NATIONAL FAMILY HEALTH SURVEY, INDIA 2005-2006 (NFHS- 3)
WOMAN'S QUESTIONNAIRE [STATE NAME]

CONFIDENTIAL
For research purposes only

IDENTIFICATION

STATE _____ ☐☐

DISTRICT _____

TEHSIL/TALUK _____

CITY/TOWN/VILLAGE _____

MEGA CITY/LARGE CITY/SMALL CITY/LARGE TOWN/SMALL TOWN/RURAL . . . . . ☐
(MEGA CITY=1, LARGE CITY=2, SMALL CITY=3, LARGE TOWN=4, SMALL TOWN=5, RURAL=6)

PSU NUMBER . . . . . ☐☐☐

HOUSEHOLD NUMBER . . . . . ☐☐☐

NAME AND LINE NUMBER OF WOMAN _____ ☐☐

ADDRESS OF HOUSEHOLD _____

_____

IS WOMAN SELECTED FOR QUESTIONS ON HOUSEHOLD RELATIONS (SECTION 10)?
(YES = 1, NO = 2) . . . . . ☐

INTERVIEWER VISITS

	1	2	3	FINAL VISIT
DATE				DAY ☐☐
				MONTH ☐☐
				YEAR ☐☐☐☐
INTERVIEWER'S NAME				INT. NO. ☐☐☐
RESULT*				RESULT CODE ☐
NEXT VISIT: DATE				TOTAL NUMBER OF VISITS ☐
TIME				

*RESULT CODES:

1	COMPLETED	4	REFUSED		
2	NOT AT HOME	5	PARTLY COMPLETED	7	OTHER _____ (SPECIFY)
3	POSTPONED	6	INCAPACITATED		

NATIVE LANGUAGE OF RESPONDENT** ☐☐

** LANGUAGE CODES:

01 ASSAMESE	06 KANNADA	11 MARATHI	16 TAMIL
02 BENGALI	07 KASHMIRI	12 NEPALI	17 TELUGU
03 ENGLISH	08 KONKANI	13 ORIYA	18 URDU
04 GUJARATI	09 MALAYALAM	14 PUNJABI	19 OTHER _____ (SPECIFY)
05 HINDI	10 MANIPURI	15 SINDHI	

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY
NAME _____	NAME _____		
DATE _____ ☐☐☐	DATE _____ ☐☐☐	☐☐	☐☐

SECTION 1. RESPONDENT'S BACKGROUND

INTRODUCTION AND INFORMED CONSENT

Namaste. My name is _____ and I am working with (NAME OF ORGANIZATION). We are conducting a national survey about the health of women, men, and children. We would very much appreciate your participation in this survey. Several different health-related topics will be discussed including use of health services, the quality of health care, marital and sexual relationships, and infectious diseases.This information will help the government to assess health and information needs and to better plan health services. The survey usually takes between 30 and 60 minutes to complete. Whatever information you provide will be kept strictly confidential and will not be shown to other persons.

Participation in this survey is voluntary and if you choose to participate, you may withdraw at any time. However, we hope that you will take part in this survey since your participation is important.

At this time, do you want to ask me anything about the survey?
ANSWER ANY QUESTIONS AND ADDRESS RESPONDENT'S CONCERNS.

In case you need more information about the survey, you may contact the person listed on the card that has already been given to you household.

May I begin the interview now?

Signature of interviewer: _____ Date: _____

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	HOUR . . . . . ☐☐ MINUTES . . . . . ☐☐	
102	How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)? IF LESS THAN ONE YEAR, RECORD '00' YEARS.	YEARS . . . . . ☐☐ ALWAYS . . . . . 95 VISITOR 96	→ 104
103	Just before you moved here, did you live in a city, in a town, or in the countryside?	CITY . . . . . 1 TOWN . . . . . 2 COUNTRYSIDE 3	
104	In what month and year were you born?	MONTH . . . . . ☐☐ DON'T KNOW MONTH . . . . . 98 YEAR . . . . . ☐☐☐☐ DON'T KNOW YEAR 9998	
105	How old were you at your last birthday? COMPARE AND CORRECT 104 AND/OR 105 IF INCONSISTENT.	AGE IN COMPLETED YEARS . . . ☐☐	
106	Have you ever attended school?	YES . . . . . 1 NO 2	→ 109
107	What is the highest standard you completed?	STANDARD . . . . . ☐☐	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
108	CHECK 107: STANDARD 0-5 ☐ ↓ STANDARD 6 AND ABOVE ☐ →		112
109	Now I would like you to read this sentence to me. SHOW A SENTENCE FROM THE LITERACY CARD TO THE RESPONDENT. IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE: Can you read any part of the sentence to me?	CANNOT READ AT ALL . . . . . 1 ABLE TO READ ONLY PARTS OF SENTENCE . . . . . 2 ABLE TO READ WHOLE SENTENCE . . . 3 NO CARD WITH REQUIRED LANGUAGE _____ 4 (SPECIFY LANGUAGE) BLIND/VISUALLY IMPAIRED 5	
110	Have you ever participated in a literacy programme or any other programme that involves learning to read or write (not including primary school)?	YES . . . . . 1 NO 2	
111	CHECK 109: CODE '2', '3' OR '4' CIRCLED ☐ ↓ CODE '1' OR '5' CIRCLED ☐ →		113
112	Do you read a newspaper or magazine almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY . . . . . 1 AT LEAST ONCE A WEEK . . . . . 2 LESS THAN ONCE A WEEK . . . . . 3 NOT AT ALL 4	
113	Do you listen to the radio almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY . . . . . 1 AT LEAST ONCE A WEEK . . . . . 2 LESS THAN ONCE A WEEK . . . . . 3 NOT AT ALL 4	
114	Do you watch television almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY . . . . . 1 AT LEAST ONCE A WEEK . . . . . 2 LESS THAN ONCE A WEEK . . . . . 3 NOT AT ALL 4	
115	Do you usually go to a cinema hall or theatre to see a movie at least once a month?	YES . . . . . 1 NO 2	
116	What is your religion?	HINDU . . . . . 01 MUSLIM . . . . . 02 CHRISTIAN . . . . . 03 SIKH . . . . . 04 BUDDHIST/NEO-BUDDHIST . . . . . 05 JAIN . . . . . 06 JEWISH . . . . . 07 PARSI/ZOROASTRIAN . . . . . 08 NO RELIGION . . . . . 09 OTHER _____ 96 (SPECIFY)	
117	What is your caste or tribe?	CASTE _____ 1 (SPECIFY) TRIBE _____ 2 (SPECIFY) NO CASTE/TRIBE . . . . . 3 DON'T KNOW 8	→ 201
118	Do you belong to a scheduled caste, a scheduled tribe, other backward class, or none of these?	SCHEDULED CASTE . . . . . 1 SCHEDULED TRIBE . . . . . 2 OBC . . . . . 3 NONE OF THEM 4	

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
201	Now I would like to ask about all the births you have had during your life. Have you ever given birth?	YES . . . . . 1 NO 2	→ 206
202	Do you have any sons or daughters to whom you have given birth who are now living with you?	YES . . . . . 1 NO 2	→ 204
203	How many sons live with you? And how many daughters live with you? IF NONE, RECORD '00'.	SONS AT HOME . . . . . [ ][ ] DAUGHTERS AT HOME . . . . . [ ][ ]	
204	Do you have any sons or daughters to whom you have given birth who are alive but do not live with you?	YES . . . . . 1 NO 2	→ 206
205	How many sons are alive but do not live with you? And how many daughters are alive but do not live with you? IF NONE, RECORD '00'.	SONS ELSEWHERE . . . . . [ ][ ] DAUGHTERS ELSEWHERE . [ ][ ]	
206	Have you ever given birth to a boy or girl who was born alive but later died? IF NO, PROBE: Any baby who cried or showed signs of life but did not survive?	YES . . . . . 1 NO 2	→ 208
207	How many boys have died? And how many girls have died? IF NONE, RECORD '00'.	BOYS DEAD . . . . . [ ][ ] GIRLS DEAD . . . . . [ ][ ]	
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL . . . . . [ ][ ]	
209	CHECK 208: Just to make sure that I have this right: you have had in TOTAL _____ births during your life. Is that correct? YES ☐ NO ☐ → PROBE AND CORRECT 201-208 AS NECESSARY.		
210	CHECK 208: ONE OR MORE BIRTHS ☐ NO BIRTHS ☐		→ 227

211 Now I would like to record the names of all your births, whether still alive or not, starting with the first one you had. RECORD NAMES OF ALL THE BIRTHS IN 212. RECORD TWINS AND TRIPLETS ON SEPARATE LINES. (IF THERE ARE MORE THAN 12 BIRTHS, USE AN ADDITIONAL QUESTIONNAIRE).

212 What name was given to your (first/next) baby? (NAME)	213 Were any of these births twins?	214 Is (NAME) a boy or a girl?	215 In what month and year was (NAME) born? PROBE: What is his/her birthday?	216 Is (NAME) still alive?	217 IF ALIVE: How old was (NAME) at his/her last birthday? RECORD AGE IN COM-PLETED YEARS.	218 IF ALIVE: Is (NAME) living with you?	219 IF ALIVE: RECORD HOUSE-HOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSE-HOLD).	220 IF DEAD: How old was (NAME) when he/she died? IF '1 YR', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	221 Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME), including any children who died after birth?
01	SING 1 MULT 2	BOY 1 GIRL 2	MONTH YEAR	YES . . 1 NO . . . 2 → 220	AGE IN YEARS	YES . . . 1 NO 2	LINE NUMBER (NEXT BIRTH)	DAYS . . . 1 MONTHS 2 YEARS . . 3	
02	SING 1 MULT 2	BOY 1 GIRL 2	MONTH YEAR	YES . . 1 NO . . . 2 → 220	AGE IN YEARS	YES . . . 1 NO 2	LINE NUMBER (GO TO 221)	DAYS . . . 1 MONTHS 2 YEARS . . 3	YES . . . . 1 NO 2
03	SING 1 MULT 2	BOY 1 GIRL 2	MONTH YEAR	YES . . 1 NO . . . 2 → 220	AGE IN YEARS	YES . . . 1 NO 2	LINE NUMBER (GO TO 221)	DAYS . . . 1 MONTHS 2 YEARS . . 3	YES . . . . 1 NO 2
04	SING 1 MULT 2	BOY 1 GIRL 2	MONTH YEAR	YES . . 1 NO . . . 2 → 220	AGE IN YEARS	YES . . . 1 NO 2	LINE NUMBER (GO TO 221)	DAYS . . . 1 MONTHS 2 YEARS . . 3	YES . . . . 1 NO 2
05	SING 1 MULT 2	BOY 1 GIRL 2	MONTH YEAR	YES . . 1 NO . . . 2 → 220	AGE IN YEARS	YES . . . 1 NO 2	LINE NUMBER (GO TO 221)	DAYS . . . 1 MONTHS 2 YEARS . . 3	YES . . . . 1 NO 2
06	SING 1 MULT 2	BOY 1 GIRL 2	MONTH YEAR	YES . . 1 NO . . . 2 → 220	AGE IN YEARS	YES . . . 1 NO 2	LINE NUMBER (GO TO 221)	DAYS . . . 1 MONTHS 2 YEARS . . 3	YES . . . . 1 NO 2
07	SING 1 MULT 2	BOY 1 GIRL 2	MONTH YEAR	YES . . 1 NO . . . 2 → 220	AGE IN YEARS	YES . . . 1 NO 2	LINE NUMBER (GO TO 221)	DAYS . . . 1 MONTHS 2 YEARS . . 3	YES . . . . 1 NO 2

212 What name was given to your next baby? (NAME)	213 Were any of these births twins?	214 Is (NAME) a boy or a girl?	215 In what month and year was (NAME) born? PROBE: What is his/her birthday?	216 Is (NAME) still alive?	217 IF ALIVE: How old was (NAME) at his/her last birthday? RECORD AGE IN COM-PLETED YEARS.	218 IF ALIVE: Is (NAME) living with you?	219 IF ALIVE: RECORD HOUSE-HOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSE-HOLD).	220 IF DEAD: How old was (NAME) when he/she died? IF '1 YR', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	221 Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME), including any children who died after birth?
08	SING 1 MULT 2	BOY 1 GIRL 2	MONTH ☐☐ YEAR ☐☐☐☐	YES . . 1 NO . . . 2 → 220	AGE IN YEARS ☐☐	YES . . . 1 NO 2	LINE NUMBER ☐☐ (GO TO 221)	DAYS . . . 1 ☐☐ MONTHS 2 ☐☐ YEARS . . 3 ☐☐	YES . . . . 1 NO 2
09	SING 1 MULT 2	BOY 1 GIRL 2	MONTH ☐☐ YEAR ☐☐☐☐	YES . . 1 NO . . . 2 → 220	AGE IN YEARS ☐☐	YES . . . 1 NO 2	LINE NUMBER ☐☐ (GO TO 221)	DAYS . . . 1 ☐☐ MONTHS 2 ☐☐ YEARS . . 3 ☐☐	YES . . . . 1 NO 2
10	SING 1 MULT 2	BOY 1 GIRL 2	MONTH ☐☐ YEAR ☐☐☐☐	YES . . 1 NO . . . 2 → 220	AGE IN YEARS ☐☐	YES . . . 1 NO 2	LINE NUMBER ☐☐ (GO TO 221)	DAYS . . . 1 ☐☐ MONTHS 2 ☐☐ YEARS . . 3 ☐☐	YES . . . . 1 NO 2
11	SING 1 MULT 2	BOY 1 GIRL 2	MONTH ☐☐ YEAR ☐☐☐☐	YES . . 1 NO . . . 2 → 220	AGE IN YEARS ☐☐	YES . . . 1 NO 2	LINE NUMBER ☐☐ (GO TO 221)	DAYS . . . 1 ☐☐ MONTHS 2 ☐☐ YEARS . . 3 ☐☐	YES . . . . 1 NO 2
12	SING 1 MULT 2	BOY 1 GIRL 2	MONTH ☐☐ YEAR ☐☐☐☐	YES . . 1 NO . . . 2 → 220	AGE IN YEARS ☐☐	YES . . . 1 NO 2	LINE NUMBER ☐☐ (GO TO 221)	DAYS . . . 1 ☐☐ MONTHS 2 ☐☐ YEARS . . 3 ☐☐	YES . . . . 1 NO 2

222	Have you had any live births since the birth of (NAME OF LASTBIRTH)? IF YES, RECORD BIRTH(S) IN TABLE.	YES . . . . . 1 NO 2
223	Before the birth of (NAME OF FIRST BIRTH), did you have any other live births? IF YES, RECORD BIRTH(S) IN TABLE.	YES . . . . . 1 NO 2

224 COMPARE 208 WITH NUMBER OF BIRTHS IN HISTORY ABOVE AND MARK:

NUMBERS ARE SAME ☐↓ NUMBERS ARE DIFFERENT ☐→ (PROBE AND RECONCILE)

CHECK: FOR EACH BIRTH: YEAR OF BIRTH IS RECORDED. ☐

FOR EACH LIVING CHILD: CURRENT AGE IS RECORDED. ☐

FOR EACH DEAD CHILD: AGE AT DEATH IS RECORDED. ☐

FOR AGE AT DEATH 12 MONTHS OR 1 YEAR: PROBE TO DETERMINE EXACT NUMBER OF MONTHS. ☐

225 CHECK 215 AND ENTER THE NUMBER OF BIRTHS IN 2000 OR LATER.
IF NONE, RECORD '0'. ☐☐

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
226	FOR EACH BIRTH SINCE JANUARY 2001, ENTER 'B' IN THE MONTH OF BIRTH IN **COLUMN 1** OF THE CALENDAR. WRITE THE NAME OF THE CHILD TO THE LEFT OF THE 'B' CODE. FOR EACH BIRTH, ASK THE NUMBER OF MONTHS THE PREGNANCY LASTED AND RECORD 'P' IN EACH OF THE PRECEDING MONTHS ACCORDING TO THE DURATION OF PREGNANCY. (NOTE: THE NUMBER OF P's MUST BE ONE LESS THAN THE NUMBER OF MONTHS THAT THE PREGNANCY LASTED.) FOR EACH BIRTH ASK: At any time when you were pregnant with (NAME), did you have an ultrasound test? RECORD 'Y' IF YES AND 'N' IF NO IN **COLUMN 2** IN THE MONTH OF BIRTH.		
227	Are you pregnant now?	YES . . . . . 1 NO . . . . . 2 UNSURE 8	→ 231
228	How many months pregnant are you? RECORD NUMBER OF MONTHS PREGNANT. ENTER 'P's IN **COLUMN 1** OF CALENDAR, BEGINNING WITH THE MONTH OF INTERVIEW AND FOR THE REMAINING NUMBER OF MONTHS PREGNANT.	MONTHS . . . . . ☐☐	
229	At any time during this pregnancy, have you had an ultrasound test? RECORD 'Y' IF YES AND 'N' IF NO IN **COLUMN 2** OF THE CALENDAR IN THE CURRENT MONTH.		
230	At the time you became pregnant did you want to become pregnant then, did you want to wait until later, or did you not want to have any (more) children at all?	THEN . . . . . 1 LATER . . . . . 2 NOT AT ALL 3	
231	Have you ever had a pregnancy that miscarried, was aborted, or ended in a stillbirth?	YES . . . . . 1 NO 2	→ 240
232	When did the last such pregnancy end?	MONTH . . . . . ☐☐ YEAR . . . . . ☐☐☐☐	
233	CHECK 232: LAST PREGNANCY ENDED IN JANUARY 2001 OR LATER ☐ ↓ LAST PREGNANCY ENDED BEFORE JANUARY 2001 ☐ → 240		
234	How many months pregnant were you when the last such pregnancy ended? RECORD NUMBER OF MONTHS THE PREGNANCY LASTED. ENTER 'T' IN **COLUMN 1** OF CALENDAR IN THE MONTH THAT THE PREGNANCY TERMINATED AND 'P' FOR THE REMAINING NUMBER OF MONTHS.	MONTHS . . . . . ☐☐	
235	At any time during this pregnancy, did you have an ultrasound test? RECORD 'Y' IF YES AND 'N' IF NO IN **COLUMN 2** OF THE CALENDAR IN THE MONTH IN WHICH THE PREGNANCY WAS TERMINATED.		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
236	Since January 2001, have you had any other pregnancies that did not result in a live birth?	YES . . . . . 1 NO 2	→ 238
237	ASK THE DATE AND THE DURATION OF PREGNANCY FOR EACH EARLIER NON-LIVE BIRTH PREGNANCY BACK TO JANUARY 2001. ENTER 'T' IN **COLUMN 1** OF CALENDAR IN THE MONTH THAT EACH PREGNANCY TERMINATED AND 'P' FOR THE REMAINING NUMBER OF MONTHS. FOR EACH TERMINATED PREGNANCY ASK: At any time this pregnancy, did you have an ultrasound test? RECORD 'Y' IF YES AND 'N' IF NO IN **COLUMN 2** OF THE CALENDAR IN THE MONTH IN WHICH THE PREGNANCY WAS TERMINATED.		
238	Did you have any pregnancies that terminated before January 2001 that did not result in a live birth?	YES . . . . . 1 NO 2	→ 240
239	When did the last such pregnancy that terminated before January 2001 end?	MONTH . . . . . [ ][ ] YEAR . . . . . [ ][ ][ ][ ]	
240	When did your last menstrual period start? _____ (DATE, IF GIVEN)	DAYS AGO . . . . . 1 [ ][ ] WEEKS AGO . . . . . 2 [ ][ ] MONTHS AGO . . . . . 3 [ ][ ] YEARS AGO . . . . . 4 [ ][ ] IN MENOPAUSE/ HAS HAD HYSTERECTOMY . . . 994 BEFORE LAST BIRTH . . . . . 995 NEVER MENSTRUATED 996	
241	From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant if she has sexual relations?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 301
242	Is this time just before her period begins, during her period, right after her period has ended, or halfway between two periods?	JUST BEFORE HER PERIOD BEGINS . . . . . 1 DURING HER PERIOD . . . . . 2 RIGHT AFTER HER PERIOD HAS ENDED . . . . . 3 HALFWAY BETWEEN TWO PERIODS . . . . . 4 OTHER _____ 6 (SPECIFY) DON'T KNOW 8	

SECTION 3A. MARRIAGE AND COHABITATION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
301	What is your current marital status?	CURRENTLY MARRIED . . . . . 1 MARRIED, GAUNA NOT PERFORMED . . . . . 2 WIDOWED . . . . . 3 DIVORCED . . . . . 4 SEPARATED . . . . . 5 DESERTED . . . . . 6 NEVER MARRIED 7	→ 303 → 306 → 308
302	ENTER '0' IN **COLUMN 3** OF CALENDAR IN THE MONTH OF INTERVIEW, AND IN EACH MONTH BACK TO JANUARY 2001		→ 316
303	Are you living with your husband now, or is he staying elsewhere?	LIVING WITH HUSBAND . . . . . 1 STAYING ELSEWHERE 2	→ 305
304	For how long have you and your husband not been living together? IF LESS THAN 1 YEAR, RECORD MONTHS; OTHERWISE RECORD COMPLETED YEARS.	MONTHS . . . . . 1 ☐☐ YEARS . . . . . 2 ☐☐	
305	RECORD THE HUSBAND'S NAME AND LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE. IF HE IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'.	NAME _____ LINE NO. . . . . ☐☐	
306	Besides yourself, does your husband have other wives?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 308
307	How many other wives does your husband have?	NUMBER OF OTHER WIVES . . . . . ☐ DON'T KNOW 8	
308	Have you been married only once or more than once?	ONLY ONCE . . . . . 1 MORE THAN ONCE 2	→ 309A
309	In what month and year did you get married?	MONTH . . . . . ☐☐ DON'T KNOW MONTH 98	
309A	Now I would like to ask about when you married your first husband. In what month and year was that?	YEAR . . . . . ☐☐☐☐ DON'T KNOW YEAR 9998	→ 311
310	How old were you when you (first) got married?	AGE . . . . . ☐☐	
311	CHECK 301: CODE '2' CIRCLED ☐ CODE '2' NOT CIRCLED ☐		→ 314

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
312	CHECK 308: MARRIED ONLY ONCE ☐ → In what month and year did you start living with your husband? MARRIED MORE THAN ONCE ☐ → Now I would like to ask about when you started living with your first husband. In what month and year was that?	MONTH . . . . . ☐☐ DON'T KNOW MONTH . . . . . 98 YEAR . . . . . ☐☐☐☐ DON'T KNOW YEAR 9998	→ 314
313	How old were you when you first started living with him?	AGE . . . . . ☐☐	
314	FOR CURRENTLY MARRIED WOMEN WHO HAVE BEEN MARRIED ONLY ONCE AND WOMEN WHO ARE MARRIED BUT GAUNA NOT PERFORMED: DETERMINE MONTHS MARRIED OR MARRIED BUT GAUNA NOT PERFORMED SINCE JANUARY 2001. ENTER 'X' IN **COLUMN 3** OF CALENDAR FOR EACH MONTH MARRIED, 'N' FOR EACH MONTH MARRIED BUT GAUNA NOT PERFORMED, AND '0' FOR EACH MONTH NOT MARRIED. FOR CURRENTLY MARRIED WOMEN WHO HAVE BEEN MARRIED MORE THAN ONCE: PROBE FOR DATE WHEN CURRENT MARRIAGE STARTED AND, IF APPROPRIATE, FOR STARTING AND TERMINATION DATES OF ANY PREVIOUS MARRIAGES. FOR WOMEN WHO ARE NOT CURRENTLY MARRIED: PROBE FOR DATE WHEN LAST MARRIAGE STARTED, WHEN SHE WAS MARRIED BUT GAUNA WAS NOT PERFORMED, TERMINATION DATE AND, IF APPROPRIATE, FOR THE STARTING AND TERMINATION DATES OF ANY PREVIOUS MARRIAGES.		
315	CHECK 301: CODE '2' CIRCLED ☐ ↓ CODE '2' NOT CIRCLED ☐ → 317		
316	CHECK FOR THE PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY. Now I need to ask you some questions about sexual life in order to gain a better understanding of some family life issues. Let me assure you again that your answers are completely confidential and will not be told to anyone. If you do not want to answer, just let me know and I will skip to the next question. Have you ever had sexual intercourse?	YES . . . . . 1 NO 2	→ 318
317	CHECK FOR THE PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY. (Now I need to ask you some questions about sexual activity in order to gain a better understanding of some family life issues. Let me assure you again that your answers are completely confidential and will not be told to anyone. If you do not want to answer, just let me know and I will skip to the next question.) How old were you when you had sexual intercourse for the very first time?	NEVER HAD SEXUAL INTERCOURSE . . . . . 00 AGE IN YEARS . . . . . ☐☐ FIRST TIME WHEN STARTED LIVING WITH (FIRST) HUSBAND 95	

SECTION 3B. CONTRACEPTION

318	Now I would like to talk about family planning - the various ways or methods that a couple can use to delay or avoid a pregnancy. Which ways or methods have you heard about? FOR METHODS NOT MENTIONED SPONTANEOUSLY, ASK: Have you ever heard of (METHOD)? CIRCLE CODE '1' IN 318 FOR EACH METHOD MENTIONED SPONTANEOUSLY. THEN PROCEED DOWN COLUMN 318 READING THE NAME AND DESCRIPTION OF EACH METHOD NOT MENTIONED SPONTANEOUSLY. CIRCLE CODE '1' IF METHOD IS RECOGNIZED AND CODE '2' IF NOT RECOGNIZED. THEN PERFORM THE CHECK AT THE BOTTOM OF THE COLUMN. IF 316 = YES OR NOT ASKED, ASK 320 FOR EACH METHOD WITH CODE '1' CIRCLED IN 318.		320 Have you ever used (METHOD)?
01	FEMALE STERILIZATION Women can have an operation to avoid having any more children.	YES . . . . . 1 NO 2	Have you ever had an operation to avoid having any more children? YES . . . . . 1 NO 2
02	MALE STERILIZATION Men can have an operation to avoid having any more children.	YES . . . . . 1 NO 2	Has your husband/partner ever had an operation to avoid having any more children? YES . . . . . 1 NO 2
03	PILL Women can take a pill every day or every week to avoid becoming pregnant.	YES . . . . . 1 NO 2	YES . . . . . 1 NO 2
04	IUD OR LOOP Women can have a loop or coil placed inside them by a doctor or a nurse.	YES . . . . . 1 NO 2	YES . . . . . 1 NO 2
05	INJECTABLES Women can have an injection by a health provider that stops them from becoming pregnant for one or more months.	YES . . . . . 1 NO 2	YES . . . . . 1 NO 2
06	CONDOM OR NIRODH Men can put a rubber sheath on their penis before sexual intercourse.	YES . . . . . 1 NO 2	YES . . . . . 1 NO 2
07	FEMALE CONDOM Women can place a sheath in their vagina before sexual intercourse.	YES . . . . . 1 NO 2	YES . . . . . 1 NO 2
08	RHYTHM METHOD Every month that a woman is sexually active she can avoid pregnancy by not having sexual intercourse on the days of the month she is most likely to get pregnant.	YES . . . . . 1 NO 2	YES . . . . . 1 NO 2
09	WITHDRAWAL Men can be careful and pull out before climax.	YES . . . . . 1 NO 2	YES . . . . . 1 NO 2
10	EMERGENCY CONTRACEPTION Women can take pills up to three days after sexual intercourse to avoid becoming pregnant.	YES . . . . . 1 NO 2	YES . . . . . 1 NO 2
11	Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	YES . . . . . 1 _____ (SPECIFY) _____ (SPECIFY) NO 2	YES . . . . . 1 NO . . . . . 2 YES . . . . . 1 NO 2
319		CHECK 316: YES OR NOT ASKED → GO TO 320 FOR KNOWN METHODS NO → SKIP TO 323	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
321	CHECK 320: NOT A SINGLE "YES" (NEVER USED) ↓ ☐ AT LEAST ONE "YES" (EVER USED) ☐ → 325		
322	Have you ever used anything or tried in any way to delay or avoid getting pregnant?	YES . . . . . 1 NO 2	→ 324
323	ENTER '0' IN **COLUMN 1** OF CALENDAR IN EACH BLANK MONTH. → 353		
324	What have you used or done? CORRECT 320 AND 321(AND 318 IF NECESSARY).		
325	CHECK 208: ONE OR MORE BIRTHS ↓ ☐ NO BIRTHS ☐ → 327		
326	Now I would like to ask you about the first time that you did something or used a method to avoid getting pregnant. How many living children did you have at that time, if any? IF NONE, RECORD '00'.	NUMBER OF CHILDREN . . . . ☐☐	
327	CHECK 320(01): WOMAN NOT STERILIZED ↓ ☐ WOMAN STERILIZED ☐ → 330A		
328	CHECK 227: NOT PREGNANT OR UNSURE ↓ ☐ PREGNANT ☐ → 344		
329	Are you currently doing something or using any method to delay or avoid getting pregnant?	YES . . . . . 1 NO 2	→ 344
330 330A	Which method are you using? CIRCLE ALL MENTIONED. IF MORE THAN ONE METHOD MENTIONED, FOLLOW SKIP INSTRUCTION FOR HIGHEST METHOD ON LIST. CIRCLE 'A' FOR FEMALE STERILIZATION.	FEMALE STERILIZATION . . . . . A MALE STERILIZATION . . . . . B PILL . . . . . C IUD/LOOP . . . . . D INJECTABLES . . . . . E IMPLANTS . . . . . F CONDOM/NIRODH . . . . . G FEMALE CONDOM . . . . . H DIAPHRAGM . . . . . I FOAM/JELLY . . . . . J RHYTHM METHOD . . . . . K WITHDRAWAL . . . . . L OTHER _____ X (SPECIFY)	→ 335 → 334 → 334 → 341A
331	May I see the package of (pills/condoms) you are using? RECORD NAME OF BRAND.	PACKAGE SEEN . . . . . 1 BRAND NAME _____ (SPECIFY) ☐☐☐ PACKAGE NOT SEEN 2	→ 333
332	Do you know the brand name of the (pills/condoms) you are using? RECORD NAME OF BRAND.	BRAND NAME _____ (SPECIFY) ☐☐☐ DON'T KNOW 998	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
333	How many (pill cycles/condoms) did you get the last time?	NUMBER OF PILL CYCLES/CONDOMS ☐☐☐ DON'T KNOW 998	
334	The last time you obtained (CURRENT METHOD IN 330), how much did you pay in total, including the cost of the method and any consultation you may have had?	COST . . . . . Rs. ☐☐☐☐ FREE . . . . . 9995 DON'T KNOW 9998	→ 341A
335	In what facility did the sterilization take place? IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTRE, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	PUBLIC MEDICAL SECTOR GOVT./MUNICIPAL HOSPITAL . . . . . 11 GOVT. DISPENSARY . . . . . 12 UHC/UHP/UFWC . . . . . 13 CHC/RURAL HOSPITAL/PHC . . . . . 14 SUB-CENTRE . . . . . 15 GOVT. MOBILE CLINIC . . . . . 16 CAMP . . . . . 17 OTHER PUBLIC SECTOR HEALTH FACILITY . . . . . 18 NGO OR TRUST HOSPITAL/CLINIC . . . . 21 PRIVATE MEDICAL SECTOR PVT. HOSPITAL . . . . . 31 PVT. DOCTOR/CLINIC . . . . . 32 PVT. MOBILE CLINIC . . . . . 33 OTHER PRIVATE HEALTH FACILITY . . . . . 34 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	
336	CHECK 330/330A: CODE 'A' CIRCLED ☐ ↓ CODE 'A' NOT CIRCLED ☐ → 341		
337	Before your sterilization operation, were you told that you would not be able to have any (more) children because of the operation?	YES . . . . . 1 NO 2	
338	How would you rate the care you received during and immediately after the operation: very good, all right, not so good, or bad?	VERY GOOD . . . . . 1 ALL RIGHT . . . . . 2 NOT SO GOOD . . . . . 3 BAD 4	
339	How much did you pay in total for the sterilization, including any consultation you may have had?	COST . . . Rs. ☐☐☐☐☐ FREE . . . . . 99995 DON'T KNOW 99998	
340	Do you regret that you had the sterilization?	YES . . . . . 1 NO 2	
341	In what month and year was the sterilization performed?		
341A	In what month and year did you start using (CURRENT METHOD) continuously? PROBE: For how long have you been using (CURRENT METHOD) now without stopping?	MONTH . . . . . ☐☐ YEAR . . . . . ☐☐☐☐	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
342	CHECK 341/341A, 215 AND 232: ANY BIRTH OR PREGNANCY TERMINATION AFTER MONTH AND YEAR OF START OF USE OF CONTRACEPTION IN 341/341A? YES → NO → **FOR METHODS OTHER THAN STERILIZATION:** GO BACK TO 341/341A, PROBE AND RECORD MONTH AND YEAR AT START OF CONTINUOUS USE OF CURRENT METHOD (MUST BE AFTER LAST BIRTH OR PREGNANCY TERMINATION). **FOR FEMALE STERILIZATION:** GO BACK TO 329. ASK 329 AND FOLLOW CORRECT SKIP PATTERN.		
343	CHECK 341/341A: YEAR IS 2001 OR LATER → ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN **COLUMN 1** OF THE CALENDAR AND IN EACH MONTH BACK TO THE DATE STARTED USING. THEN CONTINUE WITH 344. YEAR IS 2000 OR EARLIER → ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN **COLUMN 1** OF THE CALENDAR AND EACH MONTH BACK TO JANUARY 2001 THEN SKIP TO → 351		
344	I would like to ask you some questions about the times you or your husband/partner may have used a method to avoid getting pregnant during the last few years. USE CALENDAR TO PROBE FOR EARLIER PERIODS OF USE AND NONUSE, STARTING WITH MOST RECENT USE, BACK TO JANUARY 2001. USE NAMES OF CHILDREN, DATES OF BIRTH, AND PERIODS OF PREGNANCY AS REFERENCE POINTS. **IN COLUMN 1**, ENTER METHOD USE CODE OR '0' FOR NONUSE IN EACH BLANK MONTH. ILLUSTRATIVE QUESTIONS: **COLUMN 1**: * When was the last time you used a method? Which method was that? * When did you start using that method? How long after the birth of (NAME)? * How long did you use the method then? **IN COLUMN 4**, ENTER CODES FOR DISCONTINUATION IN THE SAME ROW AS THE LAST MONTH OF USE. NUMBER OF CODES IN COLUMN 4 MUST BE SAME AS NUMBER OF INTERRUPTIONS OF METHOD USE IN COLUMN 1. ASK WHY SHE STOPPED USING THE METHOD. IF A PREGNANCY FOLLOWED, ASK WHETHER SHE BECAME PREGNANT UNINTENTIONALLY WHILE USING THE METHOD OR DELIBERATELY STOPPED TO GET PREGNANT. ILLUSTRATIVE QUESTIONS: **COLUMN 4**: * Why did you stop using the (METHOD)? * Did you become pregnant while using (METHOD), did you stop using to get pregnant, or did you stop for some other reason? IF DELIBERATELY STOPPED TO BECOME PREGNANT, ASK: * How many months did it take you to get pregnant after you stopped using (METHOD)? AND ENTER '0' IN EACH SUCH MONTH IN **COLUMN 1**.		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
345	CHECK 330/330A: CIRCLE METHOD CODE: IF MORE THAN ONE METHOD CODE CIRCLED IN 330/330A, CIRCLE CODE FOR HIGHEST METHOD IN LIST.	NO CODE CIRCLED . . . . . 00 FEMALE STERILIZATION . . . . . 01 MALE STERILIZATION . . . . . 02 PILL . . . . . 03 IUD/LOOP . . . . . 04 INJECTABLES . . . . . 05 IMPLANTS . . . . . 06 CONDOM/NIRODH . . . . . 07 FEMALE CONDOM . . . . . 08 DIAPHRAGM . . . . . 09 FOAM/JELLY . . . . . 10 RHYTHM METHOD . . . . . 11 WITHDRAWAL . . . . . 12 OTHER METHOD 96	→ 353 → 356 → 352 → 349 → 356
346	You started using (CURRENT METHOD) in (DATE). At that time, were you told about side effects or problems you might have with the method?	YES . . . . . 1 NO 2	→ 348
347	Were you ever told by a health or family planning worker about side effects or problems you might have with the method?	YES . . . . . 1 NO 2	→ 349
348	Were you told what to do if you experienced side effects or problems?	YES . . . . . 1 NO 2	
349	CHECK 346: CODE '1' CIRCLED → At that time, were you told about other methods of family planning that you could use? CODE '1' NOT CIRCLED → When you obtained (CURRENT METHOD) in (DATE), were you told about other methods of family planning that you could use?	YES . . . . . 1 NO 2	→ 351
350	Were you ever told by a health or family planning worker about other methods of family planning that you could use?	YES . . . . . 1 NO 2	
351	CHECK 330/330A: CIRCLE METHOD CODE: IF MORE THAN ONE METHOD CODE CIRCLED IN 330/330A, CIRCLE CODE FOR HIGHEST METHOD IN LIST.	FEMALE STERILIZATION . . . . . 01 MALE STERILIZATION . . . . . 02 PILL . . . . . 03 IUD/LOOP . . . . . 04 INJECTABLES . . . . . 05 IMPLANTS . . . . . 06 CONDOM/NIRODH . . . . . 07 FEMALE CONDOM . . . . . 08 DIAPHRAGM . . . . . 09 FOAM/JELLY . . . . . 10 RHYTHM METHOD . . . . . 11 WITHDRAWAL . . . . . 12 OTHER METHOD 96	→ 356 → 356

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
352	Where did you obtain (CURRENT METHOD) the last time? IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTRE, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	PUBLIC MEDICAL SECTOR GOVT./MUNICIPAL HOSPITAL .... 11 GOVT. DISPENSARY ..... 12 UHC/UHP/UFWC ..... 13 CHC/RURAL HOSPITAL/PHC ..... 14 SUB-CENTRE/ANM ..... 15 GOVT. MOBILE CLINIC ..... 16 CAMP ..... 17 ANGANWADI/ICDS CENTRE ..... 18 ASHA ..... 19 OTHER COMMUNITY-BASED WORKER ..... 20 OTHER PUBLIC MEDICAL SECTOR ..... 21 NGO OR TRUST HOSPITAL/CLINIC .... 31 PRIVATE MEDICAL SECTOR PVT. HOSPITAL ..... 41 PVT. DOCTOR/CLINIC ..... 42 PVT. MOBILE CLINIC ..... 43 VAIDYA/HAKIM/HOMEOPATH ..... 44 TRADITIONAL HEALER ..... 45 PHARMACY/DRUGSTORE ..... 46 DAI (TBA) ..... 47 OTHER PRIVATE MEDICAL SECTOR ..... 48 OTHER SOURCE SHOP ..... 51 HUSBAND ..... 52 FRIEND/RELATIVE ..... 53 OTHER _____ 96 (SPECIFY)	→ 356
353	Were you ever told by a health or family planning worker about any methods of family planning that you can use to avoid pregnancy?	YES ..... 1 NO 2	
354	Do you know of a place where you can obtain a method of family planning?	YES ..... 1 NO 2	→ 356
355	Where is that? Any other place? IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTRE, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL SECTOR, WRITE THE NAME OF THE PLACE(S). _____ (NAME OF PLACE(S)) RECORD ALL PLACES MENTIONED.	PUBLIC MEDICAL SECTOR GOVT./MUNICIPAL HOSPITAL ..... A GOVT. DISPENSARY ..... B UHC/UHP/UFWC ..... C CHC/RURAL HOSPITAL/PHC ..... D SUB-CENTRE/ANM ..... E GOVT. MOBILE CLINIC ..... F CAMP ..... G ANGANWADI/ICDS CENTRE ..... H ASHA ..... I OTHER COMMUNITY-BASED WORKER ..... J OTHER PUBLIC MEDICAL SECTOR ..... K NGO OR TRUST HOSPITAL/CLINIC .... L PRIVATE MEDICAL SECTOR PVT. HOSPITAL ..... M PVT. DOCTOR/CLINIC ..... N PVT. MOBILE CLINIC ..... O VAIDYA/HAKIM/HOMEOPATH ..... P TRADITIONAL HEALER ..... Q PHARMACY/DRUGSTORE ..... R DAI (TBA) ..... S OTHER PRIVATE MEDICAL SECTOR ..... T OTHER SOURCE SHOP ..... U FRIEND/RELATIVE ..... V OTHER _____ X (SPECIFY)	

SECTION 3C. CONTACTS WITH HEALTH PERSONNEL

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
356	Now I would like to talk to you about any contacts you have had recently with an ANM or Lady Health Visitor. In the last three months have you met with an ANM or LHV?	YES . . . . . 1 NO 2	→358
357	In the last three months, how many times did you meet with (this person/these persons): a. At home? b. At the anganwadi centre? c. At a health facility or camp? d. Anywhere else?	HOME . . . . . [ ][ ] AWC . . . . . [ ][ ] HEALTH FACILITY/CAMP . [ ][ ] ELSEWHERE . . . . . [ ][ ]	
358	In the last three months, have you met with an anganwadi worker or other community health worker?	YES . . . . . 1 NO 2	→361
359	Who did you meet? Anyone else? RECORD ALL MENTIONED.	ANGANWADI WORKER . . . . . A ASHA . . . . . B MPW . . . . . C OTHER _____ X (SPECIFY)	
360	In the last three months, how many times did you meet with (this person/these persons): a. At home? b. At the anganwadi centre? c. At a health facility or camp? d. Anywhere else?	HOME . . . . . [ ][ ] AWC . . . . . [ ][ ] HEALTH FACILITY/CAMP . [ ][ ] ELSEWHERE . . . . . [ ][ ]	
361	CHECK 356 AND 358: AT LEAST ONE 'YES' ☐ BOTH 'NO' ☐		→367
362	During (this contact/all these contacts) with [PERSONS MENTIONED IN 356 AND 359] in the last three months, what were the different services provided and matters talked about? Anything else? RECORD ALL MENTIONED.	FAMILY PLANNING . . . . . A IMMUNIZATION . . . . . B ANTENATAL CARE . . . . . C DELIVERY CARE . . . . . D DELIVERY PREPAREDNESS . . . . . E POSTNATAL CARE . . . . . F DISEASE PREVENTION . . . . . G MEDICAL TREATMENT FOR SELF . . . H TREATMENT FOR SICK CHILD . . . . I TREATMENT FOR OTHER PERSON . J MALARIA CONTROL . . . . . K SUPPLEMENTARY FOOD . . . . . L GROWTH MONITORING OF CHILD . . . M EARLY CHILDHOOD CARE . . . . . N PRE-SCHOOL EDUCATION . . . . . O NUTRITION/HEALTH EDUCATION . . . P FAMILY LIFE EDUCATION . . . . . Q MENSTRUAL HYGIENE . . . . . R OTHER _____ X (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
363	Who did you meet during your (most recent) contact?	ANM . . . . . 1 LHV . . . . . 2 ANGANWADI WORKER . . . . . 3 ASHA . . . . . 4 MPW . . . . . 5 OTHER _____ 6 (SPECIFY)	
364	Did she/he talk to you nicely, somewhat nicely, or not nicely?	NICELY . . . . . 1 SOMEWHAT NICELY . . . . . 2 NOT NICELY 3	
365	When she/he explained something to you, did she/he try to make sure that you understood the information?	YES . . . . . 1 NO . . . . . 2 NO EXPLANATION NEEDED 3	
366	CHECK 357c AND 360c: 357c AND 360c = 00 OR BLANK ☐ OTHER ☐		→368
367	In the last three months, have you visited a health facility or camp for any reason for yourself (or for your children)?	YES . . . . . 1 NO 2	→401
368	What type of health facility did you visit most recently for yourself (or for your children)? IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTRE, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	PUBLIC MEDICAL SECTOR GOVT./MUNICIPAL HOSPITAL . . . 11 GOVT. DISPENSARY . . . . . 12 UHC/UHP/UFWC . . . . . 13 CHC/RURAL HOSPITAL/PHC . . . . . 14 SUB-CENTRE . . . . . 15 GOVT. MOBILE CLINIC . . . . . 16 CAMP . . . . . 17 ANGANWADI/ICDS CENTRE . . . . . 18 OTHER PUBLIC SECTOR HEALTH FACILITY . . . . . 19 NGO OR TRUST HOSPITAL/CLINIC . . 21 PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC . . . . . 31 PVT. MOBILE CLINIC . . . . . 32 PHARMACY/DRUGSTORE . . . . . 33 OTHER PRIVATE SECTOR HEALTH FACILITY . . . . . 34 OTHER _____ 96 (SPECIFY)	
369	What service did you go for? Any other service? RECORD ALL MENTIONED.	FAMILY PLANNING . . . . . A IMMUNIZATION . . . . . B ANTENATAL CARE . . . . . C DELIVERY CARE . . . . . D POSTNATAL CARE . . . . . E DISEASE PREVENTION . . . . . F MEDICAL TREATMENT FOR SELF . . . G TREATMENT FOR CHILD . . . . . H TREATMENT FOR OTHER PERSON . I GROWTH MONITORING OF CHILD . . . J HEALTH CHECK-UP . . . . . K OTHER _____ X (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
370	How long did you have to wait before you received the service you went for?	MINUTES . . . . . 1 ☐☐ HOURS . . . . . 2 ☐☐ NO WAIT AT ALL . . . . . 995 DID NOT RECEIVE SERVICE 996	→373
371	Was the person who provided the service to you responsive to your problems and needs?	YES . . . . . 1 NO 2	
372	Did she/he respect your need for privacy if you needed it?	YES . . . . . 1 NO . . . . . 2 SAYS PRIVACY NOT NEEDED 3	
373	Would you say that the (camp/health facility) was very clean, somewhat clean, or not clean?	VERY CLEAN . . . . . 1 SOMEWHAT CLEAN . . . . . 2 NOT CLEAN 3	

401	CHECK 225: ONE OR MORE BIRTHS IN 2001 OR LATER ☐ ↓ NO BIRTHS IN 2001 OR LATER ☐ → 556			
402	ENTER IN THE TABLE BELOW THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 2001 OR LATER. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 3 BIRTHS, USE LAST 2 COLUMNS OF ADDITIONAL QUESTIONNAIRES). Now I would like to ask you some questions about the health of all your children born in the last five years. (We will talk about each separately.)			
403	LINE NUMBER FROM 212	LAST BIRTH LINE NUMBER .... ☐☐	NEXT-TO-LAST BIRTH LINE NUMBER .... ☐☐	SECOND-FROM-LAST BIRTH LINE NUMBER .... ☐☐
404	FROM 212 AND 216	NAME _____ LIVING ☐ ↓ DEAD ☐ ↓	NAME _____ LIVING ☐ ↓ DEAD ☐ ↓	NAME _____ LIVING ☐ ↓ DEAD ☐ ↓
405	At the time you became pregnant with (NAME), did you want to become pregnant <u>then</u>, did you want to wait until <u>later</u>, or did you <u>not want</u> to have any (more) children at all?	THEN ..... 1 (SKIP TO 407) ← LATER ..... 2 NOT AT ALL ..... 3 (SKIP TO 407) ←	THEN ..... 1 (SKIP TO 435) ← LATER ..... 2 NOT AT ALL ..... 3 (SKIP TO 435) ←	THEN ..... 1 (SKIP TO 435) ← LATER ..... 2 NOT AT ALL ..... 3 (SKIP TO 435) ←
406	How much longer would you have liked to wait?	MONTHS .. 1 ☐☐ YEARS .. 2 ☐☐ DON'T KNOW 998	MONTHS .. 1 ☐☐ YEARS .. 2 ☐☐ DON'T KNOW ... 998	MONTHS .. 1 ☐☐ YEARS .. 2 ☐☐ DON'T KNOW ... 998
407	Was this pregnancy registered with the ANM?	YES ..... 1 NO ..... 2 (SKIP TO 409) ←		
408	Did you get a card from the ANM?	YES ..... 1 NO 2		
409	Did you see anyone for antenatal care for this pregnancy? IF YES: Whom did you see? Anyone else? PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS SEEN.	HEALTH PERSONNEL DOCTOR ..... A ANM/NURSE/ MIDWIFE/LHV .... B OTHER HEALTH PERSONNEL .... C OTHER PERSON DAI/TBA ..... D ANGANWADI/ICDS WORKER .... E OTHER _____ X (SPECIFY) NO ONE ..... Y (SKIP TO 417) ←		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
410	Where did you receive antenatal care for this pregnancy? Any other place? IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTRE, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL SECTOR, WRITE THE NAME OF THE PLACE(S). _____ (NAME OF PLACE(S)) RECORD ALL PLACES MENTIONED.	HOME YOUR HOME . . . . A PARENTS' HOME B OTHER HOME . . . . C PUB. MED. SECTOR GOVT./MUNIC. HOSPITAL . . . . D GOVT. DISP. . . . . E UHC/UHP/UFWC . . . . F CHC/RUR. HOSP./ PHC . . . . . G SUB-CENTRE . . . . H ANGANWADI/ICDS CENTRE . . . . . I VILLAGE CLINIC BY ANM . . . . . J OTHER PUBLIC SECT. HEALTH FACILITY . . . . . K NGO/TRUST HOSP./ CLINIC . . . . . L PVT. MED. SECTOR PVT. HOSP./ MATERNITY HOME/CLINIC . . . . M OTHER PVT. SECT. HEALTH FACILITY . . . . . N OTHER _____ X (SPECIFY)	
411	How many months pregnant were you when you first received antenatal care for this pregnancy?	MONTHS . . . . [ ][ ] DON'T KNOW 98		
412	How many times did you receive antenatal care during this pregnancy?	NUMBER OF TIMES . . . [ ][ ] DON'T KNOW 98		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
413	As part of your antenatal care during this pregnancy, were any of the following done at least once?	YES NO		
	a. Were you weighed?	WEIGHT 1 2		
	b. Was your blood pressure measured?	BP 1 2		
	c. Did you give a urine sample?	URINE 1 2		
	d. Did you give a blood sample?	BLOOD 1 2		
	e. Was your abdomen checked?	ABDOMEN 1 2		
	f. Were you told your expected delivery date?	DELIVERY DATE 1 2		
	g. Were you advised to deliver in a hospital or health facility?	DELIVERY ADVICE 1 2		
	h. Were you advised about proper nutrition during pregnancy?	NUTRITION ADVICE 1 2		
414	During (any of) your antenatal care visit(s), were you told about the following signs of pregnancy complications?	YES NO		
	a. Vaginal bleeding?	BLEEDING 1 2		
	b. Convulsions?	CONVULSIONS 1 2		
	c. Prolonged labour?	PROLONGED LABOUR 1 2		
415	Were you told where to go if you had any pregnancy complications?	YES ..... 1 NO 2		
416	Was (NAME'S) father present during (any of) your antenatal visits?	YES ..... 1 NO 2		
417	During this pregnancy, were you given an injection to prevent you and the baby from getting tetanus?	YES ..... 1 NO ..... 2 (SKIP TO 420) ← DON'T KNOW 8		
418	During this pregnancy, how many times did you get a tetanus injection?	TIMES ..... ☐ DON'T KNOW 8		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
419	CHECK 418:	2 OR MORE TIMES ☐ → (SKIP TO 422) OTHER ☐ ↓		
420	At any time before this pregnancy, did you receive any tetanus injections?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 422) ← DON'T KNOW 8		
421	How many years ago did you receive the last tetanus injection before this pregnancy?	YEARS AGO . . . . . ☐☐		
422	During this pregnancy, were you given or did you buy any iron folic acid tablets or syrup? SHOW TABLETS/SYRUP.	YES . . . . . 1 NO . . . . . 2 (SKIP TO 424) ← DON'T KNOW 8		
423	During the whole pregnancy, for how many days did you take the tablets or syrup? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER OF DAYS.	NUMBER OF DAYS ☐☐☐ DON'T KNOW 998		
424	During this pregnancy, did you take any drug to get rid of worms in your intestines?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8		
425	During this pregnancy, did you have difficulty with your vision during daylight?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8		
426	During this pregnancy, did you suffer from night blindness [USE LOCAL TERM]?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8		
427	During this pregnancy, did you have convulsions not from fever?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8		
428	During this pregnancy, did you have swelling of the legs, body or face?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8		
429	During this pregnancy, did you feel excessive fatigue?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME ________	NEXT-TO-LAST BIRTH NAME ________	SECOND-FROM-LAST BIRTH NAME ________
430	During this pregnancy, did you have any vaginal bleeding?	YES . . . 1 NO . . . 2 DON'T KNOW . . . 8		
431	Did you receive any supplementary nutrition from the anganwadi centre during this pregnancy?	YES . . . 1 NO . . . 2 (SKIP TO 433)		
432	During this pregnancy, were you always able to get the supplementary nutrition from the anganwadi centre when you wanted it?	YES, ALWAYS . . . 1 NO . . . 2		
433	During the last three months of this pregnancy, did you meet with an ANM, Lady Health Visitor, anganwadi worker, or other community health worker? IF YES: Where did you meet this/ these person(s)?	HOME ONLY . . . 1 ELSEWHERE ONLY . . . 2 BOTH HOME AND ELSEWHERE . . . 3 DID NOT MEET . . . 4 (SKIP TO 435)		
434	During any of these meetings in the last three months of this pregnancy, did you receive advice on the following at least once? a. Breastfeeding? b. Keeping the baby warm? c. The need for cleanliness at the time of delivery? d. Family planning or delaying your next child?	YES NO BREASTFEED . . . 1 2 BABY WARM . . . 1 2 CLEANLINESS . . . 1 2 FAMILY PLAN . . . 1 2		
435	When (NAME) was born, was he/she very large, larger than average, average, smaller than average, or very small?	VERY LARGE . . . 1 LARGER THAN AVERAGE . . . 2 AVERAGE . . . 3 SMALLER THAN AVERAGE . . . 4 VERY SMALL . . . 5 DON'T KNOW . . . 8	VERY LARGE . . . 1 LARGER THAN AVERAGE . . . 2 AVERAGE . . . 3 SMALLER THAN AVERAGE . . . 4 VERY SMALL . . . 5 DON'T KNOW . . . 8	VERY LARGE . . . 1 LARGER THAN AVERAGE . . . 2 AVERAGE . . . 3 SMALLER THAN AVERAGE . . . 4 VERY SMALL . . . 5 DON'T KNOW . . . 8
436	Was (NAME) weighed at birth?	YES . . . 1 NO . . . 2 (SKIP TO 438) DON'T KNOW . . . 8	YES . . . 1 NO . . . 2 (SKIP TO 438) DON'T KNOW . . . 8	YES . . . 1 NO . . . 2 (SKIP TO 438) DON'T KNOW . . . 8

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
437	How much did (NAME) weigh? RECORD WEIGHT IN KILOGRAMS FROM HEALTH CARD, IF AVAILABLE.	KG FROM CARD 1 ☐. ☐☐☐ KG FROM RECALL 2 ☐. ☐☐☐ DON'T KNOW . 99.998	KG FROM CARD 1 ☐. ☐☐☐ KG FROM RECALL 2 ☐. ☐☐☐ DON'T KNOW . 99.998	KG FROM CARD 1 ☐. ☐☐☐ KG FROM RECALL 2 ☐. ☐☐☐ DON'T KNOW . 99.998
438	Who assisted with the delivery of (NAME)? Anyone else? PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS ASSISTING. IF RESPONDENT SAYS NO ONE ASSISTED, PROBE TO DETERMINE WHETHER ANY ADULTS WERE PRESENT AT THE DELIVERY.	HEALTH PERSONNEL DOCTOR . . . . . A ANM/NURSE/ MIDWIFE/LHV . B OTHER HEALTH PERSONNEL . C OTHER PERSON DAI (TBA) . . . . D FRIEND/RELATIVE E OTHER _____ X (SPECIFY) NO ONE . . . . . Y	HEALTH PERSONNEL DOCTOR . . . . . A ANM/NURSE/ MIDWIFE/LHV . B OTHER HEALTH PERSONNEL . C OTHER PERSON DAI (TBA) . . . D FRIEND/RELATIVE E OTHER _____ X (SPECIFY) NO ONE . . . . . Y	HEALTH PERSONNEL DOCTOR . . . . . A ANM/NURSE/ MIDWIFE/LHV . B OTHER HEALTH PERSONNEL . C OTHER PERSON DAI (TBA) . . . D FRIEND/RELATIVE E OTHER _____ X (SPECIFY) NO ONE . . . . . Y
439	Where did you give birth to (NAME)? IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTRE, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	HOME YOUR HOME . . . . 11 (SKIP TO 446) ← PARENTS' HOME 12 OTHER HOME . . . . 13 (SKIP TO 446) ← PUB. MED. SECTOR GOVT./MUNIC. HOSPITAL . . . . 21 GOVT. DISP. . . . . 22 UHC/UHP/UFWC 23 CHC/RUR. HOSP/ PHC . . . . . 24 SUB-CENTRE . . . . 25 OTHER PUB. SECT. HEALTH FACILITY . . . . . 26 NGO/TRUST HOSP./ CLINIC . . . . . 31 PVT. MED. SECTOR PVT. HOSP./ MATERNITY HOME/CLINIC . 41 OTHER PVT. SECT. HEALTH FACILITY . . . . . 42 OTHER _____ 96 (SPECIFY) (SKIP TO 446) ←	HOME YOUR HOME . . . 11 (SKIP TO 448) ← PARENTS' HOME 12 OTHER HOME . . . 13 (SKIP TO 448) ← PUB. MED. SECTOR GOVT./MUNIC. HOSPITAL . . . 21 GOVT. DISP. . . . 22 UHC/UHP/UFWC 23 CHC/RUR. HOSP/ PHC . . . . . 24 SUB-CENTRE . . . 25 OTHER PUB. SECT. HEALTH FACILITY . . . . . 26 NGO/TRUST HOSP./ CLINIC . . . . . 31 PVT. MED. SECTOR PVT. HOSP./ MATERNITY HOME/CLINIC . 41 OTHER PVT. SECT. HEALTH FACILITY . . . . . 42 OTHER _____ 96 (SPECIFY) (SKIP TO 448) ←	HOME YOUR HOME . . . 11 (SKIP TO 448) ← PARENTS' HOME 12 OTHER HOME . . . 13 (SKIP TO 448) ← PUB. MED. SECTOR GOVT./MUNIC. HOSPITAL . . . 21 GOVT. DISP. . . . 22 UHC/UHP/UFWC 23 CHC/RUR. HOSP/ PHC . . . . . 24 SUB-CENTRE . . . 25 OTHER PUB. SECT. HEALTH FACILITY . . . . . 26 NGO/TRUST HOSP./ CLINIC . . . . . 31 PVT. MED. SECTOR PVT. HOSP./ MATERNITY HOME/CLINIC . 41 OTHER PVT. SECT. HEALTH FACILITY . . . . . 42 OTHER _____ 96 (SPECIFY) (SKIP TO 448) ←

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
440	How long after (NAME) was delivered did you stay there? IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS . . 1 ☐☐ DAYS . . . . . 2 ☐☐ WEEKS . . 3 ☐☐ DON'T KNOW 998	HOURS . 1 ☐☐ DAYS . . . 2 ☐☐ WEEKS . 3 ☐☐ DON'T KNOW . . . 998	HOURS . 1 ☐☐ DAYS . . . 2 ☐☐ WEEKS . 3 ☐☐ DON'T KNOW . . . 998
441	Was (NAME) delivered by caesarean section?	YES . . . . . 1 NO 2	YES . . . . . 1 NO 2	YES . . . . . 1 NO 2
442	Before you were discharged (FROM PLACE IN 439) after (NAME) was born, did any health personnel check on your health?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 445)	YES . . . . . 1 (SKIP TO 461) NO 2	YES . . . . . 1 (SKIP TO 461) NO 2
443	How long after delivery did the first check take place? IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS . . 1 ☐☐ DAYS . . . . . 2 ☐☐ WEEKS . . 3 ☐☐ DON'T KNOW 998		
444	Who checked on your health at that time? PROBE FOR MOST QUALIFIED PERSON.	HEALTH PERSONNEL DOCTOR . . . . . 11 ANM/NURSE/ MIDWIFE/LHV . . . . 12 OTHER HEALTH PERSONNEL . . . . 13 OTHER PERSON DAI (TBA) . . . . 21 OTHER _____ 96 (SPECIFY) (SKIP TO 459)		
445	In the two months after you were discharged, did any health personnel, anganwadi worker, or traditional birth attendant [dai] check on your health?	YES . . . . . 1 (SKIP TO 449) NO . . . . . 2 (SKIP TO 459)	YES . . . . . 1 (SKIP TO 461) NO 2	YES . . . . . 1 (SKIP TO 461) NO 2

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
446	Why didn't you deliver in a health facility? PROBE: Any other reason? RECORD ALL MENTIONED.	COSTS TOO MUCH . . . . A FACILITY NOT OPEN B TOO FAR/ NO TRANSPORTATION . C DON'T TRUST FACILITY/POOR QUALITY SERVICE . D NO FEMALE PROVIDER AT FACILITY . E HUSBAND/FAMILY DID NOT ALLOW . F NOT NECESSARY . . . . G NOT CUSTOMARY . . H OTHER _____ X (SPECIFY)		
447	At the time of delivery of (NAME) were the following done? a. Was a disposable delivery kit used? b. Was the baby immediately wiped dry and then wrapped without being bathed? c. Was a clean blade used to cut the cord?	YES NO DK DDK USED . . 1 2 8 WIPE AND WRAP . . 1 2 8 BLADE 1 2 8		
448	In the two months after (NAME) was born, did any health personnel, anganwadi worker, or a traditional birth attendant check on your health?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 455)	YES . . . . . 1 NO 2	YES . . . . . 1 NO 2
449	How many hours, days or weeks after delivery did the first check take place? IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS . . 1 ☐☐ DAYS . . . . . 2 ☐☐ WEEKS . . 3 ☐☐ DON'T KNOW 998		
450	Who checked on your health at that time? PROBE FOR MOST QUALIFIED PERSON.	HEALTH PERSONNEL DOCTOR . . . . . 11 ANM/NURSE/ MIDWIFE/LHV . . . . 12 OTHER HEALTH PERSONNEL . . . . 13 OTHER PERSON DAI (TBA) . . . . . 21 OTHER _____ 96 (SPECIFY)		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
451	Where did this first check take place? IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTRE, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	HOME YOUR HOME . . . . . 11 PARENTS' HOME . . . . 12 OTHER HOME . . . . . 13 PUB. MED. SECTOR GOVT./MUNIC. HOSPITAL . . . . . 21 GOVT. DISP. . . . . 22 UHC/UHP/UFWC . . . . 23 CHC/RUR. HOSP/ PHC . . . . . 24 SUB-CENTRE . . . . . 25 ANGANWADI/ICDS CENTRE . . . . . 26 OTHER PUB. SECT. HEALTH FACILITY . . . . . 27 NGO/TRUST HOSP./ CLINIC . . . . . 31 PVT. MED. SECTOR PVT. HOSP./ MATERNITY HOME/CLINIC . . . . 41 OTHER PVT. SECT. HEALTH FACILITY . . . . . 42 OTHER _____ 96 (SPECIFY)		
452	CHECK 445:	YES → (SKIP TO 459) NOT ASKED →		
453	Was the health of (NAME) also checked at this time?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 455)		
454	Was this the first time the health of (NAME) was checked?	YES . . . . . 1 (SKIP TO 459) NO . . . . . 2 (SKIP TO 456)		
455	In the two months after (NAME) was born, did any health personnel or a traditional birth attendant check on his/her health?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 459) DON'T KNOW 8		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
456	How many hours, days or weeks after the birth of (NAME) did the first check take place? IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.	HRS AFTER BIRTH . . . . . 1 [ ][ ] DAYS AFTER BIRTH . . . . . 2 [ ][ ] WKS AFTER BIRTH . . . . . 3 [ ][ ] DON'T KNOW 998		
457	Who checked on (NAME)'s health at that time? PROBE FOR MOST QUALIFIED PERSON.	HEALTH PERSONNEL DOCTOR . . . . . 11 ANM/NURSE/ MIDWIFE/LHV . . . . 12 OTHER HEALTH PERSONNEL . . . . 13 OTHER PERSON DAI (TBA) . . . . . 21 OTHER _____ 96 (SPECIFY)		
458	Where did this first check of (NAME) take place? IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTRE, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	HOME YOUR HOME . . . . . 11 PARENTS' HOME 12 OTHER HOME . . . . . 13 PUB. MED. SECTOR GOVT./MUNIC. HOSPITAL . . . . . 21 GOVT. DISP. . . . . 22 UHC/UHP/UFWC 23 CHC/RUR. HOSP./ PHC . . . . . 24 SUB-CENTRE . . . . . 25 ANGANWADI/ICDS CENTRE . . . . . 26 OTHER PUB. SECT. HEALTH FACILITY . . . . . 27 NGO/TRUST HOSP./ CLINIC . . . . . 31 PVT. MED. SECTOR PVT. HOSP./ MATERNITY HOME/CLINIC . . . . 41 OTHER PVT. SECT. HEALTH FACILITY . . . . . 42 OTHER _____ 96 (SPECIFY)		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
459	In the first two months after delivery, did you have: a) Massive vaginal bleeding? b) Very high fever?	YES . . . . . 1 NO . . . . . 2 YES . . . . . 1 NO 2		
460	Has your menstrual period returned since the birth of (NAME)?	YES . . . . . 1 (SKIP TO 462) NO . . . . . 2 (SKIP TO 463)		
461	Did your period return between the birth of (NAME) and your next pregnancy?		YES . . . . . 1 NO . . . . . 2 (SKIP TO 465)	YES . . . . . 1 NO . . . . . 2 (SKIP TO 465)
462	For how many months after the birth of (NAME) did you not have a period?	MONTHS . . . . ☐☐ DON'T KNOW 98	MONTHS . . . ☐☐ DON'T KNOW 98	MONTHS . . . . ☐☐ DON'T KNOW 98
463	CHECK 227: IS RESPONDENT PREGNANT?	NOT PREG-NANT ☐ PREGNANT OR UNSURE ☐ (SKIP TO 465)		
464	Have you resumed sexual relations since the birth of (NAME)?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 466)		
465	For how many months after the birth of (NAME) did you not have sexual relations?	MONTHS . . . . ☐☐ DON'T KNOW 98	MONTHS . . . ☐☐ DON'T KNOW 98	MONTHS . . . . ☐☐ DON'T KNOW 98
466	Did you ever breastfeed (NAME)?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 473)	YES . . . . . 1 NO . . . . . 2 (SKIP TO 473)	YES . . . . . 1 NO . . . . . 2 (SKIP TO 473)
467	How long after birth did you first put (NAME) to the breast? IF LESS THAN HALF AN HOUR, CIRCLE '000'. IF LESS THAN 24 HOURS, RECORD HOURS. OTHERWISE, RECORD DAYS.	IMMEDIATELY/ WITHIN HALF AN HOUR . . . . . 000 HOURS . . 1 ☐☐ DAYS . . . . . 2 ☐☐		
468	In the first three days after delivery, was (NAME) given anything to drink other than breast milk?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 470)		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
469	What was (NAME) given to drink? Anything else? RECORD ALL LIQUIDS MENTIONED.	MILK (OTHER THAN BREAST MILK) . . A PLAIN WATER . . . . . B SUGAR OR GLUCOSE WATER . . . . C GRIPE WATER . . . . D SUGAR-SALT-WATER SOLUTION . . . . . E FRUIT JUICE . . . . . F INFANT FORMULA . . G TEA . . . . . H HONEY . . . . . I JANAM GHUTTI . . . . J OTHER _____ X (SPECIFY)		
470	CHECK 404: IS CHILD LIVING?	LIVING ☐ DEAD ☐ (SKIP TO 472)	LIVING ☐ DEAD ☐ (SKIP TO 472)	LIVING ☐ DEAD ☐ (SKIP TO 472)
471	Are you still breastfeeding (NAME)?	YES . . . . . 1 (SKIP TO 474) NO 2	YES . . . . . 1 (SKIP TO 476) NO 2	YES . . . . . 1 (SKIP TO 476) NO 2
472	For how many months did you breastfeed (NAME)?	MONTHS . . . . ☐☐ DON'T KNOW 98	MONTHS . . . ☐☐ DON'T KNOW . . . 98	MONTHS . . . . ☐☐ DON'T KNOW . . . 98
473	CHECK 404: IS CHILD LIVING?	LIVING ☐ DEAD ☐ (SKIP TO 476) (GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 478)	LIVING ☐ DEAD ☐ (SKIP TO 476) (GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 478)	LIVING ☐ DEAD ☐ (SKIP TO 476) (GO BACK TO 405 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 478)
474	How many times did you breastfeed last night between sunset and sunrise? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER.	NUMBER OF NIGHT TIME FEEDINGS . ☐☐		
475	How many times did you breastfeed yesterday during the daylight hours? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER.	NUMBER OF DAYLIGHT FEEDINGS . ☐☐		
476	Did (NAME) drink anything from a bottle with a nipple yesterday or last night?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8
477		GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 478.	GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 478.	GO BACK TO 405 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 478.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
478	CHECK 215 AND 218: HAS AT LEAST ONE CHILD BORN IN 2003 OR LATER AND LIVING WITH HER ☐ → RECORD NAME OF YOUNGEST CHILD LIVING WITH HER (AND CONTINUE WITH 479) _____ (NAME)	DOES NOT HAVE ANY CHILDREN BORN IN 2003 OR LATER AND LIVING WITH HER ☐	→ 501
479	Now I would like to ask you about liquids (NAME FROM 478) drank yesterday during the day or at night. Did (NAME FROM 478) drink:	YES NO DK	
	a. Plain water?	PLAIN WATER 1 2 8	
	b. Commercially produced infant formula?	FORMULA 1 2 8	
	c. Any other milk such as tinned, powdered, or fresh animal milk?	MILK 1 2 8	
	d. Fruit juice?	JUICE 1 2 8	
	e. Tea or coffee?	TEA/COFFEE 1 2 8	
	f. Any other liquids?	OTHER LIQUIDS 1 2 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
480	Now I would like to ask you about the food (NAME FROM 478) ate yesterday during the day or at night, either separately or combined with other foods. Did (NAME FROM 478) eat:	YES NO DK	
	a. Any porridge or gruel?	a 1 2 8	
	b. Any commercially fortified baby food such as Cerelac or Farex?	b 1 2 8	
	c. Any bread, roti, chapati, rice, noodles, biscuits, idli, or any other foods made from grains?	c 1 2 8	
	d. Any pumpkin, carrots, or sweet potatoes that are yellow or orange inside?	d 1 2 8	
	e. Any white potatoes, white yams, cassava, or any other foods made from roots?	e 1 2 8	
	f. Any dark green, leafy vegetables?	f 1 2 8	
	g. Any ripe mangoes, papayas, cantaloupe, or jackfruit?	g 1 2 8	
	h. Any other fruits or vegetables?	h 1 2 8	
	i. Any liver, kidney, heart or other organ meats?	i 1 2 8	
	j. Any chicken, duck or other birds?	j 1 2 8	
	k. Any other meat?	k 1 2 8	
	l. Any eggs?	l 1 2 8	
	m. Any fresh or dried fish or shellfish?	m 1 2 8	
	n. Any foods made from beans, peas, or lentils?	n 1 2 8	
	o. Any nuts?	o 1 2 8	
	p. Any cheese,yogurt or other milk products?	p 1 2 8	
	q. Any food made with oil, fat, ghee or butter?	q 1 2 8	
	r. Any other solid or semi-solid food?	r 1 2 8	
481	CHECK 480: AT LEAST ONE "YES" ☐	NOT A SINGLE "YES" ☐ → 501	
482	How many times did (NAME) eat solid, semisolid, or soft foods other than liquids yesterday during the day or at night? IF 7 OR MORE TIMES, RECORD '7'.	NUMBER OF TIMES . . . . . ☐☐ DON'T KNOW 8	

SECTION 5. IMMUNIZATION, HEALTH, AND WOMEN'S NUTRITION

501	ENTER IN THE TABLE THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 2001 OR LATER. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 3 BIRTHS, USE LAST 2 COLUMNS OF ADDITIONAL QUESTIONNAIRES).			
502	LINE NUMBER FROM 212	LAST BIRTH LINE NUMBER	NEXT-TO-LAST BIRTH LINE NUMBER	SECOND-FROM-LAST BIRTH LINE NUMBER . . . . .
503	FROM 212 AND 216	NAME_____ LIVING ☐ DEAD ☐ (GO TO 503 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 553)	NAME_____ LIVING ☐ DEAD ☐ (GO TO 503 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 553)	NAME_____ LIVING ☐ DEAD ☐ (GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE, OR IF NO MORE BIRTHS, GO TO 553)
504	Has (NAME) ever received a vitamin A dose (like this/any of these)? SHOW COMMON AMPULES/SYRUPS/ CAPSULES	YES . . . . . 1 NO . . . . . 2 (SKIP TO 507) DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 507) DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 507) DON'T KNOW 8
505	How many times has (NAME) received a vitamin A dose? IF 7 OR MORE TIMES, RECORD '7'	TIMES . . . . . ☐ DON'T KNOW 8	TIMES . . . . . ☐ DON'T KNOW 8	TIMES . . . . . ☐ DON'T KNOW 8
506	How many months ago did (NAME) take the last dose?	MONTHS AGO . . ☐☐ DON'T KNOW 98	MONTHS AGO . . ☐☐ DON'T KNOW 98	MONTHS AGO . . ☐☐ DON'T KNOW 98
507	Is (NAME) currently taking iron pills or iron syrup (like this/ any of these)? SHOW COMMON CAPSULES/SYRUPS.	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8
508	Has (NAME) taken any drug to get rid of intestinal worms in the past 6 months?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME	NEXT-TO-LAST BIRTH NAME	SECOND-FROM-LAST BIRTH NAME
509	Do you have a card where (NAME'S) vaccinations are written down? IF YES: May I see it please?	YES, SEEN . . . . . 1 (SKIP TO 511) ← YES, NOT SEEN . . . . . 2 (SKIP TO 514) ← NO CARD 3	YES, SEEN . . . . . 1 (SKIP TO 511) ← YES, NOT SEEN . . . . . 2 (SKIP TO 514) ← NO CARD 3	YES, SEEN . . . . . 1 (SKIP TO 511) ← YES, NOT SEEN . . . . . 2 (SKIP TO 514) ← NO CARD 3
510	Did you ever have a vaccination card for (NAME)?	YES . . . . . 1 (SKIP TO 514) ← NO 2	YES . . . . . 1 (SKIP TO 514) ← NO 2	YES . . . . . 1 (SKIP TO 514) ← NO 2

511

(1) COPY VACCINATION DATE FOR EACH VACCINE FROM THE CARD.
(2) WRITE '44' IN 'DAY' COLUMN IF CARD SHOWS THAT A VACCINATION WAS GIVEN, BUT NO DATE IS RECORDED.
(3) IF ONLY PART OF DATE IS SHOWN ON CARD, RECORD '98' OR '9998' FOR 'DON'T KNOW' IN THE COLUMN FOR WHICH INFORMATION IS NOT GIVEN.

	LAST BIRTH DAY	LAST BIRTH MONTH	LAST BIRTH YEAR	NEXT-TO-LAST BIRTH DAY	NEXT-TO-LAST BIRTH MONTH	NEXT-TO-LAST BIRTH YEAR	SECOND-FROM-LAST BIRTH DAY	SECOND-FROM-LAST BIRTH MONTH	SECOND-FROM-LAST BIRTH YEAR
BCG				BCG			BCG		
POLIO 0 (POLIO GIVEN AT BIRTH)				P0			P0		
POLIO 1				P1			P1		
POLIO 2				P2			P2		
POLIO 3				P3			P3		
DPT 1				D1			D1		
DPT 2				D2			D2		
DPT 3				D3			D3		
MEASLES				MEA			MEA		
VITAMIN A (LAST DOSE)				VIT A			VIT A		
VITAMIN A (NEXT-TO-LAST DOSE)				VIT A			VIT A		

512	CHECK 511:	BCG' TO 'MEASLES' FILLED → (SKIP TO 517) OTHER ↓	BCG' TO 'MEASLES' FILLED → (SKIP TO 517) OTHER ↓	BCG' TO 'MEASLES' FILLED → (SKIP TO 517) OTHER ↓

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME ________	NEXT-TO-LAST BIRTH NAME ________	SECOND-FROM-LAST BIRTH NAME ________
513	Has (NAME) received any vaccinations that are not recorded on this card, including vaccinations received in a Pulse Polio campaign? RECORD 'YES' ONLY IF RESPONDENT MENTIONS BCG, POLIO 0-3, DPT 1-3, AND/OR MEASLES VACCINES.	YES . . . . 1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 511) (SKIP TO 516) NO . . . . 2 (SKIP TO 516) DON'T KNOW 8	YES . . . . 1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 511) (SKIP TO 516) NO . . . . 2 (SKIP TO 516) DON'T KNOW 8	YES . . . . 1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 511) (SKIP TO 516) NO . . . . 2 (SKIP TO 516) DON'T KNOW 8
514	Did (NAME) ever receive any vaccinations to prevent him/her from getting diseases, including vaccinations received in a Pulse Polio campaign?	YES . . . . 1 NO . . . . 2 (SKIP TO 518) DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 518) DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 518) DON'T KNOW 8
515	Please tell me if (NAME) received any of the following vaccinations:			
515A	A BCG vaccination against tuberculosis, that is, an injection in the arm or shoulder that usually causes a scar?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8
515B	Polio vaccine, that is, drops in the mouth, including vaccine received in a Pulse Polio campaign?	YES . . . . 1 NO . . . . 2 (SKIP TO 515E) DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 515E) DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 515E) DON'T KNOW 8
515C	Was the first polio vaccine received in the first two weeks after birth or later?	FIRST 2 WEEKS . . . 1 LATER 2	FIRST 2 WEEKS . . . 1 LATER 2	FIRST 2 WEEKS . . . 1 LATER 2
515D	How many times was the polio vaccine received? IF MORE THAN 7, RECORD '7'.	NUMBER OF TIMES . . . . . ☐	NUMBER OF TIMES . . . . . ☐	NUMBER OF TIMES . . . . . ☐
515E	A DPT vaccination, that is, an injection given in the thigh or buttocks, sometimes at the same time as polio drops?	YES . . . . 1 NO . . . . 2 (SKIP TO 515G) DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 515G) DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 515G) DON'T KNOW 8

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME ________	NEXT-TO-LAST BIRTH NAME ________	SECOND-FROM-LAST BIRTH NAME ________
515F	How many times was a DPT vaccination received?	NUMBER OF TIMES . . . . . [ ]	NUMBER OF TIMES . . . . . [ ]	NUMBER OF TIMES . . . . . [ ]
515G	An injection to prevent measles?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8
516	CHECK 511 AND 514: ANY VACCINATIONS RECEIVED?	[ ] YES NO [ ] (SKIP TO 518)	[ ] YES NO [ ] (SKIP TO 518)	[ ] YES NO [ ] (SKIP TO 518)
517	Where did (NAME) receive most of his/her vaccinations? IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTRE, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL SECTOR, WRITE THE NAME OF THE PLACE. ________ (NAME OF PLACE)	PUB. MED. SECTOR GOVT./MUNICIPAL HOSPITAL . . . 11 GOVT. DISP. . . . 12 UHC/UHP/UFWC 13 CHC/RUR. HOSP/ PHC . . . . 14 SUB-CENTRE . 15 GOVT. MOBILE CLINIC . . . . 16 CAMP . . . . 17 ANGANWADI/ICDS CENTRE . . . . . 18 PULSE POLIO . . . 19 OTHER PUBLIC SECT. HEALTH FACILITY . . . . . 20 NGO/TRUST HOSP./ CLINIC . . . . 31 PVT. MED. SECTOR PVT. HOSPITAL . 41 PVT. DOCTOR/ CLINIC . . . . . 42 PVT. PARAMEDIC 43 VAIDYA/HAKIM/ HOMEOPATH 44 PHARMACY/ DRUGSTORE . 45 OTHER PVT. HEALTH FAC. . 46 OTHER ________ 96 (SPECIFY)	PUB. MED. SECTOR GOVT./MUNICIPAL HOSPITAL . . . 11 GOVT. DISP. . . . 12 UHC/UHP/UFWC 13 CHC/RUR. HOSP/ PHC . . . . 14 SUB-CENTRE . 15 GOVT. MOBILE CLINIC . . . . 16 CAMP . . . . 17 ANGANWADI/ICDS CENTRE . . . . . 18 PULSE POLIO . . . 19 OTHER PUBLIC SECT. HEALTH FACILITY . . . . . 20 NGO/TRUST HOSP./ CLINIC . . . . 31 PVT. MED. SECTOR PVT. HOSPITAL . 41 PVT. DOCTOR/ CLINIC . . . . . 42 PVT. PARAMEDIC 43 VAIDYA/HAKIM/ HOMEOPATH 44 PHARMACY/ DRUGSTORE . 45 OTHER PVT. HEALTH FAC. . 46 OTHER ________ 96 (SPECIFY)	PUB. MED. SECTOR GOVT./MUNICIPAL HOSPITAL . . . 11 GOVT. DISP. . . . 12 UHC/UHP/UFWC 13 CHC/RUR. HOSP/ PHC . . . . 14 SUB-CENTRE . 15 GOVT. MOBILE CLINIC . . . . 16 CAMP . . . . 17 ANGANWADI/ICDS CENTRE . . . . . 18 PULSE POLIO . . . 19 OTHER PUBLIC SECT. HEALTH FACILITY . . . . . 20 NGO/TRUST HOSP./ CLINIC . . . . 31 PVT. MED. SECTOR PVT. HOSPITAL . 41 PVT. DOCTOR/ CLINIC . . . . . 42 PVT. PARAMEDIC 43 VAIDYA/HAKIM/ HOMEOPATH 44 PHARMACY/ DRUGSTORE . 45 OTHER PVT. HEALTH FAC. . 46 OTHER ________ 96 (SPECIFY)
518	Has (NAME) had diarrhoea in the last 2 weeks?	YES . . . . 1 NO . . . . 2 (SKIP TO 532) DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 532) DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 532) DON'T KNOW 8
519	How long ago did the diarrhoea start? IF LESS THAN ONE WEEK, RECORD NUMBER OF DAYS AGO; OTHERWISE RECORD WEEKS AGO.	NO. OF DAYS AGO 1 [0][ ] NO. OF WEEKS AGO 2 [ ][ ] DON'T KNOW 998	NO. OF DAYS AGO 1 [0][ ] NO. OF WEEKS AGO 2 [ ][ ] DON'T KNOW 998	NO. OF DAYS AGO 1 [0][ ] NO. OF WEEKS AGO 2 [ ][ ] DON'T KNOW 998

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME ________	NEXT-TO-LAST BIRTH NAME ________	SECOND-FROM-LAST BIRTH NAME ________
520	Was there any blood in the stools?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8
521	Now I would like to know how much (NAME) was given to drink during the diarrhoea. Was he/she given less than usual to drink, about the same amount, or more than usual to drink? IF LESS, PROBE: Was he/she given much less than usual to drink or somewhat less?	MUCH LESS . . . . . 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE . . . . 4 NOTHING TO DRINK 5 DON'T KNOW 8	MUCH LESS . . . . . 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE . . . . 4 NOTHING TO DRINK 5 DON'T KNOW 8	MUCH LESS . . . . . 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE . . . . 4 NOTHING TO DRINK 5 DON'T KNOW 8
522	When (NAME) had diarrhoea, was he/she given less than usual to eat, about the same amount, more than usual, or nothing to eat? IF LESS, PROBE: Was he/she given much less than usual to eat or somewhat less?	MUCH LESS . . . . . 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE . . . . 4 STOPPED FOOD . 5 NEVER GAVE FOOD 6 DON'T KNOW 8	MUCH LESS . . . . . 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE . . . . 4 STOPPED FOOD . 5 NEVER GAVE FOOD 6 DON'T KNOW 8	MUCH LESS . . . . . 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE . . . . 4 STOPPED FOOD . 5 NEVER GAVE FOOD 6 DON'T KNOW 8
523	Did you seek advice or treatment for the diarrhoea from any source?	YES . . . . 1 NO . . . . 2 (SKIP TO 528) ←	YES . . . . 1 NO . . . . 2 (SKIP TO 528) ←	YES . . . . 1 NO . . . . 2 (SKIP TO 528) ←

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME ________	NEXT-TO-LAST BIRTH NAME ________	SECOND-FROM-LAST BIRTH NAME ________
524	Where did you seek advice or treatment? Anywhere else? IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTRE, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL SECTOR, WRITE THE NAME OF THE PLACE(S). ________ (NAME OF PLACE(S)) RECORD ALL SOURCES MENTIONED.	PUB. MED. SECTOR GOVT./MUNICIPAL HOSPITAL . . . A GOVT. DISP. . . . B UHC/UHP/UFWC C CHC/RUR. HOSP/ PHC . . . . D SUB-CENTRE/ ANM . . . . E GOVT. MOBILE CLINIC . . . . F CAMP . . . . G ANGANWADI/ICDS CENTRE . . . . . H ASHA . . . . I OTHER PUB. SECT. HEALTH FACILITY . . . . . J NGO/TRUST HOSP./ CLINIC . . . . K PVT. MED. SECTOR PVT. HOSPITAL . L PVT. DOCTOR/ CLINIC . . . . . M PVT. PARAMEDIC N VAIDYA/HAKIM/ HOMEOPATH O TRADITIONAL HEALER . . . . . P PHARMACY/ DRUGSTORE . Q OTHER PVT. HEALTH FAC. . R OTHER SOURCE SHOP . . . . S FRIEND/RELATIVE T OTHER ________ X (SPECIFY)	PUB. MED. SECTOR GOVT./MUNICIPAL HOSPITAL . . . A GOVT. DISP. . . . B UHC/UHP/UFWC C CHC/RUR. HOSP/ PHC . . . . D SUB-CENTRE/ ANM . . . . E GOVT. MOBILE CLINIC . . . . F CAMP . . . . G ANGANWADI/ICDS CENTRE . . . . . H ASHA . . . . I OTHER PUB. SECT. HEALTH FACILITY . . . . . J NGO/TRUST HOSP./ CLINIC . . . . K PVT. MED. SECTOR PVT. HOSPITAL . L PVT. DOCTOR/ CLINIC . . . . . M PVT. PARAMEDIC N VAIDYA/HAKIM/ HOMEOPATH O TRADITIONAL HEALER . . . . . P PHARMACY/ DRUGSTORE . Q OTHER PVT. HEALTH FAC. . R OTHER SOURCE SHOP . . . . S FRIEND/RELATIVE T OTHER ________ X (SPECIFY)	PUB. MED. SECTOR GOVT./MUNICIPAL HOSPITAL . . . A GOVT. DISP. . . . B UHC/UHP/UFWC C CHC/RUR. HOSP/ PHC . . . . D SUB-CENTRE/ ANM . . . . E GOVT. MOBILE CLINIC . . . . F CAMP . . . . G ANGANWADI/ICDS CENTRE . . . . . H ASHA . . . . I OTHER PUB. SECT. HEALTH FACILITY . . . . . J NGO/TRUST HOSP./ CLINIC . . . . K PVT. MED. SECTOR PVT. HOSPITAL . L PVT. DOCTOR/ CLINIC . . . . . M PVT. PARAMEDIC N VAIDYA/HAKIM/ HOMEOPATH O TRADITIONAL HEALER . . . . . P PHARMACY/ DRUGSTORE . Q OTHER PVT. HEALTH FAC. . R OTHER SOURCE SHOP . . . . S FRIEND/RELATIVE T OTHER ________ X (SPECIFY)
525	CHECK 524:	TWO OR MORE CODES CIRCLED ☐ / ONLY ONE CODE CIRCLED ☐ (SKIP TO 527)	TWO OR MORE CODES CIRCLED ☐ / ONLY ONE CODE CIRCLED ☐ (SKIP TO 527)	TWO OR MORE CODES CIRCLED ☐ / ONLY ONE CODE CIRCLED ☐ (SKIP TO 527)
526	Where did you first seek advice or treatment? USE LETTER CODE FROM 524.	FIRST PLACE . . . ☐	FIRST PLACE . . . ☐	FIRST PLACE . . . ☐
527	How many days after the diarrhoea began did you first seek advice or treatment for (NAME)? IF THE SAME DAY, RECORD '00'.	DAYS . . . . . ☐☐	DAYS . . . . . ☐☐	DAYS . . . . . ☐☐

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME ________	NEXT-TO-LAST BIRTH NAME ________	SECOND-FROM-LAST BIRTH NAME ________
528	Does (NAME) still have diarrhoea?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8
529	Was he/she given any of the following to drink at any time since he/she started having the diarrhoea:	YES NO DK	YES NO DK	YES NO DK
	a. A fluid made from a special packet called [LOCAL NAME FOR ORS PACKET]?	FLUID FROM ORS PKT . . 1 2 8	FLUID FROM ORS PKT . . 1 2 8	FLUID FROM ORS PKT . . 1 2 8
	b. Gruel made from rice [OR OTHER LOCAL GRAIN]?	GRUEL . . 1 2 8	GRUEL . . 1 2 8	GRUEL . . 1 2 8
530	Was anything (else) given to treat the diarrhoea?	YES . . . . 1 NO . . . . 2 (SKIP TO 532)← DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 532)← DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 532)← DON'T KNOW 8
531	What (else) was given to treat the diarrhoea? Anything else? RECORD ALL TREATMENTS GIVEN.	PILL OR SYRUP ANTIBIOTIC . . . . . A ANTIMOTILITY . . . B ZINC . . . . C OTHER (NOT ANTI-BIOTIC, ANTI-MOTILITY, OR ZINC) . . . . D UNKNOWN PILL OR SYRUP . . . E INJECTION ANTIBIOTIC . . . . . F NON-ANTIBIOTIC G UNKNOWN INJECTION . . . H INTRAVENOUS (IV) . I HOME REMEDY/ HERBAL MED-ICINE . . . . J OTHER ________ X (SPECIFY)	PILL OR SYRUP ANTIBIOTIC . . . . . A ANTIMOTILITY . . . B ZINC . . . . C OTHER (NOT ANTI-BIOTIC, ANTI-MOTILITY, OR ZINC) . . . . D UNKNOWN PILL OR SYRUP . . . E INJECTION ANTIBIOTIC . . . . . F NON-ANTIBIOTIC G UNKNOWN INJECTION . . . H INTRAVENOUS (IV) . I HOME REMEDY/ HERBAL MED-ICINE . . . . J OTHER ________ X (SPECIFY)	PILL OR SYRUP ANTIBIOTIC . . . . . A ANTIMOTILITY . . . B ZINC . . . . C OTHER (NOT ANTI-BIOTIC, ANTI-MOTILITY, OR ZINC) . . . . D UNKNOWN PILL OR SYRUP . . . E INJECTION ANTIBIOTIC . . . . . F NON-ANTIBIOTIC G UNKNOWN INJECTION . . . H INTRAVENOUS (IV) . I HOME REMEDY/ HERBAL MED-ICINE . . . . J OTHER ________ X (SPECIFY)
532	Has (NAME) been ill with a fever at any time in the last 2 weeks?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8
533	Has (NAME) been ill with a cough at any time in the last 2 weeks?	YES . . . . 1 NO . . . . 2 (SKIP TO 536)← DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 536)← DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 536)← DON'T KNOW 8

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME ______	NEXT-TO-LAST BIRTH NAME ______	SECOND-FROM-LAST BIRTH NAME ______
534	When (NAME) had an illness with a cough, did he/she breathe faster than usual with short, rapid breaths or have difficulty breathing?	YES . . . . 1 NO . . . . 2 (SKIP TO 537) DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 537) DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 537) DON'T KNOW 8
535	When (NAME) had this illness, did he/she have a problem in the chest or a blocked or runny nose?	CHEST ONLY . . . 1 NOSE ONLY . . . . . 2 BOTH . . . . 3 OTHER ______ 6 (SPECIFY) DON'T KNOW . . . . . 8 (SKIP TO 537)	CHEST ONLY . . . 1 NOSE ONLY . . . . . 2 BOTH . . . . 3 OTHER ______ 6 (SPECIFY) DON'T KNOW . . . . . 8 (SKIP TO 537)	CHEST ONLY . . . 1 NOSE ONLY . . . . . 2 BOTH . . . . 3 OTHER ______ 6 (SPECIFY) DON'T KNOW . . . . . 8 (SKIP TO 537)
536	CHECK 532: HAD FEVER?	YES ☐ NO OR DK ☐ (SKIP TO 552)	YES ☐ NO OR DK ☐ (SKIP TO 552)	YES ☐ NO OR DK ☐ (SKIP TO 552)
537	How long ago did the (fever/ cough) start? IF LESS THAN ONE WEEK, RECORD NUMBER OF DAYS AGO; OTHERWISE RECORD WEEKS AGO.	NO. OF DAYS AGO 1 [0][ ] NO. OF WEEKS AGO 2 [ ][ ] DON'T KNOW 998	NO. OF DAYS AGO 1 [0][ ] NO. OF WEEKS AGO 2 [ ][ ] DON'T KNOW 998	NO. OF DAYS AGO 1 [0][ ] NO. OF WEEKS AGO 2 [ ][ ] DON'T KNOW 998
538	Now I would like to know how much (NAME) was given to drink during the illness with a (fever/cough). Was he/she given less than usual to drink, about the same amount, or more than usual to drink? IF LESS, PROBE: Was he/she given much less than usual to drink or somewhat less?	MUCH LESS . . . . . 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE . . . . 4 NOTHING TO DRINK 5 DON'T KNOW 8	MUCH LESS . . . . . 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE . . . . 4 NOTHING TO DRINK 5 DON'T KNOW 8	MUCH LESS . . . . . 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE . . . . 4 NOTHING TO DRINK 5 DON'T KNOW 8
539	When (NAME) had a (fever/cough), was he/she given less than usual to eat, about the same amount, more than usual, or nothing to eat? IF LESS, PROBE: Was he/she given much less than usual to eat or somewhat less?	MUCH LESS . . . . . 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE . . . . 4 STOPPED FOOD . 5 NEVER GAVE FOOD 6 DON'T KNOW 8	MUCH LESS . . . . . 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE . . . . 4 STOPPED FOOD . 5 NEVER GAVE FOOD 6 DON'T KNOW 8	MUCH LESS . . . . . 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE . . . . 4 STOPPED FOOD . 5 NEVER GAVE FOOD 6 DON'T KNOW 8

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME ________	NEXT-TO-LAST BIRTH NAME ________	SECOND-FROM-LAST BIRTH NAME ________
540	Did you seek advice or treatment for the illness from any source?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 545)	YES . . . . . 1 NO . . . . . 2 (SKIP TO 545)	YES . . . . . 1 NO . . . . . 2 (SKIP TO 545)
541	Where did you seek advice or treatment? Anywhere else? IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTRE, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL SECTOR, WRITE THE NAME OF THE PLACE(S). ________ (NAME OF PLACE(S)) RECORD ALL SOURCES MENTIONED.	PUB. MED. SECTOR GOVT./MUNICIPAL HOSPITAL . . . A GOVT. DISP. . . . B UHC/UHP/UFWC C CHC/RUR. HOSP/ PHC . . . . . D SUB-CENTRE/ ANM . . . . . E ANGANWADI/ICDS CENTRE . . . . . F GOVT. MOBILE CLINIC . . . . . G CAMP . . . . . H OTHER PUB. SECT. HEALTH FACILITY . . . . . I ASHA . . . . . J NGO/TRUST HOSP./ CLINIC . . . . . K PVT. MED. SECTOR PVT. HOSPITAL . L PVT. DOCTOR/ CLINIC . . . . . M PVT. PARAMEDIC N VAIDYA/HAKIM/ HOMEOPATH O TRADITIONAL HEALER . . . . . P PHARMACY/ DRUGSTORE . Q OTHER PVT. HEALTH FAC. . R OTHER SOURCE SHOP . . . . . S FRIEND/RELATIVE T OTHER ________ X (SPECIFY)	PUB. MED. SECTOR GOVT./MUNICIPAL HOSPITAL . . . A GOVT. DISP. . . . B UHC/UHP/UFWC C CHC/RUR. HOSP/ PHC . . . . . D SUB-CENTRE/ ANM . . . . . E ANGANWADI/ICDS CENTRE . . . . . F GOVT. MOBILE CLINIC . . . . . G CAMP . . . . . H OTHER PUB. SECT. HEALTH FACILITY . . . . . I ASHA . . . . . J NGO/TRUST HOSP./ CLINIC . . . . . K PVT. MED. SECTOR PVT. HOSPITAL . L PVT. DOCTOR/ CLINIC . . . . . M PVT. PARAMEDIC N VAIDYA/HAKIM/ HOMEOPATH O TRADITIONAL HEALER . . . . . P PHARMACY/ DRUGSTORE . Q OTHER PVT. HEALTH FAC. . R OTHER SOURCE SHOP . . . . . S FRIEND/RELATIVE T OTHER ________ X (SPECIFY)	PUB. MED. SECTOR GOVT./MUNICIPAL HOSPITAL . . . A GOVT. DISP. . . . B UHC/UHP/UFWC C CHC/RUR. HOSP/ PHC . . . . . D SUB-CENTRE/ ANM . . . . . E ANGANWADI/ICDS CENTRE . . . . . F GOVT. MOBILE CLINIC . . . . . G CAMP . . . . . H OTHER PUB. SECT. HEALTH FACILITY . . . . . I ASHA . . . . . J NGO/TRUST HOSP./ CLINIC . . . . . K PVT. MED. SECTOR PVT. HOSPITAL . L PVT. DOCTOR/ CLINIC . . . . . M PVT. PARAMEDIC N VAIDYA/HAKIM/ HOMEOPATH O TRADITIONAL HEALER . . . . . P PHARMACY/ DRUGSTORE . Q OTHER PVT. HEALTH FAC. . R OTHER SOURCE SHOP . . . . . S FRIEND/RELATIVE T OTHER ________ X (SPECIFY)
542	CHECK 541:	TWO OR MORE CODES CIRCLED ☐ ONLY ONE CODE CIRCLED ☐ (SKIP TO 544)	TWO OR MORE CODES CIRCLED ☐ ONLY ONE CODE CIRCLED ☐ (SKIP TO 544)	TWO OR MORE CODES CIRCLED ☐ ONLY ONE CODE CIRCLED ☐ (SKIP TO 544)
543	Where did you first seek advice or treatment? USE LETTER CODE FROM 541.	FIRST PLACE . . . ☐	FIRST PLACE . . . ☐	FIRST PLACE . . . ☐

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
544	How many days after the illness began did you first seek advice or treatment for (NAME)? IF THE SAME DAY, RECORD '00'.	DAYS	DAYS	DAYS . . . . .
545	Is (NAME) still sick with a (fever/ cough)?	FEVER ONLY . . . . . 1 COUGH ONLY . . . . . 2 BOTH FEVER AND COUGH . . . . . 3 NO, NEITHER . . . . . 4 DON'T KNOW 8	FEVER ONLY . . . . . 1 COUGH ONLY . . . . . 2 BOTH FEVER AND COUGH . . . . . 3 NO, NEITHER . . . . . 4 DON'T KNOW 8	FEVER ONLY . . . . . 1 COUGH ONLY . . . . . 2 BOTH FEVER AND COUGH . . . . . 3 NO, NEITHER . . . . . 4 DON'T KNOW 8
546	At any time during the illness, did (NAME) take any drugs for the illness?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 552) ← DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 552) ← DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 552) ← DON'T KNOW 8
547	What drugs did (NAME) take? Any other drugs? RECORD ALL MENTIONED.	ANTIMALARIAL DRUGS CHLOROQUINE . A PRIMAQUINE . . . B SP/FANSIDAR . . . C COMBINATION WITH ARTEMISININ . D OTHER ANTI-MALARIAL . . . E UNKNOWN ANTI-MALARIAL . . . F ANTIBIOTIC DRUG . G OTHER DRUGS ASPIRIN . . . . . H ACETA-MINOPHEN . . . I IBUPROFEN . . . J OTHER _____ X (SPECIFY) UNKNOWN DRUG . Z	ANTIMALARIAL DRUGS CHLOROQUINE . . A PRIMAQUINE . . . B SP/FANSIDAR . . . C COMBINATION WITH ARTEMISININ . . D OTHER ANTI-MALARIAL . . . E UNKNOWN ANTI-MALARIAL . . . F ANTIBIOTIC DRUG . G OTHER DRUGS ASPIRIN . . . . . H ACETA-MINOPHEN . . . I IBUPROFEN . . . J OTHER _____ X (SPECIFY) UNKNOWN DRUG . Z	ANTIMALARIAL DRUGS CHLOROQUINE . . A PRIMAQUINE . . . B SP/FANSIDAR . . . C COMBINATION WITH ARTEMISININ . . D OTHER ANTI-MALARIAL . . . E UNKNOWN ANTI-MALARIAL . . . F ANTIBIOTIC DRUG . G OTHER DRUGS ASPIRIN . . . . . H ACETA-MINOPHEN . . . I IBUPROFEN . . . J OTHER _____ X (SPECIFY) UNKNOWN DRUG . Z
548	CHECK 547: ANY CODE A-G CIRCLED?	YES NO (SKIP TO 552) ←	YES NO (SKIP TO 552) ←	YES NO (SKIP TO 552) ←
549	Did you already have (NAME OF DRUG FROM 547) at home when the child became ill? IF YES, CIRCLE CODE FOR THAT DRUG. ASK SEPARATELY FOR EACH ANTIMALARIAL OR ANTIBIOTIC DRUG GIVEN IN 547.	ANTIMALARIAL DRUGS CHLOROQUINE . A PRIMAQUINE . . . B SP/FANSIDAR . C COMBINATION WITH ARTEMISININ . D OTHER ANTI-MALARIAL . . . E UNKNOWN ANTI-MALARIAL . . . F ANTIBIOTIC DRUG . G NONE OF THEM AT HOME . . . . . Y	ANTIMALARIAL DRUGS CHLOROQUINE . . A PRIMAQUINE . . . B SP/FANSIDAR . . . C COMBINATION WITH ARTEMISININ . . D OTHER ANTI-MALARIAL . . . E UNKNOWN ANTI-MALARIAL . . . F ANTIBIOTIC DRUG . G NONE OF THEM AT HOME . . . . . Y	ANTIMALARIAL DRUGS CHLOROQUINE . A PRIMAQUINE . . . B SP/FANSIDAR . C COMBINATION WITH ARTEMISININ . D OTHER ANTI-MALARIAL . . . E UNKNOWN ANTI-MALARIAL . . . F ANTIBIOTIC DRUG . G NONE OF THEM AT HOME . . . . . Y

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME ________	NEXT-TO-LAST BIRTH NAME ________	SECOND-FROM-LAST BIRTH NAME ________
550	CHECK 547: ANY CODE A-F CIRCLED?	YES ☐ NO ☐ (SKIP TO 552)	YES ☐ NO ☐ (SKIP TO 552)	YES ☐ NO ☐ (SKIP TO 552)
551	How long after the fever started, did (NAME) first take (DRUG(S) FROM 547 A-F)?	SAME DAY . . . . . 1 NEXT DAY . . . . 2 TWO DAYS AFTER FEVER . . . . 3 THREE DAYS AFTER FEVER . . . . 4 FOUR OR MORE DAYS AFTER FEVER . . . . 5 DON'T KNOW 8	SAME DAY . . . . . 1 NEXT DAY . . . . 2 TWO DAYS AFTER FEVER . . . . 3 THREE DAYS AFTER FEVER . . . . 4 FOUR OR MORE DAYS AFTER FEVER . . . . 5 DON'T KNOW 8	SAME DAY . . . . . 1 NEXT DAY . . . . 2 TWO DAYS AFTER FEVER . . . . 3 THREE DAYS AFTER FEVER . . . . 4 FOUR OR MORE DAYS AFTER FEVER . . . . 5 DON'T KNOW 8
552		GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 553.	GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 553.	GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 553.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
553	CHECK 215 AND 218, ALL ROWS: NUMBER OF CHILDREN BORN IN 2001 OR LATER LIVING WITH THE RESPONDENT ONE OR MORE ☐ NONE ☐ → 556		
554	The last time (NAME OF YOUNGEST CHILD) passed stools, what was done to dispose of the stools?	CHILD USED TOILET OR LATRINE . . . 01 PUT/RINSED INTO TOILET OR LATRINE . . . . . 02 PUT/RINSED INTO DRAIN OR DITCH . . . . . 03 THROWN INTO GARBAGE . . . . . 04 BURIED . . . . . 05 LEFT IN THE OPEN . . . . . 06 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	
555	CHECK 529(a), ALL COLUMNS: NO CHILD RECEIVED FLUID FROM ORS PACKET ☐ ANY CHILD RECEIVED FLUID FROM ORS PACKET ☐ → 557		
556	Have you ever heard of a special product called [LOCAL NAME FOR ORS PACKET] you can get for the treatment of diarrhoea? IF SHE HAS NEVER HEARD OF ORS, SHOW GOVERNMENT AND COMMERCIAL ORS PACKETS AND ASK: Have you ever seen a packet like one of these before?	YES . . . . . 1 NO 2	
557	Now I would like to ask you some questions about medical care for you yourself. Many different factors can prevent women from getting medical advice or treatment for themselves. When you are sick and want to get medical advice or treatment, is each of the following a big problem, a small problem, or no problem?	BIG PROB-LEM / SMALL PROB-LEM / NO PROB-LEM	
	a. Getting permission to go?	PERMISSION . . . 1 2 3	
	b. Getting money needed for treatment?	GETTING MONEY 1 2 3	
	c. The distance to the health facility?	DISTANCE 1 2 3	
	d. Having to take transport?	TAKING TRANSPORT . 1 2 3	
	e. Finding someone to go with you?	FINDING SOMEONE . . . 1 2 3	
	f. Concern that there may not be a female health provider?	NO FEMALE PROVIDER . . . 1 2 3	
	g. Concern that there may not be any health provider?	NO PROVIDER . 1 2 3	
	h. Concern that there may be no drugs available?	NO DRUGS 1 2 3	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
558	How often do you yourself consume the following food items: daily, weekly, occasionally, or never?	DAILY WEEKLY OCC. NEVER	
	a. Milk or curd?	a. 1 2 3 4	
	b. Pulses or beans?	b. 1 2 3 4	
	c. Dark green leafy vegetables?	c. 1 2 3 4	
	d. Fruits?	d. 1 2 3 4	
	e. Eggs?	e. 1 2 3 4	
	f. Fish?	f. 1 2 3 4	
	g. Chicken or meat?	g. 1 2 3 4	
559	Now I would like to ask you some questions about any injections you have had in the last 12 months. Have you had an injection for any reason in the last 12 months? IF YES: How many injections have you had? IF NUMBER OF INJECTIONS IS GREATER THAN 90, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'. IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.	NUMBER OF INJECTIONS . . . ☐☐ NONE 00	→564
560	CHECK 559: ONE INJECTION → Was this injection administered by a doctor, a nurse, a pharmacist, a dentist, or any other health worker? IF YES, RECORD '01'. MORE THAN ONE INJECTION → Among these injections, how many were administered by a doctor, a nurse, a pharmacist, a dentist, or any other health worker? IF NUMBER OF INJECTIONS IS GREATER THAN 90, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'. IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.	NUMBER OF INJECTIONS . . . . . ☐☐ NONE 00	→564

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
561	The last time you had an injection given to you by a health worker, where did you go to get the injection? IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTRE, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	PUBLIC MEDICAL SECTOR GOVT./MUNICIPAL HOSPITAL . . . 11 GOVT. DISPENSARY . . . . . 12 UHC/UHP/UFWC . . . . . 13 CHC/RURAL HOSPITAL/PHC . . . . . 14 SUB-CENTRE . . . . . 15 GOVT. MOBILE CLINIC . . . . . 16 CAMP . . . . . 17 ANGANWADI/ICDS CENTRE . . . . . 18 OTHER PUBLIC MEDICAL SECTOR . . . . . 19 NGO OR TRUST HOSPITAL/CLINIC . 21 PRIVATE MEDICAL SECTOR PVT. HOSPITAL . . . . . 31 PVT. DOCTOR/CLINIC . . . . . 32 PVT. PARAMEDIC . . . . . 33 VAIDYA/HAKIM/HOMEOPATH . . . 34 PHARMACY/DRUGSTORE . . . . . 35 OTHER PRIVATE MEDICAL SECTOR . . . . . 36 OTHER PLACE SHOP . . . . . 41 AT HOME . . . . . 42 OTHER _____ 96 (SPECIFY)	
562	Did the person who gave you that injection take the syringe and needle from a new, unopened package?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 564
563	As far as you know, was the needle sterilized?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
564	Have you ever had a blood transfusion?	YES . . . . . 1 NO 2	
565	Do you currently smoke cigarettes or bidis?	YES . . . . . 1 NO 2	→ 567
566	In the last 24 hours, how many cigarettes or bidis did you smoke?	CIGARETTES/BIDIS	
567	Do you currently smoke or use tobacco in any other form?	YES . . . . . 1 NO 2	→ 569
568	In what other form do you currently smoke or use tobacco? Any other form? RECORD ALL MENTIONED.	CIGAR/PIPE . . . . . A PAAN MASALA . . . . . B GHUTKA . . . . . C OTHER CHEWING TOBACCO . . . . . D SNUFF . . . . . E OTHER _____ X (SPECIFY)	
569	Do you drink alcohol?	YES . . . . . 1 NO 2	→ 571

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
570	How often do you drink alcohol: almost every day, about once a week or less often?	ALMOST EVERY DAY . . . . . 1 ABOUT ONCE A WEEK . . . . . 2 LESS OFTEN 3	
571	Have you ever heard of an illness called tuberculosis or TB?	YES . . . . . 1 NO 2	→ 575
572	How does tuberculosis spread from one person to another? PROBE: Any other ways? RECORD ALL MENTIONED.	THROUGH THE AIR WHEN COUGHING OR SNEEZING . . . . . A THROUGH SHARING UTENSILS . . . . . B THROUGH TOUCHING A PERSON WITH TB . . . . . C THROUGH FOOD . . . . . D THROUGH SEXUAL CONTACT . . . . . E THROUGH MOSQUITO BITES . . . . . F OTHER _____ X (SPECIFY) DON'T KNOW . . . . . Z	
573	Can tuberculosis be cured?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
574	If a member of your family got tuberculosis, would you want it to remain a secret from the neighbours or not?	YES, REMAIN A SECRET . . . . . 1 NO . . . . . 2 DON'T KNOW/NOT SURE/ DEPENDS 8	
575	Do you currently have :	YES NO DON'T KNOW	
	a. Diabetes?	DIABETES 1 2 8	
	b. Asthma?	ASTHMA 1 2 8	
	c. Goiter or any other thyroid disorder?	GOITER/THYROID . 1 2 8	
576	CHECK 215: ANY LIVE BIRTH IN 2000 OR LATER? YES ☐ ↓ NO ☐ → 601		

SECTION 5A. UTILIZATION OF ICDS SERVICES

577	ENTER IN THE TABLE THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 2000 OR LATER. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 5 BIRTHS, USE ADDITIONAL QUESTIONNAIRES).					
578	LINE NUMBER FROM 212	LAST BIRTH LINE NUMBER	NEXT-TO-LAST BIRTH LINE NUMBER	SECOND-FROM-LAST BIRTH LINE NUMBER	THIRD-FROM-LAST BIRTH LINE NUMBER	FOURTH-FROM-LAST BIRTH LINE NUMBER
579	FROM 212 AND 216	NAME ____ LIVING / DEAD (GO TO 587)	NAME ____ LIVING / DEAD (GO TO 587)	NAME ____ LIVING / DEAD (GO TO 587)	NAME ____ LIVING / DEAD (GO TO 587)	NAME ____ LIVING / DEAD (GO TO 587)
580	During the last 12 months, has (NAME) received any benefits from the anganwadi or ICDS centre? IF NO, PROBE: Any benefits such as supplementary food, growth monitoring, immunizations, health check-ups or education?	YES . 1 NO .... 2 (GO TO 587)	YES . 1 NO .... 2 (GO TO 587)	YES . 1 NO .... 2 (GO TO 587)	YES . 1 NO .... 2 (GO TO 587)	YES . 1 NO .... 2 (GO TO 587)
581	In the last 12 months, how often has (NAME) received food from the anganwadi/ICDS centre? IF CHILD RECEIVES TAKE-HOME RATIONS FOR DAILY CONSUMPTION WEEKLY OR MONTHLY CODE '1'.	NOT AT ALL ..... 0 ALMOST DAILY . 1 AT LEAST ONCE A WEEK ..... 2 AT LEAST ONCE A MONTH .... 3 LESS OFTEN ... 4 DON'T KNOW ... 8	NOT AT ALL ..... 0 ALMOST DAILY . 1 AT LEAST ONCE A WEEK ..... 2 AT LEAST ONCE A MONTH .... 3 LESS OFTEN ... 4 DON'T KNOW ... 8	NOT AT ALL ..... 0 ALMOST DAILY . 1 AT LEAST ONCE A WEEK ..... 2 AT LEAST ONCE A MONTH .... 3 LESS OFTEN ... 4 DON'T KNOW ... 8	NOT AT ALL ..... 0 ALMOST DAILY . 1 AT LEAST ONCE A WEEK ..... 2 AT LEAST ONCE A MONTH .... 3 LESS OFTEN ... 4 DON'T KNOW ... 8	NOT AT ALL ..... 0 ALMOST DAILY . 1 AT LEAST ONCE A WEEK ..... 2 AT LEAST ONCE A MONTH ..... 3 LESS OFTEN .... 4 DON'T KNOW ... 8
582	In the last 12 months, how often has (NAME) had a health check-up from the anganwadi/ICDS centre?	NOT AT ALL ..... 0 AT LEAST ONCE A MONTH .... 1 LESS OFTEN ... 2 DON'T KNOW .. 8	NOT AT ALL ..... 0 AT LEAST ONCE A MONTH .... 1 LESS OFTEN ... 2 DON'T KNOW .. 8	NOT AT ALL ..... 0 AT LEAST ONCE A MONTH .... 1 LESS OFTEN ... 2 DON'T KNOW ... 8	NOT AT ALL ..... 0 AT LEAST ONCE A MONTH .... 1 LESS OFTEN ... 2 DON'T KNOW ... 8	NOT AT ALL ..... 0 AT LEAST ONCE A MONTH ..... 1 LESS OFTEN .... 2 DON'T KNOW .. 8
583	In the last 12 months, has (NAME) received any immunizations through the anganwadi/ ICDS centre?	YES .... 1 NO .... 2 DON'T KNOW .. 8	YES .... 1 NO .... 2 DON'T KNOW .. 8	YES .... 1 NO .... 2 DON'T KNOW .. 8	YES .... 1 NO .... 2 DON'T KNOW .. 8	YES .... 1 NO .... 2 DON'T KNOW .. 8
584	In the last 12 months, how often did (NAME) go to the anganwadi/ICDS centre for early childhood care or for preschool: regularly, occasionally, or not at all?	REG. .... 1 OCC. .... 2 NOT AT ALL ... 3 DON'T KNOW .. 8	REG. .... 1 OCC. .... 2 NOT AT ALL ... 3 DON'T KNOW .. 8	REG. .... 1 OCC. .... 2 NOT AT ALL ... 3 DON'T KNOW .. 8	REG. .... 1 OCC. .... 2 NOT AT ALL ... 3 DON'T KNOW .. 8	REG. .... 1 OCC. .... 2 NOT AT ALL .... 3 DON'T KNOW .. 8

	NAME FROM 212	LAST BIRTH NAME ______	NEXT-TO-LAST BIRTH NAME ______	SECOND-FROM-LAST BIRTH NAME ______	THIRD-FROM-LAST BIRTH NAME ______	FOURTH-FROM-LAST BIRTH NAME ______
585	In the last 12 months, how often has (NAME's) weight been measured by the anganwadi/ICDS centre?	NOT AT ALL . . . . 0 (GO TO 587) AT LEAST ONCE A MONTH . . . 1 AT LEAST ONCE IN 3 MONTHS 2 LESS OFTEN . . 3 DON'T KNOW . . 8 (GO TO 587)	NOT AT ALL . . . . 0 (GO TO 587) AT LEAST ONCE A MONTH . . . 1 AT LEAST ONCE IN 3 MONTHS 2 LESS OFTEN . . 3 DON'T KNOW . . 8 (GO TO 587)	NOT AT ALL . . . . 0 (GO TO 587) AT LEAST ONCE A MONTH . . . 1 AT LEAST ONCE IN 3 MONTHS 2 LESS OFTEN . . 3 DON'T KNOW . . 8 (GO TO 587)	NOT AT ALL . . . . 0 (GO TO 587) AT LEAST ONCE A MONTH . . . 1 AT LEAST ONCE IN 3 MONTHS 2 LESS OFTEN . . 3 DON'T KNOW . . 8 (GO TO 587)	NOT AT ALL . . . . 0 (GO TO 587) AT LEAST ONCE A MONTH . . . . 1 AT LEAST ONCE IN 3 MONTHS 2 LESS OFTEN . . . 3 DON'T KNOW . . 8 (GO TO 587)
586	After (NAME) was weighed, did you ever receive counselling from the anganwadi/ICDS worker or ANM?	YES . . . . 1 NO . . . . 2 DON'T KNOW . . 8	YES . . . . 1 NO . . . . 2 DON'T KNOW . . 8	YES . . . . 1 NO . . . . 2 DON'T KNOW . . 8	YES . . . . 1 NO . . . . 2 DON'T KNOW . . 8	YES . . . . 1 NO . . . . 2 DON'T KNOW . 8
587	When you were pregnant with (NAME), did you receive any benefits from the anganwadi/ICDS centre?	YES . . . . 1 NO . . . . 2 (GO TO 589)	YES . . . . 1 NO . . . . 2 (GO TO 589)	YES . . . . 1 NO . . . . 2 (GO TO 589)	YES . . . . 1 NO . . . . 2 (GO TO 589)	YES . . . . 1 NO . . . . 2 (GO TO 589)
588	Did you receive any of the following benefits:	YES NO	YES NO	YES NO	YES NO	YES NO
	a. Supplementary food?	1 2	1 2	1 2	1 2	1 2
	b. Health check-ups?	1 2	1 2	1 2	1 2	1 2
	c. Health and nutrition education?	1 2	1 2	1 2	1 2	1 2
589	When you were breastfeeding (NAME) did you receive any benefits from the anganwadi/ICDS centre?	YES . . . . 1 NO . . . . 2 (GO TO 591) DID NOT BREASTFEED . . 3	YES . . . . 1 NO . . . . 2 (GO TO 591) DID NOT BREASTFEED . . 3	YES . . . . 1 NO . . . . 2 (GO TO 591) DID NOT BREASTFEED . . 3	YES . . . . 1 NO . . . . 2 (GO TO 591) DID NOT BREASTFEED . . 3	YES . . . . 1 NO . . . . 2 (GO TO 591) DID NOT BREASTFEED . . 3
590	Did you receive any of the following benefits:	YES NO	YES NO	YES NO	YES NO	YES NO
	a. Supplementary food?	1 2	1 2	1 2	1 2	1 2
	b. Health check-ups?	1 2	1 2	1 2	1 2	1 2
	c. Health and nutrition education?	1 2	1 2	1 2	1 2	1 2
591		GO TO 579 IN NEXT COLUMN; OR IF NO MORE BIRTHS, GO TO 601.	GO TO 579 IN NEXT COLUMN; OR IF NO MORE BIRTHS, GO TO 601.	GO TO 579 IN NEXT COLUMN; OR IF NO MORE BIRTHS, GO TO 601.	GO TO 579 IN NEXT COLUMN; OR IF NO MORE BIRTHS, GO TO 601.	GO TO 579 IN FIRST COLUMN OF ADDITIONAL QUESTIONNIARE; OR IF NO MORE BIRTHS, GO TO 601.

SECTION 6. SEXUAL LIFE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	CHECK 316 AND 317: HAS NOT HAD SEXUAL INTERCOURSE (316 = 2 OR 317 = 00) → 618 HAS HAD SEXUAL INTERCOURSE ↓		
	READ TO RESPONDENTS Now I need to ask you some more questions about relationships and sexual life. Once again, let me assure you that your answers are completely confidential. If we should come to any question that you don't want to answer, just let me know and I will skip to the next question.		
602	CHECK 105: 15-24 YEARS OLD ↓ 25-49 YEARS OLD → 606		
603	How old was the person you <u>first</u> had sexual intercourse with?	AGE OF PARTNER . . . . . [ ][ ] DON'T KNOW 98	→ 605
604	Would you say this person was ten or more years older than you?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
605	The first time you had sexual intercourse, was a condom used?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW/DON'T REMEMBER . . . 8	
606	When was the <u>last</u> time you had sexual intercourse? IF LESS THAN 12 MONTHS, ANSWER MUST BE RECORDED IN DAYS, WEEKS, OR MONTHS AGO. IF 12 MONTHS OR MORE, ANSWER MUST BE RECORDED IN YEARS AGO.	DAYS AGO . . . . . 1 [ ][ ] WEEKS AGO . . . . . 2 [ ][ ] MONTHS AGO . . . . . 3 [ ][ ] YEARS AGO . . . . . 4 [ ][ ]	→ 608 → 617

NO.	QUESTIONS AND FILTERS	LAST SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER
607	When was the last time you had sexual intercourse with this other person?		DAYS AGO . . . . . 1 [ ][ ] WEEKS AGO . . . . 2 [ ][ ] MONTHS AGO . . . 3 [ ][ ]
608	The last time you had sexual intercourse (with this other person), was a condom used?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 610)	YES . . . . . 1 NO . . . . . 2 (SKIP TO 610)
609	Did you use a condom every time you had sexual intercourse with this person in the last 12 months?	YES . . . . . 1 NO 2	YES . . . . . 1 NO 2
610	What was this person's relationship to you?	HUSBAND . . . . . 01 (SKIP TO 615) LIVE-IN PARTNER . . . . . 02 BOYFRIEND NOT LIVING WITH RESPONDENT . . . . . 03 OTHER FRIEND . . . . . 04 RELATIVE . . . . . 05 CASUAL ACQUAINTANCE . . . . . 06 SEX WORKER CLIENT . . . . . 07 OTHER _____ 96 (SPECIFY)	HUSBAND . . . . . 01 (SKIP TO 616) LIVE-IN PARTNER . . . . . 02 BOYFRIEND NOT LIVING WITH RESPONDENT . . . . . 03 OTHER FRIEND . . . . . 04 RELATIVE . . . . . 05 CASUAL ACQUAINTANCE . . . . . 06 SEX WORKER CLIENT . . . . . 07 OTHER _____ 96 (SPECIFY)
611	For how long (have you had/did you have) a sexual relationship with this person? IF ONLY HAD SEXUAL RELATIONS WITH THIS PERSON ONCE, RECORD '01' DAYS.	DAYS . . . . . 1 [ ][ ] MONTHS . . . . . 2 [ ][ ] YEARS . . . . . 3 [ ][ ]	DAYS . . . . . 1 [ ][ ] MONTHS . . . . . 2 [ ][ ] YEARS . . . . . 3 [ ][ ]
612	CHECK 105:	15-24 YEARS OLD [ ] 25-49 YEARS OLD [ ] (SKIP TO 615)	15-24 YEARS OLD [ ] 25-49 YEARS OLD [ ] (SKIP TO 616)
613	How old is this person?	AGE OF PARTNER . . . . . [ ][ ] (SKIP TO 615) DON'T KNOW 98	AGE OF PARTNER . . . . . [ ][ ] (SKIP TO 616) DON'T KNOW 98
614	Would you say this person is ten or more years older than you?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8
615	Apart from this person, have you had sexual intercourse with any other person in the last 12 months?	YES . . . . . 1 (GO BACK TO 607 IN NEXT COLUMN) NO . . . . . 2 (SKIP TO 617)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
616	In total, with how many different people have you had sexual intercourse in the last 12 months? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.	NUMBER OF PARTNERS IN LAST 12 MONTHS . . . . . ☐☐ DON'T KNOW 98	
617	In total, with how many different people have you had sexual intercourse in your lifetime? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.	NUMBER OF PARTNERS IN LIFETIME . . . . . ☐☐ DON'T KNOW 98	
618	Do you know of a place where a person can get condoms?	YES . . . . . 1 NO 2	→ 701
619	Where is that? Any other place? IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTRE, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL SECTOR, WRITE THE NAME OF THE PLACE(S). _____ (NAME OF PLACE(S)) RECORD ALL SOURCES MENTIONED.	PUBLIC MEDICAL SECTOR GOVT./MUNICIPAL HOSPITAL . . . A GOVT. DISPENSARY . . . . . B UHC/UHP/UFWC . . . . . C CHC/RURAL HOSPITAL/PHC . . . . . D SUB-CENTRE/ANM . . . . . E GOVT. MOBILE CLINIC . . . . . F CAMP . . . . . G ANGANWADI/ICDS CENTRE . . . . . H ASHA . . . . . I OTHER COMMUNITY BASED WORKER . . . . . J OTHER PUBLIC MEDICAL SECTOR _____ K (SPECIFY) NGO OR TRUST HOSPITAL/ CLINIC . . . . . L PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC/ DOCTOR . . . . . M PRIVATE PARAMEDIC . . . . . N VAIDYA/HAKIM/HOMEOPATH . . . . . O TRADITIONAL HEALER . . . . . P PHARMACY/DRUGSTORE . . . . . Q DAI (TBA) . . . . . R OTHER PRIVATE MEDICAL SECTOR _____ S (SPECIFY) RATION SHOP . . . . . T OTHER SHOP . . . . . U VENDING MACHINE . . . . . V OTHER _____ X (SPECIFY)	
620	If you wanted to, could you yourself get a condom?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW/UNSURE 8	

SECTION 7. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
701	CHECK 301: NEVER MARRIED ☐ → 714 OTHER ☐ ↓		
702	CHECK 330/330A: CODE 'A' OR CODE 'B' CIRCLED ☐ → 714 OTHER ☐ ↓		
703	CHECK 227: NOT PREGNANT OR UNSURE ☐ ↓ Now I have some questions about the future. Would you like to have (a/another) child, or would you prefer not to have any (more) children? PREGNANT ☐ ↓ Now I have some questions about the future. After the child you are expecting now, would you like to have another child, or would you prefer not to have any more children?	HAVE (A/ANOTHER) CHILD . . . . . 1 NO MORE/NONE . . . . . 2 → 705 SAYS SHE CAN'T GET PREGNANT . . . 3 → 714 UNDECIDED/DON'T KNOW: AND PREGNANT . . . . . 4 → 711 AND NOT PREGNANT OR UNSURE . . . . . 5 → 709	
704	CHECK 227: NOT PREGNANT OR UNSURE ☐ ↓ How long would you like to wait from now before the birth of (a/another) child? PREGNANT ☐ ↓ After the birth of the child you are expecting now, how long would you like to wait before the birth of another child?	MONTHS . . . . . 1 ☐☐ YEARS . . . . . 2 ☐☐ SOON/NOW . . . . . 993 → 709 SAYS SHE CAN'T GET PREGNANT 994 → 714 OTHER _____ 996 → 709 (SPECIFY) DON'T KNOW . . . . . 998 → 709	
705	CHECK 227: NOT PREGNANT OR UNSURE ☐ ↓ PREGNANT ☐ → 711		
706	CHECK 329: USING A CONTRACEPTIVE METHOD? NOT ASKED ☐ ↓ NOT CURRENTLY USING ☐ ↓ CURRENTLY USING ☐ → 714		
707	CHECK 704: NOT ASKED ☐ ↓ 24 OR MORE MONTHS OR 02 OR MORE YEARS ☐ ↓ 00-23 MONTHS OR 00-01 YEAR ☐ → 711		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
708	CHECK 703: WANTS TO HAVE A/ANOTHER CHILD → You have said that you do not want (a/another) child soon, but you are not using any method to avoid pregnancy. Can you tell me why you are not using a method? WANTS NO MORE/ NONE → You have said that you do not want any (more) children, but you are not using any method to avoid pregnancy. Can you tell me why you are not using a method? PROBE: Any other reason? RECORD ALL REASONS MENTIONED.	NOT CURRENTLY MARRIED . . . . . A FERTILITY-RELATED REASONS NOT HAVING SEX . . . . . B INFREQUENT SEX . . . . . C MENOPAUSAL/HYSTERECTOMY . D SUBFECUND/INFECUND . . . . . E POSTPARTUM AMENORRHEIC . . . F BREASTFEEDING . . . . . G FATALISTIC/UP TO GOD . . . . . H OPPOSITION TO USE RESPONDENT OPPOSED . . . . . I HUSBAND OPPOSED . . . . . J OTHERS OPPOSED . . . . . K RELIGIOUS PROHIBITION . . . . . L LACK OF KNOWLEDGE KNOWS NO METHOD . . . . . M KNOWS NO SOURCE . . . . . N METHOD-RELATED REASONS HEALTH CONCERNS . . . . . O FEAR OF SIDE EFFECTS . . . . . P LACK OF ACCESS/TOO FAR . . . . . Q COSTS TOO MUCH . . . . . R INCONVENIENT TO USE . . . . . S INTERFERES WITH BODY'S NORMAL PROCESSES . . . . . T DON'T LIKE EXISTING METHODS . . U OTHER _____ X (SPECIFY) DON'T KNOW . . . . . Z	
709	CHECK 329: USING A CONTRACEPTIVE METHOD? NOT ASKED → NO, NOT CURRENTLY USING → YES, CURRENTLY USING		→ 714
710	Do you think you will use a contraceptive method to delay or avoid pregnancy in the next 12 months?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 712
711	Do you think you will use a contraceptive method to delay or avoid pregnancy at any time in the future?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 713
712	Which contraceptive method would you prefer to use?	FEMALE STERILIZATION . . . . . 01 MALE STERILIZATION . . . . . 02 PILL . . . . . 03 IUD/LOOP . . . . . 04 INJECTABLES . . . . . 05 IMPLANTS . . . . . 06 CONDOM/NIRODH . . . . . 07 FEMALE CONDOM . . . . . 08 DIAPHRAGM . . . . . 09 FOAM/JELLY . . . . . 10 RHYTHM METHOD . . . . . 11 WITHDRAWAL . . . . . 12 OTHER _____ 96 (SPECIFY) UNSURE 98	→ 714

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
713	What is the main reason that you think you will not use a contraceptive method at any time in the future?	FERTILITY-RELATED REASONS INFREQUENT SEX/NO SEX . . . . . 11 MENOPAUSAL/HYSTERECTOMY 12 SUBFECUND/INFECUND . . . . . 13 FATALISTIC . . . . . 14 WANTS AS MANY CHILDREN AS POSSIBLE . . . . . 15 OPPOSITION TO USE RESPONDENT OPPOSED . . . . . 21 HUSBAND OPPOSED . . . . . 22 OTHERS OPPOSED . . . . . 23 RELIGIOUS PROHIBITION . . . . . 24 LACK OF KNOWLEDGE KNOWS NO METHOD . . . . . 31 KNOWS NO SOURCE . . . . . 32 METHOD-RELATED REASONS HEALTH CONCERNS . . . . . 41 FEAR OF SIDE EFFECTS . . . . . 42 LACK OF ACCESS/TOO FAR . . . . . 43 COSTS TOO MUCH . . . . . 44 INCONVENIENT TO USE . . . . . 45 INTERFERES WITH BODY'S NORMAL PROCESSES . . . . . 46 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	
714	CHECK 216: HAS LIVING CHILDREN ☐ → If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be? NO LIVING CHILDREN ☐ → If you could choose exactly the number of children to have in your whole life, how many would that be? PROBE FOR A NUMERIC RESPONSE.	NONE . . . . . 00 NUMBER . . . . . ☐☐ OTHER _____ 96 (SPECIFY)	→ 716 → 716
715	How many of these children would you like to be boys, how many would you like to be girls and for how many would the sex not matter?	BOYS GIRLS EITHER NUMBER ☐☐ ☐☐ ☐☐ OTHER _____ 96 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
716	In the last few months have you heard or seen any message about family planning: a. On the radio? b. On the television? c. In a newspaper or magazine? d. On a wall painting or hoarding?	YES NO RADIO . . . . . 1 2 TELEVISION . . . . . 1 2 NEWSPAPER OR MAGAZINE . . . . 1 2 WALL PAINTING OR HOARDING . 1 2	
717	CHECK 301: CURRENTLY MARRIED ☐ OTHER ☐ → 723		
718	CHECK 330/330A: CODE 'B' OR 'G' OR 'L' CIRCLED ☐ → 720 NO CODE CIRCLED ☐ → 722 OTHER ☐		
719	Does your husband know that you are using a method of family planning?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 721
720	Would you say that using contraception is mainly your decision, mainly your husband's decision, or did you both decide together?	MAINLY RESPONDENT . . . . . 1 MAINLY HUSBAND . . . . . 2 JOINT DECISION . . . . . 3 OTHER 6	
721	CHECK 330/330A: CODE 'A' OR CODE 'B' CIRCLED ☐ → 723 OTHER ☐		
722	Do you think your husband wants the same number of children that you want, or does he want more or fewer than you want?	SAME NUMBER . . . . . 1 MORE CHILDREN . . . . . 2 FEWER CHILDREN . . . . . 3 DON'T KNOW 8	
723	Husbands and wives do not always agree on everything. Please tell me if you think a wife is justified in refusing to have sex with her husband when: a. She knows her husband has a sexually transmitted disease. b. She knows her husband has sex with other women. c. She is tired or not in the mood.	YES NO DON'T KNOW HAS STD . . . . . 1 2 8 OTHER WOMEN . . . . . 1 2 8 TIRED/NOT IN MOOD . 1 2 8	

SECTION 8. HUSBAND'S BACKGROUND AND WOMAN'S WORK

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
801	CHECK 301: CURRENTLY MARRIED OR MARRIED, GAUNA NOT PERFORMED NEVER MARRIED OTHER		→ 806 → 803
802	How old was your husband on his last birthday?	AGE IN COMPLETED YEARS ☐☐	
803	Did your (last) husband ever attend school?	YES . . . . . 1 NO 2	→ 805
804	What was the highest standard he completed?	STANDARD . . . . . ☐☐ DON'T KNOW 98	
805	CHECK 801: CURRENTLY MARRIED OR MARRIED, GAUNA NOT PERFORMED What is your husband's occupation? That is, what kind of work does he mainly do? OTHER What was your (last) husband's occupation? That is, what kind of work did he mainly do?	_____ ☐☐ _____ _____	
806	Aside from your own housework, have you done any work in the last seven days?	YES . . . . . 1 NO 2	→ 810
807	As you know, some women take up jobs for which they are paid in cash or kind. Others sell things, have a small business or work on the family farm or in the family business. In the last seven days, have you done any of these things or any other work?	YES . . . . . 1 NO 2	→ 810
808	Although you did not work in the last seven days, do you have any job or business from which you were absent for leave, illness, vacation, maternity leave or any other such reason?	YES . . . . . 1 NO 2	→ 810
809	Have you done any work in the last 12 months?	YES . . . . . 1 NO 2	→ 817
810	What is your occupation, that is, what kind of work do you mainly do?	_____ ☐☐ _____ _____	
811	CHECK 810: WORKS IN AGRICULTURE DOES NOT WORK IN AGRICULTURE		→ 813

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
812	Do you work mainly on your own land, on family land, or on land that you rent from someone else, or do you work on someone else's land?	OWN LAND . . . . . 1 FAMILY LAND . . . . . 2 RENTED LAND . . . . . 3 SOMEONE ELSE'S LAND 4	
813	Do you do this work for a member of your family, for someone else, or are you self-employed?	FOR FAMILY MEMBER . . . . . 1 FOR SOMEONE ELSE . . . . . 2 SELF-EMPLOYED 3	
814	Do you usually work at home or away from home?	HOME . . . . . 1 AWAY 2	
815	Do you usually work throughout the year, or do you work seasonally, or only once in a while?	THROUGHOUT THE YEAR . . . . . 1 SEASONALLY/PART OF THE YEAR . . . 2 ONCE IN A WHILE 3	
816	Are you paid in cash or kind for this work, or are you not paid at all?	CASH ONLY . . . . . 1 CASH AND KIND . . . . . 2 IN KIND ONLY . . . . . 3 NOT PAID 4	
817	CHECK 301: CURRENTLY MARRIED ☐ ↓ OTHER ☐ →		823
818	CHECK 816: CODE '1' OR '2' CIRCLED ☐ ↓ OTHER ☐ →		821
819	Who decides how the money you earn will be used: mainly you, mainly your husband, or you and your husband jointly?	RESPONDENT . . . . . 1 HUSBAND . . . . . 2 RESPONDENT AND HUSBAND JOINTLY . . . . . 3 OTHER 6	
820	Would you say that the money that you earn is more than what your husband earns, less than what he earns, or about the same?	MORE THAN HUSBAND . . . . . 1 LESS THAN HUSBAND . . . . . 2 ABOUT THE SAME . . . . . 3 HUSBAND HAS NO EARNINGS . . . . . 4 DON'T KNOW 8	→ 822
821	Who decides how your husband's earnings will be used: mainly you, mainly your husband, or you and your husband jointly?	RESPONDENT . . . . . 1 HUSBAND . . . . . 2 RESPONDENT AND HUSBAND JOINTLY . . . . . 3 HUSBAND HAS NO EARNINGS . . . . . 4 OTHER 6	
822	Who usually makes the following decisions: mainly you, mainly your husband, you and your husband jointly, or someone else?	RESPONDENT = 1 HUSBAND = 2 RESPONDENT & HUSBAND JOINTLY = 3 SOMEONE ELSE = 4 OTHER RESPONSE= 6	
	a. Decisions about health care for yourself?	a. 1 2 3 4 6	
	b. Decisions about making major household purchases?	b. 1 2 3 4 6	
	c. Decisions about making purchases for daily household needs?	c. 1 2 3 4 6	
	d. Decisions about visits to your family or relatives?	d. 1 2 3 4 6	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
823	Do you have any money of your own that you alone can decide how to use?	YES . . . . . 1 NO 2	
824	Are you usually allowed to go to the following places alone, only with someone else, or not at all?	ALONE / WITH SOMEONE ELSE ONLY / NOT AT ALL	
	a. To the market?	MKT 1 2 3	
	b. To the health facility?	HEALTH 1 2 3	
	c. To places outside this (village/community)?	OUT 1 2 3	
825	Do you have a bank or savings account that you yourself use?	YES . . . . . 1 NO 2	
826	Do you know of any programmes in this area that give loans to women to start or expand a business of their own?	YES . . . . . 1 NO 2	→ 828
827	Have you yourself ever taken a loan, in cash or in kind, from any of these programmes, to start or expand a business?	YES . . . . . 1 NO 2	
828	PRESENCE OF OTHERS AT THIS POINT (PRESENT AND LISTENING, PRESENT BUT NOT LISTENING, OR NOT PRESENT)	PRES./ LISTEN. / PRES./ NOT LISTEN. / NOT PRES. CHILDREN < 10 . . . . . 1 2 3 HUSBAND . . . . . 1 2 3 OTHER MALES . . . . . 1 2 3 OTHER FEMALES . . . 1 2 3	
829	Sometimes a husband is annoyed or angered by things that his wife does. In your opinion, is a husband justified in hitting or beating his wife in the following situations:	YES / NO / DON'T KNOW	
	a. If she goes out without telling him?	GOES OUT 1 2 8	
	b. If she neglects the house or the children?	NEGL. CHILDREN . 1 2 8	
	c. If she argues with him?	ARGUES 1 2 8	
	d. If she refuses to have sex with him?	REFUSES SEX . . . 1 2 8	
	e. If she doesn't cook food properly?	POOR COOKING . . . 1 2 8	
	f. If he suspects her of being unfaithful?	UNFAITHFUL 1 2 8	
	g. If she shows disrespect for in-laws?	DISRESPECT 1 2 8	

SECTION 9. HIV/AIDS AND OTHER SEXUALLY TRANSMITTED INFECTIONS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
901	Now I would like to talk about something else. Have you ever heard of an illness called AIDS?	YES . . . . . 1 NO 2	→ 927
902	From which sources of information have you learned about AIDS? Any other source? RECORD ALL MENTIONED.	RADIO . . . . . A TELEVISION . . . . . B CINEMA . . . . . C NEWSPAPERS/MAGAZINES . . . . . D POSTERS/HOARDINGS . . . . . E EXHIBITION/MELA . . . . . F HEALTH WORKERS . . . . . G ADULT EDUC. PROGRAMME . . . . . H RELIGIOUS LEADERS . . . . . I POLITICAL LEADERS . . . . . J SCHOOL/TEACHERS . . . . . K COMMUNITY MEETINGS . . . . . L HUSBAND . . . . . M FRIENDS/RELATIVES . . . . . N WORK PLACE . . . . . O OTHER _____ X (SPECIFY)	
903	In your opinion, can people reduce their chances of getting HIV/AIDS by having just one uninfected sex partner who has no other sex partners?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
904	In your opinion, can people get HIV/AIDS from mosquito bites?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
905	In your opinion, can people reduce their chances of getting HIV/AIDS by using a condom every time they have sex?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
906	In your opinion, can people get HIV/AIDS by sharing food with a person who has AIDS?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
907	In your opinion, can people get HIV/AIDS by hugging someone who has AIDS?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
908	In your opinion, can people reduce their chance of getting HIV/AIDS by abstaining from sexual intercourse?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
909	Is there anything else a person can do to avoid or reduce the chances of getting HIV/AIDS?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 911

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
910	What can a person do? Anything else? RECORD ALL WAYS MENTIONED.	ABSTAIN FROM SEX . . . . . A USE CONDOMS . . . . . B LIMIT SEX TO ONE PARTNER/STAY FAITHFUL TO ONE PARTNER . . . C LIMIT NUMBER OF SEXUAL PARTNERS . . . . . D AVOID SEX WITH SEX WORKERS . E AVOID SEX WITH PERSONS WHO HAVE MANY PARTNERS . . . . . F AVOID SEX WITH HOMOSEXUALS . G AVOID SEX WITH PERSONS WHO INJECT DRUGS . . . . . H AVOID BLOOD TRANSFUSIONS . . . I USE BLOOD ONLY FROM RELATIVES . . . . . J AVOID INJECTIONS . . . . . K USE ONLY NEW/STERILIZED NEEDLES . . . . . L AVOID IV DRIP . . . . . M AVOID SHARING RAZORS/BLADES . N AVOID KISSING . . . . . O AVOID MOSQUITO BITES . . . . . P OTHER _____ W (SPECIFY) OTHER _____ X (SPECIFY) DON'T KNOW . . . . . Z	
911	Is it possible for a healthy-looking person to have HIV/AIDS?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
912	Can HIV/AIDS be transmitted from a mother to her baby?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 914
913	Are there any special medications that a doctor or a nurse can give to a woman infected with HIV/AIDS to reduce the risk of transmitting HIV/AIDS to the baby?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
914	Have you heard about special antiretroviral drugs (USE LOCAL NAME(S)) that people infected with HIV/AIDS can get from a doctor or a nurse to help them live longer?	YES . . . . . 1 NO 2	
915	I don't want to know the results, but have you ever been tested to see if you have HIV/AIDS?	YES . . . . . 1 NO 2	→ 920
916	When was the last time you were tested?	LESS THAN 12 MONTHS AGO . . . . . 1 12-23 MONTHS AGO . . . . . 2 2 OR MORE YEARS AGO 3	
917	The last time you had the test, did you yourself ask for the test, was it offered to you and you accepted, was it required, or was it done without your consent?	ASKED FOR THE TEST . . . . . 1 OFFERED AND ACCEPTED . . . . . 2 REQUIRED . . . . . 3 WITHOUT CONSENT 4	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
918	I don't want to know the results, but did you get the results of the test?	YES . . . . . 1 NO 2	
919	Where was the test done? IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTRE, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	PUBLIC MEDICAL SECTOR GOVT./MUNICIPAL HOSPITAL . . . . . 11 GOVT. DISPENSARY . . . . . 12 UHC/UHP/UFWC . . . . . 13 CHC/RURAL HOSP./PHC . . . . . 14 SUB-CENTRE . . . . . 15 GOVT. MOBILE CLINIC . . . . . 16 VCT CLINIC . . . . . 17 STI CLINIC . . . . . 18 OTHER PUBLIC MEDICAL SECTOR _____ 19 (SPECIFY) NGO OR TRUST HOSPITAL/ CLINIC . . . . . 21 PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR . . . . . 31 VCT CLINIC . . . . . 32 STI CLINIC . . . . . 33 OTHER PRIVATE MEDICAL SECTOR _____ 34 (SPECIFY) OTHER _____ 96 (SPECIFY)	→ 922
920	Do you know of a place where people can go to get tested for HIV/AIDS?	YES . . . . . 1 NO 2	→ 922
921	Where is that? Any other place? IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTRE, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE(S)) RECORD ALL PLACES MENTIONED.	PUBLIC MEDICAL SECTOR GOVT./MUNICIPAL HOSPITAL . . . . . A GOVT. DISPENSARY . . . . . B UHC/UHP/UFWC . . . . . C CHC/RURAL HOSP./PHC . . . . . D SUB-CENTRE . . . . . E GOVT. MOBILE CLINIC . . . . . F VCT CLINIC . . . . . G STI CLINIC . . . . . H OTHER PUBLIC MEDICAL SECTOR _____ I (SPECIFY) NGO OR TRUST HOSPITAL/ CLINIC . . . . . J PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR . . . . . K VCT CLINIC . . . . . L STI CLINIC . . . . . M OTHER PRIVATE MEDICAL SECTOR _____ N (SPECIFY) OTHER _____ X (SPECIFY)	
922	Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had HIV/AIDS?	YES . . . . . 1 NO . . . . . 2 DK/NOT SURE/DEPENDS 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
923	If a member of your family got infected with HIV/AIDS, would you want it to remain a secret or not?	YES, REMAIN A SECRET . . . . . 1 NO . . . . . 2 DK/NOT SURE/DEPENDS 8	
924	If a relative of yours became sick with the HIV/AIDS, would you be willing to care for her or him in your own household?	YES . . . . . 1 NO . . . . . 2 DK/NOT SURE/DEPENDS 8	
925	In your opinion, if a female teacher has HIV/AIDS but is not sick, should she be allowed to continue teaching in the school?	SHOULD BE ALLOWED . . . . . 1 SHOULD NOT BE ALLOWED . . . . . 2 DK/NOT SURE/DEPENDS 8	
926	In your opinion, if a male teacher has HIV/AIDS but is not sick, should he be allowed to continue teaching in the school?	SHOULD BE ALLOWED . . . . . 1 SHOULD NOT BE ALLOWED . . . . . 2 DK/NOT SURE/DEPENDS 8	
927	CHECK 901: HEARD ABOUT HIV/AIDS → Apart from AIDS, have you heard about other infections that can be transmitted through sexual contact? NOT HEARD ABOUT HIV/AIDS → Have you heard about infections that can be transmitted through sexual contact?	YES . . . . . 1 NO 2	
928	CHECK 316 AND 317: HAS HAD SEXUAL INTERCOURSE HAS NOT HAD SEXUAL INTERCOURSE (316 = 2 OR 317 = 00) →		936
929	CHECK 927: HEARD ABOUT OTHER SEXUALLY TRANSMITTED INFECTIONS? YES NO →		931
930	Now I would like to ask you some questions about your health in the last 12 months. During the last 12 months, have you had a disease which you got through sexual contact?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
931	Sometimes women experience a bad smelling abnormal genital discharge. During the last 12 months, have you had a bad smelling abnormal genital discharge?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
932	Sometimes women have a genital sore or ulcer. During the last 12 months, have you had a genital sore or ulcer?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
933	CHECK 930, 931, AND 932: AT LEAST ONE 'YES' OTHER →		936
934	The last time you had (PROBLEM FROM 930/931/932), did you seek any kind of advice or treatment?	YES . . . . . 1 NO 2	→ 936

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
935	Who did you see? Anyone else? RECORD ALL PERSONS SEEN.	PUBLIC MEDICAL SECTOR GOVT. DOCTOR . . . . . A PUBLIC HEALTH NURSE . . . . . B ANM/LHV . . . . . C MALE MPW/SUPERVISOR . . . . . D ANGANWADI WORKER . . . . . E VILLAGE HEALTH GUIDE . . . . . F ASHA . . . . . G OTHER PUBLIC SECTOR HEALTH WORKER _____ H (SPECIFY) NGO WORKER . . . . . I PRIVATE MEDICAL SECTOR PRIVATE DOCTOR . . . . . J PRIVATE NURSE . . . . . K COMPOUNDER/PHARMACIST . . . L VAIDYA/HAKIM/HOMEOPATH . . . . . M DAI (TBA) . . . . . N TRADITIONAL HEALER . . . . . O OTHER PRIVATE SECTOR HEALTH WORKER . . . . . P OTHER _____ X (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
936	Now I would like to ask your opinion about family life education for children. For each of the following, please tell me whether or not it should be taught in school, and if yes, at what age the topic should first be taught.	936B: At what age should boys first be taught this topic in school?	
936A	First we will talk about boys. Should boys be taught in school about_____ ?		

			AT AGE				
			<10	10-12	13-15	16 OR OLDER	DK
a. Moral values	YES 1 → NO 2	a.	1	2	3	4	8
b. Changes in boys' bodies at puberty	YES 1 → NO 2	b.	1	2	3	4	8
c. Changes in girls' bodies at puberty, including menstruation	YES 1 → NO 2	c.	1	2	3	4	8
d. Sex and sexual behaviour	YES 1 → NO 2	d.	1	2	3	4	8
e. Contraception	YES 1 → NO 2	e.	1	2	3	4	8
f. HIV/AIDS	YES 1 → NO 2	f.	1	2	3	4	8
g. Condom use to avoid sexually transmitted diseases	YES 1 → NO 2	g.	1	2	3	4	8

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
936C	Now let us talk about girls. Should girls be taught in school about_____ ?	936D: At what age should girls first be taught this topic in school?	

			AT AGE				
			<10	10-12	13-15	16 OR OLDER	DK
a. Moral values	YES 1 → NO 2	a.	1	2	3	4	8
b. Changes in boys' bodies at puberty	YES 1 → NO 2	b.	1	2	3	4	8
c. Changes in girls' bodies at puberty, including menstruation	YES 1 → NO 2	c.	1	2	3	4	8
d. Sex and sexual behaviour	YES 1 → NO 2	d.	1	2	3	4	8
e. Contraception	YES 1 → NO 2	e.	1	2	3	4	8
f. HIV/AIDS	YES 1 → NO 2	f.	1	2	3	4	8
g. Condom use to avoid sexually transmitted diseases	YES 1 → NO 2	g.	1	2	3	4	8

SECTION 10. HOUSEHOLD RELATIONS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1000	CHECK FRONT COVER: WOMAN SELECTED FOR THIS SECTION? YES ☐ NO ☐ → 1028		
1001	CHECK FOR PRESENCE OF OTHERS: DO NOT CONTINUE UNTIL EFFECTIVE PRIVACY IS ENSURED. PRIVACY OBTAINED . . . . . 1 PRIVACY NOT POSSIBLE . . . . . 2 → 1027		
	READ TO THE RESPONDENT Now I would like to ask you questions about some other important aspects of a woman's life. I know that some of these questions are very personal. However, your answers are crucial for helping to understand the condition of women in India. Let me assure you that your answers are completely confidential and will not be told to anyone and no one else will know that you were asked these questions.		
1002	CHECK 301 AND 308: CURRENTLY MARRIED ☐ FORMERLY MARRIED (1003 TO 1013: READ IN PAST TENSE) ☐ MARRIED MORE THAN ONCE (1003 TO 1013: REFER TO CURRENT/LAST HUSBAND ONLY) ☐ NEVER MARRIED OR MARRIED, GAUNA NOT PERFORMED ☐ → 1014		
1003	First, I am going to ask you about some situations which happen to some women. Please tell me if these apply to your relationship with your (last) husband.		
	a. He (is/was) jealous or angry if you (talk/talked) to other men.	JEALOUS . . . . . YES 1, NO 2, DK 8	
	b. He frequently (accuses/accused) you of being unfaithful.	ACCUSES . . . . . YES 1, NO 2, DK 8	
	c. He (does/did) not permit you to meet your female friends.	NOT MEET FRIENDS . . . . . YES 1, NO 2, DK 8	
	d. He (tries/tried) to limit your contact with your family.	NO FAMILY . . . . . YES 1, NO 2, DK 8	
	e. He (insists/insisted) on knowing where you (are/were) at all times.	WHERE YOU ARE . . . . . YES 1, NO 2, DK 8	
	f. He (does/did) not trust you with any money.	MONEY . . . . . YES 1, NO 2, DK 8	
1004A	Now if you will permit me, I need to ask some more questions about your relationship with your (last) husband.	CHECK 301: ASK ONLY **IF RESPONDENT IS NOT A WIDOW**	
	(Does/did) your (last) husband ever:	1004B How often did this happen during the last 12 months: often, only sometimes, or not at all?	
	a. Say or do something to humiliate you in front of others?	YES 1 → NO 2	a. OFTEN 1, SOMETIMES 2, NOT AT ALL 3
	b. Threaten to hurt or harm you or someone close to you?	YES 1 → NO 2	b. OFTEN 1, SOMETIMES 2, NOT AT ALL 3
	c. Insult you or make you feel bad about yourself?	YES 1 → NO 2	c. OFTEN 1, SOMETIMES 2, NOT AT ALL 3

NO.	QUESTIONS AND FILTERS		CODING CATEGORIES	SKIP
1005A	(Does/did) your (last) husband ever do any of the following things to you:		1005B CHECK 301: ASK ONLY **IF RESPONDENT IS NOT A WIDOW** How often did this happen during the last 12 months: often, only sometimes, or not at all?	

				OFTEN	SOME-TIMES	NOT AT ALL
a.	Slap you?	YES 1 → NO 2	a.	1	2	3
b.	Twist your arm or pull your hair?	YES 1 → NO 2	b.	1	2	3
c.	Push you, shake you, or throw something at you?	YES 1 → NO 2	c.	1	2	3
d.	Punch you with his fist or with something that could hurt you?	YES 1 → NO 2	d.	1	2	3
e.	Kick you, drag you or beat you up?	YES 1 → NO 2	e.	1	2	3
f.	Try to choke you or burn you on purpose?	YES 1 → NO 2	f.	1	2	3
g.	Threaten or attack you with a knife, gun, or any other weapon?	YES 1 → NO 2	g.	1	2	3
h.	Physically force you to have sexual intercourse with him even when you did not want to?	YES 1 → NO 2	h.	1	2	3
i.	Force you to perform any sexual acts you did not want to?	YES 1 → NO 2	i.	1	2	3

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1006	CHECK 1005A (a-i): AT LEAST ONE 'YES' ☐ NOT A SINGLE 'YES' ☐ → 1009		
1007	How long after you first got married to your (last) husband did (this/any of these things) first happen? IF LESS THAN ONE YEAR, RECORD '00'.	NUMBER OF YEARS . . . . . ☐☐ BEFORE MARRIAGE 95	
1008	Did the following ever happen as a result of what your (last) husband did to you at any time:	YES NO	
	a. You had cuts, bruises or aches?	CUTS/BRUISES 1 2	
	b. You had severe burns?	SEVERE BURNS 1 2	
	c. You had eye injuries, sprains, dislocations, or minor burns?	EYE INJURIES, SPRAINS DISLOCATIONS, ETC. . . . 1 2	
	d. You had deep wounds, broken bones, broken teeth, or any other serious injury?	OTHER SERIOUS INJURY . . . 1 2	
1009	Have you ever hit, slapped, kicked, or done anything else to physically hurt your (last) husband at times when he was not already beating or physically hurting you?	YES . . . . . 1 NO . . . . . 2 → 1012	
1010	CHECK 301: RESPONDENT IS NOT A WIDOW ☐ RESPONDENT IS A WIDOW ☐ → 1012		
1011	In the last 12 months, how often have you done this to your husband: often, only sometimes, or not at all?	OFTEN . . . . . 1 SOMETIMES . . . . . 2 NOT AT ALL 3	
1012	Does (did) your husband drink alcohol?	YES . . . . . 1 NO . . . . . 2 → 1014	
1013	How often does (did) he get drunk: often, only sometimes, or never?	OFTEN . . . . . 1 SOMETIMES . . . . . 2 NEVER 3	
1014	CHECK 301: ☐ NEVER MARRIED OR MARRIED, GAUNA NOT PERFORMED ☐ EVER MARRIED From the time you were 15 years old has anyone ever hit, slapped, kicked, or done anything else to hurt you physically? From the time you were 15 years old has anyone other than your (current/last) husband hit, slapped, kicked, or done anything else to hurt you physically?	YES . . . . . 1 NO . . . . . 2 REFUSED TO ANSWER/ NO ANSWER . . . . . 3 → 1017	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1015	Who has hurt you in this way? Anyone else? RECORD ALL MENTIONED.	MOTHER/STEP-MOTHER . . . . . A FATHER/STEP-FATHER . . . . . B SISTER/BROTHER . . . . . C DAUGHTER/SON . . . . . D OTHER RELATIVE . . . . . E FORMER HUSBAND/PARTNER . . . . . F CURRENT BOYFRIEND . . . . . G FORMER BOYFRIEND . . . . . H MOTHER-IN-LAW . . . . . I FATHER-IN-LAW . . . . . J OTHER IN-LAW . . . . . K TEACHER . . . . . L EMPLOYER/SOMEONE AT WORK . . . . M POLICE/SOLDIER . . . . . N OTHER _____ X (SPECIFY)	
1016	In the last 12 months, how often have you been hit, slapped, kicked, or physically hurt by this/these person(s): often, only sometimes, or not at all?	OFTEN . . . . . 1 SOMETIMES . . . . . 2 NOT AT ALL 3	
1017	At any time in your life, as a child or as an adult, has anyone ever forced you in any way to have sexual intercourse or perform any other sexual acts?	YES . . . . . 1 NO . . . . . 2 REFUSED TO ANSWER/ NO ANSWER 3	→ 1021
1018	How old were you the first time you were forced to have sexual intercourse or perform any other sexual acts?	AGE IN COMPLETED YEARS . . . . . ☐☐ DON'T KNOW 98	
1019	Who was the person who was forcing you at that time?	CURRENT HUSBAND . . . . . 01 FORMER HUSBAND . . . . . 02 CURRENT/FORMER BOYFRIEND . . . . 03 FATHER . . . . . 04 STEP-FATHER . . . . . 05 OTHER RELATIVE . . . . . 06 IN-LAW . . . . . 07 OWN FRIEND/ACQUAINTANCE . . . . . 08 FAMILY FRIEND . . . . . 09 TEACHER . . . . . 10 EMPLOYER/SOMEONE AT WORK . . . . 11 POLICE/SOLDIER . . . . . 12 PRIEST/RELIGIOUS LEADER . . . . . 13 STRANGER . . . . . 14 OTHER _____ 96	
1020	CHECK 301: ☐ NEVER MARRIED OR MARRIED, GAUNA NOT PERFORMED ☐ EVER MARRIED In the last 12 months has anyone forced you to have sexual intercourse or perform any other sexual acts against your will? In the last 12 months, has anyone other than your (current/last) husband forced you to have sexual intercourse or perform any other sexual acts against your will?	YES . . . . . 1 NO . . . . . 2 REFUSED TO ANSWER/ NO ANSWER 3	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1021	CHECK 1005A (a-i), 1014, AND 1017: AT LEAST ONE 'YES' ☐ ↓ NOT A SINGLE 'YES' ☐ →		1025
1022	Thinking about what you yourself have experienced among the different things we have been talking about, have you ever tried to seek help to stop the person(s) from doing this to you again?	YES . . . . . 1 NO 2	→ 1024
1023	From whom have you sought help to stop this? Anyone else? RECORD ALL MENTIONED.	OWN FAMILY . . . . . A HUSBAND'S FAMILY . . . . . B CURRENT/LAST HUSBAND . . . . . C CURRENT/FORMER BOYFRIEND . . . . D FRIEND . . . . . E NEIGHBOUR . . . . . F RELIGIOUS LEADER . . . . . G DOCTOR/MEDICAL PERSONNEL . . . . H POLICE . . . . . I LAWYER . . . . . J SOCIAL SERVICE ORGANIZATION . . K OTHER _____ X (SPECIFY)	→ 1025
1024	Have you ever told any one else about this?	YES . . . . . 1 NO 2	
1025	As far as you know, did your father ever beat your mother?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	

THANK THE RESPONDENT FOR HER COOPERATION AND REASSURE HER ABOUT THE CONFIDENTIALITY OF HER ANSWERS. FILL OUT THE QUESTIONS BELOW WITH REFERENCE TO THE HOUSEHOLD RELATIONS MODULE ONLY.

			YES ONCE	YES, MORE THAN ONCE	NO
1026	DID YOU HAVE TO INTERRUPT THIS SECTION OF THE INTERVIEW BECAUSE SOME ADULT WAS TRYING TO LISTEN, OR CAME INTO THE ROOM, OR INTERFERED IN ANY OTHER WAY?	HUSBAND	1	2	3
		OTHER MALE ADULT	1	2	3
		FEMALE ADULT	1	2	3

1027 INTERVIEWER'S COMMENTS / EXPLANATION FOR NOT COMPLETING THE DOMESTIC VIOLENCE MODULE

_____

_____

_____

1028	RECORD THE TIME.	HOUR . . . . . ☐☐ MINUTES . . . . . ☐☐	

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

NAME OF SUPERVISOR: _____ DATE: _____

EDITOR'S OBSERVATIONS

NAME OF EDITOR: _____ DATE: _____

INSTRUCTIONS:

ONLY ONE CODE SHOULD APPEAR IN ANY BOX.
FOR COLUMNS 1 AND 3, ALL MONTHS SHOULD BE FILLED IN.

INFORMATION TO BE CODED FOR EACH COLUMN

COL. 1: BIRTHS, PREGNANCIES, CONTRACEPTIVE USE
- B BIRTHS
- P PREGNANCIES
- T TERMINATIONS

- 0 NO METHOD
- 1 FEMALE STERILIZATION
- 2 MALE STERILIZATION
- 3 PILL
- 4 IUD/LOOP
- 5 INJECTABLES
- 6 IMPLANTS
- 7 CONDOM/NIRODH
- 8 FEMALE CONDOM
- 9 DIAPHRAGM
- J FOAM OR JELLY
- L RHYTHM METHOD
- M WITHDRAWAL
- X OTHER _____ (SPECIFY)

COL.2: ULTRASOUND CONDUCTED DURING PREGNANCY
- Y YES
- N NO

COL. 3: MARRIAGE
- X MARRIED
- N MARRIED, GAUNA NOT PERFORMED
- 0 NOT MARRIED

COL. 4: DISCONTINUATION OF CONTRACEPTIVE USE
- 0 INFREQUENT SEX/HUSBAND AWAY
- 1 METHOD FAILED/BECAME PREGNANT WHILE USING
- 2 WANTED TO BECOME PREGNANT
- 3 HUSBAND/PARTNER DISAPPROVED
- 4 WANTED MORE EFFECTIVE METHOD
- 5 HEALTH CONCERNS/PROBLEMS
- 6 SIDE EFFECTS
- 7 LACK OF ACCESS/TOO FAR
- 8 COSTS TOO MUCH
- 9 INCONVENIENT TO USE
- F FATALISTIC
- A DIFFICULT TO GET PREGNANT/MENOPAUSAL
- D MARITAL DISSOLUTION/SEPARATION
- L LACK OF SEXUAL SATISFACTION
- M CREATED MENSTRUAL PROBLEM
- G GAINED WEIGHT
- N DID NOT LIKE METHOD
- P LACK OF PRIVACY FOR USE
- X OTHER _____ (SPECIFY)
- Z DON'T KNOW

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