

## **APPENDIX E**

### **QUESTIONNAIRE**

The five standard core questionnaire (Household, Woman's, Husband's Village and Health Questionnaire) that were used in Phase I and Phase II of Round II in all districts, are presented in this appendix. However, there are few questions that were included in the woman's questionnaire in Phase II. The specific questions were;

Questions 611x, 611y and 611z were included in the woman's questionnaire. In addition to this the question on beginning and ending time was also included in Household, Woman's and Husband's questionnaire. Apart from this, a slight modification has been done in questions 123, 128 and 130 in husband's questionnaire and 511 in woman's questionnaire.

For all the districts covered in Phase I (in which field work began in 2002), the reference date for household question on marriages (question 122 and 123) and deaths (question 124 to 141) was 1999. The reference year was changed to 2001 for the remaining districts of Phase II (in which field work began in 2004). Similarly, the reference date for woman's question on 123, 124, section II and section III was 1999 for selected districts in Phase I and 2001 for the districts in Phase II.

**DISTRICT LEVEL HOUSEHOLD SURVEY  
REPRODUCTIVE AND CHILD HEALTH (RCH)  
Round II, Phase II, 2004  
HOUSEHOLD QUESTIONNAIRE**

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IDENTIFICATION																													
<b>STATE</b> _____ <b>DISTRICT</b> _____ <b>TEHSIL/TALUK/COMMUNITY DEVELOPMENT BLOCK/MANDAL</b> _____ <b>PSU (VILLAGE/URBAN WARD/UPS)</b> _____ <b>VILLAGE SEGMENT/CENSUS ENUMERATION BLOCK</b> _____ <b>TYPE OF LOCALITY</b> RURAL-.....1      URBAN-.....2 <b>HEAD OF THE HOUSEHOLD</b> <b>NAME</b> _____ <b>ADDRESS</b> _____ _____ _____					<div style="border: 1px solid black; width: 40px; height: 40px; margin: 0 auto; display: flex; flex-direction: column; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 2px;"></div> </div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 10px auto;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 10px auto; display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>																								
SERIAL NUMBER OF THE VILLAGE QUESTIONNAIRE ..... SERIAL NUMBER OF THE HOUSEHOLD QUESTIONNAIRE ..... <p style="text-align: center;">(TO BE ENTERED AT OFFICE)</p>					<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto; display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 10px auto; display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>																								
<b>INTRVIEW DATE</b> <div style="display: flex; justify-content: space-around; align-items: flex-end;"> <div style="border: 1px solid black; padding: 2px;">DATE</div> <div style="border: 1px solid black; padding: 2px;">MONTH</div> <div style="border: 1px solid black; padding: 2px;">YEAR</div> </div>																													
<b>RESULT STATUS OF THE HOUSEHOLD QUESTIONNAIRE</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> COMPLETED..... 1  HOUSEHOLD PRESENT BUT NO  COMPETENT RESP. AT HOME..... 2  HOUSEHOLD ABSENT..... 3  REFUSED..... 4 </div> <div style="width: 45%;"> DWELLING VACANT/ADDRESS  NOT A DWELLING..... 5  DWELLING DESTROYED..... 6  DWELLING NOT FOUND..... 7  OTHER..... 8  <p style="text-align: center;">(SPECIFY)</p> </div> </div>					<div style="border: 1px solid black; width: 40px; height: 40px; margin: 0 auto;"></div>																								
<b>RESULT STATUS OF THE WOMAN/HUSBAND QUESTIONNAIRE</b> <div style="display: flex; justify-content: space-around; align-items: flex-end; margin-bottom: 5px;"> <div></div> <div>1</div> <div>2</div> <div>3</div> <div>4</div> <div>5</div> </div> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td style="padding: 2px;">LINE NUMBER OF ELIGIBLE WOMAN</td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> <tr> <td style="padding: 2px;">RESULT STATUS OF WOMAN QUESTIONNAIRE</td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> <tr> <td style="padding: 2px;">LINE NUMBER OF HUSBAND OF ELIGIBLE WOMAN</td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> <tr> <td style="padding: 2px;">RESULT STATUS OF HUSBAND QUESTIONNAIRE</td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"> COMPLETED .....1  NOT AT HOME .....2  REFUSED .....3 </div> <div style="width: 45%;"> PARTLY COMPLETED .....4  OTHER .....5 </div> </div>					LINE NUMBER OF ELIGIBLE WOMAN						RESULT STATUS OF WOMAN QUESTIONNAIRE						LINE NUMBER OF HUSBAND OF ELIGIBLE WOMAN						RESULT STATUS OF HUSBAND QUESTIONNAIRE						
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NUMBER OF ELIGIBLE WOMAN INTERVIEWED  NUMBER OF HUSBANDS INTERVIEWED					<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 5px auto;"></div>																								
LINE NUMBER OF RESPONDENT IN HOUSEHOLD SCHEDULE					<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto; display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>																								
NO. OF VISTIS MADE					<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>																								
NAME DATE	SPOT CHECKED BY <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div>	FIELD EDITED BY <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div>	OFFICE EDITED BY <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div>	KEYED BY <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div>																									
NAME OF THE INVESTIGATOR			SIGNATURE OF THE INVESTIGATOR																										

Q100: RECORD THE TIME: HOURS   MINUTES

### HOUSEHOLD CHARACTERISTICS

**Now I would like to have some information about the people who usually live in your household and the visitors to your household**

LINE NO.	USUAL RESIDENTS OF THE HH AND VISITORS	RELATIONSHIP WITH HEAD OF HH	RESIDENCE			SEX	AGE	IF AGE ≥10 YEARS MARITAL STATUS	IF AGE ≥ 7 YEAR		DOES ANY ONE SUFFER FROM		
	Q101	Q102	Q103	Q104	Q105	Q106	Q107	Q108	Q109	Q110	Q111	Q112	Q113
	Please tell me the names of the persons who usually live in your household and visitors to the household starting with the head of the household	What is the relationship of (NAME) to the head of the household? *	Does (NAME) usually live here?  Y = 1 N = 2 ↓ Q105	If, Yes, is (NAME) away from HH temporarily? how many days continuously is he/she away from HH? @	If, No for Q 103, for how many days is (NAME) staying continuously here in this HH?	Is (NAME) male or female?  M = 1 F = 2	How old is (Name)? (completed year) **	What is the current marital status of (NAME)? (10+) *** CM = 1 NG = 2 W/D/S = 3 NM = 4	EDUCATION		BLIND-NESS ?  *****	TUBERCULOSIS ?  Y = 1 N = 2	MALARIA ANY TIME DURING THE LAST TWO WEEKS?  Y= 1 N =2
									Can (NAME) read and write?  Y = 1 N = 2	If Yes for Q109  What is the highest grade (NAME) has completed? *****			
01													
02													
03													
04													
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10													
11													
12													
13													
14													
15													
16													

LINE NO.	USUAL RESIDENTS OF THE HH AND VISITORS	RELATIONSHIP WITH HEAD OF HH	RESIDENCE			SEX	AGE	IF AGE ≥ 10 YEARS MARITAL STATUS	IF AGE ≥ 7 YEAR		DOES ANY ONE SUFFER FROM			
	Q101	Q102	Q103	Q104	Q105	Q106	Q107	Q108	Q109	Q110	Q111	Q112	Q113	
	Please tell me the names of the persons who usually live in your household and visitors to the household starting with the head of the household	What is the relationship of (NAME) to the head of the household? *	Does (NAME) usually live here?  Y = 1 N = 2 ↓ Q105	If, Yes, is (NAME) away from HH temporarily? how many days continuously is he/she away from HH? @	If, No for Q 103, for how many days is (NAME) staying continuously here in this HH?	Is (NAME) male or female?  M = 1 F = 2	How old is (Name)? (completed year) **	What is the current marital status of (NAME)? (10+) *** CM = 1 NG = 2 W/D/S = 3 NM = 4	EDUCATION		BLINDNESS ?  *****	TUBERCULOSIS ?  Y = 1 N = 2	MALARIA ANY TIME DURING THE LAST TWO WEEKS?  Y = 1 N = 2	
									Can (NAME) read and write?  Y = 1 N = 2	If Yes for Q109  What is the highest grade (NAME) has completed? *****				
17														
18														
19														
20														
			Total Persons in HH				Number of Male in HH				Number of Female in HH			

**CIRCLE THE SERIAL NUMBERS OF ALL ELIGIBLE WOMAN: (CURRENTLY MARRIED WOMAN IN THE AGE GROUP (15-44) WHOSE MARRIAGE IS CONSUMMATED AND WHO IS USUAL RESIDENT OR A VISITOR STAYED IN THIS HH ON THE LAST NIGHT.**

*CODES FOR Q. 102	@	**	***	****	*****
RELATIONSHIP TO HEAD OF HOUSEHOLD:	CODES FOR Q. 104	CODES FOR Q.107	CODES FOR Q. 108	CODES FOR Q.110	CODES FOR Q111
01=HEAD			MARITAL STATUS:	GRADE:	BLINDNESS:
02=WIFE OR HUSBAND	AWAY FROM THE HH	00=AGE LESS THAN ONE YEAR	1= CURRENTLY MARRIED	00= LESS THAN 1	1 = PARTIAL
03= SON OR DAUGHTER	00 = NOT AWAY	95=AGE 95 YEARS OR MORE	2=MARRIED, BUT GAUNA	YEAR COMPLETED	2 = COMPLETE
04=SON-IN-LAW OR DAUGHTER-IN-LAW	OTHERWISE ACTUAL		NOT PERFORMED	& NOT ATTENDED	3 = NIGHT
05=GRANDCHILD	DURATION IN DAYS		3=WIDOWED/DIVORSED/	SCHOOL	4 = NO
06=PARENT	MORE THAN 3 MONTH		SEPARATED		
07=PARENT-IN-LAW	RECORD 90		4= NEVER MARRIED		
08=BROTHER OR SISTER					
09=BROTHER-IN-LAW OR SISTER-IN-LAW					
10=NIECE OR NEPHEW					
11=OTHER RELATIVE					
12= ADOPTED/ FOSTER CHILD					
13=NOT RELATED					

Q. No.	QUESTION AND FILTER	CODING CATEGORIES	SKIP TO																														
Q114	What is the religion of the head of this household?	HINDU..... 1 MUSLIM..... 2 CHRISTIAN..... 3 SIKH..... 4 BUDDHIST..... 5 JAIN..... 6 ZOROASTRIAN..... 7 NO RELIGION..... 8 OTHER..... 9 (SPECIFY)																															
Q115	a) What is the caste/tribe of the head of this household? (Specify)..... b) Does he/she belong to Scheduled Caste, Scheduled Tribe or Other Backward Classes?	SCHEDULED CASTE..... 1 SCHEDULED TRIBE..... 2 OTHER BACKWARD CLASSES..... 3 OTHERS ..... 4 DO NOT KNOW..... 9																															
Q116	What is the main source of drinking water for your household?	TAP (INSIDE RESIDENCE/YARD/PLOT).... 1 TAP (SHARED/PUBLIC)..... 2 HANDPUMP\BOREWELL..... 3 WELL-COVERED..... 4 WELL-UNCOVERED..... 5 RIVER..... 6 POND..... 7 SPRING..... 8 OTHER..... 9 (SPECIFY)																															
Q117	Type of house? (RECORD BY OBSERVATION)	KACHCHA..... 1 SEMI-PUCCA..... 2 PUCCA..... 3																															
Q118	What type of toilet facility dose your household have?	OWN FLUSH TOILET..... 1 OWN PIT TOILET..... 2 SHARED TOILET (ANY TYPE) ..... 3 PUBLIC/COMMUNITY TOILET (ANY TYPE)..... 4 NO TOILET FACILITY ..... 5																															
Q119	What is the main source of lighting for your household?	ELECTRICITY..... 1 KEROSENE..... 2 OTHER..... 3																															
Q120	What type of fuel does your household mainly use for cooking?	LIQUID PETROLIUM GAS/ELECTRICITY.....1 KEROSENE..... 2 WOOD..... 3 OTHER..... 4																															
Q121	Does your household own any of the following? (ASK ABOUT EACH ITEM SEPARATELY)	<table><tr><td></td><td>YES</td><td>NO</td></tr><tr><td>FAN.....</td><td>1</td><td>2</td></tr><tr><td>RADIO/TRANSISTER.....</td><td>1</td><td>2</td></tr><tr><td>SEWING MACHINE.....</td><td>1</td><td>2</td></tr><tr><td>TELEVISION.....</td><td>1</td><td>2</td></tr><tr><td>TELEPHONE.....</td><td>1</td><td>2</td></tr><tr><td>BICYCLE.....</td><td>1</td><td>2</td></tr><tr><td>MOTOR CYCLE/SCOOTOR.....</td><td>1</td><td>2</td></tr><tr><td>CAR/JEEP.....</td><td>1</td><td>2</td></tr><tr><td>TRACTOR.....</td><td>1</td><td>2</td></tr></table>		YES	NO	FAN.....	1	2	RADIO/TRANSISTER.....	1	2	SEWING MACHINE.....	1	2	TELEVISION.....	1	2	TELEPHONE.....	1	2	BICYCLE.....	1	2	MOTOR CYCLE/SCOOTOR.....	1	2	CAR/JEEP.....	1	2	TRACTOR.....	1	2	
	YES	NO																															
FAN.....	1	2																															
RADIO/TRANSISTER.....	1	2																															
SEWING MACHINE.....	1	2																															
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BICYCLE.....	1	2																															
MOTOR CYCLE/SCOOTOR.....	1	2																															
CAR/JEEP.....	1	2																															
TRACTOR.....	1	2																															

Q.No.	QUESTION AND FILTER	CODING CATEGORIES	SKIP TO
Q122	Was there any marriage of usual residents of this household since January 1, 2001 ?	YES..... 1 NO..... 2 —————→	Q124
Q123	(a) How many marriages were there? (b) What was the age of that person at the time of marriage?	BOYS <input type="text"/> GIRLS <input type="text"/> TOTAL <input type="text"/>  <div style="display: flex; justify-content: space-around;"> <span>1</span><span>2</span><span>3</span><span>4</span> </div> BOY <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> GIRL <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Q124	Did any usual resident of this household die since January 1, 2001 ?	YES..... 1 NO..... 2 —————→	Q142
Q125	How many persons died ?	MALE FEMALE TOTAL DEATHS  <input type="text"/> <input type="text"/> <input type="text"/>	

Q126 What (Was/Were) the name (s) of the person(s) who died ?	Q127 Was (NAME) a male or a female?  MALE = 1 FEMALE = 2	Q128 How old was he/she when he/she died?  RECORD DAYS IF LESS THAN 1 MONTH, MONTHS IF LESS THAN TWO YEARS, OR YEARS	Q129 In what month and year did (NAME) die?	Q130 CHECK Q127 AND Q128: WHETHER DECEASED WAS FEMALE AGED 15- 44 AT THE TIME OF DEATH ?	CHECK Q 130: IF DECEASED WAS FEMALE AGED 15-44 AT THE TIME OF DEATH			
					Q131 Was (NAME) pregnant when she died?	Q132 Did (NAME) die at the time of abortion or within six weeks of abortion?	Q133 Did (Name) die during child birth?	Q134 Did (NAME) die within six weeks of the end of pregnancy or childbirth?
01 _____ (NAME)	<input type="checkbox"/>	DAYS .....1 <input type="text"/> <input type="text"/> MONTHS...2 <input type="text"/> <input type="text"/> YEARS.....3 <input type="text"/> <input type="text"/>	MON. <input type="text"/> <input type="text"/>  YR. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES.....1  NO.....2 (GO TO NEXT DEATH)	YES.....1 GO TO NEXT DEATH ) NO.....2	YES.....1 (GO TO NEXT DEATH) NO.....2	YES.....1 (GO TO NEXT DEATH) NO.....2	YES.....1 NO.....2 (GO TO NEXT DEATH)
02 _____ (NAME)	<input type="checkbox"/>	DAYS .....1 <input type="text"/> <input type="text"/> MONTHS...2 <input type="text"/> <input type="text"/> YEARS.....3 <input type="text"/> <input type="text"/>	MON. <input type="text"/> <input type="text"/>  YR. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES.....1  NO.....2 (GO TO NEXT DEATH)	YES.....1 GO TO NEXT DEATH ) NO.....2	YES.....1 (GO TO NEXT DEATH) NO.....2	YES.....1 (GO TO NEXT DEATH) NO.....2	YES.....1 NO.....2 (GO TO NEXT DEATH)
03 _____ (NAME)	<input type="checkbox"/>	DAYS .....1 <input type="text"/> <input type="text"/> MONTHS...2 <input type="text"/> <input type="text"/> YEARS.....3 <input type="text"/> <input type="text"/>	MON. <input type="text"/> <input type="text"/>  YR. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES.....1  NO.....2 (GO TO NEXT DEATH)	YES.....1 (GO TO NEXT DEATH) NO.....2	YES.....1 (GO TO NEXT DEATH) NO.....2	YES.....1 (GO TO NEXT DEATH) NO.....2	YES.....1 NO.....2 (GO TO NEXT DEATH)
04 _____ (NAME)	<input type="checkbox"/>	DAYS .....1 <input type="text"/> <input type="text"/> MONTHS...2 <input type="text"/> <input type="text"/> YEARS.....3 <input type="text"/> <input type="text"/>	MON. <input type="text"/> <input type="text"/>  YR. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES.....1  NO.....2 (GO TO NEXT DEATH)	YES.....1 (GO TO NEXT DEATH) NO.....2	YES.....1 (GO TO NEXT DEATH) NO.....2	YES.....1 (GO TO NEXT DEATH) NO.....2	YES.....1 NO.....2 (GO TO NEXT DEATH)
05 _____ (NAME)	<input type="checkbox"/>	DAYS .....1 <input type="text"/> <input type="text"/> MONTHS...2 <input type="text"/> <input type="text"/> YEARS.....3 <input type="text"/> <input type="text"/>	MON. <input type="text"/> <input type="text"/>  YR. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES.....1  NO.....2 ( GO Q142)	YES.....1 Q 135 NO.....2	YES.....1 Q 135 NO.....2	YES.....1 Q 135 NO.....2	YES.....1 NO.....2 * (GO TO Q142)

**ASK ONLY IN CASE OF MATERNAL DEATH**

Q.NO	QUESTIONS AND FILTERS	CODING CATEGORIES	FOR DEATH I	FOR DEATH II
Q135	Serial number of Q 126		<input type="text"/>	<input type="text"/>
Q136	What was her parity?	PARITY.....	<input type="text"/>	<input type="text"/>
Q137	How many months pregnant was she when she died/she delivered?	MONTHS.....	<input type="text"/>	<input type="text"/>
Q138	(NOT ABOUT THE WOMEN WHO DIED DURING PREGNANCY) Where did the delivery/abortion take place?	GOVT. HOSPITAL..... 1 PRIVATE HOSPITAL..... 2 GOVT. ISM HOSPITAL..... 3 PRIVATE ISM HOSPITAL..... 4 HOME..... 5 OTHER..... 6		1 2 3 4 5 6
Q139	How many days after the delivery/ abortion did she die?	DIED DURING PREGNANCY..... 99 DIED DURING DELIVERY ON THE SAME DAY..... 00 DAYS..... <input type="text"/>		99 00 <input type="text"/>
Q140	Did she experience any of the following health problem during pregnancy, delivery or post delivery/abortion period?  (ASK ABOUT EACH SEPARATELY)	<b>PREGNANCY</b> YES NO DK Swelling of Hands and Feet..... 1 2 9 Paleness..... 1 2 9 Visual Disturbance..... 1 2 9 Bleeding..... 1 2 9 Convulsions..... 1 2 9 Weak or No Movements of Foetus. 1 2 9 Abnormal Position of Foetus..... 1 2 9 <b>DELIVERY</b> YES NO DK Premature Labour..... 1 2 9 Prolonged Labour..... 1 2 9 (More than 12 Hours) Breech Presenation..... 1 2 9 <b>POST DELIVERY /ABORTION</b> YES NO DK High Fever..... 1 2 9 Lower Abdominal Pain..... 1 2 9 Foul Smelling Vaginal Discharge... 1 2 9 Excessive Bleeding..... 1 2 9 Dizziness..... 1 2 9 Severe Headache..... 1 2 9		YES NO DK 1 2 9 1 2 9 1 2 9 1 2 9 1 2 9 1 2 9 1 2 9 1 2 9 1 2 9 1 2 9 1 2 9 1 2 9 1 2 9 1 2 9 1 2 9 1 2 9 1 2 9
Q141	(If abortion/post abortion death), was the abortion induced or spontaneous?	INDUCED..... 1 SPONTANEOUS..... 2 DONOT KNOW..... 3		1 2 3
Q142	We would like to check whether the salt used in HH iodized?  May I see a sample of the salt used at last night food in your HH	Record Test out come as per code 1. Iodized (15 PPM + )..... 1 2. Iodized (7 PPM) ..... 2 3. Not Iodized ..... 3 4. No salt at Home ..... 4 5. Salt not tested ..... 5 6. Refused ..... 6		
Q143	RECORD THE TIME	Hours <input type="text"/> <input type="text"/> Minutes <input type="text"/> <input type="text"/>		



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## IDENTIFICATION

A 4x4 grid with the top-right cell shaded gray.

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**SIGNATURE OF THE INVESTIGATOR**

**SECTION-I**  
**WOMAN'S CHARACTERISTICS**

Q. NO	QUESTION AND FILTER	CODING CATEGORIES	SKIP TO
Q100	RECORD THE TIME	HOURS <input type="text"/> <input type="text"/> MINUTES <input type="text"/> <input type="text"/>	
Q100A	LINE NUMBER OF THE WOMAN IN <b>HH</b> QUESTIONNAIRE	<input type="text"/> <input type="text"/>	
Q100B	LINE NUMBER OF THE HUSBAND IN <b>HH</b> QUESTIONNAIRE	<input type="text"/> <input type="text"/>	
Q101	How old are you?	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	
Q102	Can you read and write?	YES..... 1 NO..... 2	→ Q104
Q103	How many years of schooling have you completed?	YEARS <input type="text"/> <input type="text"/>	
Q104	Can your husband read and write?	YES..... 1 NO..... 2 DO NOT KNOW..... 9	→ Q106
Q105	How many years of schooling has he completed?	YEARS <input type="text"/> <input type="text"/> DO NOT KNOW..... 99	
Q106	How old were you when you started living with your husband?	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	
Q107	<b>Now I would like to ask about all the live births you have had during your life</b> Have you ever given birth? <b>(INCLUDE ONLY BIOLOGICAL CHILDREN)</b>	YES..... 1 NO..... 2	→ Q121
Q108	Do you have any sons or daughters to whom you have given birth who are now living with you?	YES..... 1 NO..... 2	→ Q 110
Q 109	How many sons live with you? And how many daughters live with you? <b>IF NONE, RECORD '00'</b>	SONS AT HOME <input type="text"/> <input type="text"/> DAUGHTERS AT HOME <input type="text"/> <input type="text"/>	
Q 110	Do you have any sons or daughters to whom you have given birth who are alive but do not live with you?	YES..... 1 NO..... 2	→ Q112
Q111	How many sons are alive but do not live with you? And how many daughters are alive but do not live with you? <b>IF NONE, RECORD '00'</b>	SONS ELSEWHERE <input type="text"/> <input type="text"/> DAUGHTERS ELSEWHERE <input type="text"/> <input type="text"/>	
Q 112	Have you ever given birth to a boy or a girl who was born alive but later died? <b>IF No, PROBE: ANY ONLY SURVIVED A FEW HOURS OR DAYS.</b>	YES..... 1 NO..... 2	→ Q114
Q 113	In all, how many boys have died? And how many girls have died? <b>IF NONE, RECORD '00'</b>	BOYS DIED <input type="text"/> <input type="text"/> GIRLS DIED <input type="text"/> <input type="text"/>	

Now I would like to talk to you about all the births in your lifetime, whether currently alive or not, starting with the first one you had,  
**RECORD NAMES OF ALL THE LIVE BIRTHS IN 114. RECORD TWINS AND TRIPLETS ON SEPRATE LINES**

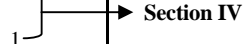

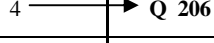
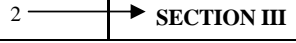
Q114 What name was given to your (first, next) baby?	Q115 Was (his/her) a single or multiple birth?  SINGLE = 1 MULTIPLE = 2	Q116 Is (NAME) a boy or a girl?  BOY = 1 GIRL = 2	Q117 In what month and year was (Name) born? Probe: What is his/her birth date?	Q118 What was your age at the time of (Name)'s birth?	Q119 Is (NAME) still alive?	Q120 If DEAD How old was (NAME) when he/she died? If "1 year", PROBE: How many months old was (NAME)? <b>RECORD DAYS IF LESS THAN 1 MONTH, MONTHS IF LESS THAN TWO YEARS, OR YEARS</b>	
1) _____ (NAME)	<div></div>	<div></div>	MONTH.. <div></div> <div></div> YEAR.. <div></div> <div></div> <div></div> <div></div>	AGE IN YEARS <div></div> <div></div>	YES.....1 Go to next birth NO.....2 ↓ Q120	DAYS.....1 MONTHS.....2 YEARS.....3	DAYS MONTHS YEARS <div></div> <div></div> <div></div> <div></div>
2) _____ (NAME)	<div></div>	<div></div>	MONTH.. <div></div> <div></div> YEAR.. <div></div> <div></div> <div></div> <div></div>	AGE IN YEARS <div></div> <div></div>	YES.....1 Go to next birth NO.....2 ↓ Q120	DAYS.....1 MONTHS.....2 YEARS.....3	DAYS MONTHS YEARS <div></div> <div></div> <div></div> <div></div>
3) _____ (NAME)	<div></div>	<div></div>	MONTH <div></div> <div></div> YEAR <div></div> <div></div> <div></div> <div></div>	AGE IN YEARS <div></div> <div></div>	YES.....1 Go to next birth NO.....2 ↓ Q120	DAYS.....1 MONTHS.....2 YEARS.....3	DAYS MONTHS YEARS <div></div> <div></div> <div></div> <div></div>
4) _____ (NAME)	<div></div>	<div></div>	MONTH <div></div> <div></div> YEAR <div></div> <div></div> <div></div> <div></div>	AGE IN YEARS <div></div> <div></div>	YES.....1 Go to next birth NO.....2 ↓ Q120	DAYS.....1 MONTHS.....2 YEARS.....3	DAYS MONTHS YEARS <div></div> <div></div> <div></div> <div></div>

Q114 What name was given to your (first, next) baby?	Q115 Was (his/her) a single or multiple birth?  SINGLE = 1 MULTIPLE = 2	Q116 Is (NAME) a boy or a girl?  BOY = 1 GIRL = 2	Q117 In what month and year was (Name) born? Probe: What is his/her birth date?	Q118 What was your age at the time of (Name)'s birth?	Q119 Is (NAME) still alive?	Q120 If DEAD How old was (NAME) when he/she died? If "1 year", PROBE: How many months old was (NAME)?  <b>RECORD DAYS IF LESS THAN 1 MONTH, MONTHS IF LESS THAN TWO YEARS, OR YEARS</b>	
5) _____ (NAME)	<input type="text"/>	<input type="text"/>	MONTH.. <input type="text"/> <input type="text"/> YEAR.. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	AGE IN YEARS <input type="text"/> <input type="text"/>	YES.....1 Go to next birth NO.....2 ↓ Q120	DAYS.....1 MONTHS.....2 YEARS.....3	DAYS <input type="text"/> <input type="text"/> MONTHS <input type="text"/> <input type="text"/> YEARS <input type="text"/> <input type="text"/>
6) _____ (NAME)	<input type="text"/>	<input type="text"/>	MONTH.. <input type="text"/> <input type="text"/> YEAR.. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	AGE IN YEARS <input type="text"/> <input type="text"/>	YES.....1 Go to next birth NO.....2 ↓ Q 120	DAYS.....1 MONTHS.....2 YEARS.....3	DAYS <input type="text"/> <input type="text"/> MONTHS <input type="text"/> <input type="text"/> YEARS <input type="text"/> <input type="text"/>
7) _____ (NAME)	<input type="text"/>	<input type="text"/>	MONTH.. <input type="text"/> <input type="text"/> YEAR.. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	AGE IN YEARS <input type="text"/> <input type="text"/>	YES.....1 Go to next birth NO.....2 ↓ Q 120	DAYS.....1 MONTHS.....2 YEARS.....3	DAYS <input type="text"/> <input type="text"/> MONTHS <input type="text"/> <input type="text"/> YEARS <input type="text"/> <input type="text"/>
8) _____ (NAME)	<input type="text"/>	<input type="text"/>	MONTH.. <input type="text"/> <input type="text"/> YEAR.. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	AGE IN YEARS <input type="text"/> <input type="text"/>	YES.....1 Go to next birth NO.....2 ↓ Q 120	DAYS.....1 MONTHS.....2 YEARS.....3	DAYS <input type="text"/> <input type="text"/> MONTHS <input type="text"/> <input type="text"/> YEARS <input type="text"/> <input type="text"/>

Q114 What name was given to your (first, next) baby?	Q115 Was (his/her) a single or multiple birth?  SINGLE = 1 MULTIPLE = 2	Q116 Is (NAME) a boy or a girl?  BOY = 1 GIRL = 2	Q117 In what month and year was (Name) born? Probe: What is his/her birth date?	Q118 What was your age at the time of (Name)'s birth?	Q119 Is (NAME) still alive?	Q120 If DEAD How old was (NAME) when he/she died? If "1 year", PROBE: How many months old was (NAME)?  <b>RECORD DAYS IF LESS THAN 1 MONTH, MONTHS IF LESS THAN TWO YEARS, OR YEARS</b>	
9) _____ (NAME)	<input type="text"/>	<input type="text"/>	MONTH.. <input type="text"/> <input type="text"/> YEAR.. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	AGE IN YEARS <input type="text"/> <input type="text"/>	YES.....1 Go to next birth NO.....2 ↓ Q120	DAYS.....1 MONTHS.....2 YEARS.....3	DAYS MONTHS YEARS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
10) _____ (NAME)	<input type="text"/>	<input type="text"/>	MONTH.. <input type="text"/> <input type="text"/> YEAR.. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	AGE IN YEARS <input type="text"/> <input type="text"/>	YES.....1 Go to next birth NO.....2 ↓ Q120	DAYS.....1 MONTHS.....2 YEARS.....3	DAYS MONTHS YEARS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
11) _____ (NAME)	<input type="text"/>	<input type="text"/>	MONTH.. <input type="text"/> <input type="text"/> YEAR.. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	AGE IN YEARS <input type="text"/> <input type="text"/>	YES.....1 Go to next birth NO.....2 ↓ Q 120	DAYS.....1 MONTHS.....2 YEARS.....3	DAYS MONTHS YEARS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
12) _____ (NAME)	<input type="text"/>	<input type="text"/>	MONTH.. <input type="text"/> <input type="text"/> YEAR.. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	AGE IN YEARS <input type="text"/> <input type="text"/>	YES.....1 <b>Go to Q 121</b> NO.....2 ↓ Q 120	DAYS.....1 MONTHS.....2 YEARS.....3	DAYS MONTHS YEARS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Q. NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
Q 121	Besides these live births did you have any pregnancy which terminated in to still birth ? If yes, How many?	NO..... 0 YES, NUMBER..... <input type="text"/>	
Q122	Did any of your pregnancy terminate into induced or spontaneous abortion? If Yes, How many?	NO ..... 0 INDUCED ABORTION <input type="text"/> SPONTANEOUS ABORTION <input type="text"/>	
<b>IF NO FOR Q 121 &amp; Q 122, GO TO Q 124</b>			
Q123	How many of these still birth or abortions occur after January 1, 2001?	STILL BIRTH <input type="text"/> INDUCED ABORTION <input type="text"/> SPONTANEOUS ABORTION <input type="text"/>	
Q124	So in all (add numbers in Q109, Q111, Q113, Q121 and Q122) You were pregnant _____ times Am I correct ?  <b>(EXCLUDE CURRENT PREGNANCY, IF ANY)</b>	Yes .....1 No.....2 (If No, check for inconsistency and correct)	

**SECTION -II**  
**ANTE-NATAL, NATAL AND POST-NATAL CARE**  
**(FOR WOMEN WHO HAD LIVE BIRTH/STILL BIRTH/SPONTANEOUS ABORTION/INDUCED**  
**ABORTION, SINCE, JANUARY 1, 2001)**

Q. NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
Q201	When was your last child birth/still birth/spontaneous abortion/induced abortion? (EXCLUDING CURRENT PREGNANCY, IF ANY)	NO PREGNANCY..... 0 2000 OR BEFORE..... 1 01..... 2 02..... 3 03..... 4 04..... 5	 <b>Section IV</b>
Q202	What was the outcome of your last pregnancy?	LIVE BIRTH..... 1 STILL BIRTH..... 2 INDUCED ABORTION..... 3 SPONTANEOUS ABORTION..... 4	 <b>Q 213</b>  <b>Q 206</b>
Q203	If induced abortion, where was the abortion performed?  (DO NOT READ OUT THE OPTIONS)	YES NO GOVTERMENT/ MUNICIPAL HOSPITAL . 1 2 GOVERNMENT DISPENSARY..... 1 2 UHC/UHP/UFWC..... 1 2 CHC/ RURAL HOSPITAL..... 1 2 PHC..... 1 2 SUB CENTER..... 1 2 NGO/TRUST HOSPITAL/CLINIC..... 1 2 GOVT. ISM HOSPITAL/CLINIC ..... 1 2 PRIVATE ISM HOSPITAL/CLINIC ..... 1 2 PRIVATE HOSPITAL/ CLINIC. .... 1 2 HOME..... 1 2 OTHER..... 1 2 (SPECIFY)	
Q204	Who performed the abortion?	DOCTOR ..... 1 ANM/NURSE/MIDWIFE/LHV ..... 2 TRAINED DAI ..... 3 UNTRAINED DAI ..... 4 OTHER..... 5 (SPECIFY)	
Q205	Why did you abort the pregnancy?  (RECORD THE MOST IMPORTANT REASON)	UNPLANNED PREGNANCY..... 1 DUE TO CONTRACEPTIVE FAILURE/ ACCIDENTAL PREGNANCY..... 2 COMPLICATION IN PREGNANCY..... 3 HEALTH DID NOT PERMIT. .... 4 FEMALE FOETUS. .... 5 ECONOMIC REASON. .... 6 LAST CHILD TOO YOUNG. .... 7 OTHER..... 8 (SPECIFY)	
Q206	At what month of pregnancy did it happen?	MONTH <input type="text"/>	
Q207	Did you go for sonography or amniocentesis before this abortion?	YES, SONOGRAPHY..... 1 YES, AMNIOCENTESIS..... 2 YES BOTH..... 3 NONE..... 4	
Q208	Did you have any health problem after abortion (within 6 weeks of abortion)?	YES..... 1 NO..... 2	 <b>SECTION III</b>

Q. NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
Q209	If yes, what was the health problem?  (ASK ABOUT EACH SEPARATELY)	<div>YES NO</div> <div>1. EXCESSIVE BLEEDING..... 1 2</div> <div>2. HIGH FEVER..... 1 2</div> <div>3. FOUL SMELLING DISCHARGE... 1 2</div> <div>4. PAIN IN LOWER ABDOMEN..... 1 2</div> <div>5. CONVLUSION..... 1 2</div> <div>6. SEVERE HEADACHE..... 1 2</div> <div>7. OTHER..... 1 2</div> <div>(SPECIFY)</div>	
Q210	Did you consult any body or did you seek treatment for the health problem?	<div>YES..... 1</div> <div>NO..... 2</div>	→ SECTION III
Q211	If yes, where did you go for consultation or treatment?  (DO NOT READ OUT THE OPTIONS)	<div>YES NO</div> <div>GOVTERMENT/ MUNICIPAL HOSPITAL . 1 2</div> <div>GOVERNMENT DISPENSARY..... 1 2</div> <div>UHC/UHP/UFWC..... 1 2</div> <div>CHC/ RURAL HOSPITAL..... 1 2</div> <div>PHC..... 1 2</div> <div>SUB CENTER..... 1 2</div> <div>NGO/TRUST HOSPITAL/CLINIC..... 1 2</div> <div>GOVT. ISM HOSPITAL/CLINIC ..... 1 2</div> <div>PRIVATE ISM HOSPITAL/CLINIC ..... 1 2</div> <div>PRIVATE HOSPITAL/ CLINIC. .... 1 2</div> <div>CHEMIST/MEDICAL SHOP..... 1 2</div> <div>OTHER..... 1 2</div> <div>(SPECIFY)</div>	
Q212	Whom did you consult or from whom did you seek treatment?	<div>DOCTOR..... 1</div> <div>ANM/NURSE/LHV..... 2</div> <div>TRAINED DAL..... 3</div> <div>UNTRAINED DAL..... 4</div> <div>RELATIVES/FRIENDS..... 5</div> <div>HOME REMEDY..... 6</div> <div>CHEMIST/MEDICAL SHOP..... 7</div> <div>ISM..... 8</div> <div>OTHER..... 9</div> <div>(SPECIFY)</div>	

#### ANC INFORMATION FOR WOMEN WITH LIVE BIRTH OR STILL BIRTH

Q213	When you were pregnant with (NAME/ THE STILLBORN CHILD), did you go for an antenatal check-up?	<div>YES..... 1</div> <div>NO..... 2</div>	→ Q218
Q214	If yes, where did you go?  (DO NOT READ OUT THE OPTIONS)	<div>YES NO</div> <div>GOVTERMENT/ MUNICIPAL HOSPITAL . 1 2</div> <div>GOVERNMENT DISPENSARY..... 1 2</div> <div>UHC/UHP/UFWC..... 1 2</div> <div>CHC/ RURAL HOSPITAL..... 1 2</div> <div>PHC..... 1 2</div> <div>SUB CENTER..... 1 2</div> <div>NGO/TRUST HOSPITAL/CLINIC..... 1 2</div> <div>GOVT. ISM HOSPITAL/CLINIC ..... 1 2</div> <div>PRIVATE ISM HOSPITAL/CLINIC ..... 1 2</div> <div>PRIVATE HOSPITAL/ CLINIC. .... 1 2</div> <div>OTHER..... 1 2</div> <div>(SPECIFY)</div>	



Q. NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
Q215	Who did your check-ups?  (DO NOT READ OUT THE OPTIONS)	<div>YES NO</div> DOCTOR..... 1 2 ANM/NURSE/MIDWIFE/LHV..... 1 2 OTHER HEALTH PROFSSNL..... 1 2 TRAINED DAL..... 1 2 UNTRAINED DAL..... 1 2 OTHER..... 1 2 (SPECIFY)	
Q216	In which month of pregnancy did you visit first?	MONTHS..... <input type="text"/>	
Q217	During entire pregnancy period how many times did you visit the health facility for antenatal checkups?	NUMBER..... <input type="text"/>	
Q218	When you were pregnant with (NAME/ STILL BORN CHILD), did any health worker visit you at home for an antenatal check-up?	YES..... 1 NO..... 2	→ Q221
Q219	How many months pregnant were you when AMN/health worker first visited you for an antenatal check up?	MONTHS..... <input type="text"/>	
Q220	How many times did she visit you for antenatal check-ups during this pregnancy?	NUMBER..... <input type="text"/>	
Q221	Did you have the following performed at least once during this pregnancy?  Weight measured? Height measured? Blood pressure checked? Blood Test? Urine Test? Abdomen examined? Internal examined? Breast examined? X-ray? Sonogram or ultrasound? Amniocentesis? (ASK ABOUT EACH SEPARATELY)	<div>YES NO</div> WEIGHT..... 1 2 HEIGHT..... 1 2 BLOOD PRESSURE..... 1 2 BLOOD TEST..... 1 2 URINE TEST..... 1 2 ABDOMEN EXAMINED..... 1 2 INTERNAL EXAMINATION..... 1 2 BREAST EXAMINED..... 1 2 X-RAY..... 1 2 SONOGRAM/ULTRASOUND..... 1 2 AMNIOCENTESIS..... 1 2	
Q222	Did you receive advice on any of the following at least once during your this pregnancy:  Diet? Danger signs of pregnancy? Delivery Care? Breast feeding? Newborn care? Family Planning? (ASK ABOUT EACH SEPARATELY)	<div>YES NO</div> DIET..... 1 2 DANGER SIGNS..... 1 2 DELIVERY CARE..... 1 2 BREAST FEEDING..... 1 2 NEW BORN CARE ..... 1 2 FAMILY PLANNING..... 1 2	

Q. NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO																																																
Q223	(FOR THOSE WOMEN WHO SAID "NO" FOR Q 213 & Q 218) Why did you not go for an antenatal check-up?  <b>(DO NOT READ OUT THE OPTIONS)</b>	<table border="0"> <tr> <td></td><td>YES</td><td>NO</td></tr> <tr> <td>NOT NECESSARY.....</td><td>1</td><td>2</td></tr> <tr> <td>NOT CUSTOMARY.....</td><td>1</td><td>2</td></tr> <tr> <td>COST TOO MUCH.....</td><td>1</td><td>2</td></tr> <tr> <td>TOO FAR/NO TRANSPORT.....</td><td>1</td><td>2</td></tr> <tr> <td>POOR QUALITY SERVICE.....</td><td>1</td><td>2</td></tr> <tr> <td>NO TIME TO GO.....</td><td>1</td><td>2</td></tr> <tr> <td>FAMILY DID NOT ALLOW.....</td><td>1</td><td>2</td></tr> <tr> <td>LACK OF KNOWLEDGE.....</td><td>1</td><td>2</td></tr> <tr> <td>OTHER.....</td><td>1</td><td>2</td></tr> <tr> <td colspan="3">(SPECIFY)</td></tr> </table>		YES	NO	NOT NECESSARY.....	1	2	NOT CUSTOMARY.....	1	2	COST TOO MUCH.....	1	2	TOO FAR/NO TRANSPORT.....	1	2	POOR QUALITY SERVICE.....	1	2	NO TIME TO GO.....	1	2	FAMILY DID NOT ALLOW.....	1	2	LACK OF KNOWLEDGE.....	1	2	OTHER.....	1	2	(SPECIFY)																		
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Q224	Were you given Iron and Folic Acid (IFA) tablets/syrup during pregnancy?	YES..... 1 NO..... 2	→ Q228																																																
Q225	How many tablets of IFA/ tablespoons of syrup in a day were you taking regularly?	NOT TAKEN AT ALL ..... 0 NUMBER TAKEN <input type="text"/>	→ Q 227																																																
Q226	How many tablets did you take during entire pregnancy period ?	NUMBER <input type="text"/> <input type="text"/> <input type="text"/> BOTTELS <input type="text"/> <input type="text"/> <input type="text"/>																																																	
Q227	From where did you get IFA tablets?  <b>(DO NOT READ OUT THE OPTIONS)</b>	<table border="0"> <tr> <td></td><td colspan="2">MENTIONED</td></tr> <tr> <td></td><td>YES</td><td>NO</td></tr> <tr> <td>GOVTERMENT/ MUNICIPAL HOSPITAL .</td><td>1</td><td>2</td></tr> <tr> <td>GOVERNMENT DISPENSARY.....</td><td>1</td><td>2</td></tr> <tr> <td>UHC/UHP/UFWC.....</td><td>1</td><td>2</td></tr> <tr> <td>CHC/ RURAL HOSPITAL.....</td><td>1</td><td>2</td></tr> <tr> <td>PHC.....</td><td>1</td><td>2</td></tr> <tr> <td>SUB CENTER.....</td><td>1</td><td>2</td></tr> <tr> <td>NGO/TRUST HOSPITAL/CLINIC.....</td><td>1</td><td>2</td></tr> <tr> <td>GOVT. ISM HOSPITAL/CLINIC .....</td><td>1</td><td>2</td></tr> <tr> <td>PRIVATE ISM HOSPITAL/CLINIC .....</td><td>1</td><td>2</td></tr> <tr> <td>PRIVATE HOSPITAL/ CLINIC. ....</td><td>1</td><td>2</td></tr> <tr> <td>CHEMIST/PHARMACY.....</td><td>1</td><td>2</td></tr> <tr> <td>HOME (Health worker).....</td><td>1</td><td>2</td></tr> <tr> <td>OTHER.....</td><td>1</td><td>2</td></tr> <tr> <td colspan="3">(SPECIFY)</td></tr> </table>		MENTIONED			YES	NO	GOVTERMENT/ MUNICIPAL HOSPITAL .	1	2	GOVERNMENT DISPENSARY.....	1	2	UHC/UHP/UFWC.....	1	2	CHC/ RURAL HOSPITAL.....	1	2	PHC.....	1	2	SUB CENTER.....	1	2	NGO/TRUST HOSPITAL/CLINIC.....	1	2	GOVT. ISM HOSPITAL/CLINIC .....	1	2	PRIVATE ISM HOSPITAL/CLINIC .....	1	2	PRIVATE HOSPITAL/ CLINIC. ....	1	2	CHEMIST/PHARMACY.....	1	2	HOME (Health worker).....	1	2	OTHER.....	1	2	(SPECIFY)			
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OTHER.....	1	2																																																	
(SPECIFY)																																																			
Q228	Were you given an injection in the arm during pregnancy to prevent Tetanus?	YES.....1 NO.....2	→ Q230																																																
Q229	If yes, how many times did you take Tetanus injection?	NUMBER <input type="text"/> DO NOT REMEMBER.....9																																																	

Q. NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
Q230	During your pregnancy did you suffer from any of the following health problems?  (ASK ABOUT EACH SEPARATELY)	<div>YES NO</div> <div>1. SWELLING OF HANDS AND FEET..... 1 2</div> <div>2. PALENESS..... 1 2</div> <div>3. VISUAL DISTURBANCES..... 1 2</div> <div>4. EXCESSIVE BLEEDING..... 1 2</div> <div>5. CONVULSIONS..... 1 2</div> <div>6. WEAK OR NO MOVEMENT OF FOETUS.. 1 2</div> <div>7. ABNORMAL POSITION OF FOETUS..... 1 2</div> <div>8. OTHER..... 1 2</div> <div>(SPECIFY)</div>	If 'NO' FOR ALL GO TO Q234
Q231	Did you consult any body or seek treatment for your health problem?	<div>YES..... 1</div> <div>NO..... 2</div>	→ Q234
Q232	If yes, where did you go for consultation or to seek treatment?  (DO NOT READ OUT THE OPTIONS)	<div>YES NO</div> <div>GOVTERMENT/ MUNICIPAL HOSPITAL . 1 2</div> <div>GOVERNMENT DISPENSARY..... 1 2</div> <div>UHC/UHP/UFWC..... 1 2</div> <div>CHC/ RURAL HOSPITAL..... 1 2</div> <div>PHC..... 1 2</div> <div>SUB CENTER..... 1 2</div> <div>NGO/TRUST HOSPITAL/CLINIC..... 1 2</div> <div>GOVT. ISM HOSPITAL/CLINIC ..... 1 2</div> <div>PRIVATE ISM HOSPITAL/CLINIC ..... 1 2</div> <div>PRIVATE HOSPITAL/ CLINIC. .... 1 2</div> <div>OTHER..... 1 2</div> <div>(SPECIFY)</div>	
Q233	Whom did you consult or from whom did you seek treatment?	<div>DOCTOR..... 1</div> <div>ANM/NURSE/MIDWIFE/LHV..... 2</div> <div>OTHER HEALTH PROFESIONAL..... 3</div> <div>TRAINED DAI..... 4</div> <div>UNTRAINED DAI..... 5</div> <div>ISM..... 6</div> <div>OTHER..... 7</div> <div>(SPECIFY)</div>	
Q234	Were you advised by doctor/health worker to go to health facility for delivery?	<div>YES..... 1</div> <div>NO..... 2</div>	
Q235	Where did the delivery take place?	<div>GOVTERMENT/ MUNICIPAL HOSPITAL..... 1</div> <div>GOVERNMENT DISPENSARY..... 2</div> <div>UHC/UHP/UFWC..... 3</div> <div>CHC/ RURAL HOSPITAL..... 4</div> <div>PHC..... 5</div> <div>SUB CENTER..... 6</div> <div>NGO/TRUST HOSPITAL/CLINIC..... 7</div> <div>GOVT. ISM HOSPITAL/CLINIC ..... 8</div> <div>PRIVATE ISM HOSPITAL/CLINIC ..... 9</div> <div>PRIVATE HOSPITAL/ CLINIC. .... 10</div> <div>AT HOME ..... 11</div> <div>OTHER..... 12</div> <div>(SPECIFY)</div>	→ Q238

Q. NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
Q 236	(IF HOME DELIVERY)  What is the main reason you did not go to a health facility for delivery?  (RECORD MOST IMPORTANT REASON)	NOT NECESSARY..... 1 NOT CUSTOMARY..... 2 COST TOO MUCH..... 3 TOO FAR/NO TRANSPORT..... 4 POOR QUALITY SERVICE..... 5 NO TIME TO GO..... 6 FAMILY DID NOT ALLOW..... 7 BETTER CARE AT HOME ..... 8 LACK OF KNOWLEDGE..... 9 OTHER..... 10 (SPECIFY)	
Q237	Who conducted the delivery?	DOCTOR..... 1 ANM/NURSE/LHV..... 2 TRAINED DAL..... 3 UNTRAINED DAL..... 4 RELATIVES/FRIENDS..... 5 NONE..... 6	
Q238	Was the delivery normal?	YES..... 1 NO..... 2	→ Q 240
Q239	Was the delivery caesarean or assisted ?	CAESARIAN..... 1 BY INSTRUMENT OR ASSISTED..... 2	
Q240	During delivery, did you experience any of the following problems?  (ASK ABOUT EACH SEPARATELY)	YES NO 1.PREMATURE LABOUR..... 1 2 2.EXCESSIVE BLEEDING..... 1 2 3.PROLONGED LABOUR (More than 12 Hours)..... 1 2 4.OBSTRUCTED LABOUR..... 1 2 5.BREECH PRESENTATION..... 1 2 6.OTHER..... 1 2 (SPECIFY)	
Q241	During the first six weeks after delivery did you experience any of the following health problems?  (ASK ABOUT EACH SEPARATELY)	YES NO 1. HIGH FEVER..... 1 2 2. LOWER ABDOMINAL PAIN..... 1 2 3. FOUL SMELLING VAGINAL DISCHARGE..... 1 2 4. EXCESSIVE BLEEDING..... 1 2 5. CONVULSION..... 1 2 6. SEVERE HEADACHE..... 1 2 7. OTHER..... 1 2 (SPECIFY)	If "NO" FOR ALL GO TO Q245
Q242	Did you consult any body or did you seek treatment for the health problem?	YES..... 1 NO..... 2	→ Q245
Q243	Where did you go for consultation or to seek treatment?  (DO NOT READ OUT THE OPTIONS)	YES NO GOVTERMENT/ MUNICIPAL HOSPITAL . 1 2 GOVERNMENT DISPENSARY..... 1 2 UHC/UHP/UFWC..... 1 2 CHC/ RURAL HOSPITAL..... 1 2 PHC..... 1 2 SUB CENTER..... 1 2 NGO/TRUST HOSPITAL/CLINIC..... 1 2 GOVT. ISM HOSPITAL/CLINIC ..... 1 2 PRIVATE ISM HOSPITAL/CLINIC ..... 1 2 PRIVATE HOSPITAL/ CLINIC. .... 1 2 OTHER..... 1 2 (SPECIFY)	

Q. NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
Q244	Whom did you consult or from whom did you seek treatment?	DOCTOR..... 1 ANM/NURSE/LHV..... 2 TRAINED DAL..... 3 UNTRAINED DAL..... 4 RELATIVES/FRIENDS..... 5 ISM PRACTITIONER..... 6 OTHER..... 7 (SPECIFY)	
Q245	Did ANM visit you within 2 weeks of delivery?	YES..... 1 NO..... 2	
Q246	How many times did she visit you within six weeks of delivery?	NUMBER <input type="text"/> NOT VISITED..... 0	

**SECTION-III**

**IMMUNIZATION AND CHILD CARE**

**(IMMUNISATION OF LAST AND LAST BUT ONE LIVING CHILD; BOTH BORN AFTER JANUARY 1, 2001)**

Q. NO	QUESTIONS AND FILTERS	CODING CATEGORIES		SKIP TO
		LAST CHILD	LAST BUT ONE CHILD	
Q301	Name of the (index) child  Line number of child in birth history	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>	
Q302	Sex of the child	BOY.....1 GIRL.....2	BOY.....1 GIRL.....2	
Q303	Month and year of birth	MONTH <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div>  DO NOT KNOW.....99 YEAR <div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div>	MONTH <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div>  DO NOT KNOW.....99 YEAR <div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div>	
<b>ASK Q304 TO Q307 FOR THE YOUNGEST CHILD</b>				
Q304	When did you start breastfeeding your child?	IMMEDIATELY, WITHIN TWO HOURS OF BIRTH..... 1 SAME DAY AFTER TWO HOURS OF BIRTH..... 2 1-3 DAYS ..... 3 AFTER 3 DAYS..... 4 NEVER..... 5		→ Q308
Q305	When you first breastfed your child, did you squeeze out the milk before feeding the child?	YES..... 1 NO..... 2		
Q306	Are you currently breast-feeding the child?	YES..... 1 NO..... 2		
Q307	How many months did you breastfeed the child exclusively?  (Nothing other than mother's milk)	MONTHS <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div>  CONTINUING.....88		
Q308	Do you know what to do when child gets Diarrhoea?  (DO NOT READ OUT THE OPTIONS)	<div style="display: flex; justify-content: space-between;"> <span>YES</span> <span>NO</span> </div> 1. GIVE ORS..... 1 2 2. SALT AND SUGAR SOLUTION..... 1 2 3. CONTINUE NORMAL FOOD..... 1 2 4. CONTINUE BREASTFEEDING..... 1 2 5. GIVE PLENTY OF FLUIDS..... 1 2 6. OTHER..... 1 2 <div style="text-align: center;">(SPECIFY)</div> 7. DO NOT KNOW..... 1		
Q309	Has ANM/health worker told you what to do if a child has Diarrhoea?	YES..... 1 NO..... 2		
Q310	Did any of your child born since January 1, 2001 suffer from Diarrhoea during last 2 weeks?	YES..... 1 NO..... 2		→ Q318

Q. NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO																																										
Q311	Did you continue the breast-feeding to child same way as before diarrhoea?	YES..... 1 NO..... 2 NOT APPLICABLE..... 3																																											
Q 312	Did you give the same amount to drink as before the diarrhoea, or more, or less?	SAME..... 1 LESS..... 2 MORE..... 3 CHILD ON BREAST MILK..... 4																																											
Q313	Did you give the same amount of food as before the diarrhoea, or more, or less?	SAME..... 1 LESS..... 2 MORE..... 3 CHILD ON BREAST MILK..... 4																																											
Q314	Did you give ORS to child?	YES..... 1 NO..... 2 CHILD ON BREAST MILK..... 3																																											
Q315	Did you consult some body or seek treatment for the child’s diarrhoea?	YES..... 1 NO..... 2	→ Q318																																										
Q316	Where did you go for consultation or treatment of child’s diarrhoea ?  (DO NOT READ OUT THE OPTIONS)	<table><tr><td></td><td>YES</td><td>NO</td></tr><tr><td>GOVTERMENT/ MUNICIPAL HOSPITAL .</td><td>1</td><td>2</td></tr><tr><td>GOVERNMENT DISPENSARY.....</td><td>1</td><td>2</td></tr><tr><td>UHC/UHP/UFWC.....</td><td>1</td><td>2</td></tr><tr><td>CHC/ RURAL HOSPITAL.....</td><td>1</td><td>2</td></tr><tr><td>PHC.....</td><td>1</td><td>2</td></tr><tr><td>SUB CENTER.....</td><td>1</td><td>2</td></tr><tr><td>NGO/TRUST HOSPITAL/CLINIC.....</td><td>1</td><td>2</td></tr><tr><td>GOVT. ISM HOSPITAL/CLINIC .....</td><td>1</td><td>2</td></tr><tr><td>PRIVATE ISM HOSPITAL/CLINIC .....</td><td>1</td><td>2</td></tr><tr><td>PRIVATE HOSPITAL/ CLINIC. ....</td><td>1</td><td>2</td></tr><tr><td>HOME REMEDY.....</td><td>1</td><td>2</td></tr><tr><td>OTHER.....</td><td>1</td><td>2</td></tr><tr><td colspan="3">(SPECIFY)</td></tr></table>		YES	NO	GOVTERMENT/ MUNICIPAL HOSPITAL .	1	2	GOVERNMENT DISPENSARY.....	1	2	UHC/UHP/UFWC.....	1	2	CHC/ RURAL HOSPITAL.....	1	2	PHC.....	1	2	SUB CENTER.....	1	2	NGO/TRUST HOSPITAL/CLINIC.....	1	2	GOVT. ISM HOSPITAL/CLINIC .....	1	2	PRIVATE ISM HOSPITAL/CLINIC .....	1	2	PRIVATE HOSPITAL/ CLINIC. ....	1	2	HOME REMEDY.....	1	2	OTHER.....	1	2	(SPECIFY)			
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Q317	Whom did you consult or from whom did you seek treatment?	DOCTOR..... 1 ANM/NURSE/LHV..... 2 TRAINED DAL..... 3 UNTRAINED DAL..... 4 RELATIVES/FRIENDS..... 5 CHEMIST/MEDICAL SHOP..... 6 ISM PRACTITIONER..... 7																																											
Q318	Do you know the danger signs of Pneumonia?	YES.....1 NO.....2	→ Q320																																										
Q319	If yes, what are they?  (DO NOT READ OUT THE OPTIONS)	<table><tr><td></td><td>YES</td><td>NO</td></tr><tr><td>1. DIFFICULTY IN BREATHING.....</td><td>1</td><td>2</td></tr><tr><td>2. CHEST INDRAWING.....</td><td>1</td><td>2</td></tr><tr><td>3. NOT ABLE TO DRINK OR TAKE A FEED....</td><td>1</td><td>2</td></tr><tr><td>4. EXCESSIVELY DROWSY AND DIFFICULT TO KEEP AWAKE.....</td><td>1</td><td>2</td></tr><tr><td>5. PAIN IN CHEST AND PRODUCTIVE COUGH..</td><td>1</td><td>2</td></tr><tr><td>6. CONDITION GETS WORSE THAN BEFORE...</td><td>1</td><td>2</td></tr><tr><td>7. WHEEZING/WHISTLING.....</td><td>1</td><td>2</td></tr><tr><td>8. RAPID BREATHING.....</td><td>1</td><td>2</td></tr></table>		YES	NO	1. DIFFICULTY IN BREATHING.....	1	2	2. CHEST INDRAWING.....	1	2	3. NOT ABLE TO DRINK OR TAKE A FEED....	1	2	4. EXCESSIVELY DROWSY AND DIFFICULT TO KEEP AWAKE.....	1	2	5. PAIN IN CHEST AND PRODUCTIVE COUGH..	1	2	6. CONDITION GETS WORSE THAN BEFORE...	1	2	7. WHEEZING/WHISTLING.....	1	2	8. RAPID BREATHING.....	1	2																
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Q. NO	QUESTIONS AND FILTERS	CODING CATEGORIES		SKIP TO																																										
Q320	Has ANM/ Health Worker told you the danger signs of Pneumonia?	YES..... 1 NO.....2																																												
Q321	Did any of your child born since January 1, 2001 suffer from cough, cold alongwith difficulty in breathing in the past two weeks?	YES.....1 NO.....2	→ Q325																																											
Q322	Did you consult some body or seek treatment for the child’s cough and cold?	YES.....1 NO.....2	→ Q325																																											
Q323	Where did you go for consultation or treatment ?  <b>(DO NOT READ OUT THE OPTIONS)</b>	<table><tr><td></td><td>YES</td><td>NO</td></tr><tr><td>GOVTERMENT/ MUNICIPAL HOSPITAL .</td><td>1</td><td>2</td></tr><tr><td>GOVERNMENT DISPENSARY.....</td><td>1</td><td>2</td></tr><tr><td>UHC/UHP/UFWC.....</td><td>1</td><td>2</td></tr><tr><td>CHC/ RURAL HOSPITAL.....</td><td>1</td><td>2</td></tr><tr><td>PHC.....</td><td>1</td><td>2</td></tr><tr><td>SUB CENTER.....</td><td>1</td><td>2</td></tr><tr><td>NGO/TRUST HOSPITAL/CLINIC.....</td><td>1</td><td>2</td></tr><tr><td>GOVT. ISM HOSPITAL/CLINIC .....</td><td>1</td><td>2</td></tr><tr><td>PRIVATE ISM HOSPITAL/CLINIC .....</td><td>1</td><td>2</td></tr><tr><td>PRIVATE HOSPITAL/ CLINIC. ....</td><td>1</td><td>2</td></tr><tr><td>HOME REMEDY.....</td><td>1</td><td>2</td></tr><tr><td>OTHER.....</td><td>1</td><td>2</td></tr><tr><td colspan="3">(SPECIFY)</td></tr></table>		YES	NO	GOVTERMENT/ MUNICIPAL HOSPITAL .	1	2	GOVERNMENT DISPENSARY.....	1	2	UHC/UHP/UFWC.....	1	2	CHC/ RURAL HOSPITAL.....	1	2	PHC.....	1	2	SUB CENTER.....	1	2	NGO/TRUST HOSPITAL/CLINIC.....	1	2	GOVT. ISM HOSPITAL/CLINIC .....	1	2	PRIVATE ISM HOSPITAL/CLINIC .....	1	2	PRIVATE HOSPITAL/ CLINIC. ....	1	2	HOME REMEDY.....	1	2	OTHER.....	1	2	(SPECIFY)				
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(SPECIFY)																																														
Q324	Whom did you consult or from whom did you seek treatment for child cough and cold ?	<table><tr><td>DOCTOR.....</td><td>1</td></tr><tr><td>ANM/NURSE/LHV.....</td><td>2</td></tr><tr><td>TRAINED DAL.....</td><td>3</td></tr><tr><td>UNTRAINED DAL.....</td><td>4</td></tr><tr><td>RELATIVES/FRIENDS.....</td><td>5</td></tr><tr><td>CHEMIST/MEDICAL SHOP.....</td><td>6</td></tr><tr><td>ISM PRACTITIONER .....</td><td>7</td></tr><tr><td>OTHER.....</td><td>8</td></tr><tr><td colspan="2">(SPECIFY)</td></tr></table>	DOCTOR.....	1	ANM/NURSE/LHV.....	2	TRAINED DAL.....	3	UNTRAINED DAL.....	4	RELATIVES/FRIENDS.....	5	CHEMIST/MEDICAL SHOP.....	6	ISM PRACTITIONER .....	7	OTHER.....	8	(SPECIFY)																											
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**FOR BOTH LIVING CHILDREN**

Q. NO	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP TO
			LAST CHILD	LAST BUT ONE CHILD	
Q325	Do you have a card where (Name's) vaccination are written down? (IF YES, MAY I SEE IT, PLEASE?)	YES, SEEN..... YES, NOT SEEN..... NO CARD.....	1 2 3	1 2 3	
Q326	Was polio vaccine (OPV '0') given to the child ? (drop in the mouth immediately after birth)	YES..... NO.....	1 2	1 2	
Q327	Was BCG vaccination against Tuberculosis given to the child?	YES..... NO.....	1 2	1 2	
Q328	Was a vaccination against Diphtheria, Whooping Cough and Tetanus given to the child as an injection (DPT)?	YES..... NO.....	1 2	1 2	→ Q 330
Q329	How many DPT injections were given?	NUMBER DO NOT REMEMBER..... 9	<input type="text"/>	<input type="text"/>	
Q330	Was Polio vaccine (i.e., drops in the mouth, (excluding polio '0' and pulse polio) given to the child?	YES..... NO.....	1 2	1 2	→ Q332
Q331	If yes, how many Polio doses (excluding Polio '0') were given?	NUMBER..... DO NOT REMEMBER.....9	<input type="text"/>	<input type="text"/>	
Q332	Was an injection against Measles given?	YES..... NO.....	1 2	1 2	
Q333	Was Hepatitis B Injection given to the child?	YES..... NO.....	1 2	1 2	
Q334	Did ANM/ Doctor/ Health Worker advise you to give vaccines to your child?	YES..... NO.....	1 2	1 2	

Q. NO	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP TO
			LAST CHILD	LAST BUT ONE CHILD	
Q335	<b>(Ask this question only to those women who reported at least one immunization)</b> Where from the last immunisation was given?	1. GOVT. HOSPITAL..... 2. CHC/PHC ..... 3. SUB-CENTRE..... 4. PRIVATE HOSPITAL..... 5. GOVT. ISM HOSPITAL/CLINIC ..... 6. PRIVATE ISM HOSPITAL/CLINIC ..... 7. OUT REACH/ MCP CLINIC IN VILLAGE ..... 8. PRIVATE DOCTOR..... 9. OTHER..... (SPECIFY) 10. DO NOT REMEMBER.....	1 2 3 4 5 6 7 8 9 99	1 2 3 4 5 6 7 8 9 99	
Q336	<b>(IF 'NO' FOR Q 327, Q328, Q330 AND Q332)</b> Why (Name) was not given any vaccination? <b>(RECORD ONE IMPORTANT REASON)</b>	1. CHILD TOO YOUNG FOR IMMUNIZATION 2. UNAWARE OF NEED FOR IMMUNIZATION 3. PLACE OF IMMUNIZATION UNKNOWN 4. TIME OF IMMUNIZATION UNKNOWN 5. FEAR OF SIDE EFFECTS 6. NO FAITH IN IMMUNIZATION 7. PLACE OF IMMUNIZATION TOO FAR TO GO 8. TIME OF IMMUNIZATION INCONVENIENT 9. ANM ABSENT 10. VACCINE NOT AVAILABLE 11. MOTHER TOO BUSY 12. FAMILY PROBLEM, INCLUDING ILLNESS OF MOTHER 13. CHILD ILL NOT BROUGHT 14. CHILD ILL BROUGHT BUT NOT GIVEN 15. LONG WAITING TIME 16. OTHER..... (SPECIFY)	01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16	01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16	
Q337	Was a dose of Vitamin A liquid given to (name) protect him/her from night blindness?	YES..... NO..... DO NOT REMEMBER.....	1 2 3	1 2 3	→ Q339
Q338	If yes, how many Vitamin A doses were given?	IN NUMBER..... DO NOT REMEMBER.....9	<input type="text"/>	<input type="text"/>	
Q339	Was IFA tablets/ liquid given to the (name) child?	YES..... NO..... DO NOT REMEMBER.....	1 2 3	1 2 3	→ SECTION IV
Q340	If yes, how many IFA tablets/ liquid in quantity were given?	IN NUMBER..... DO NOT REMEMBER.....99 IN ml. ....	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	


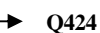

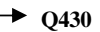
## CONTRACEPTION

Q. NO	QUESTIONS AND FILTERS	CODING CATEGORIES	Skip To
Q401	Which of the Family Planning methods are you aware of?  <b>1. FEMALE STERILISATION.....</b> 2. Tubectomy..... 3. Laparoscope's..... <b>4. MALE STERILISATION.....</b> 5. Vasectomy..... 6. No Scalpel Vasectomy..... <b>7. COPPER-T/IUD.....</b> <b>8. PILLS .....</b> 9. Daily..... 10. Weekly.. ..... <b>11. CONDOM/NIRODH.....</b> 12. SPONGE (TODAY)..... <b>13. INJECTABLES.....</b> <b>14. NORPLANT.....</b> <b>15. CONTRACEPTIVE HERBS.....</b> <b>16. RHYTHM/PERIODIC ABSTINENCE.....</b> <b>17. WITHDRAWAL.....</b> <b>18. ANY OTHER CONTRACEPTIVES FROM INDIAN SYSTEM OF MEDICINE .....</b>	YES      NO  1        2	
Q402	Are you currently pregnant?	YES..... NO.....	1 → Q418 2
Q403	Are you/your husband currently using any Family Planning method (including sterilization)?	YES..... NO.....	1 2 → Q418
Q404	Which method you/your husband is using?	FEMALE STERILISATION..... <b>MALE STERILISATION</b> VASECTOMY..... NO SCALPEL VASECTOMY..... IUD/COPPER-T/LOOP..... ORAL PILLS..... CONDOM/NIRODH..... RHYTHM/PERIODIC ABSTINENCE..... WITHDRAWAL..... OTHER MOD. METHOD _____ (SPECIFY) OTHER TRAD. METHOD _____ (SPECIFY)	1  2 3 4 5 6 7 8 9  10
Q405	For how long have you been using this method continuously? <b>OR</b> How long ago did you/your husband undergo sterilization?	MONTHS <div style="display: inline-block; width: 40px; height: 30px; border: 1px solid black;"></div> <div style="display: inline-block; width: 40px; height: 30px; border: 1px solid black;"></div>  MORE THAN 8 YEARS..... DO NOT REMEMBER.....	  96 99

**FOR THE USERS OF COOPER-T/LOOP/PILLS/CONDOM AND THOSE WOMEN WHO/ WHOSE HUSBAND HAD UNDERGONE STERILIZATION, ASK Q406-Q417. FOR THE USERS OF WITHDRAWAL/RHYTHM METHOD/ANY OTHER METHOD, GO TO NEXT SECTION.**

Q.NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
Q406	Where did you/your husband go for sterilization? OR Where did you go for Copper-T insertion? OR From where did you obtain the pills usually? OR From where did you get condom/Nirodh usually?	GOVERNMENT/MUNICIPAL HOSPITAL..... 01 CHC/PHC..... 02 FAMILY PLANNING CAMP/RCH CAMP..... 03 SUB-CENTRE..... 04 PRIVATE HOSPITAL..... 05 GOVT. DOCTOR..... 06 OUT REACH/ MCP CLINIC IN VILLAGE.... 07 PRIVATE DOCTOR..... 08 GOVT. NURSE/ANM..... 09 PRIVATE NURSE ..... 10 MOBILE CLINIC..... 11 CHEMIST..... 12 OTHER..... 13 (SPECIFY) DO NOT KNOW..... 99	
Q407	<b>(ONLY FOR THOSE WHO/ WHOSE HUSBANDS ARE STERILISED )</b>  Before sterilization were you/your husband informed about all the methods of contraception?	YES..... 1 NO..... 2 DO NOT REMEMBER..... 3	→ Q 410
Q408	<b>(ONLY FOR COPPER-T USERS)</b> Who inserted Copper-T?	PRIVATE DOCTOR..... 1 GOVERNMENT DOCTOR..... 2 GOVT. ANM/NURSE/LHV..... 3 PRIVATE NURSE..... 4	→ Q 410
Q409	<b>(ONLY FOR PILL &amp; CONDOM USER)</b> Have you ever found difficulty in getting pills/condoms?	NO PROBLEM..... 1 NOT REGULARLY AVAIL. WITH PHC..... 2 NOT REGULARLY AVAIL. WITH ANM..... 3 NOT REGULARLY AVAIL. WITH MEDICAL SHOPS/CHEMIST..... 4 OTHER..... 5 (SPECIFY)	
Q410	When you started using this method, did doctor/nurse/ANM inform you about possible health problems that may occur?	YES..... 1 NO..... 2 DO NOT REMEMBER..... 9	
Q411	After you adopted this method, did any health worker/ANM visit you for enquiring about your/your husband's health?	YES..... 1 NO..... 2	
Q412	Have you/your husband had any health problem after you/your husband started to use this method?	YES..... 1 NO..... 2	→ Q417
Q413	If yes, what health problem did you/your husband have?  <b>(DO NOT READ OUT THE OPTIONS)</b>	YES NO 1. WEAKNESS/INABILITY TO WORK... 1 2 2. BODYACHE/BACKACHE..... 1 2 3. CRAMPS..... 1 2 4. WEIGHT GAIN..... 1 2 5. DIZZINESS..... 1 2 6. NAUSEA/VOMITING..... 1 2 7. BREAST TENDERNESS..... 1 2 8. IRREGULAR PERIODS..... 1 2 9. EXCESSIVE BLEEDING..... 1 2 10.SPOTTING..... 1 2 11.WHITE DISCHARGE..... 1 2 12.OTHER..... 1 2 (SPECIFY)	

Q. NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
Q414	Did you/your husband consult anybody or seek treatment for the health problem?	YES..... 1 NO..... 2	→ Q417
Q415	If yes, where did you/your husband go to consult or seek treatment?  (DO NOT READ OUT THE OPTIONS)	MENTIONED YES NO GOVTERMENT/ MUNICIPAL HOSPITAL 1 2 GOVERNMENT DISPENSARY..... 1 2 UHC/UHP/UFWC..... 1 2 CHC/RURAL HOSPITAL..... 1 2 PHC..... 1 2 SUB CENTER..... 1 2 OUT REACH/ MCP CLINIC IN VILLAGE 1 2 NGO/TRUST HOSPITAL/CLINIC..... 1 2 GOVT. ISM HOSPITAL/CLINIC ..... 1 2 PRIVATE ISM HOSPITAL/CLINIC ..... 1 2 PRIVATE HOSPITAL/ CLINIC. .... 1 2 CHEMIST/MEDICAL SHOP..... 1 2 HOME REMEDY..... 1 2 OTHER..... 1 2 (SPECIFY)	
Q416	Whom did you consult or from whom did you seek treatment?	DOCTOR..... 1 ANM/NURSE/LHV..... 2 TRAINED DAI..... 3 UNTRAINED DAI..... 4 RELATIVES/FRIENDS..... 5 CHEMIST/MEDICAL SHOP..... 6 OTHER..... 7 (SPECIFY)	
Q417	Are you satisfied with the method?	YES..... 1 NO..... 2	→ SEC V
Q418	(FOR THOSE WHO ARE CURRENTLY NOT USING ANY METHOD i.e., Q402=1 OR Q403=2) Have you/your husband used any method in the past and discontinued?	YES..... 1 NO..... 2	→ Q421
Q419	If yes, what was the last method you/your husband used?	IUD/COPPER-T/LOOP..... 1 ORAL PILLS..... 2 CONDOM/NIRODH..... 3 RHYTHM/PERIODIC ABSTINENCE..... 4 WITHDRAWAL..... 5 OTHER MODERN METHOD..... 6 (SPECIFY) OTHER TRADITIONAL METHOD..... 7 (SPECIFY)	

Q. NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
Q420	What was the main reason for discontinuing use of the method?	WANTED CHILD..... 01 METHOD FAILED/BECAME PREGNANT... 02 SUPPLY NOT AVAILABLE..... 03 DIFFICULT TO GET METHOD..... 04 WEAKNESS/INABILITY TO WORK..... 05 BODYACHE/BACKACHE..... 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 OTHER..... 18 (SPECIFY)	
Q421	<b>(CHECK Q402, IF WOMAN IS PREGNANT GO TO Q422)</b> Are you currently menstruating?	YES..... 1 IN AMENORRHOEA..... 2 NEVER MENSTRUATED..... 3 IN MENOPAUSE/HYSTERECTOMY..... 4	 <b>SECTION V</b>
Q422	Has ANM/health worker ever advised you to adopt any family planning method?	YES..... 1 NO..... 2	 <b>Q424</b>
Q423	If yes, what method did she/he advise you to use?	FEMALE STERILISATION..... 1 MALE STERILISATION..... 2 IUD/COPPER-T/LOOP..... 3 PILLS..... 4 CONDOM/NIRODH..... 5 RHYTHM/PERIODIC ABSTINENCE..... 6 WITHDRAWAL..... 7 OTHER..... 8 (SPECIFY)	
Q424	Do you intend to use any method of Family Planning at any time in the future?	YES..... 1 NO..... 2 NOT YET DECIDED..... 3	 <b>Q427</b>
Q425	If yes, when you want to use?	WITHIN ONE YEAR ..... 1 ONE TO TWO YEARS..... 2 MORE THAN TWO YEARS ..... 3	
Q426	Which method you would prefer to use? <b>(CIRCLE ONLY THE MOST PREFERRED METHOD)</b>	FEMALE STERILISATION..... 1 MALE STERILISATION..... 2 IUD/COPPER-T/LOOP..... 3 PILLS..... 4 CONDOM/NIRODH..... 5 RHYTHM/PERIODIC ABSTINENCE..... 6 WITHDRAWAL..... 7 OTHER..... 8 (SPECIFY)	
Q427	<b>(CHECK Q402, IF WOMAN IS PREGNANT GO TO NEXT SECTION)</b> Would you like to have a/another child?	WANT MORE CHILDREN..... 1 WANT NO MORE CHILD..... 2 NOT DECIDED..... 3 UP TO GOD..... 4	 <b>Q430</b>

Q. NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
Q428	Would you prefer your next child to be a girl or boy or doesn't it matter?	BOY..... 1 GIRL..... 2 DOESN'T MATTER..... 3 UP TO GOD..... 4	
Q429	How long would you like to wait to have another child?	SOON/NOW/ LESS THAN 24 MONTH ..... 00  MORE THAN 24 MONTH ..... <input type="text"/> <input type="text"/>  NOT DECIDED..... 98	► SECTION V
Q430	What is the main reason for currently not using any method of family planning?  ( RECORD THE MOST IMPORTANT REASON)	LACK OF KNOWLEDGE ABOUT FAMILY PLANNING METHODS..... 01 AGAINST THE RELIGION..... 02 OPPOSED TO FAMILY PLANNING..... 03 HUSBAND OPPOSED..... 04 OTHER FAMILY MEMBERS OPPOSED.... 05 NOT LIKE EXISTING METHOD..... 06 AFRAID OF STERILIZATION..... 07 CAN NOT WORK AFTER STERILIZATION..... 08 WORRY ABOUT SIDE EFFECTS..... 09 COSTS TOO MUCH..... 10 HEALTH DOES NOT PERMIT..... 11 HARD/INCONVENIENT TO GET METHOD..... 12 INCONVENIENT TO USE METHOD..... 13 DIFFICULT TO BECOME PREGNANT.... 14 OTHER..... 15 (SPECIFY)	

**SECTION-V**

**ASSESSMENT OF QUALITY OF GOVERNMENT HEALTH SERVICES AND CLIENT SATISFACTION**

**(FOR ALL ELIGIBLE WOMEN)**

Q. NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
Q501	During the last three months, has a health or family planning worker visited you at home?	YES..... 1 NO..... 2	→ Q507
Q502	If yes, who has visited you at home?  <b>(DO NOT READ OUT THE OPTIONS)</b>	YES NO DOCTOR..... 1 2 ANM/LHV..... 1 2 HEALTH WORKER (MALE)..... 1 2	
Q503	During these visits, what were the different matters talked about?  <b>(DO NOT READ OUT THE OPTIONS)</b>	YES NO FAMILY PLANNING..... 1 2 BREASTFEEDING..... 1 2 SUPPLEMENTARY FEEDING..... 1 2 IMMUNIZATION..... 1 2 NUTRITION..... 1 2 DISEASE PREVENTION..... 1 2 TREATMENT OF HEALTH PROBLEM..... 1 2 ANTENATAL CARE..... 1 2 DELIVERY CARE..... 1 2 POSTPARTUM CARE..... 1 2 CHILD CARE..... 1 2 SANITATION/CLEANLINESS..... 1 2 ORAL REHYDRATION..... 1 2 OTHER..... 1 2 (SPECIFY)	
Q504	What type of services did you receive during these visits?  <b>(DO NOT READ OUT THE OPTIONS)</b>	YES NO PILL SUPPLY..... 1 2 CONDOM SUPPLY..... 1 2 FOLLOW-UP FOR STERILIZATION..... 1 2 FOLLOW-UP FOR IUD INSERTION..... 1 2 FAMILY PLANNING ADVICE..... 1 2 OTHER FAMILY PLANNING SERVICE..... 1 2 IMMUNIZATION..... 1 2 ANTENATAL CARE..... 1 2 DELIVERY CARE..... 1 2 POSTPARTUM CARE..... 1 2 DISEASE PREVENTION..... 1 2 MEDICAL TREATMENT FOR SELF..... 1 2 TREATMENT FOR SICK CHILD..... 1 2 OTHER..... 1 2 (SPECIFY)	
Q505	Did she/he spend enough time with you?	YES..... 1 NO..... 2	
Q506	Were you satisfied with services/advice given by her/him?	YES..... 1 NO..... 2	



Q. NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO																																																
Q507	During last three months did you visit any health facility for any of your health problem?	NO, THERE WAS NO HEALTH PROBLEM..... 1 DID NOT VISIT ANY..... 2 YES, VISITED..... 3	GO TO SECTION VI																																																
Q508	If yes, where did you go last?	GOVERNMENT HOSPITAL/ CHC/ FRU/RH..... 1 GOVERNMENT DISPENSARY..... 2 PHC ..... 3 SUB CENTER..... 4 GOVT. ISM HOSPITAL/DISPENSARY..... 5 PRIVATE HOSPITAL..... 6 PRIVATE DISPENSARY..... 7 PRIVATE ISM HOSPITAL/DISPENSARY..... 8 OTHER..... 9 (SPECIFY)	Q 512																																																
Q509	What topics were discussed during the visit?  <b>(DO NOT READ OUT THE OPTIONS)</b>	<table border="0"> <thead> <tr> <th></th><th>YES</th><th>NO</th></tr> </thead> <tbody> <tr><td>FAMILY PLANNING.....</td><td>1</td><td>2</td></tr> <tr><td>BREASTFEEDING.....</td><td>1</td><td>2</td></tr> <tr><td>SUPPLEMENTARY FEEDING.....</td><td>1</td><td>2</td></tr> <tr><td>IMMUNIZATION.....</td><td>1</td><td>2</td></tr> <tr><td>NUTRITION.....</td><td>1</td><td>2</td></tr> <tr><td>DISEASE PREVENTION.....</td><td>1</td><td>2</td></tr> <tr><td>TREATMENT OF HEALTH PROBLEM.....</td><td>1</td><td>2</td></tr> <tr><td>ANTENATAL CARE.....</td><td>1</td><td>2</td></tr> <tr><td>DELIVERY CARE.....</td><td>1</td><td>2</td></tr> <tr><td>POSTPARTUM CARE.....</td><td>1</td><td>2</td></tr> <tr><td>CHILD CARE.....</td><td>1</td><td>2</td></tr> <tr><td>SANITATION/CLEANLINESS.....</td><td>1</td><td>2</td></tr> <tr><td>ORAL REHYDRATION.....</td><td>1</td><td>2</td></tr> <tr><td>OTHER.....</td><td>1</td><td>2</td></tr> <tr><td>(SPECIFY)</td><td></td><td></td></tr> </tbody> </table>		YES	NO	FAMILY PLANNING.....	1	2	BREASTFEEDING.....	1	2	SUPPLEMENTARY FEEDING.....	1	2	IMMUNIZATION.....	1	2	NUTRITION.....	1	2	DISEASE PREVENTION.....	1	2	TREATMENT OF HEALTH PROBLEM.....	1	2	ANTENATAL CARE.....	1	2	DELIVERY CARE.....	1	2	POSTPARTUM CARE.....	1	2	CHILD CARE.....	1	2	SANITATION/CLEANLINESS.....	1	2	ORAL REHYDRATION.....	1	2	OTHER.....	1	2	(SPECIFY)			
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Q510	What services received?  <b>(DO NOT READ OUT THE OPTIONS)</b>	<table border="0"> <thead> <tr> <th></th><th>YES</th><th>NO</th></tr> </thead> <tbody> <tr><td>PILL SUPPLY.....</td><td>1</td><td>2</td></tr> <tr><td>CONDOM SUPPLY.....</td><td>1</td><td>2</td></tr> <tr><td>FOLLOW-UP FOR STERILIZATION.....</td><td>1</td><td>2</td></tr> <tr><td>FOLLOW-UP FOR IUD INSERTION/PILLS.....</td><td>1</td><td>2</td></tr> <tr><td>FAMILY PLANNING ADVICE.....</td><td>1</td><td>2</td></tr> <tr><td>OTHER FAMILY PLANNING SERVICE.....</td><td>1</td><td>2</td></tr> <tr><td>IMMUNIZATION.....</td><td>1</td><td>2</td></tr> <tr><td>ANTENATAL CARE.....</td><td>1</td><td>2</td></tr> <tr><td>DELIVERY CARE.....</td><td>1</td><td>2</td></tr> <tr><td>POSTPARTUM CARE.....</td><td>1</td><td>2</td></tr> <tr><td>DISEASE PREVENTION.....</td><td>1</td><td>2</td></tr> <tr><td>MEDICAL TREATMENT FOR SELF.....</td><td>1</td><td>2</td></tr> <tr><td>TREATMENT FOR SICK CHILD.....</td><td>1</td><td>2</td></tr> <tr><td>OTHER.....</td><td>1</td><td>2</td></tr> <tr><td>(SPECIFY)</td><td></td><td></td></tr> </tbody> </table>		YES	NO	PILL SUPPLY.....	1	2	CONDOM SUPPLY.....	1	2	FOLLOW-UP FOR STERILIZATION.....	1	2	FOLLOW-UP FOR IUD INSERTION/PILLS.....	1	2	FAMILY PLANNING ADVICE.....	1	2	OTHER FAMILY PLANNING SERVICE.....	1	2	IMMUNIZATION.....	1	2	ANTENATAL CARE.....	1	2	DELIVERY CARE.....	1	2	POSTPARTUM CARE.....	1	2	DISEASE PREVENTION.....	1	2	MEDICAL TREATMENT FOR SELF.....	1	2	TREATMENT FOR SICK CHILD.....	1	2	OTHER.....	1	2	(SPECIFY)			
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**SECTION- VI**

**AWARENESS ABOUT RTI/STI AND HIV/AIDS**

Q. NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO																																																
<b>MENSTRUATION RELATED PROBLEMS</b>																																																			
Q600	Are you currently menstruating?	YES.....1 NO PREGNANT.....2 NO MENOPAUSE.....3 NO AMEHORIA.....4	→ <b>GO TO Q607</b>																																																
Q601	During the last three months did you have any menstruation related problems?	YES.....1 NO.....2	→ <b>Q607</b>																																																
Q602	What are the problems you have/had?  <b>(DO NOT READ OUT THE OPTIONS)</b>	<table border="0"> <thead> <tr> <th></th><th>YES</th><th>NO</th></tr> </thead> <tbody> <tr><td>NO PERIODS.....</td><td>1</td><td>2</td></tr> <tr><td>PAINFUL PERIODS.....</td><td>1</td><td>2</td></tr> <tr><td>FREQUENT OR SHORT PERIODS.....</td><td>1</td><td>2</td></tr> <tr><td>DELAYED PERIODS.....</td><td>1</td><td>2</td></tr> <tr><td>PROLONGED BLEEDING.....</td><td>1</td><td>2</td></tr> <tr><td>EXCESSIVE BLEEDING.....</td><td>1</td><td>2</td></tr> <tr><td>CONTINUOUS BLEEDING.....</td><td>1</td><td>2</td></tr> <tr><td>SCANTY BLEEDING.....</td><td>1</td><td>2</td></tr> <tr><td>INTER-MENSTRUAL BLEEDING.....</td><td>1</td><td>2</td></tr> </tbody> </table>		YES	NO	NO PERIODS.....	1	2	PAINFUL PERIODS.....	1	2	FREQUENT OR SHORT PERIODS.....	1	2	DELAYED PERIODS.....	1	2	PROLONGED BLEEDING.....	1	2	EXCESSIVE BLEEDING.....	1	2	CONTINUOUS BLEEDING.....	1	2	SCANTY BLEEDING.....	1	2	INTER-MENSTRUAL BLEEDING.....	1	2																			
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Q603	Since how long do you have this problem?	MONTHS..... <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>																																																	
Q604	Did you consult anybody or seek treatment for this problem?	YES.....1 NO.....2	→ <b>Q607</b>																																																
Q605	Where did you go for consultation or treatment for any menstruation related problems?  <b>(DO NOT READ OUT THE OPTIONS)</b>	<table border="0"> <thead> <tr> <th></th><th>YES</th><th>NO</th></tr> </thead> <tbody> <tr><td>GOVTERMENT/ MUNICIPAL HOSPITAL</td><td>1</td><td>2</td></tr> <tr><td>GOVERNMENT DISPENSARY.....</td><td>1</td><td>2</td></tr> <tr><td>UHC/UHP/UFWC.....</td><td>1</td><td>2</td></tr> <tr><td>CHC/RURAL HOSPITAL.....</td><td>1</td><td>2</td></tr> <tr><td>PHC.....</td><td>1</td><td>2</td></tr> <tr><td>SUB CENTER.....</td><td>1</td><td>2</td></tr> <tr><td>OUT REACH/ MCP CLINIC IN VILLAGE</td><td>1</td><td>2</td></tr> <tr><td>NGO/TRUST HOSPITAL/CLINIC.....</td><td>1</td><td>2</td></tr> <tr><td>GOVT. ISM HOSPITAL/CLINIC .....</td><td>1</td><td>2</td></tr> <tr><td>PRIVATE ISM HOSPITAL/CLINIC .....</td><td>1</td><td>2</td></tr> <tr><td>PRIVATE HOSPITAL/ CLINIC. ....</td><td>1</td><td>2</td></tr> <tr><td>CHEMIST/MEDICAL SHOP.....</td><td>1</td><td>2</td></tr> <tr><td>HOME REMEDY.....</td><td>1</td><td>2</td></tr> <tr><td>OTHER.....</td><td>1</td><td>2</td></tr> <tr><td align="center" colspan="3">(SPECIFY)</td></tr> </tbody> </table>		YES	NO	GOVTERMENT/ MUNICIPAL HOSPITAL	1	2	GOVERNMENT DISPENSARY.....	1	2	UHC/UHP/UFWC.....	1	2	CHC/RURAL HOSPITAL.....	1	2	PHC.....	1	2	SUB CENTER.....	1	2	OUT REACH/ MCP CLINIC IN VILLAGE	1	2	NGO/TRUST HOSPITAL/CLINIC.....	1	2	GOVT. ISM HOSPITAL/CLINIC .....	1	2	PRIVATE ISM HOSPITAL/CLINIC .....	1	2	PRIVATE HOSPITAL/ CLINIC. ....	1	2	CHEMIST/MEDICAL SHOP.....	1	2	HOME REMEDY.....	1	2	OTHER.....	1	2	(SPECIFY)			
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Q606	Whom did you consult or from whom did you seek treatment?  <b>(DO NOT READ OUT THE OPTIONS)</b>	<table border="0"> <thead> <tr> <th></th><th>YES</th><th>NO</th></tr> </thead> <tbody> <tr><td>DOCTOR.....</td><td>1</td><td>2</td></tr> <tr><td>ANM/NURSE/LHV.....</td><td>1</td><td>2</td></tr> <tr><td>TRAINED DAL.....</td><td>1</td><td>2</td></tr> <tr><td>UNTRAINED DAL.....</td><td>1</td><td>2</td></tr> <tr><td>RELATIVES/FRIENDS.....</td><td>1</td><td>2</td></tr> <tr><td>CHEMIST/MEDICAL SHOP.....</td><td>1</td><td>2</td></tr> <tr><td>OTHER.....</td><td>1</td><td>2</td></tr> <tr><td align="center" colspan="3">(SPECIFY)</td></tr> </tbody> </table>		YES	NO	DOCTOR.....	1	2	ANM/NURSE/LHV.....	1	2	TRAINED DAL.....	1	2	UNTRAINED DAL.....	1	2	RELATIVES/FRIENDS.....	1	2	CHEMIST/MEDICAL SHOP.....	1	2	OTHER.....	1	2	(SPECIFY)																								
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Q607	Are you aware of an illness called Reproductive Tract Infection (RTI)/ Sexually Transmitted Infection (STI)?	YES..... 1 NO ..... 2	→ <b>Q611</b>																																							
Q608	From which sources of information or persons have you heard/read about RTI/STI?  (DO NOT READ OUT THE OPTIONS)	<table border="0"> <thead> <tr> <th></th><th>YES</th><th>NO</th></tr> </thead> <tbody> <tr><td>1. RADIO .....</td><td>1</td><td>2</td></tr> <tr><td>2. TV.....</td><td>1</td><td>2</td></tr> <tr><td>3. NEWS PAPERS/BOOKS/ MAGAZINES ....</td><td>1</td><td>2</td></tr> <tr><td>4. SLOGANS/PAMPHLETS/ POSTERS/WALL HOARDINGS.....</td><td>1</td><td>2</td></tr> <tr><td>5. DOCTOR.....</td><td>1</td><td>2</td></tr> <tr><td>6. HEALTH WORKERS.....</td><td>1</td><td>2</td></tr> <tr><td>7. SCHOOL TEACHERS.....</td><td>1</td><td>2</td></tr> <tr><td>8. COMMUNITY MEETING.....</td><td>1</td><td>2</td></tr> <tr><td>9. RELATIVES/FRIENDS.....</td><td>1</td><td>2</td></tr> <tr><td>10. OTHER.....</td><td>1</td><td>2</td></tr> <tr><td>(SPECIFY)</td><td></td><td></td></tr> </tbody> </table>		YES	NO	1. RADIO .....	1	2	2. TV.....	1	2	3. NEWS PAPERS/BOOKS/ MAGAZINES ....	1	2	4. SLOGANS/PAMPHLETS/ POSTERS/WALL HOARDINGS.....	1	2	5. DOCTOR.....	1	2	6. HEALTH WORKERS.....	1	2	7. SCHOOL TEACHERS.....	1	2	8. COMMUNITY MEETING.....	1	2	9. RELATIVES/FRIENDS.....	1	2	10. OTHER.....	1	2	(SPECIFY)						
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Q609	How is RTI/STI transmitted?  (DO NOT READ OUT THE OPTIONS)	<table border="0"> <thead> <tr> <th></th><th>YES</th><th>NO</th></tr> </thead> <tbody> <tr><td>1. HOMOSEXUAL INTERCOURSE.....</td><td>1</td><td>2</td></tr> <tr><td>2. HETEROSEXUAL INTERCOURSE.....</td><td>1</td><td>2</td></tr> <tr><td>3. LACK OF PERSONAL HYGIENE.....</td><td>1</td><td>2</td></tr> <tr><td>4. OTHER (Unsafe delivery, IUD, Abortion, etc) (SPECIFY).....</td><td>1</td><td>2</td></tr> <tr><td>5. DO NOT KNOW.....</td><td>1</td><td></td></tr> </tbody> </table>		YES	NO	1. HOMOSEXUAL INTERCOURSE.....	1	2	2. HETEROSEXUAL INTERCOURSE.....	1	2	3. LACK OF PERSONAL HYGIENE.....	1	2	4. OTHER (Unsafe delivery, IUD, Abortion, etc) (SPECIFY).....	1	2	5. DO NOT KNOW.....	1																							
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Q610	Do you think RTI/STI is a curable disease?	YES..... 1 NO ..... 2 DO NOT KNOW..... 9																																								
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Q611	During last three months did you have following problem?  (ASK ABOUT EACH SEPARATELY)	<table border="0"> <thead> <tr> <th></th><th>YES</th><th>NO</th></tr> </thead> <tbody> <tr><td>ITCHING OVER VULVA.....</td><td>1</td><td>2</td></tr> <tr><td>BOILS/ULCERS/WARTS AROUND VULVA..</td><td>1</td><td>2</td></tr> <tr><td>PAIN IN LOWER ABDOMEN NOT RELATED TO MENSES.....</td><td>1</td><td>2</td></tr> <tr><td>LOW BACKACHE .....</td><td>1</td><td>2</td></tr> <tr><td>PAIN DURING SEXUAL INTERCOURSE.....</td><td>1</td><td>2</td></tr> <tr><td>BLEEDING AFTER SEXUAL INTERCOURSE</td><td>1</td><td>2</td></tr> <tr><td>SWELLING IN THE GROIN.....</td><td>1</td><td>2</td></tr> <tr><td>FREQUENT/PAINFUL PASSAGE OF URINE..</td><td>1</td><td>2</td></tr> <tr><td>FEVER.....</td><td>1</td><td>2</td></tr> <tr><td>SOME MASS COMING OUT OF VAGINA....</td><td>1</td><td>2</td></tr> <tr><td>ANY INVOLUNTARY ESCAPE OF URINE WHILE COUGHING OR SNEEZING..</td><td>1</td><td>2</td></tr> <tr><td>SWELLING/LUMP IN BREAST.....</td><td>1</td><td>2</td></tr> </tbody> </table>		YES	NO	ITCHING OVER VULVA.....	1	2	BOILS/ULCERS/WARTS AROUND VULVA..	1	2	PAIN IN LOWER ABDOMEN NOT RELATED TO MENSES.....	1	2	LOW BACKACHE .....	1	2	PAIN DURING SEXUAL INTERCOURSE.....	1	2	BLEEDING AFTER SEXUAL INTERCOURSE	1	2	SWELLING IN THE GROIN.....	1	2	FREQUENT/PAINFUL PASSAGE OF URINE..	1	2	FEVER.....	1	2	SOME MASS COMING OUT OF VAGINA....	1	2	ANY INVOLUNTARY ESCAPE OF URINE WHILE COUGHING OR SNEEZING..	1	2	SWELLING/LUMP IN BREAST.....	1	2	<b>IF "NO" FOR ALL GO TO Q612</b>
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Q611X	Did you consult anybody or seek treatment for these problems?	YES..... 1 NO..... 2	→ <b>Q612</b>																																							

Q. NO	QUESTIONS AND FILTERS	CODING CATEGORIES		SKIP TO
Q611Y	Where did you go for consultation or treatment for your problem ?  (DO NOT READ OUT THE OPTIONS)	GOVTERMENT/ MUNICIPAL HOSPITAL GOVERNMENT DISPENSARY..... UHC/UHP/UFWC..... CHC/ RURAL HOSPITAL..... PHC..... SUB CENTER..... OUT REACH/ MCP CLINIC IN VILLAGE NGO/TRUST HOSPITAL/CLINIC..... GOVT. ISM HOSPITAL/CLINIC ..... PRIVATE ISM HOSPITAL/CLINIC ..... PRIVATE HOSPITAL/ CLINIC. .... CHEMIST/MEDICAL SHOP..... HOME REMEDY..... OTHER.....	YES NO 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2	
		(SPECIFY)		
Q611Z	Whom did you consult or from whom did you seek treatment?	DOCTOR..... ANM/NURSE/LHV..... TRAINED DAL..... UNTRAINED DAL..... RELATIVES/FRIENDS..... CHEMIST/MEDICAL SHOP..... OTHER.....	1 2 3 4 5 6 7	
		(SPECIFY)		
Q612	During the last three months did you have any abnormal vaginal discharge?	YES..... NO.....	1 2	→ Q621
Q613	Does/did it wet or stain your under clothes?	YES..... NO.....	1 2	
Q614	What is/was the colour of discharge?	COLOURLESS..... GREEN..... YELLOWISH..... BLOOD STAINED..... WHITE.....	1 2 3 4 5	
Q615	What is/was the texture of discharge?	STICKY MUCOID..... FROTHY..... CURDISH..... PURULENT (PUS LIKE).....	1 2 3 4	
Q616	What is/was the odour of discharge?	FOUL..... NONE.....	1 2	
Q617	How long you have been having the problem?	MONTHS.....	<input type="text"/> <input type="text"/>	
Q618	Did you consult anybody or seek treatment for this problem?	YES..... NO.....	1 2	→ Q621

Q. NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
Q619	Where did you go for consultation or treatment for your problem ?  (DO NOT READ OUT THE OPTIONS)	MENTIONED YES NO GOVT/MENT/ MUNICIPAL HOSPITAL 1 2 GOVERNMENT DISPENSARY..... 1 2 UHC/UHP/UFWC..... 1 2 CHC/ RURAL HOSPITAL..... 1 2 PHC..... 1 2 SUB CENTER..... 1 2 OUT REACH/ MCP CLINIC IN VILLAGE 1 2 NGO/TRUST HOSPITAL/CLINIC..... 1 2 GOVT. ISM HOSPITAL/CLINIC ..... 1 2 PRIVATE ISM HOSPITAL/CLINIC ..... 1 2 PRIVATE HOSPITAL/ CLINIC. .... 1 2 CHEMIST/MEDICAL SHOP..... 1 2 HOME REMEDY..... 1 2 OTHER..... 1 2 (SPECIFY)	
Q620	Whom did you consult or from whom did you seek treatment?	DOCTOR..... 1 ANM/NURSE/LHV..... 2 TRAINED DAL..... 3 UNTRAINED DAL..... 4 RELATIVES/FRIENDS..... 5 CHEMIST/MEDICAL SHOP..... 6 OTHER..... 7 (SPECIFY)	
Q621	Are you aware of an illness called HIV/AIDS ?	YES..... 1 NO ..... 2	→ <b>STOP</b> (GO TO Q627)
Q622	From which sources of information or persons have you heard/read about HIV/AIDS ?  (DO NOT READ OUT THE OPTIONS)	YES NO 1. RADIO..... 1 2 2. TV..... 1 2 3. NEWS PAPERS/BOOKS/ MAGAZINES .... 1 2 4. SLOGANS/PAMPHLETS/ POSTERS/ WALL HOARDINGS..... 1 2 5. DOCTOR..... 1 2 6. HEALTH WORKERS..... 1 2 7. SCHOOL TEACHERS..... 1 2 8. COMMUNITY MEETING..... 1 2 9. RELATIVES/FRIENDS..... 1 2 10.OTHER..... 1 2 (SPECIFY)	
Q623	How is HIV/AIDS transmitted?  (DO NOT READ OUT THE OPTIONS)	YES NO 1. HOMOSEXUAL INTERCOURSE..... 1 2 2. HETEROSEXUAL INTERCOURSE..... 1 2 3. NEEDLES/BLADES/SKIN PUNCTURE..... 1 2 4. MOTHER TO CHILD..... 1 2 5. TRANSFUSION OF INFECTED BLOOD.... 1 2 6. OTHER..... 1 2 (SPECIFY) 7. DO NOT KNOW..... 1	

Q. NO	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP TO	
Q624	<p>Do you think that one can get HIV /AIDS from someone who has HIV /AIDS by</p> <p><b>(ASK ABOUT EACH SEPARATELY)</b></p>	<p>1. SHAKING HANDS.....</p> <p>2. HUGGING.....</p> <p>3. KISSING.....</p> <p>4. SHARING CLOTHES.....</p> <p>5. SHARING EATING UTENSILS...</p> <p>6. STEPPING ON URINE/STOOL.</p> <p>7. MOSQUITO, FLEA OR BEDBUG BITES.....</p>	<p>YES</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p>	<p>NO</p> <p>2</p> <p>2</p> <p>2</p> <p>2</p> <p>2</p> <p>2</p>	<p>DK</p> <p>9</p> <p>9</p> <p>9</p> <p>9</p> <p>9</p> <p>9</p>	
Q625	<p>How do you think one can avoid HIV /AIDS?</p> <p><b>(DO NOT READ OUT THE OPTIONS)</b></p>	<p>1. SEX WITH ONLY ONE PARTNER.....</p> <p>2. USING CONDOMS CORRECTLY DURING EACH SEXUAL INTERCOURSE.....</p> <p>3. CHECKING BLOOD PRIOR TO TRANSFUSION.....</p> <p>4. STERILIZING NEEDLES AND SYRINGES FOR INJECTION .....</p> <p>5. AVOIDING PREGNANCY WHEN HAVING HIV (AIDS) .....</p> <p>6. OTHER.....</p> <p>(SPECIFY)</p> <p>7. DO NOT KNOW.....</p>	<p>YES</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p>	<p>NO</p> <p>2</p> <p>2</p> <p>2</p> <p>2</p> <p>2</p> <p>2</p>		
Q626	<p>Do you think HIV /AIDS is a curable disease?</p>	<p>YES.....</p> <p>NO .....</p> <p>DO NOT KNOW .....</p>		<p>1</p> <p>2</p> <p>3</p>		
Q627	<p>RECORD THE TIME</p>	<p>HOURS</p> <p>MINUTES</p>	<p><input type="text"/> <input type="text"/></p> <p><input type="text"/> <input type="text"/></p>			

**DISTRICT LEVEL HOUSEHOLD SURVEY  
REPRODUCTIVE AND CHILD HEALTH (RCH)  
Round II, Phase II, 2004**

Confidential  
for research  
purpose only

**HUSBAND'S QUESTIONNAIRE**

IDENTIFICATION				
STATE _____				<div style="display: flex; flex-direction: column; align-items: center;"> <div style="border: 1px solid black; width: 100px; height: 100px; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 80px; height: 80px; position: relative;"> <div style="position: absolute; top: 0; right: 0; width: 20px; height: 20px; border: 1px solid black;"></div> </div> </div> <div style="border: 1px solid black; width: 100px; height: 100px; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 80px; height: 80px; position: relative;"> <div style="position: absolute; top: 0; right: 0; width: 20px; height: 20px; border: 1px solid black;"></div> </div> </div> <div style="border: 1px solid black; width: 100px; height: 100px; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 80px; height: 80px; position: relative;"> <div style="position: absolute; top: 0; right: 0; width: 20px; height: 20px; border: 1px solid black;"></div> </div> </div> <div style="border: 1px solid black; width: 100px; height: 100px; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 80px; height: 80px; position: relative;"> <div style="position: absolute; top: 0; right: 0; width: 20px; height: 20px; border: 1px solid black;"></div> </div> </div> </div>
DISTRICT _____				
TAHSIL/TALUK/COMMUNITY DEVELOPMENT BLOCK _____				
PSU (VILLAGE/URBAN WARD/UFS) _____				
VILLAGE SEGMENT/CENSUS ENUMERATION BLOCK _____				
TYPE OF LOCALITY :           RURAL .....1      URBAN- .....2				
HEAD OF THE HOUSEHOLD				
NAME _____				
ADDRESS _____				
NAME OF THE HUSBAND OF ELIGIBLE WOMAN _____				
SERIAL NUMBER OF VILLAGE QUESTIONNAIRE _____				
SERIAL NUMBER OF HOUSEHOLD QUESTIONNAIRE _____				
SERIAL NUMBER OF WIFE'S QUESTIONNAIRE _____				
SERIAL NUMBER OF HUSBAND QUESTIONNAIRE _____				
<b>(TO BE ENTERED AT OFFICE)</b>				
<div style="display: flex; justify-content: space-between;"> <div>INTERVIEW DATE</div> <div>DATE</div> <div>MONTH</div> <div>YEAR</div> </div> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div>				<div style="border: 1px solid black; width: 100px; height: 100px; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 80px; height: 80px; position: relative;"> <div style="position: absolute; top: 0; right: 0; width: 20px; height: 20px; border: 1px solid black;"></div> </div> </div> <div style="border: 1px solid black; width: 100px; height: 100px; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 80px; height: 80px; position: relative;"> <div style="position: absolute; top: 0; right: 0; width: 20px; height: 20px; border: 1px solid black;"></div> </div> </div> <div style="border: 1px solid black; width: 100px; height: 100px; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 80px; height: 80px; position: relative;"> <div style="position: absolute; top: 0; right: 0; width: 20px; height: 20px; border: 1px solid black;"></div> </div> </div> <div style="border: 1px solid black; width: 100px; height: 100px; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 80px; height: 80px; position: relative;"> <div style="position: absolute; top: 0; right: 0; width: 20px; height: 20px; border: 1px solid black;"></div> </div> </div>



## (ASK ONLY TO HUSBAND OF THE ELIGIBLE WOMAN)

Q.NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO																																				
Q100	REOCD THE TIME	HOURS <input type="text"/> <input type="text"/> MINUTES <input type="text"/> <input type="text"/>																																					
Q101	Write the line number of respondent in HH schedule	<input type="text"/> <input type="text"/>																																					
Q102	Write the line number of wife of respondent in HH schedule	<input type="text"/> <input type="text"/>																																					
Q103	How old are you?	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>																																					
Q104	Can you read and write?	YES..... 1 NO..... 2	→ Q106																																				
Q105	How many years of schooling have you completed?	YEARS <input type="text"/> <input type="text"/>																																					
Q106	Have you heard of an illness called Reproductive Tract Infection/ Sexually Transmitted Infections (RTI/STI)?	YES..... 1 NO..... 2	→ Q110																																				
Q107	From which sources of information or persons have you heard about RTI/STI. <b>(DO NOT READ OUT THE OPTIONS)</b>	<table border="0"> <thead> <tr> <th></th><th>YES</th><th>NO</th></tr> </thead> <tbody> <tr><td>1. RADIO.....</td><td>1</td><td>2</td></tr> <tr><td>2. TV.....</td><td>1</td><td>2</td></tr> <tr><td>3. NEWS PAPERS/BOOKS/MAGAZINES.....</td><td>1</td><td>2</td></tr> <tr><td>4. SLOGANS/PAMPHLETS/POSTERS/WALL HOARDINGS.....</td><td>1</td><td>2</td></tr> <tr><td>5. DOCTOR.....</td><td>1</td><td>2</td></tr> <tr><td>6. HEALTH WORKERS.....</td><td>1</td><td>2</td></tr> <tr><td>7. SCHOOL TEACHERS.....</td><td>1</td><td>2</td></tr> <tr><td>8. COMMUNITY MEETING.....</td><td>1</td><td>2</td></tr> <tr><td>9. RELATIVES/FRIENDS.....</td><td>1</td><td>2</td></tr> <tr><td>10.OTHER.....</td><td>1</td><td>2</td></tr> <tr><td colspan="3">(SPECIFY)</td></tr> </tbody> </table>		YES	NO	1. RADIO.....	1	2	2. TV.....	1	2	3. NEWS PAPERS/BOOKS/MAGAZINES.....	1	2	4. SLOGANS/PAMPHLETS/POSTERS/WALL HOARDINGS.....	1	2	5. DOCTOR.....	1	2	6. HEALTH WORKERS.....	1	2	7. SCHOOL TEACHERS.....	1	2	8. COMMUNITY MEETING.....	1	2	9. RELATIVES/FRIENDS.....	1	2	10.OTHER.....	1	2	(SPECIFY)			
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Q108	How is RTI/STI transmitted? <b>(DO NOT READ OUT THE OPTIONS)</b>	<table border="0"> <thead> <tr> <th></th><th>YES</th><th>NO</th></tr> </thead> <tbody> <tr><td>1. HOMOSEXUAL INTERCOURSE.....</td><td>1</td><td>2</td></tr> <tr><td>2. HETRO SEXUAL INTERCOURSE.....</td><td>1</td><td>2</td></tr> <tr><td>3. LACK OF PERSONAL HYGIENE.....</td><td>1</td><td>2</td></tr> <tr><td>4. OTHER.....</td><td>1</td><td>2</td></tr> <tr><td colspan="3">(SPECIFY)</td></tr> <tr><td>5. DO NOT KNOW.....</td><td>9</td><td></td></tr> </tbody> </table>		YES	NO	1. HOMOSEXUAL INTERCOURSE.....	1	2	2. HETRO SEXUAL INTERCOURSE.....	1	2	3. LACK OF PERSONAL HYGIENE.....	1	2	4. OTHER.....	1	2	(SPECIFY)			5. DO NOT KNOW.....	9																	
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Q109	Do you think RTI/STI is a curable disease?	YES..... 1 NO..... 2 DO NOT KNOW..... 9																																					
Q110	During last three months did you have any of the following problem? <b>(ASK ABOUT EACH SEPARATELY)</b>	<table border="0"> <thead> <tr> <th></th><th>YES</th><th>NO</th></tr> </thead> <tbody> <tr><td>1. ANY DISCHARGE FROM PENIS.....</td><td>1</td><td>2</td></tr> <tr><td>2. ANY SORE/RASH/REDNESS ON GENITAL OR ANAL AREA.....</td><td>1</td><td>2</td></tr> <tr><td>3. DIFFICULTY/PAIN WHILE URINATING OR VERY FREQUENT URINATION.....</td><td>1</td><td>2</td></tr> <tr><td>4. SWELLING OF TESTES OR IN GROIN AREA (PENIS).....</td><td>1</td><td>2</td></tr> <tr><td>5. ITCHING/IRRITATION AROUND GENITAL.....</td><td>1</td><td>2</td></tr> </tbody> </table>		YES	NO	1. ANY DISCHARGE FROM PENIS.....	1	2	2. ANY SORE/RASH/REDNESS ON GENITAL OR ANAL AREA.....	1	2	3. DIFFICULTY/PAIN WHILE URINATING OR VERY FREQUENT URINATION.....	1	2	4. SWELLING OF TESTES OR IN GROIN AREA (PENIS).....	1	2	5. ITCHING/IRRITATION AROUND GENITAL.....	1	2	IF 'NO' TO ALL, GO TO Q116																		
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Q111	Did you consult any body or did you seek treatment for the health problem?	YES..... 1 NO..... 2	→ Q114																																				

Q.NO	QUESTIONS AND FILTERS	CODING CATEGORIES		SKIP TO
Q112	<p>If yes, where did you go for consultation or treatment?</p> <p><b>(DO NOT READ OUT THE OPTIONS)</b></p>	<p>GOVERNMENT / MUNICIPAL HOSPITAL</p> <p>GOVERNMENT DISPENSARY.....</p> <p>UHC/UHP/UFWC.....</p> <p>CHC/ RURAL HOSPITAL.....</p> <p>PHC.....</p> <p>SUB CENTER.....</p> <p>NGO/TRUST HOSPITAL/CLINIC.....</p> <p>PRIVATE HOSPITAL/ CLINIC.....</p> <p>GOVT. ISM HOSPITAL/ CLINIC.....</p> <p>PRIVATE ISM HOSPITAL/ CLINIC.....</p> <p>CHEMIST/MEDICAL SHOP.....</p> <p>OTHER.....</p>	<p>YES NO</p> <p>1 2</p> <p>1 2</p> <p>1 2</p> <p>1 2</p> <p>1 2</p> <p>1 2</p> <p>1 2</p> <p>1 2</p> <p>1 2</p> <p>1 2</p>	
Q113	<p>Whom did you consult or from whom did you take the treatment?</p> <p><b>(DO NOT READ OUT THE OPTIONS)</b></p>	<p>DOCTOR.....</p> <p>MALE HEALTH WORKER.....</p> <p>TRADITIONAL HEALER.....</p> <p>RELATIVES/FRIENDS.....</p> <p>ISM PRACTITIONER.....</p> <p>HOME REMEDY.....</p> <p>CHEMIST/MEDICAL SHOP.....</p> <p>OTHER.....</p> <p>(SPECIFY)</p>	<p>YES NO</p> <p>1 2</p> <p>1 2</p> <p>1 2</p> <p>1 2</p> <p>1 2</p> <p>1 2</p> <p>1 2</p>	
Q114	<p>Have you ever discussed about this with your wife?</p>	<p>YES.....</p> <p>NO.....</p>	<p>1</p> <p>2</p>	Q 116
Q115	<p>Did your wife also take the treatment?</p>	<p>YES.....</p> <p>NO.....</p>	<p>1</p> <p>2</p>	
Q116	<p>Have you heard of an illness called HIV/AIDS?</p>	<p>YES.....</p> <p>NO.....</p>	<p>1</p> <p>2</p>	Q122
Q117	<p>From which sources of information or persons have you heard about HIV/AIDS.</p> <p><b>(DO NOT READ OUT THE OPTIONS)</b></p>	<p>1. RADIO.....</p> <p>2. TV.....</p> <p>3. NEWS PAPERS/BOOKS/MAGAZINES.....</p> <p>4. SLOGANS/PAMPHLETS/POSTERS/ WALL HOARDINGS.....</p> <p>5. DOCTOR.....</p> <p>6. HEALTH WORKERS.....</p> <p>7. SCHOOL TEACHERS.....</p> <p>8. COMMUNITY MEETING.....</p> <p>9. RELATIVES/FRIENDS.....</p> <p>10.OTHER.....</p> <p>(SPECIFY)</p>	<p>YES NO</p> <p>1 2</p> <p>1 2</p> <p>1 2</p> <p>1 2</p> <p>1 2</p> <p>1 2</p> <p>1 2</p> <p>1 2</p> <p>1 2</p>	
Q118	<p>How is HIV /AIDS transmitted?</p> <p><b>(DO NOT READ OUT THE OPTIONS)</b></p>	<p>1. HOMOSEXUAL INTERCOURSE.....</p> <p>2. HETEROSEXUAL INTERCOURSE.....</p> <p>3. NEEDLE/BLADE/SKIN PUNCTURE.....</p> <p>4. MOTHER TO CHILD.....</p> <p>5. TRANSFUSION OF INFECTED BLOOD.....</p> <p>6. OTHER.....</p> <p>(SPECIFY)</p> <p>7. DO NOT KNOW.....</p>	<p>YES NO</p> <p>1 2</p> <p>1 2</p> <p>1 2</p> <p>1 2</p> <p>1 2</p> <p>1 2</p> <p>9</p>	

Q.NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
Q119	Do you think that one can get HIV /AIDS from someone who has HIV /AIDS by:  <b>(ASK ABOUT EACH SEPARATELY)</b>	<div>YES NO DK</div> <div>1. SHAKING HANDS..... 1 2 9</div> <div>2. HUGGING..... 1 2 9</div> <div>3. KISSING..... 1 2 9</div> <div>4. SHARING CLOTHS..... 1 2 9</div> <div>5. SHARING UTENSIL..... 1 2 9</div> <div>6. STEPPING ON URINE/ STOOL..... 1 2 9</div> <div>7. MOSQUITO, FLEA OR BEDBUG BITES..... 1 2 9</div>	
Q120	How do you think one can avoid HIV/AIDS?  <b>(DO NOT READ OUT THE OPTIONS)</b>	<div>YES NO</div> <div>1. SEX WITH ONLY ONE PARTNER..... 1 2</div> <div>2. USING CONDOMS DURING EACH SEXUAL INTERCOURSE..... 1 2</div> <div>3. CHECKING BLOOD PRIOR TO TRANSFUSION..... 1 2</div> <div>4. STERILIZING NEEDLES AND SYRINGES FOR INJECTION..... 1 2</div> <div>5. AVOIDING PREGNANCY WHEN HAVING HIV /AIDS..... 1 2</div> <div>6. OTHER..... 1 2</div> <div>(SPECIFY)</div> <div>7. DO NOT KNOW..... 9</div>	
Q121	Do you think HIV /AIDS is a curable disease?	<div>YES..... 1</div> <div>NO..... 2</div> <div>DO NOT KNOW..... 9</div>	
Q122	How many sons and daughters do you have? <b>(INCLUDING THOSE PRESENTLY NOT LIVING WITH YOU)</b>	<div><b>(INCLUDE ONLY RESPONDENT'S BIOLOGICAL CHILDREN)</b></div> <div>SONS.....</div> <div>DAUGHTERS.....</div> <div>TOTAL.....</div>	
Q123	Are you/your wife currently using any family planning method?	<div>YES..... 1</div> <div>NO..... 2</div> <div>NO, PREGNANT..... 3</div> <div>NO, IN HYSTRECTOMY/ MENOPAUSE..... 4</div>	<div>→ Q126</div> <div>→ Q130</div> <div>→ Q133</div>
Q124	Which method you or your wife is currently using?	<div>FEMALE STERILIZATION..... 1</div> <div>IUD/COPPER-T/LOOP..... 2</div> <div>ORAL PILLS..... 3</div> <div>MALE STERILIZATION..... 4</div> <div>CONDOM/NIRODH..... 5</div> <div>RHYTHM/PERIODIC ABSTINANCE..... 6</div> <div>WITHDRAWAL..... 7</div> <div>OTHER MODERN METHOD (SPECIFY)..... 8</div> <div>OTHER TRADITIONAL METHOD (SPECIFY)..... 9</div>	<div>→ Q133</div>
Q125	<b>(ONLY FOR USER'S OF FEMALE METHOD)</b> What are the reasons for not accepting any male method?  <b>(DO NOT READ OUT THE OPTIONS)</b>	<div>YES NO</div> <div>1. FEAR OF IMPOTENCY ..... 1 2</div> <div>2. LACK OF SEXUAL PLEASURE..... 1 2</div> <div>3. FEAR OF METHOD FAILURE..... 1 2</div> <div>4. FEAR OF OPERATION..... 1 2</div> <div>5. FEAR OF WEAKNESS..... 1 2</div> <div>6. FEMALE METHODS ARE POPULAR..... 1 2</div> <div>7. OTHER ..... 1 2</div> <div>(SPECIFY)</div>	<div>GO TO Q133</div>

# ASK FOR NON USERS

Q.NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO																								
Q126	Would you like to have another child?	WANT MORE CHILDREN..... 1 WANT NO MORE CHILD..... 2 NOT DECIDED..... 3 UP TO GOD..... 4	→ Q129																								
Q127	Would you prefer your next child to be a girl or boy or it does not matter?	BOY..... 1 GIRL..... 2 DOESN'T MATTER..... 3 UP TO GOD..... 4																									
Q128	How long would you like to wait to have another child?	SOON/NOW/ LESS THAN 24 MONTH ... 00 SOON/NOW / MORE THAN 24 MONTH ..... <input type="text"/> <input type="text"/> NOT DECIDED..... 98	→ Q130																								
Q129	What is the main reason for currently not using any method of family planning?  <b>(OBTAIN ONLY THE MOST IMPORTANT REASON)</b>	LACK OF KNOWLEDGE ABOUT FAMILY PLANNING METHODS..... 01 AGAINST THE RELIGION..... 02 WIFE OPPOSED TO FAMILY PLANNING..... 03 OTHER FAMILY MEMBERS OPPOSED..... 04 NOT LIKE EXISTING METHOD..... 05 AFRAID OF STERILIZATION..... 06 CAN NOT WORK AFTER STERILIZATION..... 07 WORRY ABOUT SIDE EFFECTS..... 08 COSTS TOO MUCH..... 09 HEALTH DOES NOT PERMIT..... 10 WIFE'S HEALTH DOES NOT PERMIT..... 11 DIFFICULT/INCONVENIENT TO GET METHOD..... 12 INCONVENIENT TO USE METHOD..... 13 WIFE IS PREGNANT..... 14 WIFE CAN NOT BECOME PREGNANT..... 15 OTHER..... 16 (SPECIFY)																									
Q130	Do you intend to use any method of Family Planning at any time in the future?	YES..... 1 NO..... 2 CAN'T SAY/NOT DECIDED..... 3	→ Q133																								
Q131	If yes, which method you would prefer to use? <b>(CIRCLE ONLY THE MOST PREFERRED METHOD)</b>	FEMALE STERILISATION..... 1 IUD/COPPER-T/LOOP..... 2 PILLS..... 3 MALE STERILISATION..... 4 CONDOM/NIRODH..... 5 RHYTHM/PERIODIC ABSTINENCE..... 6 WITHDRAWAL..... 7 OTHER..... 8 (SPECIFY)	→ Q133																								
Q132	<b>(ONLY FOR INTENDING TO USE OF FEMALE METHOD)</b> What are the reasons for not intending to use any male method?  <b>(DO NOT READ OUT THE OPTIONS)</b>	<table border="0"> <thead> <tr> <th></th><th>YES</th><th>NO</th></tr> </thead> <tbody> <tr> <td>1. FEAR OF IMPOTENCY .....</td><td>1</td><td>2</td></tr> <tr> <td>2. LACK OF SEXUAL PLEASURE..</td><td>1</td><td>2</td></tr> <tr> <td>3. FEAR OF METHOD FAILURE.....</td><td>1</td><td>2</td></tr> <tr> <td>4. FEAR OF OPERATION.....</td><td>1</td><td>2</td></tr> <tr> <td>5. FEAR OF WEAKNESS.....</td><td>1</td><td>2</td></tr> <tr> <td>6. FEMALE METHODS ARE POPULAR.....</td><td>1</td><td>2</td></tr> <tr> <td>7. OTHER.....</td><td>1</td><td>2</td></tr> </tbody> </table> (SPECIFY)		YES	NO	1. FEAR OF IMPOTENCY .....	1	2	2. LACK OF SEXUAL PLEASURE..	1	2	3. FEAR OF METHOD FAILURE.....	1	2	4. FEAR OF OPERATION.....	1	2	5. FEAR OF WEAKNESS.....	1	2	6. FEMALE METHODS ARE POPULAR.....	1	2	7. OTHER.....	1	2	
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Q.NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
Q133	Have you heard of No Scalpel Vasectomy (NSV)?	YES..... 1 NO..... 2	→ <b>STOP</b> <b>(GO TO Q137)</b>
Q134	Among NSV and conventional vasectomy, which is simpler?	NSV..... 1 CONVENTIONAL VASECTOMY..... 2 BOTH..... 3 NONE..... 4 DON'T KNOW..... 9	
Q135	What are the complication of NSV ?	NO COMPLICATION..... 1 ANY COMPLICATION..... 2 DON'T KNOW..... 9 (SPECIFY)	
Q136	Does NSV affect man's sexual performance?	YES..... 1 NO..... 2 DON'T KNOW..... 9	
Q137	RECORD THE TIME	HOURS <input type="text"/> <input type="text"/> MINUTES <input type="text"/> <input type="text"/>	

**DISTRICT LEVEL HOUSEHOLD SURVEY  
REPRODUCTIVE AND CHILD HEALTH (RCH)  
ROUND II, PHASE II, 2004**

**HEALTH QUESTIONNAIRE**

**Anemia Measurement Background & Consent (Read separately to each individual)**

Anemia is a serious problem affecting adolescent girls and pregnant women and their ability to work, learn and makes them weak. It is due to decreased iron in their blood. A person found to be anemic can be given iron and folic acid tablets to be cured of the disease.

We would like to test you (and other girls aged 10-19 years and pregnant women in your household). Please allow me to take a drop of blood from you. We are using a special method that uses disposable sterile instruments that are clean and completely safe and the blood will be analysed in the District Hospital. The result of this test will be kept confidential and will not be shown to others.

May I request you to give your consent to have this test done? You have a right to say no for giving permission to do this test, and I will respect that decision.

After explaining the above, I have found that the respondent agreed to give a drop of blood.

**INSTRUCTIONS:**

N103: Line Number of respondents - from Household Questionnaire.

N104: Age of the respondents in completed years - from Household Questionnaire.

N105: Line number of Mother

**(Confirm the name of mother by asking and copy the line number from Q100A of women questionnaire).**

N106: Line Number of children (if mother interviewed) - Use Birth History (Q114) from Woman Questionnaire.

N108: Age in months (only for child) - Use Birth History (Q117) from Woman Questionnaire.

**Codes:** N109 & N112 : 1: Taken, 2: Parent refused, 3: Her/his self refused, 4: Not present, 5: Others.

N111: 1: Eligible Woman currently pregnant (15-44), 2 – Adolescent (10-19), also includes EW (15-19) not pregnant.

**(Please confirm the marital status of girls aged 10-19 from Household questionnaire)**

N113: Should be copied from page number 2 after getting the result from Laboratory.

# FORM – I

Sr. No. given by  
Health Investigator

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## Measurement of Nutritional Status & Anemia

State		District		Tahsil/Block				Rural/Urban		PSU No.		Serial No. of HH																	
<table border="1"><tr><td></td><td></td></tr></table>				<table border="1"><tr><td></td><td></td></tr></table>				<table border="1"><tr><td></td><td></td><td></td></tr></table>							<table border="1"><tr><td></td></tr></table>			<table border="1"><tr><td></td><td></td></tr></table>				<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>							
N101 Sr. No.	N102 Name of Child/ Adolescent/ Pregnant women	N103 Line number in HH Questionnaire		N104 Age (in completed years)		N105 Mother Line No From EW Qes.		N106 Line number of child in birth history		N107 Sex of Child	N108 Age ( in months only for child)	N109 Result status of weight	N110 Weight (in kilograms)  <i>[For children below 72 months]</i>		N111 Pregnant /Adolesc ent	N112 Result status of blood sample	N113 Hemoglobin level												
01														.				.											
02														.				.											
03														.				.											
04														.				.											
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08														.				.											
09														.				.											
10														.				.											
11														.				.											
12														.				.											

Signature of the H.I: \_\_\_\_\_ Date: /

Identification code of H.I: 

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Date of the testing (to be filled after getting the sheet from Lab):

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No. of extra sheets

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**FORM-II** (To be filled in duplicate)

**DISTRICT LEVEL HOUSEHOLD SURVEY  
REPRODUCTIVE AND CHILD HEALTH (RCH),  
ROUND – II, PHASE II, 2004**

Measurement of Nutritional Status  
To be filled in by the *Health Investigator/Measurer*

State:.....

Tahsil/Block:

District:

PSU:.....

1 Sr. No	2 HH Serial Number (given by Health Investigator)	3 Name of the Child/ Adolescent/ Pregnant Woman	4 Serial No.in Health Investigator Questionnaire	5 Hemoglobin Level in Blood		
01						.
02						.
03						.
04						.
05						.
06						.
07						.
08						.
09						.
10						.
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15						.
16						.
17						.
18						.
19						.
20						.

**Health Investigator**

Signature: \_\_\_\_\_

**Measurer at Laboratory**

Signature: \_\_\_\_\_

Name : \_\_\_\_\_

Name : \_\_\_\_\_

**Identification code of H.I:**

**No. of extra sheets:**

**Date :**   /   /



**DISTRICT LEVEL HOUSEHOLD SURVEY  
REPRODUCTIVE AND CHILD HEALTH (RCH)  
Round II, Phase II, 2004**

**VILLAGE QUESTIONNAIRE**

IDENTIFICATION													
<b>STATE</b> _____  <b>DISTRICT</b> _____  <b>TEHSIL/TALUK COMMUNITY DEVELOPMENT BLOCK</b> _____  <b>PSU (VILLAGE)</b> _____  <b>RESPONDENT: NAME</b> _____  1) VILLAGE PRADHAN/ UP PRADHAN 2) ANY OTHER PANCHAYAT MEMBER 3) TEACHER 4) GRAM SEVAK <b>ADDRESS</b> _____ _____ _____ _____  <b>SERIAL NUMBER OF THE VILLAGE QUESTIONNAIRE.....</b> <b>(TO BE ENTERED AT OFFICE)</b>	<div style="border: 1px solid black; width: 40px; height: 40px; margin: 0 auto; position: relative;"> <div style="position: absolute; top: 0; right: 0; width: 10px; height: 10px; border: 1px solid black;"></div> </div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 10px auto;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 10px auto;"></div>												
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INTERVIEW DATE	DATE	MONTH	YEAR										
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<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; padding: 5px;">QV101</td> <td style="padding: 5px;">Distance to nearest town (in Km.) .....</td> <td style="width: 10%; text-align: center; padding: 5px;"> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> </td> </tr> <tr> <td style="padding: 5px;">QV102</td> <td style="padding: 5px;">Distance to district head quarter (in Km.) .....</td> <td style="text-align: center; padding: 5px;"> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> </td> </tr> <tr> <td style="padding: 5px;">QV103</td> <td style="padding: 5px;">           Distance to nearest      A) BUS STATION.....km.               B) RAILWAY STATION.....km.         </td> <td style="text-align: center; padding: 5px;"> <div style="border: 1px solid black; width: 60px; height: 40px; display: inline-block;"></div> </td> </tr> <tr> <td style="padding: 5px;">QV104</td> <td style="padding: 5px;">           Whether village is connected by all-weather road to other places?   <div style="text-align: right; margin-right: 50px;">             YES.....1              NO.....2           </div> </td> <td style="text-align: center; padding: 5px;"> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> </td> </tr> </table>	QV101	Distance to nearest town (in Km.) .....	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>	QV102	Distance to district head quarter (in Km.) .....	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>	QV103	Distance to nearest      A) BUS STATION.....km. B) RAILWAY STATION.....km.	<div style="border: 1px solid black; width: 60px; height: 40px; display: inline-block;"></div>	QV104	Whether village is connected by all-weather road to other places?  <div style="text-align: right; margin-right: 50px;">             YES.....1              NO.....2           </div>	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>	
QV101	Distance to nearest town (in Km.) .....	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>											
QV102	Distance to district head quarter (in Km.) .....	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>											
QV103	Distance to nearest      A) BUS STATION.....km. B) RAILWAY STATION.....km.	<div style="border: 1px solid black; width: 60px; height: 40px; display: inline-block;"></div>											
QV104	Whether village is connected by all-weather road to other places?  <div style="text-align: right; margin-right: 50px;">             YES.....1              NO.....2           </div>	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>											

QV105	Education facilities	Within village		If not in a village, distance to nearest		<div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>																									
		YES	NO																												
	A) Primary School	1	2	.....(in Km.)																											
	B) Middle School	1	2	.....(in Km.)																											
	C) Secondary School	1	2	.....(in Km.)																											
	D) Higher Secondary School	1	2	.....(in Km.)																											
	E) College	1	2	.....(in Km.)																											
	F) Guruji Scheme	1	2	.....(in Km.)																											
	G) Madarasa	1	2	.....(in Km.)																											
QV106	IF NOT IN A VILLAGE						<table border="1"> <tr> <th>Distance (KM)</th> <th>Accessibility</th> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	Distance (KM)	Accessibility																						
	Distance (KM)	Accessibility																													
HEALTH FACILITIES	Within Village		Distance to nearest in K.M.	Whether accessible throughout the year																											
	YES	NO		YES	NO																										
A) ICDS (Anganwadi)	1	2	.....(km)	1	2																										
B) Sub-Centre	1	2	.....(km)	1	2																										
C) PHC	1	2	.....(km)	1	2																										
D) CHC/RH	1	2	.....(km)	1	2																										
E) Govt. Dispensary	1	2	.....(km)	1	2																										
F) Govt. Hospital	1	2	.....(km)	1	2																										
G) Private Clinic	1	2	.....(km)	1	2																										
H) Private Hospital	1	2	.....(km)	1	2																										
I) ISM Health Facility	1	2	.....(km)	1	2																										
QV107	Health provider in the Village	NUMBER (IF NO, PUT '0')					<div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>																								
	A) Private Doctor	(.....)																													
	B) Visiting Doctor	(.....)																													
	C) Unani Doctor	(.....)																													
	D) Ayurvedic Doctor	(.....)																													
	E) Homeopathic Doctor	(.....)																													
	F) Sidha Doctor	(.....)																													
	G) Traditional Healer	(.....)																													
	H) VHG	(.....)																													
	I) Trained Birth Attendant	(.....)																													
	J) Dai	(.....)																													
	K) ICDS / Anganwadi worker	(.....)																													
	L) Other _____	(.....)																													
	(Specify) If no, Put '0'																														
QV108	Out reach services for the village	YES	NO																												
	A) Mobile Health Clinic	1	2																												
	B) Mobile Child Health Services	1	2																												

QV109	How frequently in a month do they (mobile clinic) visit in village			
	Not at all ..... 0			
	Actual Number....			
<b>RESULT STATUS OF THE VILLAGE QUESTIONNAIRE</b>				
COMPLETED..... 1				
REFUSED..... 2				
OTHER..... 3				
NUMBER OF VISTIS MADE.....				
NAME	SPOT CHECKED BY	FIELD EDITED BY	OFFICE EDITED BY	KEYED BY
	_____	_____	_____	_____
DATE	_____	_____	_____	_____
_____			_____	
NAME OF THE INVESTIGATOR			SIGNATURE OF THE INVESTIGATOR	