KNOW 8	
511	Did s/he suffer from any other medically diagnosed illness?	YES 1 NO 2 DON'T KNOW 8	→ 601
512	Can you specify the illness?	ILLNESS _____ _____	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
SECTION 6 HISTORY OF INJURIES/ACCIDENTS			
601	Did (NAME) suffer from any injury or accident that led to her/his death?	YES 1 NO 2 DON'T KNOW 8	→ 606
602	What kind of injury or accident did (NAME) suffer?	ROAD TRAFFIC ACCIDENT 01 FALL 02 DROWNING 03 POISONING 04 BURNS 05 VIOLENCE/ASSAULT 06 FALL FROM HEIGHT 07 INJURED BY FIREARMS 08 STAB INJURY 09 HANGING STRANGULATION 10 BLUNT FORCE INJURY 11 NATURAL CALAMITIES 12 ELECTROCUTION 13 OTHER 96 (SPECIFY) DON'T KNOW 98	→ 602C
602A	Where was (NAME) when the accident happened?	PEDESTRIAN 1 IN A CAR/SMALL VEHICLE 2 IN A BUS/LARGE VEHICLE 3 ON A MOTORISED CYCLE 4 ON A NON-MOTORISED CYCLE 5 OTHER 6	
602B	With what other object/person did the road traffic accident happen?	PEDESTRIAN 1 IN A CAR/SMALL VEHICLE 2 IN A BUS/LARGE VEHICLE 3 ON A MOTORISED CYCLE 4 ON A NON-MOTORISED CYCLE 5 OTHER 6	
602C	Was (NAME) injured in a non-road traffic accident?	YES 1 NO 2 DON'T KNOW 8	
603	Was the injury intentionally inflicted by someone else?	YES 1 NO 2 DON'T KNOW 8	
606	Did (NAME) suffer from any animal/insect bite that led to her/his death?	YES 1 NO 2 DON'T KNOW 8	→ 608
607	What type of animal/insect?	DOG 1 SNAKE 2 INSECT 3 OTHER 6 (SPECIFY) DON'T KNOW 8	
608	CHECK 304: FOR AGE AT DEATH UNDER ONE YEAR <input type="checkbox"/> ONE YEAR OR OLDER <input type="checkbox"/>		→ 801

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
SECTION 7. SYMPTOMS AND SIGNS NOTED DURING THE FINAL ILLNESS OF INFANTS			
701	At birth what was (NAME)'s size, smaller than normal, normal or larger than normal?	SMALLER THAN NORMAL 1 NORMAL 2 LARGER THAN NORMAL 3 DON'T KNOW 8	
702	Was (NAME) born prematurely?	YES 1 NO 2 DON'T KNOW 8	} → 704
703	How many weeks or months premature? INDICATE PERIOD OF PREGNANCY	WEEKS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> DON'T KNOW 998	
704	Was (NAME) growing normally?	YES 1 NO 2 DON'T KNOW 8	
704A	What was (NAME)'s birth weight?	KILOGRAMS <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 98	
704B	Was any part of (NAME) physically abnormal at the time of delivery, for example a is body part too large or too small?	YES 1 NO 2 DON'T KNOW 8	
704C	Did (NAME) have a swelling or a defect on the back at time of birth?	YES 1 NO 2 DON'T KNOW 8	
704D	Did (NAME) have a very large head at time of birth?	YES 1 NO 2 DON'T KNOW 8	
704E	Did (NAME) have a very small head at time of birth?	YES 1 NO 2 DON'T KNOW 8	
705	Did the child have bulging of the fontanelle (soft part at the top of the head was swollen) ?	YES 1 NO 2 DON'T KNOW 8	} → 801
706	For how many days before death did (NAME) have the bulging?	DAYS <input type="text"/> <input type="text"/> DON'T KNOW 98	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
SECTION 8. STATUS OF MOTHER AND SYMPTOMS NOTED DURING THE FINAL ILLNESS FOR ALL CHILDREN			
801	How is the mother's health now?	HEALTHY 1 ILL 2 DON'T KNOW 8	
801A	Did (NAME)'s mother receive professional assistance during the delivery?	YES 1 NO 2 DON'T KNOW 8	
801B	Has (NAME)'s biological mother ever been tested for HIV?	YES 1 NO 2 DON'T KNOW 8	} 802
801C	Has (NAME)'s biological mother ever been told she had HIV/AIDS by a health worker?	YES 1 NO 2 DON'T KNOW 8	
802	For how many days and months was (NAME) ill before (NAME) died?	DAYS 1 MONTHS 2 DON'T KNOW 998	
802A	Did (NAME) appear healthy and then died suddenly?	YES 1 NO 2 DON'T KNOW 8	
803	Did (NAME) have a fever?	YES 1 NO 2 DON'T KNOW 8	} 808
804	For how long did (NAME) have a fever?	DAYS 1 MONTHS 2 DON'T KNOW 998	
805	Was the fever severe?	YES 1 NO 2 DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP							
806	Was the fever continuous or on and off?	CONTINUOUS 1 ON AND OFF 2 DON'T KNOW 8								
807	Did (NAME) have chills/rigor?	YES 1 NO 2 DON'T KNOW 8								
807A	Did (NAME) have night sweats?	YES 1 NO 2 DON'T KNOW 8								
808	Did (NAME) have a cough?	YES 1 NO 2 DON'T KNOW 8	} 812							
809	For how long did (NAME) have a cough?	DAYS 1 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> MONTHS 2 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DON'T KNOW 998								
809A	Was the cough productive, with sputum?	YES 1 NO 2 DON'T KNOW 8								
809B	Did (NAME) cough up blood?	YES 1 NO 2 DON'T KNOW 8								
809C	Did (NAME) make a whooping sound when coughing?	YES 1 NO 2 DON'T KNOW 8								
810	Was the cough severe?	YES 1 NO 2 DON'T KNOW 8								
811	Did (NAME) vomit after he/she coughed?	YES 1 NO 2 DON'T KNOW 8								
812	Did (NAME) have fast breathing?	YES 1 NO 2 DON'T KNOW 8	} 814							
813	For how long did (NAME) have fast breathing?	DAYS <table border="1"><tr><td></td><td></td></tr></table> DON'T KNOW 9 8								
814	Did (NAME) have difficulty in breathing?	YES 1 NO 2 DON'T KNOW 8	} 820							
815	For how many days did (NAME) have difficulty in breathing?	DAYS <table border="1"><tr><td></td><td></td></tr></table> DON'T KNOW 9 8								
816	Did (NAME) have chest indrawing?	YES 1 NO 2 DON'T KNOW 8	} 818							

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
817	For how long did (NAME) have chest indrawing?	DAYS <input type="text"/> <input type="text"/> DON'T KNOW 9 8	
818	Did (NAME) have noisy breathing (grunting or wheezing)? DEMONSTRATE	YES 1 NO 2 DON'T KNOW 8	
819	Did (NAME) have flaring of the nostrils?	YES 1 NO 2 DON'T KNOW 8	
820	Did (NAME) have diarrhoea?	YES 1 NO 2 DON'T KNOW 8	} 824
821	For how long did (NAME) have diarrhoea?	DAYS <input type="text"/> <input type="text"/> DON'T KNOW 9 8	
822	When the diarrhoea was most severe, how many times did (NAME) pass stool in a day?	NUMBER <input type="text"/> <input type="text"/> DON'T KNOW 9 8	
823	At any time during the final illness was there blood in the stool?	YES 1 NO 2 DON'T KNOW 8	
824	Did (NAME) have vomiting?	YES 1 NO 2 DON'T KNOW 8	} 827
825	For how many days did (NAME) vomit?	DAYS <input type="text"/> <input type="text"/> DON'T KNOW 9 8	
826	When the vomiting was most severe, how many times did (NAME) vomit in a day?	DAYS <input type="text"/> <input type="text"/> DON'T KNOW 9 8	
826A	Did she vomit blood?	YES 1 NO 2 DON'T KNOW 8	
826B	Was the vomit black?	YES 1 NO 2 DON'T KNOW 8	
827	Did (NAME) have abdominal pain?	YES 1 NO 2 DON'T KNOW 8	} 830
828	For how many days or months did (NAME) have abdominal pain?	DAYS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> DON'T KNOW 9 9 8	
829	Was the abdominal pain severe?	YES 1 NO 2 DON'T KNOW 8	
830	Did (NAME) have abdominal distension?	YES 1 NO 2 DON'T KNOW 8	} 833A

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
831	For how many days or months did (NAME) have abdominal distension?	DAYS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> MONTHS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DON'T KNOW 9 9 8									
832	Did the distension develop rapidly within days or gradually over months?	RAPIDLY WITHIN DAYS 1 GRADUALLY OVER MONTHS 2 DON'T KNOW 8									
833	Was there a period of a day or longer during which (NAME) did not pass any stool?	YES 1 NO 2 DON'T KNOW 8									
833A	Did (NAME) have a more than usually protruding abdomen?	YES 1 NO 2 DON'T KNOW 8	} 834								
833B	For how many days or months did (NAME) have a more than usually protruding abdomen?	DAYS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> MONTHS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DON'T KNOW 9 9 8									
834	Did (NAME) have any mass in the abdomen?	YES 1 NO 2 DON'T KNOW 8	} 836								
835	For how many days or months did (NAME) have the mass in the abdomen?	DAYS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> MONTHS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DON'T KNOW 9 9 8									
836	Did (NAME) have headache?	YES 1 NO 2 DON'T KNOW 8	} 839								
837	For how many days or months did (NAME) have headache?	DAYS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> MONTHS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DON'T KNOW 9 9 8									
838	Was the headache severe?	YES 1 NO 2 DON'T KNOW 8									
839	Did (NAME) have a stiff or painful neck?	YES 1 NO 2 DON'T KNOW 8	} 841								
840	For how many days did (NAME) have a stiff or painful neck?	DAYS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> DON'T KNOW 9 8									
841	Did (NAME) become unresponsive or unconscious?	YES 1 NO 2 DON'T KNOW 8	} 844								


NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP				
842	For how many days was (NAME) unconscious?	DAYS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> DON'T KNOW 9 8					
843	Did the unconsciousness start suddenly, quickly within a single day, or slowly over many days?	SUDDENLY 1 FAST (IN A DAY) 2 SLOWLY (MANY DAYS) 3 DON'T KNOW 8					
844	Did (NAME) have convulsions?	YES 1 NO 2 DON'T KNOW 8	} 846				
844A	Did the convulsions occur in the whole body?	YES 1 NO 2 DON'T KNOW 8					
845	For how many days or months did (NAME) have convulsions?	DAYS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> MONTHS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> DON'T KNOW 9 9 8					
846	Did (NAME) have paralysis of the lower limbs?	YES 1 NO 2 DON'T KNOW 8	} 849				
847	For how many days or months did (NAME) have paralysis of the lower limbs?	DAYS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> MONTHS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> DON'T KNOW 9 9 8					
848	Did the paralysis of the lower limbs start suddenly, quickly within a single day, or slowly over many days?	SUDDENLY 1 FAST (IN A DAY) 2 SLOWLY (MANY DAYS) 3 DON'T KNOW 8					
849	Was there any change in the amount of urine (NAME) passed daily?	YES 1 NO 2 DON'T KNOW 8	} 851A				
850	For how many days or months did (NAME) have the change in the amount of urine (NAME) passed daily?	DAYS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> MONTHS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> DON'T KNOW 9 9 8					
851	How much urine did (NAME) pass?	TOO MUCH 1 TOO LITTLE 2 NO URINE AT ALL 3 DON'T KNOW 8					
851A	During the final illness, did (NAME) ever pass blood in the urine?	YES 1 NO 2 DON'T KNOW 8					
852	During the illness that led to death, did (NAME) have any skin rash?	YES 1 NO 2 DON'T KNOW 8	} 856				
853	For how many days did (NAME) have the skin rash?	DAYS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> DON'T KNOW 9 8					

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
854	Was the rash located on: 1 The face? 2 The trunk? 3 On the arms and legs? 4 Any other place?	<div style="text-align: right;">YES NO DK</div> FACE 1 2 8 TRUNK 1 2 8 ARMS AND LEGS 1 2 8 OTHER PLACE 1 2 8 <div style="text-align: center;">SPECIFY</div>									
855	What did the rash look like?	MEASLES RASH 1 RASH WITH CLEAR FLUID 2 RASH WITH PUS 3 DON'T KNOW 8									
856	Did (NAME) have red eyes?	YES 1 NO 2 DON'T KNOW 8									
857	Did (NAME) have bleeding from the nose, mouth, or anus?	YES 1 NO 2 DON'T KNOW 8									
858	Did (NAME) have weight loss?	YES 1 NO 2 DON'T KNOW 8	→ 860								
859	For how days or months before death did (NAME) have the weight loss?	DAYS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> MONTHS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DON'T KNOW 9 8									
860	Did (NAME) look very thin and wasted?	YES 1 NO 2 DON'T KNOW 8									
860A	Did (NAME) have sores or ulcers anywhere in the body?	YES 1 NO 2 DON'T KNOW 8	→ 861								
860B	Did the sores have clear fluid or pus?	YES 1 NO 2 DON'T KNOW 8									
860C	Did (NAME) have an ulcer (pit) on the foot?	YES 1 NO 2 DON'T KNOW 8	→ 861								
860D	Did the ulcer on the foot ooze pus?	YES 1 NO 2 DON'T KNOW 8	→ 861								
860E	For how many days did the ulcer ooze pus?	DAYS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DON'T KNOW 9 8									
861	Did (NAME) have mouth sores or white patches in the mouth or on the tongue?	YES 1 NO 2 DON'T KNOW 8	→ 863								
862	For how many days did (NAME) have mouth sores or white patches in the mouth or on the tongue?	DAYS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DON'T KNOW 9 8									
863	Did (NAME) have any swelling?	YES 1 NO 2 DON'T KNOW 8	→ 864C								

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
864	For how many days or months did (NAME) have the swelling?	DAYS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> MONTHS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DON'T KNOW 9 9 8									
864A	Was the swelling on: 1 The face? 2 The joints? 3 The ankles? 4 The whole body? 5 Any other place?	YES NO DK FACE 1 2 8 JOINTS 1 2 8 ANKLES 1 2 8 WHOLE BODY 1 2 8 OTHER PLACE 1 2 8 _____ SPECIFY: ↙									
864B	During the illness that led to death, did (NAME) have swollen legs or feet?	YES 1 NO 2 DON'T KNOW 8									
864C	During the illness that led to death, did (NAME) have areas of the skin that turned black?	YES 1 NO 2 DON'T KNOW 8									
864D	Did (NAME) have difficulty swallowing?	YES 1 NO 2 DON'T KNOW 8	→ 866								
864E	For how many days before death did (NAME) have difficulty swallowing? IF LESS THAN ONE DAY RECORD '00'.	DAYS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DON'T KNOW 9 8									
864F	Was the difficulty in swallowing with solids, liquids or both?	SOLID 1 LIQUID 2 BOTH 3									
866	Did (NAME) have any lumps?	YES 1 NO 2 DON'T KNOW 8	→ 869								
867	For how days or months did (NAME) have the lumps?	DAYS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> MONTHS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DON'T KNOW 9 9 8									
868	Were the lumps on: 1 The neck? 2 The armpit? 3 The groin? 4 Any other place?	YES NO DK NECK 1 2 8 ARMPIT 1 2 8 GROIN 1 2 8 OTHER PLACE 1 2 8 _____ SPECIFY: ↙									
869	Did (NAME) have yellow discoloration of the eyes?	YES 1 NO 2 DON'T KNOW 8	→ 871								

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
870	For how many days or months did (NAME) have the yellow discoloration of the eyes?	DAYS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> MONTHS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DON'T KNOW 9 9 8									
871	Did (NAME)'s hair color change to reddish or yellowish?	YES 1 NO 2 DON'T KNOW 8	→ 873								
872	For how many days or months did (NAME) have reddish/yellowish hair?	DAYS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> MONTHS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DON'T KNOW 9 9 8									
873	Did (NAME) look pale (thinning/lack of blood) or have pale palms, eyes or nail beds?	YES 1 NO 2 DON'T KNOW 8	→ 875								
874	For how many days did (NAME) look pale (thinning/lack of blood) or have pale palms, eyes, or nail beds?	DAYS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DON'T KNOW 9 8									
875	Did (NAME) have sunken eyes?	YES 1 NO 2 DON'T KNOW 8	→ 901								
876	For how many days did (NAME) have sunken eyes?	DAYS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DON'T KNOW 9 8									

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
905	<p>Did (NAME) ever receive treatment from any health facility?</p> <p>Any other facility?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>_____</p>	<p>PUBLIC SECTOR</p> <p>MEDICAL COLLEGE HOSPITAL A</p> <p>SPECIALIZED GOVT HOSPITAL B</p> <p>DISTRICT HOSPITAL C</p> <p>MCWC D</p> <p>UPAZILA HEALTH COMPLEX E</p> <p>UH & FAMILY WELFARE CENTRE F</p> <p>COMMUNITY CLINIC G</p> <p>SAT. CLINIC/EPI OUTREACH H</p> <p>HEALTH ASSISTANT (HA) I</p> <p>FAMILY WELFARE ASSISTANT (FWA) J</p> <p>OTHER PUBLIC SECTOR K</p> <p>_____ (SPECIFY)</p> <p>NGO SECTOR</p> <p>NGO STATIC CLINIC L</p> <p>NGO SATELLITE CLINIC M</p> <p>NGO DEPO HOLDER N</p> <p>NGO FIELD WORKER O</p> <p>OTHER NGO SECTOR P</p> <p>_____ (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE MEDICAL COLLEGE HOSPITAL Q</p> <p>PRIVATE HOSPITAL R</p> <p>PRIVATE CLINIC S</p> <p>QUALIFIED DOCTOR'S CHAMBER T</p> <p>NON-QUALIFIED DOCTOR'S CHAMBER U</p> <p>PHARMACY/DRUG STORE V</p> <p>OTHER PRIVATE MEDICAL SECTOR W</p> <p>_____ (SPECIFY)</p> <p>OTHER X</p> <p>_____ (SPECIFY)</p>	
905A	In the final days before death, did (NAME) travel to a hospital or health facility?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	905H
905B	Was a motorised transport used to go to the hospital?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
905C	Were there any problems during admission to the hospital or health facility?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
905D	In the hospital or health facility, were there any problems with the way (NAME) was treated in terms of medical treatment, procedures, interpersonal attitudes, respect or dignity?	YES 1 NO 2 DON'T KNOW 8	
905E	In the hospital or health facility, were there any problems getting medications or diagnostic tests?	YES 1 NO 2 DON'T KNOW 8	
905F	Did it take more than 2 hours to get from (NAME)'s house to the nearest hospital or health facility?	YES 1 NO 2 DON'T KNOW 8	
905G	Was (NAME) discharged from hospital very ill?	YES 1 NO 2 DON'T KNOW 8	
905H	In the final days before death were there any doubts about whether medical care was needed?	YES 1 NO 2 DON'T KNOW 8	
905I	In the final days before death, was traditional medicine used?	YES 1 NO 2 DON'T KNOW 8	
905J	In the final days before death, did anyone use a telephone or cell phone to call for help?	YES 1 NO 2 DON'T KNOW 8	
905K	Over the course of the illness, did the total costs of care and treatment prohibit other household payments?	YES 1 NO 2 DON'T KNOW 8	
905L	CHECK 905: CODE A TO W CIRCLED <input type="checkbox"/> 	<input type="checkbox"/> _____	909
906	In the month before death, how many contacts with formal health services did (NAME) have?	NUMBER OF CONTACTS <input type="text"/> <input type="text"/> DON'T KNOW 9 8	
907	Did a health care worker tell you the cause of death?	YES 1 NO 2 DON'T KNOW 8	909
908	What did the health care worker say?	_____ _____ _____	
909	Did (NAME) have any operation for the illness?	YES 1 NO 2 DON'T KNOW 8	1001
910	How many days before death did (NAME) have the operation?	DAYS <input type="text"/> <input type="text"/> DON'T KNOW 9 8	
911	On what part of the body was the operation?	ABDOMEN 1 CHEST 2 HEAD 3 OTHER 6 (SPECIFY) _____ DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
SECTION 10. DATA ABSTRACTED FROM BIRTH AND DEATH CERTIFICATES			
1001	Was (NAME)'s birth registered?	YES 1 NO 2 DON'T KNOW 8	1004
1002	WRITE BIRTH REGISTRATION NUMBER FILL IN FROM RIGHT TO LEFT	<div style="border: 1px solid black; width: 100px; height: 30px; margin: 0 auto;"></div> DON'T KNOW 9999999999999999	
1003	WRITE DATE OF BIRTH REGISTRATION NUMBER COPY DAY, MONTH AND YEAR OF BIRTH CERTIFICATE.	<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; display: flex; align-items: center; justify-content: center;"> <div style="width: 15px; height: 10px; border: 1px solid black;"></div> <div style="width: 15px; height: 10px; border: 1px solid black;"></div> </div> <div style="border: 1px solid black; width: 30px; height: 20px; display: flex; align-items: center; justify-content: center;"> <div style="width: 15px; height: 10px; border: 1px solid black;"></div> <div style="width: 15px; height: 10px; border: 1px solid black;"></div> </div> <div style="border: 1px solid black; width: 40px; height: 20px; display: flex; align-items: center; justify-content: center;"> <div style="width: 10px; height: 10px; border: 1px solid black;"></div> <div style="width: 10px; height: 10px; border: 1px solid black;"></div> <div style="width: 10px; height: 10px; border: 1px solid black;"></div> <div style="width: 10px; height: 10px; border: 1px solid black;"></div> </div> </div> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> DAY MONTH YEAR </div>	
1004	Was (NAME)'s death registered?	YES 1 NO 2 DON'T KNOW 8	1101
1005	WRITE DEATH REGISTRATION NUMBER FILL IN FROM RIGHT TO LEFT	<div style="border: 1px solid black; width: 100px; height: 30px; margin: 0 auto;"></div> DON'T KNOW 9999999999	
1006	WRITE DATE OF DEATH REGISTRATION NUMBER COPY DAY, MONTH AND YEAR OF DEATH CERTIFICATE.	<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; display: flex; align-items: center; justify-content: center;"> <div style="width: 15px; height: 10px; border: 1px solid black;"></div> <div style="width: 15px; height: 10px; border: 1px solid black;"></div> </div> <div style="border: 1px solid black; width: 30px; height: 20px; display: flex; align-items: center; justify-content: center;"> <div style="width: 15px; height: 10px; border: 1px solid black;"></div> <div style="width: 15px; height: 10px; border: 1px solid black;"></div> </div> <div style="border: 1px solid black; width: 40px; height: 20px; display: flex; align-items: center; justify-content: center;"> <div style="width: 10px; height: 10px; border: 1px solid black;"></div> <div style="width: 10px; height: 10px; border: 1px solid black;"></div> <div style="width: 10px; height: 10px; border: 1px solid black;"></div> <div style="width: 10px; height: 10px; border: 1px solid black;"></div> </div> </div> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> DAY MONTH YEAR </div>	
1007	RECORD THE CAUSE OF DEATH FROM THE FIRST (TOP) LINE OF THE DEATH CERTIFICATE: _____		
1008	RECORD THE CAUSE OF DEATH FROM THE SECOND LINE OF THE DEATH CERTIFICATE (IF ANY): _____		
1009	RECORD THE CAUSE OF DEATH FROM THE THIRD LINE OF THE DEATH CERTIFICATE (IF ANY): _____		
1010	RECORD THE CAUSE OF DEATH FROM THE FOURTH LINE OF THE DEATH CERTIFICATE (IF ANY): _____		

SECTION 11. DATA ABSTRACTED FROM OTHER HEALTH RECORDS							
1101	OTHER HEALTH RECORDS AVAILABLE	YES 1 NO 2	→ 1111				
1102	FOR EACH TYPE OF HEALTH RECORD SUMMARIZE DETAILS FOR LAST 2 VISITS (IF MORE THAN 2) AND RECORD DATE OF ISSUE						
1103	BURIAL PERMIT (CAUSE OF DEATH) _____ _____						
1104	POST MORTEM RESULTS (CAUSE OF DEATH) _____ _____						
1105	MCH/ANC CARD (RELEVANT INFORMATION) _____ _____						
1106	HOSPITAL PRESCRIPTION (RELEVANT INFORMATION) _____ _____						
1107	TREATMENT CARDS (RELEVANT INFORMATION) _____ _____						
1108	HOSPITAL DISCHARGE (RELEVANT INFORMATION) _____ _____						
1109	LABORATORY RESULTS (RELEVANT INFORMATION) _____ _____						
1110	OTHER HOSPITAL DOCUMENTS SPECIFY: _____ _____ _____						
1111	RECORD THE TIME AT THE END OF INTERVIEW FILL BOTH BOXES	HOURS MINUTES	<table border="1"> <tr> <td></td><td></td> </tr> <tr> <td></td><td></td> </tr> </table>				

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

NAME OF THE SUPERVISOR: _____ DATE: _____

BANGLADESH DEMOGRAPHIC AND HEALTH SURVEY 2017-18

COMMUNITY QUESTIONNAIRE

Bangladesh Demographic and Health Survey 2017-18
COMMUNITY QUESTIONNAIRE

IDENTIFICATION																														
<div>DIVISION _____ (BARISAL=1; CHITTAGONG=2; DHAKA=3; KHULNA=4; MYMENSINGH=5; RAJSHAHI=6; RANGPUR=7; SYLHET=8)</div> <div>DISTRICT _____</div> <div>UPAZILA/THANA _____</div> <div>UNION/WARD _____</div> <div>VILLAGE/MOHALLA/BLOCK _____</div> <div>CLUSTER NUMBER</div> <div>TYPE OF AREA: 1 = RURAL AREA; 2 = CITY CORPORATION; 3 = OTHER URBAN</div> <div>POST STRATIFICATION CRITERION</div>		<div style="text-align: right;"> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> </div>																												
GPS READING: <div style="text-align: right;">LATITUDE</div> <div style="text-align: right;">LONGITUDE</div>		<table style="width:100%; border-collapse: collapse;"> <tr> <th style="width: 15%;"></th> <th style="width: 25%;">Degrees</th> <th style="width: 25%;">Minutes</th> <th style="width: 35%;">Thousandths</th> </tr> <tr> <td style="text-align: center;">N</td> <td><input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/></td> <td><input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/></td> <td><input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/></td> </tr> <tr> <td></td> <td style="text-align: center;">Degrees</td> <td style="text-align: center;">Minutes</td> <td style="text-align: center;">Thousandths</td> </tr> <tr> <td style="text-align: center;">E</td> <td><input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/></td> <td><input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/></td> <td><input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/></td> </tr> </table>			Degrees	Minutes	Thousandths	N	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>		Degrees	Minutes	Thousandths	E	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>											
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<div>DATE OF VISIT _____</div> <div>RESULTS OF THE INTERVIEW: [COMPLETED =1, INCOMPLETE = 2, OTHER (SPECIFY) = 6]</div> <div>NAME OF INTERVIEWER _____</div>		<div>DAY..... <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/></div> <div>MONTH..... <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/></div> <div>YEAR..... <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/></div> <div>RESULT..... <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/></div> <div>INTERVIEWER CODE..... <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/></div>																												
NAME OF PERSONS INTERVIEWED 1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____		<table style="width:100%; border-collapse: collapse;"> <tr> <th style="width: 60%;"></th> <th style="width: 15%;">POSITION</th> <th style="width: 25%;">SEX</th> </tr> <tr> <td>ELECTED OFFICIAL.....01</td> <td><input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/></td> <td>MALE1 <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/></td> </tr> <tr> <td>RELIGIOUS LEADER.....02</td> <td><input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/></td> <td>FEMALE.....2 <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/></td> </tr> <tr> <td>TEACHER/EDUCATOR03</td> <td><input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/></td> <td><input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/></td> </tr> <tr> <td>DOCTOR/HEALTH OFFICIAL04</td> <td><input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/></td> <td><input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/></td> </tr> <tr> <td>SERVICE HOLDER.....05</td> <td><input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/></td> <td><input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/></td> </tr> <tr> <td>BUSINESS PERSON06</td> <td><input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/></td> <td><input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/></td> </tr> <tr> <td>OTHER.....96</td> <td><input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/></td> <td><input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/></td> </tr> <tr> <td align="center" colspan="3">(SPECIFY)</td> </tr> </table>			POSITION	SEX	ELECTED OFFICIAL.....01	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>	MALE1 <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>	RELIGIOUS LEADER.....02	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>	FEMALE.....2 <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>	TEACHER/EDUCATOR03	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>	DOCTOR/HEALTH OFFICIAL04	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>	SERVICE HOLDER.....05	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>	BUSINESS PERSON06	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>	OTHER.....96	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>	(SPECIFY)		
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1. Community information

INFORMED CONSENT

AFTER ASSEMBLING THE INFORMANTS, READ THE FOLLOWING GREETING:

My name is _____. I am working for Mitra and Associates, a private research organization located in Dhaka. We are conducting a survey about health all over Bangladesh under the authority of the National Institute of Population Research and Training (NIPORT), Medical Education and Family Welfare Division, Ministry of Health and Family Welfare (MOHFW). The information we collect will help the government to plan health services. We are carrying out a survey of communities to get a picture of services available to the communities and to understand when and why people use health services. I would like to ask you some questions about your community and about sources of health care in it and around it as a way of better understanding how to serve the population. Please be assured that this discussion is strictly confidential, and you may choose to stop the interview at any time. May I continue?

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
100	PERMISSION RECEIVED TO CONTINUE?	YES 1 NO 2	<input type="checkbox"/> Stop
100A	CHECK RURAL AREA <input type="checkbox"/>	URBAN AREA <input type="checkbox"/>	107
102	What is the most common type of transportation, i.e., most of the people use to go to the Upazila/Thana Headquarters?	CAR/BUS/TEMPO 01 MOTORCYCLE 02 MOTOR LAUNCH 03 BICYCLE 04 ANIMAL CART 05 BOAT 06 PATH 07 RICKSHAW/RICKSHAW VAN 08 TRAIN 09 CNG/BABY TAXI 10 AUTO/EASY BIKE 11 OTHER 96 (SPECIFY)	
103	How long does it take to go to the Upazila/Thana Headquarters using the transportation (MENTIONED IN Q 102)?	MINUTES <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 998	
103a	What is the transportation cost to go to the Upazila/thana headquarters using the transportation (MENTIONED IN Q102)? ONE WAY TRIP	TK. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
105	Which is the most common type of transportation, i.e., most of the people use to go to the District Headquarters?	CAR/BUS/TEMPO 01 MOTORCYCLE 02 MOTOR LAUNCH 03 BICYCLE 04 ANIMAL CART 05 BOAT 06 PATH 07 RICKSHAW/RICKSHAW VAN 08 TRAIN 09 CNG/BABY TAXI 10 AUTO/EASY BIKE 11 OTHER 96 (SPECIFY)	
106	How long does it take to go to the District Headquarters using the transportation (MENTIONED IN Q 105)?	MINUTES <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 998	
106a	What was the transportation cost for one way trip to go to the District headquarters using the transportation (MENTIONED IN Q105)?	TK. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
107	What is the main access route to this village/mohalla ?	ALL WEATHER ROAD/ PACCA ROAD/MOTORABLE..... 1 SEASONAL ROAD/EARTHEN..... 2 WATERWAY 3 PATH 4 OTHER..... 6 (SPECIFY)	
108	What are the main economic activities in this area/village? (CIRCLE ALL MENTIONED)	AGRICULTUREA LIVESTOCKB FISHINGC COMMERCED MANUFACTURINGE DAY LABORF SERVICEG OTHER.....X (SPECIFY)	
109A	CHECK RURAL AREA <input type="checkbox"/>	URBAN AREA <input type="checkbox"/>	111A
110	How far is the nearest weekly market from this village? IF LESS THAN ONE MILE/KILOMETER, RECORD "00". RECORD "97" IF DISTANCE IS MORE THAN 97 MILES/KILOMETERS. RECORD "98" IF DON'T KNOW.	MILE1 KILOMETER....2	<input type="text"/>
111A	Is telephone service always accessible in this village?	YES 1 NO 2	
112A	Is electricity (national grid including <i>Palli Biduth</i>) available here?	YES 1 NO 2	
112B	Is solar electricity available here?	YES 1 NO 2	
113	What is the primary source of water for the majority of people in this village?	PIPED 01 PUBLIC TAP 02 WELL 03 TUBE WELL 04 RIVER/STREAM/LAKE 05 RAINWATER 06 OTHER 96	
114	In this village/mohalla, are there any of the following : MOTHER'S CLUB OR LADIES ASSOCIATIONS? GRAMEEN BANK MEMBER ? BRAC INCOME GENERATING ACTIVITIES PROSHIKA ASA COTTAGE INDUSTRIES OF BSIC COOPERATIVE SOCIETY AKTI BARI AKTI KHAMAR OTHER NGO	YES NO MOTHERS CLUB 1 2 GRAMEEN BANK 1 2 BRAC..... 1 2 PROSHIKA 1 2 ASA 1 2 BSIC 1 2 COOPERATIVE SOCIETY.. 1 2 AKTI BARI AKTI KHAMAR.. 1 2 OTHER NGO 1 2	
115	Please tell me if the following things are in this village/mohalla. IF YES, WRITE '00'. IF NO, ASK: How far is it? IF DO NOT KNOW, PUT '98'. A. How far is the madrasa from this village/mohalla? B. How far is the primary school? C. How far is the boy's high school from this village/mohalla? D. How far is the girl's high school from this village/mohalla? E. How far is the high school (co-education)? F. How far is the post office from this village/mohalla?	MILE 1 KILOMETER.....2 MILE 1 KILOMETER.....2 MILE 1 KILOMETER.....2 MILE 1 KILOMETER.....2 MILE 1 KILOMETER.....2 MILE 1 KILOMETER.....2	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
	G. How far is the cinema hall from this village/mohalla?	MILE 1 KILOMETER.....2	<input type="text"/>
117	Is there any shop or any person in this village/mohalla, that sells family planning methods?	YES 1 NO 2 DON'T KNOW 8	

2. Identification of Health Facilities

Now we would like to ask you some questions about health facilities from which people in this village/mohalla can obtain services if they want. We would like for you to tell us about all of the facilities known by the general population of this village/mohalla that are of specific types. Please start with the ones that are closest to this village/mohalla.

201. HEALTH FACILITY	202. Where is the (HEALTH FACILITY) located?	203. What is the (HEALTH FACILITY)'s operating authority?	204. How far in miles/kilometers is the (HEALTH FACILITY) located from the center of the village? IF LOCATED IN THE VILLAGE/MOHALLA, RECORD '00'.	205. How many minutes does it take to go to the (HEALTH FACILITY) using the most common type of transportation?	206. When did the (HEALTH FACILITY) first open?	207. Is the (HEALTH FACILITY) located in this thana/ union?
01A. ANY HOSPITAL (Nearest) NAME: _____ DON'T KNOW98 NONE.....00	DISTRICT: _____ UPAZILA/THANA: _____ LOCATION: _____	GOVERNMENT 01 NGO 02 PRIVATE 03 RELIGIOUS 04 OTHER 96 DK..... 98	MILES1 KILOMETERS...2 DON'T KNOW 98	MINUTES <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 998	YEAR DON'T KNOW 9998	YES ... 1→ 02A NO 2→ 01B
01B. DISTRICT SADAR HOSPITAL (DH) NAME: _____ DON'T KNOW98 NONE.....00	DISTRICT: _____ UPAZILA/THANA: _____ LOCATION: _____	GOVERNMENT 01	MILES1 KILOMETERS...2 DON'T KNOW 98	MINUTES <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 998	YEAR DON'T KNOW 9998	
02A. UPAZILA HEALTH COMPLEX (UHC) (nearest) NAME: _____ DON'T KNOW98 NONE.....00	DISTRICT: _____ UPAZILA/THANA: _____ LOCATION: _____	GOVERNMENT 01	MILES1 KILOMETERS...2 DON'T KNOW 98	MINUTES <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 998	YEAR DON'T KNOW 9998	YES ... 1→ 03A NO 2→ 02B
02B. UPAZILA HEALTH COMPLEX (UHC) (in this thana/upazila) NAME: _____ DON'T KNOW98 NONE.....00	DISTRICT: _____ UPAZILA/THANA: _____ LOCATION: _____	GOVERNMENT 01	MILES1 KILOMETERS...2 DON'T KNOW 98	MINUTES <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 998	YEAR DON'T KNOW 9998	

201. HEALTH FACILITY	202. Where is the (HEALTH FACILITY) located?	203. What is the (HEALTH FACILITY)'s operating authority?	204. How far in miles/kilometers is the (HEALTH FACILITY) located from the center of the village? IF LOCATED IN THE VILLAGE/MOHALLA, RECORD '00'.	205. How many minutes does it take to go to the (HEALTH FACILITY) using the most common type of transportation?	206. When did the (HEALTH FACILITY) first open?	207. Is the (HEALTH FACILITY) located in this thana/ union?
03A. UNION HEALTH & FAMILY WELFARE CENTER (nearest) NAME: _____ DON'T KNOW98 NONE00	DISTRICT: _____ UPAZILA/THANA: _____ LOCATION: _____	GOVERNMENT 01	MILES1 _____ KILOMETERS2 _____ DON'T KNOW 98	MINUTES _____ DON'T KNOW 998	YEAR DON'T KNOW 9998	YES ... 1→ 04A NO 2→ 03B
03B. UNION HEALTH & FAMILY WELFARE CENTER (in this union) NAME: _____ DON'T KNOW98 NONE00	DISTRICT: _____ UPAZILA/THANA: _____ LOCATION: _____	GOVERNMENT 01	MILES1 _____ KILOMETERS2 _____ DON'T KNOW 98	MINUTES _____ DON'T KNOW 998	YEAR DON'T KNOW 9998	
04A. MATERNAL AND CHILD WELFARE CENTER (MCWC) (nearest) NAME: _____ DON'T KNOW98 NONE00	DISTRICT: _____ UPAZILA/THANA: _____ LOCATION: _____	GOVERNMENT 01	MILES1 _____ KILOMETERS2 _____ DON'T KNOW 98	MINUTES _____ DON'T KNOW 998	YEAR DON'T KNOW 9998	YES ... 1→ 06A NO 2→ 04B
04B. MATERNAL AND CHILD WELFARE CENTER (MCWC) (DISTRICT) NAME: _____ DON'T KNOW98	DISTRICT: _____ UPAZILA/THANA: _____ LOCATION: _____	GOVERNMENT 01	MILES1 _____ KILOMETERS2 _____ DON'T KNOW 98	MINUTES _____ DON'T KNOW 998	YEAR DON'T KNOW 9998	

201. HEALTH FACILITY	202. Where is the (HEALTH FACILITY) located?	203. What is the (HEALTH FACILITY)'s operating authority?	204. How far in miles/kilometers is the (HEALTH FACILITY) located from the center of the village? IF LOCATED IN THE VILLAGE/MOHALLA, RECORD '00'.	205. How many minutes does it take to go to the (HEALTH FACILITY) using the most common type of transportation?	206. When did the (HEALTH FACILITY) first open?	207. Is the (HEALTH FACILITY) located in this thana/ union?
NONE.....00						

List all of the PRIVATE CLINICS that are available for people in this village/mohalla to use.

201. HEALTH FACILITY	202. Where is the (HEALTH FACILITY) located?	203. What is the (HEALTH FACILITY)'s operating authority?	204. How far in miles/kilometers is the (HEALTH FACILITY) located from the center of the village? IF LOCATED IN THE VILLAGE/MOHALLA, RECORD '00'.	205. How many minutes does it take to go to the (HEALTH FACILITY) using the most common type of transportation?	206. When did the (HEALTH FACILITY) first open?	207. Is the (HEALTH FACILITY) located in this thana?
06. A. PRIVATE CLINIC (nearest) NAME: _____ DON'T KNOW98 NONE.....00	DISTRICT: _____ UPAZILA/THANA: _____ LOCATION: _____	PRIVATE03 RELIGIOUS04 OTHER96 DK.....98	MILES1 KILOMETERS2 DON'T KNOW98	MINUTES <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW998	YEAR..... <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW9998	YES.....1 NO2
06. B. PRIVATE CLINIC NAME: _____ DON'T KNOW98 NONE.....00	DISTRICT: _____ UPAZILA/THANA: _____ LOCATION: _____	PRIVATE03 RELIGIOUS04 OTHER96 DK.....98	MILES1 KILOMETERS2 DON'T KNOW98	MINUTES <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW998	YEAR..... <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW9998	YES.....1 NO2
06. C. PRIVATE CLINIC NAME: _____ DON'T KNOW98 NONE.....00	DISTRICT: _____ UPAZILA/THANA: _____ LOCATION: _____	PRIVATE03 RELIGIOUS04 OTHER96 DK.....98	MILES1 KILOMETERS2 DON'T KNOW98	MINUTES <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW998	YEAR..... <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW9998	YES.....1 NO2
06. D. PRIVATE CLINIC NAME: _____	DISTRICT: _____ UPAZILA/THANA: _____	PRIVATE03 RELIGIOUS04 OTHER96	MILES1 KILOMETERS2 DON'T KNOW98	MINUTES <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW998	YEAR..... <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW9998	

201. HEALTH FACILITY	202. Where is the (HEALTH FACILITY) located?	203. What is the (HEALTH FACILITY)'s operating authority?	204. How far in miles/kilometers is the (HEALTH FACILITY) located from the center of the village? IF LOCATED IN THE VILLAGE/MOHALLA, RECORD '00'.	205. How many minutes does it take to go to the (HEALTH FACILITY) using the most common type of transportation?	206. When did the (HEALTH FACILITY) first open?	207. Is the (HEALTH FACILITY) located in this thana?
DON'T KNOW.....98 NONE.....00	LOCATION: _____	DK.....98				

List all of the OTHER NGO CLINICS (NON-RSDHP OR NON-UFHP) that are available for people in this village/mohalla to use.

201. HEALTH FACILITY	202. Where is the (HEALTH FACILITY) located?	203. What is the (HEALTH FACILITY)'s operating authority?	204. How far in miles/kilometers is the (HEALTH FACILITY) located from the center of the village? IF LOCATED IN THE VILLAGE/MOHALLA, RECORD '00'.	205. How many minutes does it take to go to the (HEALTH FACILITY) using the most common type of transportation?	206. When did the (HEALTH FACILITY) first open?	207. Is the (HEALTH FACILITY) located in this thana?
07. A. NGO CLINIC (nearest) NAME: _____ DON'T KNOW.....98 NONE.....00	DISTRICT: _____ UPAZILA/THANA: _____ LOCATION: _____	NGO02	MILES1 KILOMETERS...2 DON'T KNOW98	MINUTES .. DON'T KNOW998	YEAR..... DON'T KNOW 9998	YES.....1 NO2
07. B. NGO CLINIC NAME: _____ DON'T KNOW.....98 NONE.....00	DISTRICT: _____ UPAZILA/THANA: _____ LOCATION: _____	NGO02	MILES1 KILOMETERS...2 DON'T KNOW98	MINUTES .. DON'T KNOW998	YEAR..... DON'T KNOW 9998	YES.....1 NO2
07. C. NGO CLINIC NAME: _____ DON'T KNOW.....98 NONE.....00	DISTRICT: _____ UPAZILA/THANA: _____ LOCATION: _____	NGO02	MILES1 KILOMETERS...2 DON'T KNOW98	MINUTES .. DON'T KNOW998	YEAR..... DON'T KNOW 9998	YES.....1 NO2
07. C. NGO CLINIC NAME: _____ DON'T KNOW.....98 NONE.....00	DISTRICT: _____ UPAZILA/THANA: _____ LOCATION: _____	NGO02	MILES1 KILOMETERS...2 DON'T KNOW98	MINUTES .. DON'T KNOW998	YEAR..... DON'T KNOW 9998	

List all of the COMMUNITY CLINICS that are available for people in this village/mohalla to use.

201. HEALTH FACILITY	202. Where is the (HEALTH FACILITY) located?	203. What is the (HEALTH FACILITY)'s operating authority?	204. How far in miles/kilometers is the (HEALTH FACILITY) located from the center of the village? IF LOCATED IN THE VILLAGE/MOHALLA, RECORD '00'.	205. How many minutes does it take to go to the (HEALTH FACILITY) using the most common type of transportation?	206. When did the (HEALTH FACILITY) first open?	207. Is the (HEALTH FACILITY) located in this thana ?
08. A. COMMUNITY CLINIC (nearest) NAME: _____ DON'T KNOW.....98 NONE.....00	DISTRICT: _____ UPAZILA/THANA: _____ LOCATION: _____	GOVERNMENT 01	MILES1 _____ KILOMETERS....2 _____ DON'T KNOW98	MINUTES . _____ DON'T KNOW998	YEAR _____ DON'T KNOW9998	YES..... 1 NO 2
08. B. COMMUNITY CLINIC NAME: _____ DON'T KNOW.....98 NONE.....00	DISTRICT: _____ UPAZILA/THANA: _____ LOCATION: _____	GOVERNMENT 01	MILES1 _____ KILOMETERS....2 _____ DON'T KNOW98	MINUTES . _____ DON'T KNOW998	YEAR _____ DON'T KNOW9998	YES..... 1 NO 2
08. C. COMMUNITY CLINIC NAME: _____ DON'T KNOW.....98 NONE.....00	DISTRICT: _____ UPAZILA/THANA: _____ LOCATION: _____	GOVERNMENT 01	MILES1 _____ KILOMETERS....2 _____ DON'T KNOW98	MINUTES . _____ DON'T KNOW998	YEAR _____ DON'T KNOW9998	YES..... 1 NO 2
08. D. COMMUNITY CLINIC NAME: _____ DON'T KNOW.....98 NONE.....00	DISTRICT: _____ UPAZILA/THANA: _____ LOCATION: _____	GOVERNMENT 01	MILES1 _____ KILOMETERS....2 _____ DON'T KNOW98	MINUTES . _____ DON'T KNOW998	YEAR _____ DON'T KNOW9998	

List all of the RURAL DISPENSARIES that are available for people in this village/mohalla to use.

201. HEALTH FACILITY	202. Where is the (HEALTH FACILITY) located?	203. What is the (HEALTH FACILITY)'s operating authority?	204. How far in miles/kilometers is the (HEALTH FACILITY) located from the center of the village? IF LOCATED IN THE VILLAGE/MOHALLA, RECORD '00'.	205. How many minutes does it take to go to the (HEALTH FACILITY) using the most common type of transportation?	206. When did the (HEALTH FACILITY) first open?	207. Is the (HEALTH FACILITY) located in this thana ?
09. A. UNION SUB-CENTER/RURAL DISPENSARY (nearest) NAME: _____ DON'T KNOW98 NONE.....00	DISTRICT: _____ UPAZILA/THANA: _____ LOCATION: _____	GOVERNMENT 01	MILES1 KILOMETERS....2 DON'T KNOW 98	MINUTES . <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 998	YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 9998	YES ... 1→ 10A NO 2
09. B. UNION SUB-CENTER/RURAL DISPENSARY (union) NAME: _____ DON'T KNOW98 NONE.....00	DISTRICT: _____ UPAZILA/THANA: _____ LOCATION: _____	GOVERNMENT 01	MILES1 KILOMETERS....2 DON'T KNOW 98	MINUTES . <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 998	YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 9998	YES 1 NO 2

List all of the SATELLITE CLINICS that provide services to individuals in this village/mohalla.

201. HEALTH FACILITY	202. Where is the (HEALTH FACILITY) located?	203. What is the (HEALTH FACILITY)'s operating authority?	204. How far in miles/kilometers is the (HEALTH FACILITY) located from the center of the village? IF LOCATED IN THE VILLAGE/MOHALLA, RECORD '00'.	205. How many minutes does it take to go to the (HEALTH FACILITY) using the most common type of transportation?	206. When did (HEALTH FACILITY) first open?	207. Is the (HEALTH FACILITY) located in this village?
10A. SATELLITE CLINIC (Nearest) NAME: _____ DON'T KNOW.....98 NONE.....00	DISTRICT: _____ UPAZILA/THANA: _____ LOCATION: _____	GOVERNMENT01 NGO.....02 PRIVATE03 RELIGIOUS04 OTHER96 DK.....98	MILES1 KILOMETERS...2 DON'T KNOW98	MINUTES .. DON'T KNOW998	YEAR..... DON'T KNOW9998	YES.....1 NO2
10B. SATELLITE CLINIC NAME: _____ DON'T KNOW.....98 NONE.....00	DISTRICT: _____ UPAZILA/THANA: _____ LOCATION: _____	GOVERNMENT01 NGO.....02 PRIVATE03 RELIGIOUS04 OTHER96 DK.....98	MILES1 KILOMETERS...2 DON'T KNOW98	MINUTES .. DON'T KNOW998	YEAR..... DON'T KNOW9998	YES.....1 NO2
11A. DELIVERY HUT NAME: _____ DON'T KNOW.....98 NONE.....00	DISTRICT: _____ UPAZILA/THANA: _____ LOCATION: _____	NGO.....02 OTHER96 DK.....98	MILES1 KILOMETERS...2 DON'T KNOW98	MINUTES .. DON'T KNOW998	YEAR..... DON'T KNOW9998	YES.....1 NO2

3: List of the Health, Family Planning and Nutrition Workers. Please provide us the name of all health, family planning and nutrition fieldworkers working in this cluster/village/mohalla

Name of the fieldworker	301. What is the title/position of (NAME)?	302. Under what authority does (NAME) work ?	303: Does he/she live in this locality?	304. Where does he/she live?	305. What services does he/she provide?
01. NAME (Known as): NONE	FWV 01 SACMO 02 FWA 03 FWA with CSBA 04 HEALTH ASSISTANT 05 HA with CSBA 06 COMMUNITY HEALTH WORKER 07 COMMUNITY SERVICE PROVIDER 08 COMMUNITY NUTRITION PROMOTER 09 OTHER 96 DON'T KNOW 98	GOVERNMENT 01 NGO 02 PRIVATE 03 RELIGIOUS 04 NHSDP 05 OTHER 96 DON'T KNOW 98	YES 1 (GO TO 305) ↓ NO 2	DISTRICT: UPAZILA/THANA: UNION: VILLAGE:	UNPROMPTED PROMPTED NO HEALTH 1 2 3 FAMILY PLANNING 1 2 3 NUTRITION 1 2 3 DON'T KNOW 1 2 3
02. NAME (Known as): NONE	FWV 01 SACMO 02 FWA 03 FWA with CSBA 04 HEALTH ASSISTANT 05 HA with CSBA 06 COMMUNITY HEALTH WORKER 07 COMMUNITY SERVICE PROVIDER 08 COMMUNITY NUTRITION PROMOTER 09 OTHER 96 DON'T KNOW 98	GOVERNMENT 01 NGO 02 PRIVATE 03 RELIGIOUS 04 NHSDP 05 OTHER 96 DON'T KNOW 98	YES 1 (GO TO 305) ↓ NO 2	DISTRICT: UPAZILA/THANA: UNION: VILLAGE:	UNPROMPTED PROMPTED NO HEALTH 1 2 3 FAMILY PLANNING 1 2 3 NUTRITION 1 2 3 DON'T KNOW 1 2 3
03. NAME (Known as): NONE	FWV 01 SACMO 02 FWA 03 FWA with CSBA 04 HEALTH ASSISTANT 05 HA with CSBA 06 COMMUNITY HEALTH WORKER 07 COMMUNITY SERVICE	GOVERNMENT 01 NGO 02 PRIVATE 03 RELIGIOUS 04 NHSDP 05 OTHER 96 DON'T KNOW 98	YES 1 (GO TO 305) ↓ NO 2	DISTRICT: UPAZILA/THANA: UNION: VILLAGE:	UNPROMPTED PROMPTED NO HEALTH 1 2 3 FAMILY PLANNING 1 2 3 NUTRITION 1 2 3 DON'T KNOW 1 2 3

Name of the fieldworker	301. What is the title/position of (NAME)?	302. Under what authority does (NAME) work ?	303: Does he/she live in this locality?	304. Where does he/she live?	305. What services does he/she provide?
	PROVIDER 08 COMMUNITY NUTRITION 09 PROMOTER 96 OTHER 98 DON'T KNOW 98				
04. NAME (Known as): _____ NONE	FWV 01 SACMO 02 FWA 03 FWA WITH CSBA 04 HEALTH ASSISTANT 05 HA WITH CSBA 06 COMMUNITY HEALTH WORKER 07 COMMUNITY SERVICE PROVIDER 08 COMMUNITY NUTRITION PROMOTER 09 OTHER 96 DON'T KNOW 98	GOVERNMENT 01 NGO 02 PRIVATE 03 RELIGIOUS 04 NHSDP 05 OTHER 96 DON'T KNOW 98	YES 1 (GO TO 305) → NO 2	DISTRICT: UPAZILA/THANA: UNION: VILLAGE:	UNPROMPTED PROMPTED NO HEALTH 1 2 3 FAMILY PLANNING 1 2 3 NUTRITION OPS 1 2 3 DON'T KNOW 1 2 3
05. NAME (Known as): _____ NONE	FWV 01 SACMO 02 FWA 03 FWA WITH CSBA 04 HEALTH ASSISTANT 05 HA WITH CSBA 06 COMMUNITY HEALTH WORKER 07 COMMUNITY SERVICE PROVIDER 08 COMMUNITY NUTRITION PROMOTER 09 OTHER 96 DON'T KNOW 98	GOVERNMENT 01 NGO 02 PRIVATE 03 RELIGIOUS 04 NHSDP 05 OTHER 96 DON'T KNOW 98	YES 1 (GO TO 305) → NO 2	DISTRICT: UPAZILA/THANA: UNION: VILLAGE:	UNPROMPTED PROMPTED NO HEALTH 1 2 3 FAMILY PLANNING 1 2 3 NUTRITION 1 2 3 DON'T KNOW 1 2 3

4: List Depotholders.

Please tell us about any depositories who may work in this village, that is, a person who sells family planning or ORS from his or her house.

400. Name of the depository	401. Under what authority does (NAME) work ?	402: Does he/she live in this locality?	403. Where does he/she live?	404. What services does he/she provide?
01. NAME (known as): _____	GOVERNMENT 01 NGO 02 PRIVATE 03 RELIGIOUS 04 NHSDP 05 OTHER 96 DON'T KNOW 98	YES 1 (GO TO 404) NO 2	DISTRICT: UPAZILA/THANA: UNION: VILLAGE:	UNPROMPTED PROMPTED NO HEALTH 1 2 3 FAMILY PLANNING 1 2 3 NUTRITION 1 2 3 DON'T KNOW 1 2 3
NONE				
02. NAME (known as): _____	GOVERNMENT 01 NGO 02 PRIVATE 03 RELIGIOUS 04 NHSDP 05 OTHER 96 DON'T KNOW 98	YES 1 (GO TO 404) NO 2	DISTRICT: UPAZILA/THANA: UNION: VILLAGE:	UNPROMPTED PROMPTED NO HEALTH 1 2 3 FAMILY PLANNING 1 2 3 NUTRITION 1 2 3 DON'T KNOW 1 2 3
NONE				

4A: List of Volunteers (e.g. Shastha Shebika).

Please tell us about any volunteers who may work in this village, that is, a person who sells family planning , ORS and other drugs from his or her house.

400. Name of the depository	401. Under what authority does (NAME) work ?	402: Does he/she live in this locality?	403. Where does he/she live?	404. What services does he/she provide?
01. NAME (known as): _____	GOVERNMENT 01 NGO 02 PRIVATE 03 RELIGIOUS 04 NHSDP 05 OTHER 96 DON'T KNOW 98	YES 1 (GO TO 404A) NO 2	DISTRICT: UPAZILA/THANA: UNION: VILLAGE:	UNPROMPTED PROMPTED NO HEALTH 1 2 3 FAMILY PLANNING 1 2 3 NUTRITION 1 2 3 DON'T KNOW 1 2 3
NONE				
02. NAME (known as): _____	GOVERNMENT 01 NGO 02 PRIVATE 03 RELIGIOUS 04 NHSDP 05 OTHER 96 DON'T KNOW 98	YES 1 (GO TO 404A) NO 2	DISTRICT: UPAZILA/THANA: UNION: VILLAGE:	UNPROMPTED PROMPTED NO HEALTH 1 2 3 FAMILY PLANNING 1 2 3 NUTRITION 1 2 3 DON'T KNOW 1 2 3
NONE				

4C: List of Traditional Birth Attendant (TBA).

Please provide us the name of all traditional birth attendant working in this cluster/village/mohalla

Name of TBA	303: Does she trained or untrained?
01. NAME (known as): _____ NONE	TRAINED 1 UNTRAINED 2
02. NAME (known as): _____ NONE	TRAINED 1 UNTRAINED 2
03. NAME (known as): _____ NONE	TRAINED 1 UNTRAINED 2

5: Availability of Doctors (allopathic, homeopathic) and Pharmacies

Please tell us about the doctors and pharmacies working in this village/mohalla.

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
501	Are there any allopathic/MBBS doctors in this village/mohalla?	YES 1 NO 2	→ 503
502	How many allopathic/MBBS doctors are in this village/mohalla?	ONE 1 2-5 2 MORE THAN 5 3 DON'T KNOW 8	
503	How far away is the nearest allopathic/MBBS doctor? CIRCLE '00 » IF IN VILLAGE /MOHALLA.	MILE 1 KILOMETER 2 <input type="text"/> <input type="text"/> DK 98 IN THIS VILLAGE/ MOHALLA 00	
504	Are there any homeopathic doctors in this village/mohalla?	YES 1 NO 2	→ 506
505	How many homeopathic doctors are in this village/mohalla?	ONE 1 2-5 2 MORE THAN 5 3 DON'T KNOW 8	
506	How far away is the nearest homeopathic doctor? CIRCLE '00 » IF IN VILLAGE /MOHALLA.	MILE 1 KILOMETER 2 <input type="text"/> <input type="text"/> DK 98 IN THIS VILLAGE/ MOHALLA 00	
507	Are there any ayurvedic/unani doctors in this village/mohalla?	YES 1 NO 2	→ 509
508	How many ayurvedic/unani doctors are in this village/mohalla?	ONE 1 2-5 2 MORE THAN 5 3 DON'T KNOW 8	
509	How far away is the nearest ayurvedic/unani doctor? CIRCLE '00 » IF IN VILLAGE /MOHALLA.	MILE 1 KILOMETER 2 <input type="text"/> <input type="text"/> DK 98 IN THIS VILLAGE/ MOHALLA 00	
510	Are there any pharmacies in this village/mohalla?	YES 1 NO 2	→ 512
511	How many pharmacies are in this village/mohalla?	ONE 1 2-5 2 MORE THAN 5 3 DON'T KNOW 8	
512	How far away is the nearest pharmacy? CIRCLE '00 » IF IN VILLAGE /MOHALLA.	MILE 1 KILOMETER 2 <input type="text"/> <input type="text"/> DK 98 IN THIS VILLAGE/ MOHALLA 00	

601. Please provide us the name of all doctors working in this village/mohalla.

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BANGLADESH DEMOGRAPHIC AND HEALTH SURVEY 2017-18
FIELDWORKER QUESTIONNAIRE

BANGLADESH
NIPORT, MOHSW
MITRA AND ASSOCIATES

LANGUAGE OF
QUESTIONNAIRE **ENGLISH**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
100	What is your name?	NAME _____	
101	RECORD FIELDWORKER NUMBER	NUMBER..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
INSTRUCTIONS Information on all 2017-18 BDHS field workers is collected as part of the BDHS survey. Please fill out the questions below. The information you provide will be part of the survey data file; however, your name will be removed and will not be part of the data file. Thank you for providing the information needed.			
102	In what DIVISION do you live?	BARISAL 01 CHITTAGONG 02 DHAKA 03 KHULNA 04 MYMENSINGH 05 RAJSHAHI 06 RANGPUR 07 SYLHET 08	
103	Do you live in a city, town, or rural area?	CITY 1 TOWN 2 RURAL 3	
104	How old are you? RECORD AGE IN COMPLETED YEARS.	AGE <input type="text"/> <input type="text"/>	
105	Are you male or female?	MALE 1 FEMALE 2	
106	What is your current marital status?	CURRENTLY MARRIED 1 WIDOWED 3 DIVORCED 4 SEPARATED 5 NEVER MARRIED 6	→ 109
107	How many living children do you have? INCLUDE ONLY CHILDREN WHO ARE YOUR BIOLOGICAL CHILDREN.	LIVING CHILDREN <input type="text"/> <input type="text"/>	
108	Have you ever had a child who died?	YES 1 NO 2	
109	What is the highest level of school you attended: primary, secondary, or higher?	PRIMARY 1 SECONDARY 2 HIGHER 3	
110	What is the highest CLASS you completed at that level? IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL, RECORD '00'.	CLASS <input type="text"/> <input type="text"/>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
111	What is your religion?	ISLAM 01 HINDUISM 02 BUDDHISM 03 CHRISTIANITY 04 NO RELIGION 9 OTHER 96 (SPECIFY)	
113	What languages can you speak? RECORD ALL LANGUAGES YOU CAN SPEAK.	BANGLA A ENGLISH B HINDI C URDU D OTHER X (SPECIFY)	
114	What is your mother tongue/native language (language spoken at home growing up)?	BANGLA A ENGLISH B HINDI C URDU D OTHER 96 (SPECIFY)	
115	Have you ever worked on a DHS survey prior to this one?	YES 1 NO 2	
116	Have you ever worked on any other survey prior to this one (not a DHS)?	YES 1 NO 2	
117	Were you already working for MITRA AND ASSOCIATES at the time you were employed to work on this DHS?	YES 1 NO 3	→ 119
118	Are you a permanent or temporary employee of MITRA AND ASSOCIATES?	PERMANENT 1 TEMPORARY 2	
119	If you have comments, please write them here. _____ _____ _____		