Confidential when filled

ANNUAL HEALTH SURVEY

WOMAN SCHEDULE

State			Zone		
District			Rural - 1/ Urban - 2		Stratum
Sample Unit					
House No.			Household No.		

Result of Interview		CODE	Name & Signature of the Enumerator	Name & Signature/Thumb Impression of the Respondent
Completed	1			
Not completed :				
Refused	2			
Incapacitated	3			
Partly completed	4			
Not at Home	5		Date of Interview D D M M Y Y Y Y	
Others (please specify)	6	▶		

Section I – Ever Married Woman (Aged 15–49 years)

Sl.No., Name, Identification Code, Age and Marital Status to be copied from Col. 1, 2, 6, 9 & 12 respectively of Household Schedule

Sl.No.	Name	Identification Code	Age	Marital Status (Code) *

'*' If Code 2 (Married but, Gauna not Performed), Go to Section II of the Schedule.

Q. No.	Questions and Codes	Responses
Q.1	Have you delivered a live baby before 01.01.2010?	Yes-1, No-2 ☐ If code '2', go to Q.4
Q.2	How many children have been born alive ever before 01.01.2010 and out of them how many are surviving as on 01.01.2010?	Record the number Born Alive: Male ☐ Female ☐ Total ☐ Surviving: Male ☐ Female ☐ Total ☐
Q.3	What was your age at first live birth ? (in completed years)	☐☐
Q.4	Has the outcome of any pregnancy(s) resulted in live birth/still birth/abortion during 01.01.2007 to 31.12.2009?	Yes-1, No-2 ☐ If code '2', go to Section II of the Schedule

Q.5 **If code 1 in Q.4, record the history of outcome(s) of pregnancy(s). Start with the last pregnancy excluding the current one. Use separate lines for twins / triplets. Same pregnancy no. to be recorded for twins/triplets.**

Pregnancy Number (to be recorded)	Outcome of Pregnancy	To be filled for Induced or Spontaneous abortions (Code '3' or '4' in Col. 2)						
		In which month & year, you had abortion?	At what month of pregnancy did abortion happen?	Did you receive any ANC? (Yes-1, No-2)	Did you go for ultrasound before this abortion? (Yes-1, No-2)	Where was the abortion performed/ completed? (Code)	Who performed/ completed the abortion? (Code)	For induced abortion only: Why did you abort the pregnancy? (Code)
1	2	3	4	5	6	7	8	9
(.....) Last pregnancy	Live Birth-1, Still Birth-2, Induced Abr.-3, Spont Abr.-4 ☐	Month ☐☐ Year ☐☐☐☐	☐	☐	☐	☐☐	☐	☐
(.....) Previous to last pregnancy	Live Birth-1, Still Birth-2, Induced Abr.-3, Spont Abr.-4 ☐	Month ☐☐ Year ☐☐☐☐	☐	☐	☐	☐☐	☐	☐
(.....) Second from last pregnancy	Live Birth-1, Still Birth- 2, Induced Abr.-3, Spont Abr.-4 ☐	Month ☐☐ Year ☐☐☐☐	☐	☐	☐	☐☐	☐	☐
(.....) Third from last pregnancy	Live Birth-1, Still Birth-2, Induced Abr.-3, Spont Abr.-4 ☐	Month ☐☐ Year ☐☐☐☐	☐	☐	☐	☐☐	☐	☐

Note: If outcome(s) of pregnancy(s) resulted in 'only' Abortion(s), go to Section-II of Schedule after filling Columns 3 to 9 of Q.5.

Code for Col.7 (Q.5)		
Item		Code
GOVERNMENT		
Sub - Center		01
PHC		02
CHC		03
UHC / UHP / UFWC		04
Dispensary / Clinic		05
Hospital		06
AYUSH Hospital / Clinic		07
PRIVATE		
Dispensary / Clinic		08
Hospital		09
AYUSH Hospital / Clinic		10
NGO or Trust Hosp. / Clinic		11
At Home	Self	12
	Elsewhere	13
Others		99

Code for Col.8 (Q.5)	
Item	Code
Doctor	1
Nurse / ANM / LHV	2
Trained dai	3
Untrained dai	4
Family members / Relatives / Friends	5
None / Self	6
Others	7

Code for Col.9 (Q.5)	
Item	Code
Unplanned pregnancy	1
Due to contraceptive failure	2
Complication(s) in pregnancy	3
Health did not permit	4
Female foetus	5
Economic reason(s)	6
Last child too young	7
Foetus had congenital abnormality	8
Others	9

Q.6 Details about the last two outcome of pregnancies which resulted in live birth (surviving / not surviving) / still birth during 1.1.2007 to 31.12.2009. Begin with last birth. Survival status to be assessed as on 01.01.2010.

Questions 6 (1) to 6 (26) are to be probed for live births (surviving/not surviving) as well as still births **unless otherwise specified**.

Q. No.	Questions and Codes	Responses
Q.6 (1)	**Pregnancy number of last two live / still birth(s) in Chronological order (Copy from Col. 1 of Q.5)**	Pregnancy Number: Last birth ☐ ; Previous to last birth ☐
Q.6 (2)	**What kind of birth is / was it?** Item / Code: Live birth surviving 1; Live birth not surviving 2; Still birth 3 **(If code '3' is recorded for any of the births, go to Q.6 (6) for that particular birth)**	Last birth ☐ ; Previous to last birth ☐
Q.6 (3)	**What is the order of live birth?**	Order of live birth: Last birth ☐ ; Previous to last birth ☐
Q.6 (4)	**Only if birth order >= 2** **What is the interval between the previous and the current live birth?** **(If more than 99 months, record '99' only)**	Interval (in completed months): Last birth ☐☐ ; Previous to last birth ☐☐
Q.6 (5)	**Identification code (only for live birth surviving) – To be copied from Col. 6 of the Household Schedule**	Identification code: Last birth ☐☐☐☐ ; Previous to last birth ☐☐☐☐
Q.6 (6)	**What is/was the date of birth of the baby?** **(In case of still birth, record only month and year)**	Date of Birth: Last birth D D M M Y Y Y Y ; Previous to last birth D D M M Y Y Y Y
Q.6 (7)	**What is / was the sex of the baby / still birth?** Item / Code: Male 1; Female 2	Last birth ☐ ; Previous to last birth ☐
Q.6 (8)	**What type of birth was it?** Item / Code: Single 1; Multiple 2	Last birth ☐ ; Previous to last birth ☐

Ante Natal Care

Q.6 (9) **How many ANCs did you receive during pregnancy associated with each birth?**

(If '0' is recorded for any of the births, go to Q.6 (15) for that particular birth. If more than 9 ANCs, record '9' only.)

Number of ANCs	Last birth	Previous to last birth
	☐	☐

Q.6 (10) **How many months were you pregnant at the time of first ANC ?**

Number of completed months	Last birth	Previous to last birth
	☐	☐

Q.6 (11) **What was the main source of ANC ?**

Item	Code
GOVERNMENT	
Anganwadi	00
Sub - Center	01
PHC	02
CHC	03
UHC / UHP / UFWC	04
Dispensary / Clinic	05
Hospital	06
AYUSH Hospital / Clinic	07
PRIVATE	
Dispensary / Clinic	08
Hospital	09
AYUSH Hospital / Clinic	10
NGO or Trust Hosp/Clinic	11
Others	99

Last birth	Previous to last birth
☐☐	☐☐

Q.6 (12) **What were the type of tests performed during the ANC?**

(Record the total number of tests performed across all ANCs. If any of the tests were performed more than 9 times, record 9 only.)

Type of tests performed	Last birth (in numbers)	Previous to last birth (in numbers)
Abdominal Examination	☐	☐
Blood Pressure	☐	☐
Weight	☐	☐
Urine	☐	☐
Blood (for Hb)	☐	☐
Blood (for other tests)	☐	☐
Ultrasound	☐	☐

Q.6 (13)

(i) How many TT injections did you receive?

(ii) How many months were you pregnant at the time of 2nd TT injection?

	Last birth	Previous to last birth
Number of TT injections		

	Last birth	Previous to last birth
Number of completed months		

Q.6 (14) **For how many days did you consume Iron & Folic Acid (IFA) tablets / tablespoons of IFA syrup during pregnancy?**

Item	Code
Less than 100 days	1
100 days or more	2
Not at all	3

Last birth	Previous to last birth

Q.6 (15) **If '0' is recorded for any of the births in Q.6 (9), what was the main reason of not going for any ANC for that particular birth?**

Item	Code
Not needed	1
Not customary	2
Cost too much	3
Too far / no transport	4
Poor quality service	5
Family did not allow	6
No time to go	7
Lack of knowledge	8
Others	9

Last birth	Previous to last birth

Natal Care

Q.6 (16) **Where did your delivery take place?**

Item	Code
GOVERNMENT	
Sub - Center	01
PHC	02
CHC	03
UHC / UHP / UFWC	04
Dispensary / Clinic	05
Hospital	06
AYUSH Hospital / Clinic	07
PRIVATE	
Dispensary / Clinic	08
Hospital	09
AYUSH Hospital / Clinic	10
NGO or Trust Hosp. / Clinic	11
At Home	12
Others	99

Last birth	Previous to last birth

Q.6 (17) **In case of institutional delivery [for code 1-11 in Q.6 (16)], what was the source of transport provided / availed by you for reaching the institution?**

Item	Code
Arranged by family	1
Arranged by ASHA	2
Provided by Panchayat / Other Govt. sources	3
Provided by Others	4
Not Required (< 1 km)	5
Not Provided	6

Last birth	Previous to last birth

Q.6 (18) **In case of institutional delivery [for code 1-11 in Q.6 (16)], how long did you stay in the institution after delivery?**

(Record in Hours, if stay <= 48 hrs, in Days otherwise)

Unit	Code
Hours	H
Days	D

Last birth		Previous to last birth	
H/D	No.	H/D	No.

Q.6 (19) **Was the delivery normal, caesarean or assisted?**

Item	Code
Normal	1
Caesarean	2
Assisted	3

Last birth	Previous to last birth

Q.6 (20) **In case of delivery at home, (Code 12 in Q. 6(16) who conducted your delivery?**

Item	Code
Doctor	1
Nurse / ANM / LHV	2
Trained dai	3
Untrained dai	4
Family members / Relatives / Friends	5
None	6

Last birth	Previous to last birth

Post Natal Care

Q.6 (21) **Did you have any check- up within 48 hours of delivery?**

Item	Code
Yes	1
No	2

Last birth	Previous to last birth

Q.6 (22) **If code 2 in Q.6 (21), After how many days of delivery, the first check up took place?**

(If no check up was done at all for any of the births, record '00' for that particular birth.)

Number of Days	Last birth	Previous to last birth

Q.6 (23) **When was the new born baby checked up after birth?**

(To be asked only in respect of live births surviving or not surviving.)

Item		Code
Checked Up	Within 24 hrs	1
	24 hrs to 72 hrs	2
	4th day to 7th day	3
	After the 7th day	4
Not checked up		5

Last birth	Previous to last birth

Q.6 (24) **If code 1 – 4 in Q.6 (23), where was the baby's first check up done?**

Item	Code
GOVERNMENT	
Anganwadi	00
Sub Center	01
PHC	02
CHC	03
UHC / UHP / UFWC	04
Dispensary / Clinic	05
Hospital	06
AYUSH Hospital / Clinic	07
PRIVATE	
Dispensary / Clinic	08
Hospital	09
AYUSH Hospital / Clinic	10
NGO or Trust Hosp/Clinic	11
At Home	12
Others	99

Last birth	Previous to last birth

Q.6 (25) **Did you avail any maternity financial assistance?**

Item		Code
Availed	Janani Suraksha Yojana (JSY)	1
	Other Govt schemes (Other than JSY)	2
	Any Other	3
Not Availed		4

Last birth	Previous to last birth

Q.6 (26) **If code 1 in Q.6 (25), then**

(i) How many days after the delivery, did you receive financial assistance?

(ii) What was the total amount received by you during pregnancy and/or after delivery?

Last birth	Previous to last birth

Last birth (Amount in Rs.)	Previous to last birth (Amount in Rs.)

The following questions are to be filled only for live births and surviving.

Baby's Name		

Q.6 (27) **Was birth weight of the baby taken?**

Item	Code
Yes	1
No	2
Don't Know	3

Last birth	Previous to last birth

Q.6 (28) **If code 1 in Q.6 (27), what was the birth weight of the baby?**

Birth weight	Last birth				Previous to last birth			
	Kg		gms		Kg		gms	

Immunization

Q.6 (29) **Do you have an Immunization / MCH card for your baby?**

Item	Code
Yes	1
No	2

Last birth	Previous to last birth

Q.6 (30) **Has the baby ever received any vaccination?**

Item	Code
Yes	1
No	2

(If code 2 for any birth, go to Q.6 (33) for that particular birth.)

Last birth	Previous to last birth

Q.6 (31) **Was the baby given BCG vaccine?**

Item		Code
Yes	At birth	1
	Within 6 weeks	2
	Thereafter	3
No		4

Last birth	Previous to last birth

Q.6 (32) **Were the following vaccines administered to your baby?**

 # If more than 9 doses, record '9' only for that particular birth.
*** If no vaccination received, record '0' for that particular birth.**

Type of Vaccine	Last birth	Previous to last birth
Polio birth dose? (Yes-1, No-2, Don't know-3)		
* No. of Polio doses in Routine Immunization (RI) other than the birth dose		
# No. of polio doses in PP (Pulse Polio) immunization during last 1 year		
* No. of DPT injections		
Measles (Yes-1, No-2)		
* No. of doses of Hepatitis B during last one year		

Q.6 (33) **If no vaccination was received by your baby, what was the main reason thereof?**

Item	Code
Child is weak/sick	1
Not aware of the need	2
Place of immunization not known	3
Session site too far	4
Fear of side effects	5
Nobody to take child to session site	6
Not customary	7
Child too young	8
Others	9

Last birth	Previous to last birth

Q.6 (34) **Was at least one dose of "Vitamin A" received by your baby during the last six months?**

Item	Code
Yes	1
No	2

Last birth	Previous to last birth

Q.6 (35) **Was IFA tablet / syrup administered to your baby in the last 3 months? (To be asked for babies older than 6 months)**

Item		Code
Yes	Tablet	1
	Syrup	2
No		3

Last birth	Previous to last birth

Q.6 (36) **If code 1 or 2 in Q.6 (35), then for how many days was it given in the last 3 months?**

	Last birth	Previous to last birth
No. of Days		

Breast-Feeding Practise

Q.6 (37) **When did you first breast-feed your baby?**

Item	Code
Immediately within 1 hour of birth	1
1 hour to 24 hours of birth	2
2-3 days	3
After 3 days	4
Never Breast-fed	5

Last birth	Previous to last birth

Q.6 (38) **Are you currently breast-feeding your baby?**

Item	Code
Yes	1
No	2

Last birth	Previous to last birth

Q.6 (39) **How many days / months did you exclusively breast-feed your baby?**

(If duration of breast-feeding is less than one month, record no. of days and if duration is in months, record no. of months)

Unit	Code
Days	D
Months	M

Last birth		Previous to last birth	
D/M	No.	D/M	No.

Q.6 (40) **At what age (in months) did you start feeding the baby, food other than breast milk?**

(If only breast-feeding, record '00')

Type of food	Last birth (in months)	Previous to last birth (in months)
Water		
Animal Milk / Formula Milk		
Semi Solid Mashed		
Solid (Adult food)		
Vegetables / Fruits		

Q.6 (41) **Did the baby suffer from Acute Respiratory Infection (ARI) during last 15 days?**

Item	Code
Yes	1
No	2

Last birth	Previous to last birth

Q.6 (42) **If code 1 in Q.6 (41), was the baby given any treatment?**

Item	Code
Antibiotic	1
Other treatment	2
No treatment	3

Last birth	Previous to last birth
☐	☐

Q.6 (43) **Did the baby suffer from Fever during last 15 days?**

Item	Code
Yes	1
No	2

Last birth	Previous to last birth
☐	☐

Q.6 (44) **If code 1 in Q.6 (43), was the baby given any treatment?**

Item	Code
Yes	1
No	2

Last birth	Previous to last birth
☐	☐

Q.6 (45) **Did the baby suffer from Diarrhoea during last 15 days?**

Item	Code
Yes	1
No	2

Last birth	Previous to last birth
☐	☐

Q.6 (46) **If code 1 in Q.6 (45), did you administer HAF / ORT / ORS to the baby?**

Item		Code
Yes	Home available fluids (HAF)	1
	Fluids prepared from ORS packet	2
No		3

Last birth	Previous to last birth
☐	☐

Registration of Births

Q.6 (47) **Is the birth of your baby registered ?**

Item	Code
Yes	1
No	2
Don't know	3

Last birth	Previous to last birth
☐	☐

Q.6 (48) **If code 1 in Q.6 (47), did you receive Birth Certificate for your baby ?**

Item	Code
Yes	1
No	2

Last birth	Previous to last birth
☐	☐

Section II – Currently Married Woman (Aged 15 – 49 years)

Q.1 **Which of the family planning method (s) are you aware of?**

Codes	Family Planning Methods	Yes - 1 / No - 2
	Modern	
01	Tubectomy	
02	Vasectomy	
03	Copper-T / IUD	
04	Pills (Daily)	
05	Pills (Weekly)	
06	Emergency Contraceptive Pill	
07	Condom / Nirodh	
08	Other modern method	
	Traditional	
09	Contraceptive Herbs	
10	Rhythm / Periodic Abstinence	
11	Withdrawal	
12	Lactational Amenorrhoea Method (LAM)	
13	Other traditional method	

Q.2 **Are you currently Pregnant?**

Yes-1, No-2, Not sure-3		▶ If code 2 or 3, go to Q.5
If code 1, record number of completed months of pregnancy.		

Q.3 **Are you registered for ANC?**

Yes-1, No-2	

Q.4 **When you became pregnant this time (i.e., current pregnancy), did you want to become pregnant now, did you want to wait until later, or did you not want to have any (more) children at all? (After recording the response go to Q.11)**

Now		1	
Later	Within 2 years	2	
	2 years or more	3	
Did not want any (more) children at all		4	
CODE			Go to Q.11

Q.5 **Are you currently menstruating?**

Yes		1	Go to Q.6
No	Lactational Amenorrhoea	2	▶ Go to Q.6
	Secondary Amenorrhoea	3	▶ Go to Q.6
	In Menopause	4	▶ Go to Q.11
	Uterus Removed	5	▶ Go to Q.11
	Never Menstruated	6	▶ Go to Q. 20
CODE			

Q.6 **When you became mother last time, did you want this child then, did you want to wait until later or did you not want to have any (more) children at all?**

Then		1
Later	Within 2 years	2
	2 years or more	3
Did not want any (more) children at all		4
CODE		

Q.7

(i) Are you or your husband currently using any method(s) of family planning?

Yes-1, No-2		If code 2, Go to Q.10

(ii) If code 1 in Q.7 (i), specify the most used method

(Use codes from Q.1)		

(iii) If code 01 or 02 in Q.7 (ii), where did you or your husband got the operation done?

GOVERNMENT		
Govt. / Municipal hospital	1	
Govt. Dispensary	2	
UHC / UHP / UFWC	3	
CHC	4	
PHC	5	
Camp	6	
PRIVATE		
Hospital	7	
Dispensary / Clinic	8	
Others	9	
CODE		Go to Q.19

Q.8 **How long have you or your husband been using this method continuously?**

Less than 6 months	1	
6 months to < 1 year	2	
1 year to < 2 years	3	
2 years or more	4	
Not remember	5	
CODE		

Q.9 **From where did you obtain this method last time?**

(Not applicable for code 10 or 11 or 12 if recorded in Q.7 (ii))

(After recording the response go to Q.15)

PUBLIC MEDICAL SECTOR		
Govt. / Municipal hospital	01	
Govt. Dispensary	02	
UHC / UHP / UFWC	03	
CHC	04	
PHC	05	
Sub centre	06	
Govt. AYUSH hospital clinic	07	
Govt. Mobile clinic	08	
Camp	09	
Anganwadi / ICDS Centre	10	
ASHA/ANM	11	
Other community based worker	12	
Other public sector health facility (NGO)	13	
PRIVATE MEDICAL SECTOR		
Pvt. Hospital / clinic	14	
Pvt. AYUSH Hospital / clinic	15	
ANY OTHER SOURCE		
Pharmacy / Shop	16	
Husband	17	
Friends / Relatives	18	
Vending machine	19	
Others	20	
CODE		Go to Q.15

Q.10 **What is the main reason for currently not using any method of family planning?**

Wanted child now / soon	01
Lack of knowledge about family planning	02
Against the religion	03
Opposed to family planning	04
Husband opposed	05
Other family members opposed	06
Not liking existing methods	07
Afraid of sterilization/operation	08
Cannot work after sterilization/operation	09
Worry about side effects	10
Costs too much	11
Health does not permit	12
Difficult / inconvenient to get method	13
Inconvenient to use method	14
Lack of access / Too far	15
Not living with husband presently	16
Others	17
CODE	

Q.11* **(i) Have you or your husband used any method in the past (last 5 years) and discontinued?**

Yes-1, No-2		If code 2, go to Q.13
(Use codes from Q.1)		If code 01 or 02, go to Q.19

(ii) If code 1 in Q.11(i), specify the most used method?

Q.12* **What was the main reason for discontinuing the use of the method in the past?**

*** For Code '4' or '5' in Q.5, skip and go to Q.19 after recording the response(s) in Q. 11/Q.12**

Wanted child	01
Method failed/became pregnant	02
Supply not available	03
Difficult/inconvenient to get method	04
Weakness/inability to work	05
Body ache/back ache	06
Cramps	07
Weight gain	08
Dizziness	09
Nausea/Vomiting	10
Breast tenderness	11
Irregular periods	12
Excessive bleeding	13
Spotting	14
White discharge	15
Lack of pleasure	16
Method was inconvenient	17
Others	18
CODE	

Q.13 **Do you intend to use any method of family planning, any time in the future?**

Yes-1, No-2		If code 2, go to Q.15

Q.14 **If Code 1 in Q.13, then**

(i) When do you want to use?

Within 6 months	1
6 months to < 1 year	2
1 year to < 2 years	3
2 years or after	4
CODE	

(ii) Which method would you prefer to use?

CODE (Use Codes from Q.1)	

Q.15	**Would you like to have another child?**	Want more children	1	If code 2, go to Q. 18
		Want no more children	2	
		Not decided	3	
		CODE		
Q.16	**What would you prefer as your next child?**	Boy	1	
		Girl	2	
		Doesn't matter	3	
		CODE		
Q.17	**How long would you like to wait to have another child?**	Soon/Now/Less than 1 year	1	
		1 year to < 2 years	2	
		2 years to < 3 years	3	
		3 years or more	4	
		Not decided	5	
		CODE		
Q.18	**Did an ANM / ASHA / LHV visit you during the last three months?** **(Applicable only for Currently pregnant women / lactating mother)**	Yes-1, No-2		
Q.19	**Have you availed Anganwadi services during the pregnancy and / or lactation for the last surviving child born during 1.1.2007 to 31.12.2009?**	During pregnancy (Yes-1, No-2)		
		During Lactation (Yes-1, No-2)		
Q.20	**Have you heard of RTI / STI?**	Yes-1, No-2		
Q.21	**Have you heard of HIV / AIDS?**	Yes-1, No-2		
Q.22	**Are you aware about the administration of HAF / ORT / ORS during diarrhoea?**	Yes	Home available fluids (HAF)	1
			Fluids prepared from ORS packets	2
		No		3
		CODE		
Q.23	**Are you aware of the danger signs of Acute Respiratory Infection (ARI) / Pneumonia?**	Yes-1, No-2		

Remarks of Enumerator

Name & Signature with Date :

Remarks of Supervisor

Name & Signature with Date :

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