FORMATTING DATE: 10/18/2017

BANGLADESH DEMOGRAPHIC AND HEALTH SURVEY 2017-18
WOMAN'S QUESTIONNAIRE

NIPORT, ME&FWD, MOHFW
MITRA AND ASSOCIATES

IDENTIFICATION

CLUSTER NUMBE . . . . . | | | | |

HOUSEHOLD NUMBER . . . . . | | | |

NAME OF HOUSEHOLD HEAD _____

NAME AND LINE NUMBER OF ELIGIBLE WOMAN _____ | |

INTERVIEWER VISITS

	1	2	3	FINAL VISIT
DATE				DAY
				MONTH
				YEAR 2 0 1
INTERVIEWER'S NAME				INT. CODE
RESULT*				RESULT*
NEXT VISIT: DATE				TOTAL NUMBER OF VISITS
TIME				

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

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY
NAME	NAME		
NUMBER	NUMBER	NUMBER	NUMBER

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 . . . . . ☐☐ MINUTES . . . . . ☐☐	
102	How long have you been living continuously in (NAME OF CURRENT CITY, TOWN OR VILLAGE OF RESIDENCE)? IF LESS THAN ONE YEAR, RECORD '00' YEARS.	YEARS . . . . . ☐☐ ALWAYS . . . . . 95 VISITOR 96	→ 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 . . . . . ☐☐ DON'T KNOW MONTH . . . . . 98 YEAR . . . . . ☐☐☐☐ DON'T KNOW YEAR 9998	
106	How old were you at your last birthday? COMPARE AND CORRECT 105 AND/OR 106 IF INCONSISTENT.	AGE IN COMPLETED YEARS . . . . . ☐☐	
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 . . . . . ☐☐	

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
110	CHECK 108: PRIMARY ☐ ↓ SECONDARY OR HIGHER ☐ → 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: CODE '2', '3' OR '4' CIRCLED ☐ ↓ CODE '1' OR '5' CIRCLED ☐ → 114		
113	Do you read a newspaper or magazine at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEE . . . . . 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 WEE . . . . . 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 WEE . . . . . 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 . . . . . [ ][ ] b) DAUGHTERS AT HOME . . . . . [ ][ ]	
204	Do you have any sons or daughters to whom you have given birth who are alive but do not live with	YES . . . . . 1 NO 2	→ 206
205	a) How many sons are alive but do not live with you? b) And how many daughters are alive but do not live with you? IF NONE, RECORD '00'.	a) SONS ELSEWHERE . . . . . [ ][ ] b) DAUGHTERS ELSEWHERE . . . . [ ][ ]	
206	Have you ever given birth to a boy or girl who was born alive but later died? IF NO, PROBE: Any baby who cried, who made any movement, sound, or effort to breathe, or who showed any other signs of life even if for a very	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 . . . . . [ ][ ] b) GIRLS DEAD . . . . . [ ][ ]	
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL BIRTHS . . . . . [ ][ ]	
209	CHECK 208: Just to make sure that I have this right: you have had in TOTAL _____ births during your life. Is that correct? YES ☐ NO ☐ → PROBE AND CORRECT 201-208 AS NECESSARY.		
210	CHECK 208: ONE OR MORE BIRTHS ☐ NO BIRTHS ☐ →		→ 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 What name was given to your (first/ next) baby? RECOR D NAME. BIRTH HISTOR Y	213 Is (NAME) a boy or a girl?	214 Were any of these births twins?	215 On what day, month, and year was (NAME) born?	216 Is (NAME) still alive?	217 IF ALIVE: How old was (NAME) at (NAME)'s last birthday? RECORD AGE IN COMP- LETED YEARS.	218 IF ALIVE: Is (NAME) living with you?	219 IF ALIVE: RECORD HOUSEHOL D LINE NUMBER OF CHILD. RECORD '00' IF CHILD NOT LISTED IN HOUSEHOL D.	220 IF DEAD: 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	221 Were there any other live births between (NAME OF PREVIOU S BIRTH) and (NAME), including any children who died after birth?
01	BOY 1 GIRL 2	SING 1 MULT 2	DAY ☐☐ MONTH ☐☐ ☐☐☐☐ YEAR	YES 1 NO 2 ↓ (SKIP TO	AGE IN YEARS ☐☐	YES 1 NO 2	HOUSEHOLD LINE NUMBER ☐☐ ↓ (NEXT BIRTH)	DAYS 1 ☐☐ MONTHS 2 ☐☐ YEARS 3 ☐☐	
02	BOY 1 GIRL 2	SING 1 MULT 2	DAY ☐☐ MONTH ☐☐ ☐☐☐☐ YEAR	YES 1 NO 2 ↓ (SKIP TO	AGE IN YEARS ☐☐	YES 1 NO 2	HOUSEHOLD LINE NUMBER ☐☐ ↓ (SKIP TO 221)	DAYS 1 ☐☐ MONTHS 2 ☐☐ YEARS 3 ☐☐	YES 1 (ADD BIRTH ↵) NO 2 (NEXT BIRTH ↵)
03	BOY 1 GIRL 2	SING 1 MULT 2	DAY ☐☐ MONTH ☐☐ ☐☐☐☐ YEAR	YES 1 NO 2 ↓ (SKIP TO	AGE IN YEARS ☐☐	YES 1 NO 2	HOUSEHOLD LINE NUMBER ☐☐ ↓ (SKIP TO 221)	DAYS 1 ☐☐ MONTHS 2 ☐☐ YEARS 3 ☐☐	YES 1 (ADD BIRTH ↵) NO 2 (NEXT BIRTH ↵)
04	BOY 1 GIRL 2	SING 1 MULT 2	DAY ☐☐ MONTH ☐☐ ☐☐☐☐ YEAR	YES 1 NO 2 ↓ (SKIP TO	AGE IN YEARS ☐☐	YES 1 NO 2	HOUSEHOLD LINE NUMBER ☐☐ ↓ (SKIP TO 221)	DAYS 1 ☐☐ MONTHS 2 ☐☐ YEARS 3 ☐☐	YES 1 (ADD BIRTH ↵) NO 2 (NEXT BIRTH ↵)
05	BOY 1 GIRL 2	SING 1 MULT 2	DAY ☐☐ MONTH ☐☐ ☐☐☐☐ YEAR	YES 1 NO 2 ↓ (SKIP TO	AGE IN YEARS ☐☐	YES 1 NO 2	HOUSEHOLD LINE NUMBER ☐☐ ↓ (SKIP TO 221)	DAYS 1 ☐☐ MONTHS 2 ☐☐ YEARS 3 ☐☐	YES 1 (ADD BIRTH ↵) NO 2 (NEXT BIRTH ↵)

212 What name was given to your (first/ next) baby? RECORD NAME. BIRTH HISTORY	213 Is (NAME) a boy or a girl?	214 Were any of these births twins?	215 On what day, month, and year was (NAME) born?	216 Is (NAME) still alive?	217 IF ALIVE: How old was (NAME) at (NAME)'s last birthday? RECORD AGE IN COMP-LETED YEARS.	218 IF ALIVE: Is (NAME) living with you?	219 IF ALIVE: RECORD HOUSEHOLD LINE NUMBER OF CHILD. RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD.	220 IF DEAD: 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	221 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 ☐☐ MONTH ☐☐ ☐☐☐☐ YEAR	YES 1 NO 2 ↓ (SKIP TO	AGE IN YEARS ☐☐	YES 1 NO 2	HOUSEHOLD LINE NUMBER ☐☐ ↓ (SKIP TO 221)	DAYS 1 ☐☐ MONTHS 2 ☐☐ YEARS 3 ☐☐	YES 1 (ADD BIRTH ↵) NO 2 (NEXT BIRTH ↵)
07	BOY 1 GIRL 2	SING 1 MULT 2	DAY ☐☐ MONTH ☐☐ ☐☐☐☐ YEAR	YES 1 NO 2 ↓ (SKIP TO	AGE IN YEARS ☐☐	YES 1 NO 2	HOUSEHOLD LINE NUMBER ☐☐ ↓ (SKIP TO 221)	DAYS 1 ☐☐ MONTHS 2 ☐☐ YEARS 3 ☐☐	YES 1 (ADD BIRTH ↵) NO 2 (NEXT BIRTH ↵)
08	BOY 1 GIRL 2	SING 1 MULT 2	DAY ☐☐ MONTH ☐☐ ☐☐☐☐ YEAR	YES 1 NO 2 ↓ (SKIP TO	AGE IN YEARS ☐☐	YES 1 NO 2	HOUSEHOLD LINE NUMBER ☐☐ ↓ (SKIP TO 221)	DAYS 1 ☐☐ MONTHS 2 ☐☐ YEARS 3 ☐☐	YES 1 (ADD BIRTH ↵) NO 2 (NEXT BIRTH ↵)
09	BOY 1 GIRL 2	SING 1 MULT 2	DAY ☐☐ MONTH ☐☐ ☐☐☐☐ YEAR	YES 1 NO 2 ↓ (SKIP TO	AGE IN YEARS ☐☐	YES 1 NO 2	HOUSEHOLD LINE NUMBER ☐☐ ↓ (SKIP TO 221)	DAYS 1 ☐☐ MONTHS 2 ☐☐ YEARS 3 ☐☐	YES 1 (ADD BIRTH ↵) NO 2 (NEXT BIRTH ↵)
10	BOY 1 GIRL 2	SING 1 MULT 2	DAY ☐☐ MONTH ☐☐ ☐☐☐☐ YEAR	YES 1 NO 2 ↓ (SKIP TO	AGE IN YEARS ☐☐	YES 1 NO 2	HOUSEHOLD LINE NUMBER ☐☐ ↓ (SKIP TO 221)	DAYS 1 ☐☐ MONTHS 2 ☐☐ YEARS 3 ☐☐	YES 1 (ADD BIRTH ↵) NO 2 (NEXT BIRTH ↵)

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 NUMBERS ARE SAME NUMBERS ARE DIFFERENT (PROBE AND RECONCILE)		
224	CHECK 215: ENTER THE NUMBER OF BIRTHS IN 2012 OR LATER	NUMBER OF BIRTHS . . . . . [ ] 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 . . . . . [ ][ ]	
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 ONE OR MORE: a) Did you want to have a baby later on or did you not want any more children? NONE: b) Did you want to have a baby later on or did you not want any children?	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 ☐		→ 234
	LAST PREGNANCY ENDED IN 2011 OR EARLIER ☐		→ 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		☐☐ NUMBER OF MONTHS	YES . . . . . 1 NO 2	→ NEXT LINE → 236
02	☐☐ MONTH ☐☐☐☐ YEAR	☐☐ NUMBER OF MONTHS	YES . . . . . 1 NO 2	→ NEXT LINE → 236
03	☐☐ MONTH ☐☐☐☐ YEAR	☐☐ NUMBER OF MONTHS	YES . . . . . 1 NO 2	→ NEXT LINE → 236
04	☐☐ MONTH ☐☐☐☐ YEAR	☐☐ 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	When did your last menstrual period start? _____ (DATE, IF GIVEN)	DAYS AGO . . . . . 1 [ ][ ] WEEKS AGO . . . . . 2 [ ][ ] MONTHS AGO . . . . . 3 [ ][ ] YEARS AGO . . . . . 4 [ ][ ] IN MENOPAUSE/ HAS HAD HYSTERECTOMY . . . . . 994 BEFORE LAST BIRTH . . . . . 995 NEVER MENSTRUATED 996	
240	From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 242
241	Is this time just before her period begins, during her period, right after her period has ended, or halfway between two periods?	JUST BEFORE HER PERIOD BEGINS . . . . . 1 DURING HER PERIOD . . . . . 2 RIGHT AFTER HER PERIOD HAS ENDED . . . . 3 HALFWAY BETWEEN TWO PERIODS . . . . . 4 OTHER _____ 6 (SPECIFY) DON'T KNOW 8	
242	After the birth of a child, can a woman become pregnant before her menstrual period has returned?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	

243	CHECK 215 AND 216: ANY CHILD(REN) BORN IN 2007 OR LATER WHO DIED ☐	NO CHILD BORN IN 2007 OR LATER WHO DIED ☐ → 301
244	COPY INFORMATION IN 212, 213, 215, AND 220 FOR EACH CHILD BORN IN 2007 OR LATER WHO DIED	

212 NAME OF DECEASED CHILD	213 IS (NAME) A BOY OR A GIRL?	215 (NAME)'S DAY, MONTH AND YEAR OF BIRTH	220 (NAME)'S AGE AT DEATH IN DAYS, MONTHS, OR YEAR	246 CHECK 220: AGE AT DEATH RECORDED IN DAYS, MONTHS, OR 2-4 YEARS	247 Now I would like to ask further questions about your child(ren) who died. On what day, month and year did (NAME) die?	248 CHECK 247: YEAR OF DEATH
	BOY 1 GIRL 2	DAY ☐☐ MONTH ☐☐ ☐☐☐☐ YEAR	1 DAYS ☐☐ 2 MONTHS ☐☐ 3 YEARS ☐☐	DAYS, MONTHS OR 2-4 YEARS (GO TO 247) 5 OR MORE YEARS (GO TO NEXT LINE. IF NO MORE CHILDREN SKIP TO 249)	DAY ☐☐ MONTH ☐☐ ☐☐☐☐ YEAR	YEAR 2012 OR LATER . . . . YEAR 2011 OR EARLIER . .
	BOY 1 GIRL 2	DAY ☐☐ MONTH ☐☐ ☐☐☐☐ YEAR	1 DAYS ☐☐ 2 MONTHS ☐☐ 3 YEARS ☐☐	DAYS, MONTHS OR 2-4 YEARS (GO TO 247) 5 OR MORE YEARS (GO TO NEXT LINE. IF NO MORE CHILDREN SKIP TO 249)	DAY ☐☐ MONTH ☐☐ ☐☐☐☐ YEAR	YEAR 2012 OR LATER . . . . YEAR 2011 OR EARLIER . .
	BOY 1 GIRL 2	DAY ☐☐ MONTH ☐☐ ☐☐☐☐ YEAR	1 DAYS ☐☐ 2 MONTHS ☐☐ 3 YEARS ☐☐	DAYS, MONTHS OR 2-4 YEARS (GO TO 247) 5 OR MORE YEARS (GO TO NEXT LINE. IF NO MORE CHILDREN SKIP TO 249)	DAY ☐☐ MONTH ☐☐ ☐☐☐☐ 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.	☐ → 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 ☐ ↓ SEPARATED/DESERTED DIVORCED/WIDOWED ☐ →		312
302A	CHECK 226: NOT PREGNANT OR UNSURE ☐ ↓ PREGNANT ☐ →		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 METH . . . 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 _____ (SPECIFY) . . . 96 DON'T KNOW . . . 98	→ 309

SECTION 3. CONTRACEPTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
306	What is the brand name of the condoms 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.	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 NIRAPAD . . . . . 14 GREEN LOVE . . . . . 15 CAREX . . . . . 16 DELUXE NIRODH . . . . . 17 XTREME . . . . . 18 SUPER GUARD . . . . . 19 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	→ 309
307	In what facility did the sterilization take place? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	**PUBLIC SECTOR** MEDICAL COLLEGE HOSPITAL . . . . . 11 SPECIALIZED GOVT HOSPITAL . . . . . 12 DISTRICT HOSPITAL . . . . . 13 MCWC . . . . . 14 UPAZILA HEALTH COMPLEX . . . . . 15 UH & FAMILY WELFARE CENT . . . . . 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 . . . . . ☐☐ YEAR . . . . . ☐☐☐☐	→ 310
309	Since what month and year have you been using (CURRENT METHOD) without stopping? PROBE: For how long have you been using (CURRENT METHOD) now without stopping?	MONTH . . . . . ☐☐ YEAR . . . . . ☐☐☐☐	
310	CHECK 308 AND 309, 215 AND 231: ANY BIRTH OR PREGNANCY TERMINATION AFTER MONTH AND YEAR OF START OF USE OF CONTRACEPTION IN 308 OR 309 NO ☐ ↓ YES ☐ → GO BACK TO 308 OR 309, PROBE AND RECORD MONTH AND YEAR AT START OF CONTINUOUS USE OF CURRENT METHOD (MUST BE AFTER LAST BIRTH OR PREGNANCY		

311 CHECK 308 AND 309:

YEAR IS 2012 OR

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

THEN CONTINUE

YEAR IS 2011 OR EARLIER

C ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN THE CALENDAR AND EACH MONTH BACK TO JANUARY 2012 .

THEN

(SKIP TO 314)

312 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.

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.

C IN **COLUMN 1**, ENTER METHOD USE CODE OR '0' FOR NONUSE IN EACH BLANK MONTH.

ILLUSTRATIVE QUESTIONS:

a) When was the last time you used a method? Which method was that?
b) When did you start using that method? How long after the birth of (NAME)?
c) How long did you use the method then?

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.

ASK WHY SHE STOPPED USING THE METHOD. IF A PREGNANCY FOLLOWED, ASK WHETHER SHE BECAME PREGNANT UNINTENTIONALLY WHILE USING THE METHOD OR DELIBERATELY STOPPED

ILLUSTRATIVE QUESTIONS:

d) 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?
e) 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 ☐ ↓ ANY METHOD USED ☐ →		315
314	Have you ever used anything or tried in any way to delay or avoid getting pregnant?	YES . . . . . 1 NO 2	317
315	CHECK 304: CIRCLE METHOD CODE: F 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 CONDOM . . . . . 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 CENTI . . . . . 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)	319 319

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 _____ (SPECIFY) J **NGO SECTOR** NGO STATIC CLINIC . . . . . K NGO SATELLITE CLINIC . . . . . L NGO DEPO HOLDER . . . . . M NGO FIELD WORKER . . . . . N OTHER NGO SECTOR _____ (SPECIFY) O **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 _____ (SPECIFY) V **OTHER SOURCE** SHOP . . . . . W FRIEND/RELATIVE . . . . . X **OTHER** _____ (SPECIFY) Y	
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 _____ (SPECIFY) . . . . . X 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 _____ (SPECIFY) . . . . . X 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 _____ (SPECIFY) X	
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 . . . . . [ ][ ] 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 . . . . . [ ] DON'T KNOW 8	

SECTION 4. PREGNANCY AND POSTNATAL CARE

401	CHECK 215: ONE OR MORE BIRTHS IN 2014 OR LATER ☐ ↓ NO BIRTHS IN 2014 OR LATER ☐ → 601		
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 . . . . . ☐☐	NEXT-TO-LAST BIRTH BIRTH HISTORY NUMBER . . . . . ☐☐
404	FROM 212 AND 216:	NAME _____ LIVING ☐ ↓ DEAD ☐ ↓	NAME _____ LIVING ☐ ↓ DEAD ☐ ↓
405	When you got pregnant with (NAME), did you want to get pregnant at that time?	YES . . . . . 1 ☐ (SKIP TO 408) ← NO 2	YES . . . . . 1 ☐ (SKIP TO 427) ← NO 2
406	CHECK 208: ONLY ONE BIRTH ☐ ↓ a) Did you want to have a baby later on, or did you not want any children? MORE THAN ONE ☐ ↓ b) Did you want to have a baby later on, or did you not want any more children?	LATER . . . . . 1 NO MORE/NONE . . . . . 2 ☐ (SKIP TO 408) ←	LATER . . . . . 1 NO MORE/NONE . . . . . 2 ☐ (SKIP TO 427) ←
407	How much longer did you want to wait?	MONTHS . . . . 1 ☐☐ YEARS . . . . . 2 ☐☐ DON'T KNOW 998	MONTHS . . . . 1 ☐☐ YEARS . . . . . 2 ☐☐ DON'T KNOW 998
408	Did you see anyone for antenatal care for this pregnancy?	YES . . . . . 1 NO . . . . . 2 ☐ SKIP TO 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 HOSPITA . . . . 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 CLINI . . . . K NGO SAT CLINIC . . . . . L **PRIVATE MEDICAL SECTOR** PRIVATE MEDICAL COLLEGE HOSPITAL . . . . . M PRIVATE HOSPITA . . . . N PRIVATE CLINIC . . . . O QUALIFIED DOCTOR CHAMBER . . . . . P UNQUALIFIED DOCTOR CHAMBER . . . . . Q PHARMAC . . . . . 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 . . . . . ☐☐ DON'T KNOW 98	
412	How many times did you receive antenatal care during this pregnancy?	NUMBER OF TIMES . . . . ☐☐ 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?	YES NO a) WEIGHT . . . . . 1 2 b) BP . . . . . 1 2 c) URINE . . . . . 1 2 d) BLOOD . . . . . 1 2 e) ULTRASON . . . . . 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?	YES NO a) WEIGHT . . . . . 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 . . . . [ ][ ] 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 . . . . [ ][ ][ ] 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 ☐☐.☐☐☐ KG FROM RECALL 2 ☐☐.☐☐☐ DON'T KNOW 99998	KG FROM CARD 1 ☐☐.☐☐☐ KG FROM RECALL 2 ☐☐.☐☐☐ DON'T KNOW 99998
NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
429	Who assisted with the delivery of (NAME)? Anvone 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 COMMUNITH 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 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 COMMUNITH 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 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 HOSPITA . . . . 23 MCWC . . . . . 24 UPAZILA HEALTH COMPLEX . . . . . 25 UH & FAMILY WELFARE CENTRE . . . . . 27 COMMUNITY CLINI . . . . 28 OTHER PUBLIC SECTOR _____ 26 SPECIFY	**HOME** HOME . . . . . 11 (SKIP TO 433I) **PUBLIC SECTOR** MEDICAL COLLEGE HOSPITAL . . . . . 21 SPECIALIZED GOVT HOSPITAL . . . . . 22 DISTRICT HOSPITA . . . . 23 MCWC . . . . . 24 UPAZILA HEALTH COMPLEX . . . . . 25 UH & FAMILY WELFARE CENTRE . . . . . 27 COMMUNITY CLINI . . . . 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 CLINI . . . . 31 DELIVERY HUT . . . . 32 **PRIVATE MEDICAL SECTOR** PRIVATE MEDICAL COLLEGE HOSPITAL . . . . . 41 PRIVATE HOSPITA . . . . 42 PRIVATE CLINIC . . . . . 43 OTHER PRIVATE MEDICAL _____ 46 SPECIFY **OTHER** _____ 96 (SPECIFY) (SKIP TO 433I)	**NGO SECTOR** NGO STATIC CLINI . . . . 31 DELIVERY HUT . . . . 32 **PRIVATE MEDICAL SECTOR** PRIVATE MEDICAL COLLEGE HOSPITAL . . . . . 41 PRIVATE HOSPITA . . . . 42 PRIVATE CLINIC . . . . . 43 OTHER PRIVATE MEDICAL _____ 46 SPECIFY **OTHER** _____ 96 (SPECIFY) (SKIP TO 433V)
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 DAYS . . . . . 2 WEEKS . . . . . 3 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 DELIVE . . . . . 1 DAY BEFORE DELIVE . . . . 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 MALPRESENTATIO . . . . . C PREMATURE BABY . . . . . D CORD PROLAPSED . . . . . 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 ☐ CHILD FIRST BIRTH ☐ → 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 I . . . . . A TO CONTACT SERVICE PROVIDER B TO ARRANGE TRANSPORT C TO ARRANGE FOR MONEY D TO ARRANGE FOR DELIVEI 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 COMMUNITH 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 DOCTC . L RELATIVES . . . . . 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.	☐☐☐☐☐☐ TAKA NOTHING . . . . . 000000 → 433N DON'T KNOW 999998	

433M	Where did you get the money for (NAME'S) delivery?	FAMILY FUND . . . . . A BORROWED . . . . . B SOLD ASSESTS/ MORTGAGE . . . . . C GIFT FROM FAMILY . . . . . D GIFT FROM NEIGHBOUR/ FRIEND . . . . . E VOUCHER . . . . . F INSURANCE . . . . . G OTHER _____ . X SPECIFY	
433N	CHECK 430: PLACE 0F	CODE '11' OR '96' CIRCLED → (SKIP TO 433R) OTHER →	
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 immeditely 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 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 aftter 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/POWD . . . . G SHIDUR . . . . . H BORIC POWDEF . . . . . I GENTIAN VIOLET (BLUE INK) . . . . . J TALCUM POWEI . . . . . K OTHER _____ (SPECIFY) . X 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 DRIEI . . . . . 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 ☐☐ DAYS . . . . . 2 ☐☐ WEEKS . . . . . 3 ☐☐ NOT BATHED . . . . . 995 DON'T KNOW 998	
434	CHECK 430: PLACE OF OTHER ☐	CODE '11' OR '96' CIRCLED ☐ → 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 CLINI . . . . 28 OTHER PUBLIC SECTOR _____ 26 SPECIFY **NGO SECTOR** NGO STATIC CLINI . . . . 31 DELIVERY HU . . . . . 32 **PRIVATE MEDICAL SECTOR** PRIVATE MEDICAL COLLEGE HOSPITAL . . . . . 41 PRIVATE HOSPITA . . . . 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. AVAILABI . . . . . 2 FACILITY TOO CROWDED/ NO BED AVAILABLI . . . . 3 FACILITY NOT OPEN . . . . 4 REFERREI . . . . . 5 EXPENSIVE SERVICE . . . . 7 OTHER _____ 6 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	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 MOTOI . . . . 27 RCKSHAW WITH MOTOF 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 ☐☐ DAYS . . . . . 2 ☐☐	

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 MOTOI . . . . 27 RCKSHAW WITH MOTOF 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 MEMBEF ... 07 HERSELF . . . . . 10 OTHER _____ 06 (SPECIFY) DON'T KNOW 08	
434I	CHECK 430: PLACE OF DELIVERY OTHER CODE 11, OR 96 CIRCLED (SKIP TO 449)		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
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:	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	d. IUD INSERTION 1 2	
	e. Immediate implant insertion	e. IMPLANT	
	f. Immediate tubal ligation	f. TUBAL LIGATION 1 2	
	g. Use of LAM	g. LAM 1 2	
	h. Progesterone only pill – Apan	h. APAN 1 2	
	i. Exclusive breastfeeding	i. EXCLUSIVE BF 1 2	

436	How long after delivery did the first check take place? IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS . . . . . 1 ☐☐ DAYS . . . . . 2 ☐☐ WEEKS . . . . . 3 ☐☐ DON'T KNOW 998	
437	Who checked on your health at that time? PROBE FOR MOST QUALIFIED PERSON. 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 . 11 NURSE/MIDWIFE/ PARAMEDIC . . . . . 12 FAMILY WELFARE VISITOR (FWV) . . . . 13 COMMUNITY SKILLED BIRTH ATTENDANT (CSBA) . . . . . 14 SUB-ASSISTANT COMMUNITY MEDICAL OFFICER (SACMO) . . 15 COMMUNITH HEALTH CARE PROVIDER (CHCP) . . . . . 16 HEALTH ASSISTANT (HA) . . . . . 17 FAMILY WELFARE ASSISTANT (FWA) . 18 **NGO WORKER** . . . . . 21 **OTHER PERSON** TRAINED TBA (TTBA) . 31 UNTRAINED TBA (UTBA) 32 UNQUALIFIED DOCTC . 33 **OTHER** _____ 96 (SPECIFY)	
438	Now I would like to talk to you about checks on (NAME)'s health after delivery – for example, someone examining (NAME), checking the cord, or seeing if (NAME) is OK. Did anyone check on (NAME)'s health while you were still in the facility?	YES . . . . . 1 NO . . . . . 2 → (SKIP TO 441) DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
439	How long after delivery was (NAME)'s health first checked? IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS . . . . . 1 ☐☐ DAYS . . . . . 2 ☐☐ WEEKS . . . . . 3 ☐☐ DON'T KNOW 998	
440	Who checked on (NAME)'s health at that time? PROBE FOR MOST QUALIFIED PERSON.	**HEALTH PERSONNEL** QUALIFIED DOCTOR . 11 NURSE/MIDWIFE/ PARAMEDIC . . . . . 12 FAMILY WELFARE VISITOR (FWV) . . . . 13 COMMUNITY SKILLED	

	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	BIRTH ATTENDANT (CSBA) . . . . . 14 SUB-ASSISTANT COMMUNITY MEDICAL OFFICER (SACMO) . 15 COMMUNITH HEALTH CARE PROVIDER (CHCP) . . . . . 16 HEALTH ASSISTANT (HA 17 FAMILY WELFARE ASSISTANT (FWA) . 18 **NGO WORKER** . . . . . 21 **OTHER PERSON** TRAINED TBA (TTBA) . 31 UNTRAINED TBA (UTBA) 32 UNQUALIFIED DOCTC . 33 **OTHER** _____ 96 (SPECIFY)
441	Now I want to talk to you about what happened after you left the facility. Did anyone check on your health after you left the facility?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 445)
442	How long after delivery did that check take place? IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS . . . . . 1 _____ DAYS . . . . . 2 _____ WEEKS . . . . . 3 _____ DON'T KNOW 998
443	Who checked on your health at that time? PROBE FOR MOST QUALIFIED PERSON. 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 . 11 NURSE/MIDWIFE/ PARAMEDIC . . . . . 12 FAMILY WELFARE VISITOR (FWV) . . . . 13 COMMUNITY SKILLED BIRTH ATTENDANT (CSBA) . . . . . 14 SUB-ASSISTANT COMMUNITY MEDICAL OFFICER (SACMO) . . . . . 15 COMMUNITH HEALTH CARE PROVIDER (CHCP) . . . . . 16 HEALTH ASSISTANT (HA 17 FAMILY WELFARE ASSISTANT (FWA) . 18 **NGO WORKER** . . . . . 21 **OTHER PERSON** TRAINED TBA (TTBA) 31 UNTRAINED TBA (UTBA) 32 UNQUALIFIED DOCTOR . . . . . 33 **OTHER** _____ 96 (SPECIFY)

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
444	Where did the check take place? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	**HOME** HOME . . . . . 11 **PUBLIC SECTOR** MEDICAL COLLEGE HOSPITAL . . . . . 21 SPECIALIZED GOVT HOSPITAL . . . . . 22 DISTRICT HOSPITA . . . . 23 MCWC . . . . . 24 UPAZILA HEALTH COMPLEX . . . . . 25 UH & FAMILY WELFARE CENTRE . . . . . 27 COMMUNITY CLINI . . . . 28 SAT. CLINIC/T1009EPI OUTREACH . . . . . 29 OTHER PUBLIC SECTOR _____ 26 SPECIFY **NGO SECTOR** NGO STATIC CLINI . . . . 31 NGO SAT CLINIC . . . . . 32 **PRIVATE MEDICAL SECTOR** PRIVATE MEDICAL COLLEGE HOSPITAL . . . . . 41 PRIVATE HOSPITA . . . . 42 PRIVATE CLINIC . . . . . 43 QUALIFIED DOCTOR 44 UNQUALIFIED DOCTOR 45 PHARMACY . . . . . 47 OTHER PRIVATE MEDICAL _____ 46 (SPECIFY) **OTHER** _____ 96 (SPECIFY)	
445	I would like to talk to you about checks on (NAME)'s health after you left (FACILITY IN 430). Did any health care provider or a traditional birth attendant check on (NAME)'s health in the two months after you left (FACILITY IN 430)?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 457) DON'T KNOW 8	
446	How many hours, days or weeks after the birth of (NAME) did that check take place? IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS . . . . . 1 ☐☐ DAYS . . . . . 2 ☐☐ WEEKS . . . . . 3 ☐☐ DON'T KNOW 998	

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
447	Who checked on (NAME)'s health at that time? PROBE FOR MOST QUALIFIED PERSON. 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 . 11 NURSE/MIDWIFE/ PARAMEDIC . . . . . 12 FAMILY WELFARE VISITOR (FWV) . . . . 13 COMMUNITY SKILLED BIRTH ATTENDANT (CSBA) . . . . . 14 SUB-ASSISTANT COMMUNITY MEDICAL OFFICER (SACMO) . . . . . 15 COMMUNITH HEALTH CARE PROVIDER (CHCP) . . . . . 16 HEALTH ASSISTANT (HA 17 FAMILY WELFARE ASSISTANT (FWA) . 18 **NGO WORKER** . . . . . 21 **OTHER PERSON** TRAINED TBA (TTBA) 31 UNTRAINED TBA (UTBA) 32 UNQUALIFIED DOCTOR 33 **OTHER** _____ 96 (SPECIFY)	
448	Where did this check of (NAME) take place? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	**HOME** HOME . . . . . 11 **PUBLIC SECTOR** MEDICAL COLLEGE HOSPITAL . . . . . 21 SPECIALIZED GOVT HOSPITAL . . . . . 22 DISTRICT HOSPITA . . . . 23 MCWC . . . . . 24 UPAZILLA HEALTH COMPLEX . . . . . 25 UH & FAMILY WELFARE CENTRE . . . . . 27 COMMUNITY CLINIC 28 SAT. CLINIC.EPI OUTREACH . . . . . 29 OTHER PUBLIC SECTOR _____ 26 SPECIFY **NGO SECTOR** NGO STATIC CLINI . . . . 31 NGO SAT CLINIC . . . . . 32 **PRIVATE MEDICAL SECTOR** PRIVATE MEDICAL COLLEGE HOSPITAL . . . . . 41 PRIVATE HOSPITA . . . . 42 PRIVATE CLINIC . . . . . 43 QUALIFIED DOCTOR 44 UNQUALIFIED DOCTOR 45 PHARMACY . . . . . 47 OTHER PRIVATE MEDICAL SECTOR _____ 46 (SPECIFY)	

		OTHER _____ 96 (SPECIFY) (SKIP TO 457)	
NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
449	I would like to talk to you about checks on your health after delivery, for example, someone asking you questions about your health or examining you. Did anyone check on your health after you gave birth to (NAME)?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 453)	
450	How long after delivery did the first check take place? IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS . . . . . 1 ☐☐ DAYS . . . . . 2 ☐☐ WEEKS . . . . . 3 ☐☐ DON'T KNOW 998	
451	Who checked on your health at that time? PROBE FOR MOST QUALIFIED PERSON. 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 . 11 NURSE/MIDWIFE/ PARAMEDIC . . . . . 12 FAMILY WELFARE VISITOR (FWV) . . . . 13 COMMUNITY SKILLED BIRTH ATTENDANT (CSBA) . . . . . 14 SUB-ASSISTANT COMMUNITY MEDICAL OFFICER (SACMO) . . . . . 15 COMMUNITH HEALTH CARE PROVIDER (CHCP) . . . . . 16 HEALTH ASSISTANT (HA 17 FAMILY WELFARE ASSISTANT (FWA) . 18 **NGO WORKER** . . . . . 21 **OTHER PERSON** TRAINED TBA (TTBA) 31 UNTRAINED TBA (UTBA) 32 UNQUALIFIED DOCTOR 33 **OTHER** _____ 96 (SPECIFY)	
453	I would like to talk to you about checks on (NAME)'s health after delivery – for example, someone examining (NAME), checking the cord, or seeing if (NAME) is OK. In the two months after (NAME) was born, did any health care provider or a traditional birth attendant check on (NAME)'s health?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 457) DON'T KNOW 8	

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

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
455	Who checked on (NAME)'s health at that time? PROBE FOR MOST QUALIFIED PERSON. 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 . 11 NURSE/MIDWIFE/ PARAMEDIC . . . . . 12 FAMILY WELFARE VISITOR (FWV) . . . . 13 COMMUNITY SKILLED BIRTH ATTENDANT (CSBA) . . . . . 14 SUB-ASSISTANT COMMUNITY MEDICAL OFFICER (SACMO) . . . . . 15 COMMUNITH HEALTH CARE PROVIDER (CHCP) . . . . . 16 HEALTH ASSISTANT (HA 17 FAMILY WELFARE ASSISTANT (FWA) 18 **NGO WORKE** . . . . . 21 **OTHER PERSON** TRAINED TBA (TTBA) 31 UNTRAINED TBA (UTBA) 32 UNQUALIFIED DOCTOR 33 **OTHER** _____ 96 (SPECIFY)	
457	During the first two days after (NAME)'s birth, did any health care provider do the following: a) Examine the cord? b) Measure (NAME)'s c) Counsel you on danger signs for newborns? d) Counsel you on breastfeeding? e) Observe (NAME) breastfeeding?	YES NO DK a) CORD . . . . 1 2 8 b) TEMP. . . . . 1 2 8 c) SIGNS . . . . 1 2 8 d) COUNSEL BREAST-FEED 1 2 8 e) OBSERVE BREAST-FEED 1 2 8	
457A	In the first two months after delivery, did you receive a vitamin A dose like (this/any of these)? SHOW COMMON TYPES OF CAPSULE/SYRUP.	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
458	Has your menstrual period returned since the birth of (NAME)?	YES . . . . . 1 (SKIP TO 460) NO . . . . . 2 (SKIP TO 461)	
459	Did your period return between the birth of (NAME) and your next pregnancy?		YES . . . . . 1 NO . . . . . 2 (SKIP TO 463)

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
460	For how many months after the birth of (NAME) did you not have a period?	MONTH . . . . . ☐☐ DON'T KNOW 98	MONTH . . . . . ☐☐ DON'T KNOW 98
461	CHECK 226: IS RESPONDENT PREGNANT?	NOT PREGNANT ☐ → PREGNANT OR UNSURE ☐ (SKIP TO 463)	
462	Have you had sexual intercourse since the birth of (NAME)?	YES . . . . . 1 NO . . . . . 2 ☐ (SKIP TO 464)	
463	For how many months after the birth of (NAME) did you not have sexual intercourse?	MONTH . . . . . ☐☐ DON'T KNOW 98	MONTH . . . . . ☐☐ DON'T KNOW 98
464	Did you ever breastfeed (NAME)?	YES . . . . . 1 ☐ (SKIP TO 466) NO 2	YES . . . . . 1 NO 2
465	CHECK 404: IS CHILD LIVING?	LIVING ☐ → (SKIP TO 470) DEAD ☐ (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 ☐☐ DAYS . . . . . 2 ☐☐	
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 ☐ DEAD ☐ (SKIP TO 471)	LIVING ☐ DEAD ☐ (SKIP TO 471)
469	Are you still breastfeeding (NAME)?	YES . . . . . 1 ☐ 470 NO 2	
469A	For how many months did you breastfeed (NAME)?	MONTHS ☐☐ 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	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 OR LATER ☐ NO BIRTHS IN 2014 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 . . . . . ☐☐		
503A	CHECK 216 FOR CHILD: LIVING ☐ DEAD ☐		→ 501B
504A	Do you have a card or other document where (NAME)'s vaccinations are written down?	YES, HAS ONLY A CARD . . . . . 1 YES, HAS ONLY 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 ☐ CODE '4' CIRCLED ☐		→ 511A
507A	May I see the card or other document where (NAME)'s vaccinations are written down?	YES, ONLY CARD SEEN . . . . . 1 YES, ONLY OTHER DOCUMENT SEE . . . . . 2 YES, CARD AND OTHER DOCUMENT SEEN . . 3 NO CARD AND NO OTHER DOCUMENT SEE . . 4	 → 511A

SECTION 5A. CHILD IMMUNIZATION (LAST BIRTH)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	NAME OF LAST BIRTH _____	BIRTH HISTORY NUMBE	
508A	COPY DATES FROM THE CARD. WRITE '44' IN 'DAY' COLUMN IF CARD SHOWS THAT A DOSE WAS GIVEN, BUT NO DATE IS		
509A	CHECK 508A: 'BCG' TO 'MR AT 15 MONTHS', ALL RECORDED?	NO ☐ ↓ YES ☐ → 525A	
510A	In addition to what is recorded on (this document/these documents), did (NAME) receive any other vaccinations, including vaccinations received in campaigns or immunization days or child health days?	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)	
	RECORD 'YES' ONLY IF THE RESPONDENT MENTIONS AT LEAST ONE OF THE VACCINATIONS IN 508A THAT ARE NOT RECORDED AS HAVING BEEN GIVEN.	NO . . . . . 2 DON'T KNOW . . . . . 8 (WRITE '00' IN THE CORRESPONDING DAY COLUMN FOR ALL VACCINATIONS NOT (THEN SKIP TO 525A)	

	DAY		MONTH		YEAR			
BCG								
PENTA 1								
PENTA 2								
PENTA 3								
OPV/POLIO 1								
OPV/POLIO 2								
OPV/POLIO 3								
PCV/PNEUMOCOCCAL 1								
PCV/PNEUMOCOCCAL 2								
PCV/PNEUMOCOCCAL 3								
IPV								
fIPV 6 WEEKS								
fIPV 14 WEEKS								
MR AT 9 MONTHS								
MR AT 15 MONTHS								
VITAMIN A (MOST RECENT)								

SECTION 5A. CHILD IMMUNIZATION (LAST BIRTH)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	NAME OF LAST BIRTH _____	BIRTH HISTORY NUMBE	
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	
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	
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	
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	
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? MORE BIRTHS IN 2014 OR LATER ☐ NO BIRTHS IN 2014 OR LATER ☐		→ 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 . . . . . ☐☐		
503B	CHECK 216 FOR CHILD: LIVING ☐ DEAD ☐		→ 526B
504B	Do you have a card or other document where (NAME)'s vaccinations are written down?	YES, HAS ONLY A CARD . . . . . 1 YES, HAS ONLY AN OTHER DOCUMENT . . . . 2 YES, HAS CARD AND OTHER DOCUMEN . . . . 3 NO, NO CARD AND NO OTHER DOCUMENT . . 4	→ 507B → 507B
505B	Did you ever have a vaccination card for (NAME)?	YES . . . . . 1 NO 2	
506B	CHECK 504B: CODE '2' CIRCLED ☐ CODE '4' CIRCLED ☐		→ 511B
507B	May I see the card or other document where (NAME)'s vaccinations are written down?	YES, ONLY CARD SEEN . . . . . 1 YES, ONLY OTHER DOCUMENT 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	
508B	COPY DATES FROM THE CARD. WRITE '44' IN 'DAY' COLUMN IF CARD SHOWS THAT A DOSE WAS GIVEN, BUT NO DATE IS		
509B	CHECK 508A: 'BCG' TO MR AT 15 MONTHS, ALL RECORDED?	NO ☐ ↓ YES ☐ → 525B	
510B	In addition to what is recorded on (this document/these documents), did (NAME) receive any other vaccinations, including vaccinations received in campaigns or immunization days or child health days? RECORD 'YES' ONLY IF THE RESPONDENT MENTIONS AT LEAST ONE OF THE VACCINATIONS IN 508B THAT ARE NOT RECORDED AS HAVING BEEN GIVEN.	YES . . . . . 1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 508B THEN WRITE '00' IN THE CORRESPONDING DAY COLUMN FOR ALL (THEN SKIP TO 525B) NO . . . . . 2 DON'T KNOW . . . . . 8 (WRITE '00' IN THE CORRESPONDING DAY COLUMN FOR ALL VACCINATIONS NOT (THEN SKIP TO 525B)	

	DAY		MONTH		YEAR			
BCG								
PENTA 1								
PENTA 2								
PENTA 3								
OPV/POLIO 1								
OPV/POLIO 2								
OPV/POLIO 3								
PNEUMOCOCCAL 1								
PNEUMOCOCCAL 2								
PNEUMOCOCCAL 3								
IPV								
fIPV 6 WEEKS								
fIPV 14 WEEKS								
MR AT 9 MONTHS								
MR AT 15 MONTHS								
VITAMIN A (MOST RECENT)								

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	NAME OF NEXT-TO-LAST BIRTH _____	BIRTH HISTORY NUMBE	
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	
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	
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	
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	
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? MORE BIRTHS IN 2014 OR LATER → (GO TO 502B IN AN ADDITIONAL QUESTIONNAIRE) NO MORE BIRTHS IN 2014 → 601		

SECTION 6. CHILD HEALTH AND NUTRITION

601	CHECK 224: ONE OR MORE BIRTHS IN 2012 OR ☐ ↓ NO BIRTHS IN 2012 OR ☐ → 701		
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 . . . . . ☐☐	NEXT-TO-LAST BIRTH BIRTH HISTORY NUMBER . . . . . ☐☐
604	FROM 212 AND 216:	NAME _____ LIVING ↓ DEAD ☐ → (SKIP TO 646)	NAME _____ LIVING ↓ DEAD ☐ → (SKIP TO 646)
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	CHECK 469: CURRENTLY BREASTFEEDING? YES ☐ → 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? IF LESS, PROBE: Was (NAME) given much less than NO/NOT ☐ → 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? IF LESS, PROBE: Was (NAME) given much less than usual to drink or somewhat	MUCH LESS . . . . . 1 SOMEWHAT LESS . . . . . 2 ABOUT THE SAME . . . . . 3 MORE . . . . . 4 NOTHING TO DRINK . . . . . 5 DON'T KNOW 8	MUCH LESS . . . . . 1 SOMEWHAT LESS . . . . . 2 ABOUT THE SAME . . . . . 3 MORE . . . . . 4 NOTHING TO DRINK . . . . . 5 DON'T KNOW 8
610	When (NAME) had diarrhoea, was (NAME) given less than usual to eat, about the same amount, more than usual, or nothing to eat? IF LESS, PROBE: Was (NAME) given much less than usual to eat or somewhat less?	MUCH LESS . . . . . 1 SOMEWHAT LESS . . . . . 2 ABOUT THE SAME . . . . . 3 MORE . . . . . 4 STOPPED FOOD . . . . . 5 NEVER GAVE FOOD . . . . . 6 DON'T KNOW 8	MUCH LESS . . . . . 1 SOMEWHAT LESS . . . . . 2 ABOUT THE SAME . . . . . 3 MORE . . . . . 4 STOPPED FOOD . . . . . 5 NEVER GAVE FOOD . . . . . 6 DON'T KNOW 8
611	Did you seek advice or treatment for the diarrhoea from any source?	YES . . . . . 1 NO . . . . . 2 → (SKIP TO 615)	YES . . . . . 1 NO . . . . . 2 → (SKIP TO 615)

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
612	Where did you seek advice or treatment? Anywhere else? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE(S). _____ (NAME OF PLACE(S))	**PUBLIC SECTOR** 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)
615	Was (NAME) given any of the following at any time since (NAME) started having the diarrhoea: a) A fluid made from a special packet called ORSaline PACKET? b) A home made sugar-salt-water solution (laban gur)? c) Zinc syrup? d) Zinc tablets?	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	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
618	Has (NAME) been ill with a fever at any time in the last 2 weeks?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8
620	Has (NAME) had an illness with a cough at any time in the last 2 weeks?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8

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 NO OR DK (SKIP TO 646)	YES NO OR DK (SKIP TO 646)
624	Did you seek advice or treatment for the illness from any source?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 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:	TWO OR MORE CODES CIRCLED ☐ / ONLY ONE CODE CIRCLED ☐ → (SKIP TO 628)	TWO OR MORE CODES CIRCLED ☐ / ONLY ONE CODE CIRCLED ☐ → (SKIP TO 628)
627	Where did you first seek advice or treatment? USE LETTER CODE FROM 625.	FIRST PLACE . . . . . ☐	FIRST PLACE . . . . . ☐
628	How many days after the illness began did you first seek advice or treatment for (NAME)? IF THE SAME DAY RECORD '00'.	DAYS . . . . . ☐☐	DAYS . . . . . ☐☐
630	What drugs did (NAME) take? Any other drugs? RECORD ALL MENTIONED.	ANTIMALARIAL DRUGS SP/FANSIDAR . . . . . A CHLOROQUINE . . . . . B PRIMAQUINE . . . . . C QUININE . . . . . D COMBINATION WITH ARTEMISININ . . . . . E OTHER ANTIMALARIAL _____ F (SPECIFY) ANTIBIOTIC DRUGS BETA LACTUM . . . . . G MACROLIDES . . . . . H QUINOLONE . . . . . I CEPHALOSPORIN . . . . . J COTRIMOXAZOLE . . . . . K GENTAMYCIN . . . . . L METRONIDAZOLE . . . . . M OTHER DRUG _____ X (SPECIFY) DON'T KNOW . . . . . Z	ANTIMALARIAL DRUGS SP/FANSIDAR . . . . . A CHLOROQUINE . . . . . B PRIMAQUINE . . . . . C QUININE . . . . . D COMBINATION WITH ARTEMISININ . . . . . E OTHER ANTIMALARIAL _____ F (SPECIFY) ANTIBIOTIC DRUGS BETA LACTUM . . . . . G MACROLIDES . . . . . H QUINOLONE . . . . . I CEPHALOSPORIN . . . . . J COTRIMOXAZOLE . . . . . K GENTAMYCIN . . . . . L METRONIDAZOLE . . . . . M OTHER DRUG _____ X (SPECIFY) DON'T KNOW . . . . . Z
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.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
649	CHECK 215 AND 218, ALL ROWS: NUMBER OF CHILDREN BORN IN 2015 OR LATER LIVING WITH THE RESPONDENT ONE OR MORE ☐ ↓ NONE ☐ → 701 (NAME OF YOUNGEST CHILD LIVING WITH HER) ↓		
650	Now I would like to ask you about liquids or foods that (NAME FROM 649) had yesterday during the day or at night. I am interested in whether your child had the item I mention even if it was combined with other foods.	YES NO DK	
	a) Plain water?	a) 1 2 8	
	b) Juice or juice drinks?	b) 1 2 8	
	c) Clear broth?	c) 1 2 8	
	d) Milk such as tinned, powdered, or fresh animal milk? IF YES: How many times did (NAME) drink milk? IF 7 OR MORE TIMES, RECORD '7'.	d) . . . . . 1 2 8 NUMBER OF TIMES DRANK ☐	
	e) Infant formula? IF YES: How many times did (NAME) drink infant formula? IF 7 OR MORE TIMES, RECORD '7'.	e) . . . . . 1 2 8 NUMBER OF TIMES DRANK ☐	
	f) Any other liquids?	f) 1 2 8	
	g) Yogurt? IF YES: How many times did (NAME) eat yogurt? IF 7 OR MORE TIMES, RECORD '7'.	g) . . . . . 1 2 8 NUMBER OF TIMES ATE ☐	
	h) Any [BRAND NAME OF COMMERCIALLY FORTIFIED BABY FOOD, E.G., Cerelac]?	h) 1 2 8	
	i) Bread, rice, noodles, porridge, or other foods made from grains?	i) 1 2 8	
	j) Pumpkin, carrots, squash, or sweet potatoes that are yellow or orange inside?	j) 1 2 8	
	k) White potatoes, white yams, manioc, cassava, or any other foods made from roots?	k) 1 2 8	
	l) Any dark green, leafy vegetables?	l) 1 2 8	
	m) Ripe mangoes, papayas, or [INSERT ANY OTHER LOCALLY AVAILABLE VITAMIN A-	m) 1 2 8	
	n) Any other fruits or vegetables?	n) 1 2 8	
	o) Liver, kidney, heart, or other organ meats?	o) 1 2 8	
	p) Any meat, such as beef, pork, lamb, goat, chicken, or duck?	p) 1 2 8	
	q) Eggs?	q) 1 2 8	
	r) Fresh or dried fish or shellfish?	r) 1 2 8	
	s) Any foods made from beans, peas, lentils, or	s) 1 2 8	

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' ☐↓ AT LEAST ONE 'YES' ☐→		653
652	Did (NAME FROM 649) eat any solid, semi-solid, or soft foods yesterday during the day or at night? IF 'YES' PROBE: What kind of solid, semi-solid or soft foods did (NAME) eat?	YES . . . . . 1 (GO BACK TO 650 TO RECORD FOOD EATEN YESTERDAY) (THEN CONTINUE TO 653) NO 2	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 . . . . . ☐☐ DON'T KNOW 8	

SECTION 7. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
701	CHECK 106A: CURRENTLY MARRIED ☐ ↓ SEPARATED/DESERTED DIVORCED/WIDOWED ☐ → 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. . . . . ☐☐	
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 ☐ ↓ a) In what month and year did you start living with your husband? MARRIED/ LIVED WITH A MAN MORE THAN ONCE ☐ ↓ b) Now I would like to ask about your first husband. In what month and year did you start living with him?	MONTH . . . . . ☐☐ DON'T KNOW MONTH . . . . . 98 YEAR . . . . . ☐☐☐☐ DON'T KNOW YEAR 9998	→ 711A
711	How old were you when you first started living with him?	AGE . . . . . ☐☐	
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 . . . . . ☐☐	
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 AGE IN YEARS	→ 801
714	I would like to ask you about your recent sexual activity. When was the last time you had sexual intercourse? IF LESS THAN 12 MONTHS, ANSWER MUST BE RECORDED IN DAYS, WEEKS OR MONTHS. IF 12 MONTHS (ONE YEAR) OR MORE, ANSWER MUST BE RECORDED IN YEARS.	DAYS AGO . . . . . 1 WEEKS AGO . . . . . 2 MONTHS AGO . . . . . 3 YEARS AGO 4	→ 801
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	

SECTION 8. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
801	CHECK 106A: CURRENTLY MARRIED ☐ ↓ SEPERATED/DESERTED DIVORCED/WIDOWED ☐ →		813
801A	CHECK 304: NEITHER STERILIZED ☐ ↓ HE OR SHE STERILIZED ☐ →		811
802	CHECK 226: PREGNANT ☐ ↓ NOT PREGNANT OR UNSURE ☐ →		804
803	Now I have some questions about the future. After the child you are expecting now, would you like to have another child, or would you prefer not to have any more children?	HAVE ANOTHER CHILD . . . . . 1 NO MORE . . . . . 2 UNDECIDED/DON'T KNOW 8	→ 805 → 812
804	Now I have some questions about the future. Would you like to have (a/another) child, or would you prefer not to have any (more) children?	HAVE (A/ANOTHER) CHILD . . . . . 1 NO MORE/NONE . . . . . 2 SAYS SHE CAN'T GET PREGNAN . . . . . 3 UNDECIDED/DON'T KNOW 8	→ 807 → 813 → 811
805	CHECK 226: NOT PREGNANT OR UNSURE ☐ ↓ a) How long would you like to wait from now before the birth of (a/another) child? PREGNANT ☐ ↓ 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 PREGNAN . . . . . 994 AFTER MARRIAGE . . . . . 995 OTHER _____ (SPECIFY) 996 DON'T KNOW 998	→ 811 → 813 → 811
806	CHECK 226: NOT PREGNANT OR UNSURE ☐ ↓ PREGNANT ☐ →		812
807	CHECK 303: USING A CONTRACEPTIVE NOT CURRENTLY USING ☐ ↓ CURRENTLY USING ☐ →		813
808	CHECK 805: '24' OR MORE MONTHS OR '02' OR MORE YEARS ☐ ↓ NOT ASKED ☐ ↓ '00-23' MONTHS OR '00-01' YEAR ☐ →		812
809	CHECK 714: DAYS, WEEKS OR MONTHS AGO ☐ ↓ YEARS AGO ☐ → NOT ASKED ☐ →		811 811

SECTION 8. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
810	CHECK 804: WANTS TO HAVE A/ANOTHER CHILD ☐ → 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? Any other reason? WANTS NO MORE/ NONE ☐ → 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? Any other reason? RECORD ALL REASONS MENTIONED.	**FERTILITY-RELATED REASONS** NOT HAVING SEX . . . B INFREQUENT SEX . . . C MENOPAUSAL/HYSTERECTOM . . . D CAN'T GET PREGNANT . . . E NOT MENSTRUATED SINCE LAST BIRTH . . . F BREASTFEEDING . . . G UP TO GOD/FATALISTIC . . . H **OPPOSITION TO USE** RESPONDENT OPPOSE . . . I HUSBAND OPPOSED . . . J OTHERS OPPOSED . . . K RELIGIOUS PROHIBITIO . . . L **LACK OF KNOWLEDGE** KNOWS NO METHOD . . . M KNOWS NO SOURCE . . . N **METHOD-RELATED REASONS** SIDE EFFECTS/HEALTH CONCERNS . . . O LACK OF ACCESS/TOO FAR . . . P COSTS TOO MUCH . . . Q PREFERRED METHOD NOT AVAILABLE . . . R NO METHOD AVAILABLE . . . S INCONVENIENT TO USE . . . T INTERFERES WITH BODY'S NORMAL PROCESSE . . . U OTHER _____ (SPECIFY) X DON'T KNOW . . . Z	
811	CHECK 303: USING A CONTRACEPTIVE NOT ASKED ☐ → NO, NOT CURRENTLY USING ☐ → YES, CURRENTLY USING ☐		→ 813
812	Do you think you will use a contraceptive method to delay or avoid pregnancy at any time in the future?	YES . . . 1 NO . . . 2 DON'T KNOW . . . 8	→ 812B
812A	Which contraceptive method would you prefer to use?	FEMALE STERILIZATION . . . 01 MALE STERILIZATION . . . 02 IUD . . . 03 INJECTABLES . . . 04 IMPLANTS . . . 05 PILL . . . 06 CONDOM . . . 07 EMERGENCY CONTRACEPTIVE PILL . . . 08 LACTATIONAL AMEN. METHOD . . . 11 SAFE PERIOD . . . 12 WITHDRAWAL . . . 13 OTHER _____ (SPECIFY) 96 UNSURE . . . 98	→ 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: HAS LIVING CHILDREN ☐↓ / NO LIVING CHILDREN ☐↓ 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? b) If you could choose exactly the number of children to have in your whole life, how many would that be? PROBE FOR A NUMERIC RESPONSE.	NONE . . . . . 00 → 815 NUMBER . . . . . ☐☐ OTHER _____ 96 → 815 (SPECIFY)	
814	How many of these children would you like to be boys, how many would you like to be girls and for how many would it not matter if it's a boy or a girl?	BOYS GIRLS EITHER NUMBER . . ☐☐ ☐☐ ☐☐ OTHER _____ 96 (SPECIFY)	

SECTION 8. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
815	In the last month have you:	YES NO	
	a) Heard about family planning on the radio?	a) RADIO 1 2	
	b) Seen family planning messages on the television?	b) TELEVISION 1 2	
	c) Read about family planning in a newspaper or magazine?	c) NEWSPAPER OR MAGAZIN 1 2	
	d) Read about family planning in a poster, biiboard or leaflet?	d) POSTER, BILLBOARD OR LEAFLE . 1 2	
	e) Heard about family planning in community event?	e) COMMUNITY EVENT 1 2	
	f) Received a voice or text message about family planning on a mobile phone (SMS)?	f) MOBILE PHONI 1 2	
	g) Read about family planning in social media (Facebook, Twitter, etc.)	g) SOCIAL MEDIA 1 2	
	h) Read about family planning in a Website or on the Internet?	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: CURRENTLY MARRIED ☐ ↓ SEPARATED/DESERTED DIVORCED/WIDOWED ☐ → 901		
818	CHECK 303: USING A CONTRACEPTIVE CURRENTLY USING ☐ ↓ NOT CURRENTLY USING ☐ → 820 NOT ASKED ☐ → 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 (SPECIFY)	→ 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 (SPECIFY)	
821	CHECK 304: NEITHER ARE STERILIZED ☐ ↓ HE OR SHE ARE STERILIZED ☐ → 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 CHILDREI . . . . . 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 ☐ ↓ SEPARATED/DESERTED ☐ DIVORCED/WIDOWED		→ 909
902	How old was your husband on his last birthday?	AGE IN COMPLETED YEARS . . . . . ☐☐	
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 . . . . . ☐☐ 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?	_____ _____ ☐☐ _____	
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?	_____ _____ ☐☐ _____	

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 MEMBEI . . . . . 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 YEAI . . . . . 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 ☐ SEPARATED/DESERTED ☐ DIVORCED/WIDOWED → 931		
918	CHECK 916: CODE '1' OR '2' CIRCLED ☐ OTHER ☐ → 921		
919	Who usually decides how the money you earn will be used: you, your husband, 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 HUSBANDR . . . . . 2 RESPONDENT AND HUSBANDR 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)	PRES./ LISTEN. / PRES./ NOT LISTEN. / NOT PRES. CHILDREN < 10 . . . . . 1 2 3 HUSBAND . . . . . 1 2 3 OTHER MALES . . . . . 1 2 3 OTHER FEMALES 1 2 3	
932	In your opinion, is a husband justified in hitting or beating his wife in the following situations: a) If she goes out without telling him? b) If she neglects the children? c) If she argues with him? d) If she refuses to have sex with him? e) If she burns the food?	YES / NO / DK a) GOES OUT . . . . . 1 2 8 b) NEGLECTS CHILDRE . . 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: CURRENTLY MARRIED ☐ ↓ SEPARATED/DESERTED ☐ DIVORCED/WIDOWED → 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	Now I would like to ask you some other questions relating to health matters. Have you had an injection for any reason in the last 12 months? IF YES: How many injections have you had? IF NUMBER OF INJECTIONS IS 90 OR MORE, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'. IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.	NUMBER OF INJECTION . . . . . [ ][ ] NONE 00	→ 1008
1002	Among these injections, how many were administered by a doctor, a nurse, a pharmacist, a dentist, or any other health worker? IF NUMBER OF INJECTIONS IS 90 OR MORE, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'. IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.	NUMBER OF INJECTION . . . . . [ ][ ] NONE 00	→ 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?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
1008	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: a) Getting permission to go to the doctor? b) Getting money needed for advice or treatment? c) The distance to the health facility? d) Not wanting to go alone?	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?	YES . . . . . 1 NO 2	→ 1011
1010	What type of health insurance are you covered by? RECORD ALL MENTIONED.	MUTUAL HEALTH ORGANIZATION/ COMMUNITY-BASED HEALTH INSURANCE . . . . . A HEALTH INSURANCE THROUGH EMPLOYER . . . . . B SOCIAL SECURITY . . . . . C OTHER PRIVATELY PURCHASED COMMERCIAL HEALTH INSURANCE . . . . D OTHER _____ X (SPECIFY)	
1011	Do you have a health card which provide free or subsidized health care services?	YES . . . . . 1 NO 2	
1012	RECORD THE TIME.	HOURS . . . . . [ ][ ] MINUTES . . . . . [ ][ ]	

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	
	06	JUN	01			
2	05	MAY	02			2
0	04	APR	03			0
1	03	MAR	04			1
8	02	FEB	05			8
	01	JAN	06			
	12	DEC	07			
	11	NOV	08			
	10	OCT	09			
2	09	SEP	10			2
0	08	AUG	11			0
1	07	JUL	12			1
7	06	JUN	13			7
	05	MAY	14			
	04	APR	15			
	03	MAR	16			
	02	FEB	17			
	01	JAN	18			
	12	DEC	19			
	11	NOV	20			
	10	OCT	21			
2	09	SEP	22			2
0	08	AUG	23			0
1	07	JUL	24			1
6	06	JUN	25			6
	05	MAY	26			
	04	APR	27			
	03	MAR	28			
	02	FEB	29			
	01	JAN	30			
	12	DEC	31			
	11	NOV	32			
	10	OCT	33			
2	09	SEP	34			2
0	08	AUG	35			0
1	07	JUL	36			1
5	06	JUN	37			5
	05	MAY	38			
	04	APR	39			
	03	MAR	40			
	02	FEB	41			
	01	JAN	42			
	12	DEC	43			
	11	NOV	44			
	10	OCT	45			
2	09	SEP	46			2
0	08	AUG	47			0
1	07	JUL	48			1
4	06	JUN	49			4
	05	MAY	50			
	04	APR	51			
	03	MAR	52			
	02	FEB	53			
	01	JAN	54			
	12	DEC	55			
	11	NOV	56			
	10	OCT	57			
2	09	SEP	58			2
0	08	AUG	59			0
1	07	JUL	60			1
3	06	JUN	61			3
	05	MAY	62			
	04	APR	63			
	03	MAR	64			
	02	FEB	65			
	01	JAN	66			
	12	DEC	67			
	11	NOV	68			
	10	OCT	69			
2	09	SEP	70			2
0	08	AUG	71			0
1	07	JUL	72			1
2	06	JUN	73			2
	05	MAY	74			
	04	APR	75			
	03	MAR	76			
	02	FEB	77			
	01	JAN	78			