

जिलास्तरीय परिवार सर्वेक्षण (डी एल एच एस -4)

महिला (15-49) प्रश्नावली

CONFIDENTIAL  
(for research  
purpose only)

DISTRICT LEVEL HOUSEHOLD AND FACILITY SURVEY (DLHS -4)  
EVER MARRIED WOMAN'S (15-49) QUESTIONNAIRE

IDENTIFICATION

A. STATE \_\_\_\_\_

DISTRICT \_\_\_\_\_

TEHSIL/TALUK/COMMUNITY DEVELOPMENT BLOCK/MANDAL \_\_\_\_\_

TYPE OF LOCALITY                      RURAL.....1                      URBAN.....2

PSU (VILLAGE/URBAN WARD) \_\_\_\_\_

NO.OF SEGMENT CREATED IN VILLAGE / UFS IN SELECTED WARD \_\_\_\_\_

NO. OF SEGMENT/ UFS SELECTED \_\_\_\_\_

HEAD OF THE HOUSEHOLD \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

NAME AND LINE NUMBER OF THE ELIGIBLE WOMAN \_\_\_\_\_

SERIAL NUMBER OF THE VILLAGE QUESTIONNAIRE.....

SERIAL NUMBER OF THE HOUSEHOLD QUESTIONNAIRE.....

SERIAL NUMBER OF EVER MARRIED WOMAN'S QUESTIONNAIRE .....

B. RESULT STATUS

COMPLETED..... 1      PARTLY COMPLETED..... 4

NOT AT HOME..... 2      OTHER..... 6

REFUSED ..... 3                      (SPECIFY)

DATE

MONTH

YEAR

INTERVIEW DATE

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NUMBER OF VISITS MADE

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NAME OF THE INVESTIGATOR

CODE

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## INTRODUCTION AND INFORMED CONSENT

नमस्ते, मेरा नाम \_\_\_\_\_ है और मैं (संस्थान का नाम) में काम करती हूँ। हम महिलाओं तथा बच्चों के स्वास्थ्य के बारे में एक जिलास्तरीय परिवार सर्वेक्षण कर रहे हैं। इस सर्वेक्षण में भाग लेने पर हम आपके बहुत आभारी होंगे। इस सर्वेक्षण में स्वास्थ्य सेवाओं के उपयोग, स्वास्थ्य सेवा की गुणवत्ता और संक्रमक बीमारियों सहित कई विभिन्न स्वास्थ्य संबंधी विषयों पर चर्चा की जाएगी। यह सूचना सरकार को स्वास्थ्य तथा सूचना संबंधी जरूरतों के निर्धारण एवं स्वास्थ्य सेवाओं की बेहतर योजना बनाने में सहायक होगी। सर्वेक्षण को पूरा करने में सामान्यतः आधा घण्टा समय लगता है। आपके द्वारा दी गई सूचना पूरी तरह से गोपनीय रखी जाएगी और यह अन्य व्यक्तियों को नहीं दिखाई जाएगी।

इस सर्वेक्षण में भाग लेना स्वैच्छिक है यदि आप भाग लेती हैं लेकिन सर्वेक्षण के दौरान आप कभी भी मना कर सकती हैं। हम आशा करते हैं कि आप इस सर्वेक्षण में भाग लेंगी क्योंकि आपका भाग लेना महत्वपूर्ण है।

इस समय, क्या सर्वेक्षण के बारे में आप मुझसे कुछ पूछना चाहती हैं?

ANSWER ANY QUESTIONS AND ADDRESS RESPONDENTS CONCERNS.

यदि आपको सर्वेक्षण के बारे में और अधिक जानकारी चाहिए तो आप उन व्यक्तियों से सम्पर्क करें जिनके (नाम) कार्ड पर दिए गए हैं और वह कार्ड आपके परिवार को पहले ही दे दिया गया है।

क्या अब मैं साक्षात्कार लेना प्रारंभ कर सकती हूँ?

My name is \_\_\_\_\_ and I am working with (NAME OF ORGANIZATION). We are conducting a District Level Household Survey about the health of women and children, including use of health services, the quality of health care, infectious diseases. This information will help the government to assess health and information needs and to plan better health care services. The survey usually takes around half an hour to complete. Whatever information you provided will be kept strictly confidential and will not be shown to other persons.

Participation in this survey is voluntary and if you choose not to participate, you may withdraw at any time. However, we hope that you will take part in this survey since your participation is important. We would very much appreciate your participation in this survey

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

ANSWER ANY QUESTIONS AND ADDRESS RESPONDENT'S CONCERNS.

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

May I begin the interview now?

साक्षात्कारकर्ता का नाम Name of interviewer \_\_\_\_\_ दिनांक /Date \_\_\_\_\_




RESPONDENT AGREES TO BE INTERVIEWED ...1  
BEGIN INTERVIEW

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

↓  
START INTERVIEW

**भाग-I**  
**महिला की विशेषताएं**  
**SECTION-I**  
**WOMAN'S CHARACTERISTICS**

Q NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
Q101	समय दर्ज करें / RECORD THE TIME	<div style="display: flex; justify-content: space-around;"> <div>HOUR <div style="border: 1px solid black; width: 30px; height: 20px; display: flex; align-items: center; justify-content: center;">  </div></div> <div>MINUTES <div style="border: 1px solid black; width: 30px; height: 20px; display: flex; align-items: center; justify-content: center;">  </div></div> </div>	
Q102	परिवार प्रश्नावली में महिला की पंक्ति संख्या LINE NUMBER OF THE WOMAN IN HOUSEHOLD QUESTIONNAIRE	<div style="border: 1px solid black; width: 30px; height: 20px; display: flex; align-items: center; justify-content: center;">  </div>	
Q103	परिवार प्रश्नावली में पति की पंक्ति संख्या LINE NUMBER OF THE HUSBAND IN HOUSEHOLD QUESTIONNAIRE IF HE IS NOT LISTED IN THE HOUSEHOLD RECORD '00'	<div style="border: 1px solid black; width: 30px; height: 20px; display: flex; align-items: center; justify-content: center;">  </div>	
Q104	आपकी जन्मतिथि क्या है? What is your date of birth?	<div style="display: flex; justify-content: space-around; font-size: small;"> D   D   M   M   Y   Y   Y   Y </div> <div style="border: 1px solid black; width: 180px; height: 20px; display: flex; align-items: center; justify-content: center;">  </div>	
Q105	आपकी उम्र क्या है? How old are you?	AGE IN COMPLETED YEARS..... <div style="border: 1px solid black; width: 30px; height: 20px; display: flex; align-items: center; justify-content: center;">  </div>	
Q106	आपकी वर्तमान वैवाहिक स्थिति क्या है? What is your current marital status?	CURRENTLY MARRIED ..... 1 MARRIED BUT GAUNA NOT PERFORMED ..... 2 SEPARATED ..... 3 DESERTED ..... 4 DIVORCED ..... 5 WIDOWED ..... 6	<div style="display: flex; align-items: center;"> <div style="font-size: 2em; margin-right: 10px;">}</div> <div> <div style="margin-bottom: 5px;">→ Q113B</div> <div style="margin-bottom: 5px;">→ Q113C</div> </div> </div>
Q107	पहली शादी के समय, आपकी उम्र क्या थी? What was your age when you got married first?	AGE IN COMPLETED YEARS..... <div style="border: 1px solid black; width: 30px; height: 20px; display: flex; align-items: center; justify-content: center;">  </div>	
Q108	आपकी शादी की तारीख क्या थी? What was your date of marriage?	<div style="display: flex; justify-content: space-around; font-size: small;"> D   D   M   M   Y   Y   Y   Y </div> <div style="border: 1px solid black; width: 180px; height: 20px; display: flex; align-items: center; justify-content: center;">  </div>	
Q109	जब आपने अपने पति के साथ रहना शुरू किया उस समय आपकी उम्र क्या थी? How old were you when you started living with your husband?	AGE IN COMPLETED YEARS..... <div style="border: 1px solid black; width: 30px; height: 20px; display: flex; align-items: center; justify-content: center;">  </div>	
Q110	आपके पति की आयु क्या है? How old is your husband?	AGE IN COMPLETED YEARS..... <div style="border: 1px solid black; width: 30px; height: 20px; display: flex; align-items: center; justify-content: center;">  </div> DO NOT KNOW..... 98	
Q111	<b>CHECK Q106:</b> <b>CURRENTLY MARRIED</b> <div style="border: 1px solid black; width: 30px; height: 20px; display: flex; align-items: center; justify-content: center;">  </div>	<b>MARRIED BUT GAUNA NOT PERFORMED</b> <div style="border: 1px solid black; width: 30px; height: 20px; display: flex; align-items: center; justify-content: center;">  </div>	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">↓</div> <div style="border-bottom: 1px solid black; width: 200px;"></div> <div>→ Q114</div> </div>
Q112	क्या आप अभी अपने पति के साथ रह रही हैं या वे किसी दूसरी जगह पर रह रहे हैं? Are you living with your husband now, or is he staying elsewhere?	LIVING WITH HUSBAND..... 1 → STAYING ELSEWHERE..... 2 →	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">→</div> <div>Q114</div> </div> <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">→</div> <div>Q113A</div> </div>

Q NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
Q113	<div> <b>A. CURRENTLY MARRIED</b>   </div> <div> <b>B. SEPARATED / DESERTED / DIVORCED</b>   </div> <div> <b>C. WIDOWED</b>   </div> <p>कितने समय से आप और आपके पति एकसाथ नहीं रह रहे हैं? Since how long have you and your husband not been living together?</p> <p>कितने समय से आप अपने पति के साथ नहीं रह रही हैं? Since how long you have not been living with your husband?</p> <p>आपके पति की मृत्यु कब हुई? When did your husband die?</p> <p>IF LESS THAN 1 MONTH RECORD DAYS IF LESS THAN 1 YEAR RECORD MONTHS OTHERWISE RECORD COMPLETED YEARS</p> <p>IF LESS THAN 1 MONTH RECORD DAYS IF LESS THAN 1 YEAR RECORD MONTHS OTHERWISE RECORD COMPLETED YEARS</p> <p>IF LESS THAN 1 MONTH RECORD DAYS IF LESS THAN 1 YEAR RECORD MONTHS OTHERWISE RECORD COMPLETED YEARS</p>	<p>DAYS..... 1 <input type="text"/> <input type="text"/></p> <p>MONTHS..... 2 <input type="text"/> <input type="text"/></p> <p>YEARS..... 3 <input type="text"/> <input type="text"/></p>	
Q114	<p>क्या आपके पति कभी भी स्कूल गए हैं / थे? Did your husband ever attend school?</p>	<p>YES..... 1</p> <p>NO ..... 2</p> <p>DO NOT KNOW..... 8</p>	→ Q116
Q115	<p>उन्होंने कौन सा उच्चतम कक्षा पास किया है / था? What is/was the highest standard he completed?</p>	<p>LITERATE WITHOUT FORMAL EDUCATION ..... 01</p> <p>LITERATE WITH FORMAL EDUCATION</p> <p>BELOW PRIMARY ..... 02</p> <p>PRIMARY ..... 03</p> <p>MIDDLE ..... 04</p> <p>SECONDARY/MATRIC (CLASS-X) ..... 05</p> <p>HR. SECONDARY/SR. SECONDARY/PRE UNIVERSITY (CLASS XII)..... 06</p> <p>GRADUATE/BBA/ B.TECH/EQUIVALENT ..... 07</p> <p>POST GRADUATE/MBA/MCA EQUIVALENT OR HIGHER ..... 08</p> <p>TECHNICAL DIPLOMA..... 09</p> <p>NON-TECHNICAL DIPLOMA OR CERTIFICATE NOT EQUIVALENT TO DEGREE ..... 10</p> <p>OTHER ..... 96</p> <p>(SPECIFY)</p> <p>ILLITERATE..... 00</p>	
Q116	<p>क्या आपने कभी भी स्कूल में पढ़ाई की है? Have you ever attended school?</p>	<p>YES..... 1</p> <p>NO ..... 2</p>	→ Q118

Q NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
Q117	आपने कौनसा उच्चतम कक्षा पास किया है? What is the highest standard you have passed?	LITERATE WITHOUT FORMAL EDUCATION ..... 01  <b>LITERATE WITH FORMAL EDUCATION</b> BELOW PRIMARY..... 02 PRIMARY ..... 03 MIDDLE ..... 04 SECONDARY/MATRIC (CLASS-X)..... 05 HR. SECONDARY/ SR. SECONDARY/ PRE UNIVERSITY (CLASS XII) ..... 06 GRADUATE / BBA/ B.TECH/ EQUIVALENT..... 07 POST GRADUATE/M.B.A/MCA EQUIVALENT OR HIGHER ..... 08 TECHNICAL DIPLOMA ..... 09 NON-TECHNICAL DIPLOMA OR CERTIFICATE NOT EQUIVALENT TO DEGREE..... 10 OTHER..... 96 (SPECIFY) ILLITERATE ..... 00	
Q118	पिछले 12 महीनों में क्या आपने कोई काम किया है ? Have you done any work in the last 12 months?	YES..... 1 NO..... 2	→ Q119A
Q119	आपका व्यवसाय क्या है /था अर्थात् मुख्यतः आप किस प्रकार का काम करती हैं ?  What is/was your occupation/activity status, that is, what kind of work you mainly do?	_____ <input type="text"/> _____	
Q119A	<b>CHECK Q106</b> <b>ALL OTHER WOMEN</b> <input type="checkbox"/> <b>MARRIED BUT GAUNA</b> <input type="checkbox"/> <b>NOT PERFORMED</b> ↓		→ Q261
Q120	अब मैं आपसे आपके सभी गर्भावस्था के बारे में जानना चाहूँगी <b>NOW I WOULD LIKE TO ASK ABOUT ALL THE PREGNANCIES THAT YOU HAVE HAD TILL NOW</b> क्या आपने कभी किसी जीवित बच्चे को जन्म दिया है? Have you ever given live birth? <b>(INCLUDE ONLY BIOLOGICAL CHILDREN. CONSIDER CHILDREN OF SURROGATE MOTHER, AS BIOLOGICAL CHILDREN)</b>	YES..... 1 NO..... 2	→ Q128
Q121	जब आपने प्रथम बच्चे को जन्म दिया उस समय आपकी उम्र क्या थी ? How old were you at the time when your first child was born?	AGE IN COMPLETED YEARS ..... <input type="text"/>	
Q122	क्या आपके कोई ऐसे बेटे या बेटियाँ हैं, जिन्हें आपने जन्म दिया है और जो इस समय आपके साथ रहते हैं ? Do you have sons or daughters whom you have given birth to and are now living with you?	YES..... 1 NO..... 2	→ Q124
Q123	कितने बेटे आपके साथ रहते हैं ? How many sons live with you? और कितनी बेटियाँ आपके साथ रहती हैं ? And how many daughters live with you?	SONS AT HOME ..... <input type="text"/> DAUGHTERS AT HOME ..... <input type="text"/> IF NONE, RECORD '00'	
Q124	क्या आपके कोई ऐसे बेटे/बेटियाँ हैं, जिन्हें आपने जन्म दिया है जो जीवित हैं लेकिन आपके साथ नहीं रहते हैं ? Do you have any sons or daughters to whom you have given birth to and are alive but do not live with you?	YES..... 1 NO..... 2	→ Q126

Q NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO																																				
Q125	<p>ऐसे कितने जीवित बेटे हैं जो आपके साथ नहीं रहते हैं ?</p> <p>How many sons are alive but do not live with you?</p> <p>और ऐसी कितनी जीवित बेटियां हैं जो आपके साथ नहीं रहती हैं?</p> <p>And how many daughters are alive but do not live with you?</p>	<p>SONS ELSEWHERE..... <input type="text"/> <input type="text"/></p> <p>DAUGHTERS ELSEWHERE ..... <input type="text"/> <input type="text"/></p> <p>IF NONE, RECORD '00'</p>																																					
Q126	<p>क्या आपने कभी किसी लड़का या लड़की को जन्म दिया है, जो जन्म के समय जीवित था /थी लेकिन बाद में जिनकी मृत्यु हो गयी ?</p> <p>Have you ever given birth to a boy or a girl who was born alive but later died?</p> <p>(यदि नहीं: जैसे कोई बच्चा रोया था, जिसमें जीवित होने का कोई लक्षण था लेकिन बाद में जीवित नहीं रहा )</p> <p>(IF NO, PROBE: ANY BABY WHO CRIED OR SHOWED SIGNS OF LIFE BUT DID NOT SURVIVE?)</p>	<p>YES..... 1</p> <p>NO ..... 2</p>	→ Q128																																				
Q127	<p>कितने लड़कों की मृत्यु हुई है ?</p> <p>How many boys have died?</p> <p>और कितनी लड़कियों की मृत्यु हुई है ?</p> <p>And how many girls have died?</p>	<p>BOYS DEAD..... <input type="text"/> <input type="text"/></p> <p>GIRLS DEAD ..... <input type="text"/> <input type="text"/></p> <p>IF NONE, RECORD '00'</p>																																					
Q128	<p>क्या आपके किसी गर्भावस्था की समाप्ति <b>मृत जन्म</b> से हुई ?</p> <p>Did you have any pregnancy, which terminated in <b>still birth</b>?</p> <p>यदि हाँ, तो कितने ?</p> <p>If yes, how many?</p>	<p>NO ..... 0</p> <p>YES, NUMBER ..... <input type="text"/></p>																																					
Q129	<p>क्या आपके किसी गर्भ की समाप्ति <b>स्वतः गर्भपात</b> या <b>प्रेरित गर्भपात</b> से हुई ?</p> <p>Did any of your pregnancy terminate in <b>spontaneous</b> or <b>induced</b> abortion?</p> <p>यदि हाँ, तो कितने ?</p> <p>If yes, how many?</p>	<p>NO ..... 0</p> <p>SPONTANEOUS ABORTION ..... <input type="text"/></p> <p>INDUCED ABORTION..... <input type="text"/></p>	→ Q136																																				
Q130	<p>जब आपके आखिरी गर्भ की समाप्ति प्रेरित गर्भपात से हुई उस समय आपको कितने महीने का गर्भ था?</p> <p>How many months pregnant were you when you had (<b>last</b>) induced abortion?</p>	<p>MONTHS..... <input type="text"/></p> <p>IF LESS THAN '1' MONTH RECORD '0'</p>																																					
Q131	<p>आपके आखिरी प्रेरित गर्भपात के पूर्व क्या आपका <b>अल्ट्रासाउंड परीक्षण</b> हुआ था?</p> <p>At any time before (<b>last</b>) induced abortion did you have an <b>ultrasound test</b>?</p>	<p>YES..... 1</p> <p>NO ..... 2</p>																																					
Q132	<p>आपको (आखिरी) <b>प्रेरित गर्भपात</b> के लिए किसने सलाह दी थी ?</p> <p>Who advised you for the (<b>last</b>) <b>induced abortion</b>?</p> <p>Anyone else?</p> <p>(RECORD ALL MENTIONED)</p>	<table border="0"> <thead> <tr> <th></th><th>YES</th><th>NO</th></tr> </thead> <tbody> <tr> <td>A. DOCTOR.....</td><td>1</td><td>2</td></tr> <tr> <td>B. ANM/NURSE/LHV.....</td><td>1</td><td>2</td></tr> <tr> <td>C. MALE HEALTH WORKER.....</td><td>1</td><td>2</td></tr> <tr> <td>D. ASHA.....</td><td>1</td><td>2</td></tr> <tr> <td>E. DAI.....</td><td>1</td><td>2</td></tr> <tr> <td>F. HUSBAND.....</td><td>1</td><td>2</td></tr> <tr> <td>G. MOTHER-IN-LAW.....</td><td>1</td><td>2</td></tr> <tr> <td>H. MOTHER.....</td><td>1</td><td>2</td></tr> <tr> <td>I. RELATIVES.....</td><td>1</td><td>2</td></tr> <tr> <td>J. SELF.....</td><td>1</td><td>2</td></tr> <tr> <td>K. OTHER.....</td><td>1</td><td>2</td></tr> </tbody> </table> <p>(SPECIFY)</p>		YES	NO	A. DOCTOR.....	1	2	B. ANM/NURSE/LHV.....	1	2	C. MALE HEALTH WORKER.....	1	2	D. ASHA.....	1	2	E. DAI.....	1	2	F. HUSBAND.....	1	2	G. MOTHER-IN-LAW.....	1	2	H. MOTHER.....	1	2	I. RELATIVES.....	1	2	J. SELF.....	1	2	K. OTHER.....	1	2	
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K. OTHER.....	1	2																																					

Q NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
Q133	<p>आखिरी प्रेरित गर्भपात कहाँ करवाया गया था?</p> <p>Where was the last induced abortion performed/completed?</p>	<p><b>GOVERNMENT</b></p> <p>SUB-CENTRE..... 01</p> <p>PHC..... 02</p> <p>CHC ..... 03</p> <p>UHC/UHP/UFWC ..... 04</p> <p>DISPENSARY/CLINIC ..... 05</p> <p>HOSPITAL ..... 06</p> <p>AYUSH HOSPITAL/CLINIC..... 07</p> <p><b>PRIVATE</b></p> <p>DISPENSARY/CLINIC ..... 08</p> <p>HOSPITAL ..... 09</p> <p>AYUSH HOSPITAL/CLINIC..... 10</p> <p>NGO/TRUST HOSP./CLINIC..... 11</p> <p><b>HOME</b></p> <p>SELF ..... 12</p> <p>ELSEWHERE..... 13</p> <p>OTHER ..... 96</p> <p>(SPECIFY)</p>	
Q134	<p>आपका गर्भपात किसने किया?</p> <p>Who performed/completed the last abortion?</p>	<p>DOCTOR..... 01</p> <p>NURSE/ANM/LHV ..... 02</p> <p>TRAINED DAI ..... 03</p> <p>UNTRAINED DAI..... 04</p> <p>FAMILY MEMBERS/RELATIVE/FRIENDS 05</p> <p>NONE/SELF ..... 06</p> <p>OTHER ..... 96</p> <p>(SPECIFY)</p>	
Q135	<p>गर्भपात कराने का कारण क्या था?</p> <p>What was the <b>main</b> reason for last abortion?</p>	<p>UNPLANNED PREGNANCY..... 01</p> <p>DUE TO CONTRACEPTIVE FAILURE ..... 02</p> <p>COMPLICATION(S) IN PREGNANCY ..... 03</p> <p>HEALTH DID NOT PERMIT ..... 04</p> <p>FEMALE FOETUS ..... 05</p> <p>ECONOMIC REASONS ..... 06</p> <p>LAST CHILD TOO YOUNG..... 07</p> <p>FOETUS HAD CONGENITAL ABNORMALITY..... 08</p> <p>OTHER ..... 96</p> <p>(SPECIFY)</p>	
Q136	<p>SUM ANSWERS TO Q123, Q125 AND Q127</p> <p>ENTER TOTAL</p> <p>(IF NONE, RECORD '00')</p>	<p>TOTAL LIVE BIRTHS..... <input type="text"/> <input type="text"/></p>	
Q137	<p>SUM ANSWERS TO Q123, Q125, Q127, Q128 and Q129</p> <p>(IF NONE, RECORD '00')</p>	<p>TOTAL PREGNANCIES..... <input type="text"/> <input type="text"/></p>	
Q138A	<p><b>CHECK Q136 AND Q137:</b></p> <p>यह सुनिश्चित करने के लिए कि मैंने सही लिखा है : आपने कुल मिलाकर ----- - जीवित बच्चे जन्म दिए/और जीवन में आप कुल मिलाकर ----- बार गर्भवती (वर्तमान गर्भ को छोड़कर, यदि कोई है ) हुई थी। क्या यह सही है?</p> <p>Just to make sure that I have recorded correctly: you have had in TOTAL _____ live births and TOTAL _____ pregnancies (EXCLUDE CURRENT PREGNANCY IF ANY) during your life. Is that correct?</p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/> → <b>PROBE AND CORRECT AS NECESSARY</b>  <b>Q123, Q125, Q127, Q128, Q129, Q136 AND Q137</b></p>		

Q NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
Q138B	<p><b>CHECK Q106</b></p> <p>SEPARATED/ DESERTED/ DIVORCED/ WIDOW</p> <p><input type="checkbox"/></p> <p>↓</p> <p><b>CHECK Q113</b></p> <p>LESS THAN 4 YEARS      MORE THAN 4 YEARS</p> <p><input type="checkbox"/>                      <input type="checkbox"/></p> <p>↓                                      ↓</p> <p>GO TO Q139                      GO TO Q261</p>	<p>CURRENTLY MARRIED</p> <p><input type="checkbox"/></p> <p>↓</p> <p>GO TO Q139</p>	<p>GAUNA NOT PERFORMED</p> <p><input type="checkbox"/></p> <p>↓</p> <p>GO TO Q261</p>



**Q139:** अब मैं जानना चाहती हूँ कि 1 जनवरी, 2008 से अबतक आप कितनी बार गर्भवती हुईं जिसका परिणाम जीवित जन्म, मृत जन्म या गर्भपात के रूप में हुआ है ?

Now I would like to ask you about the number of your pregnancies and their details such as live births, still births or abortions since January 1, 2008? Please tell me the number of pregnancies since January 1, 2008.

RECORD TOTAL NO. OF PREGNANCIES -----

If '0' GO TO Q154.

LET US START WITH THE LATEST PREGNANCY EXCLUDING THE CURRENT PREGNANCY. RECORD ALL PREGNANCIES IN 140. RECORD TWINS AND TRIPLETS ON SEPARATE LINES

Q140 गर्भ की संख्या  Line number /Pregnancy number	Q140A क्या आपने गर्भावस्था की जांच करवाई थी?  Did you undergo Pregnancy confirmation test?	Q141 गर्भावस्था का परिणाम क्या था?  What was the outcome of pregnancy?  LIVE BIRTH STILL BIRTH INDUCED ABORTION SPONTANEOUS ABORTION	Q142 आपके (पहले/अगले) बच्चों का नाम क्या रखा गया था ?  What name was given to your baby?	Q143 क्या वह अकेला या एक से अधिक जन्मा था ?  Was (his/her) a single or multiple births?	Q143A उसका/ उसकी जन्मक्रम क्या है?  What is his/her birth order?  (ONLY FOR LIVE BIRTH)	Q144 (नाम) लड़का है या लड़की?  Is (NAME) a boy or a girl?	Q145 आपने किस महीने और वर्ष में जीवित जन्म, मृत जन्म दिए या आपका गर्भपात हुआ? In which month and year you had live birth/ still birth/abortion? <b>Probe:</b> (In case of live birth, what is his/her birth date?)	Q146 (नाम) के जन्म, /मृत जन्म या गर्भपात के के समय आपकी उम्र क्या थी ? What was your age at the time of (Name)'s birth/still birth/abortion?
(1) Last pregnancy	Yes = 1 No = 2	LIVE BIRTH 1 STILL BIRTH 2 → Q143 INDUCED 3 → Q144 SPONT 4 → Q145	_____ (NAME)	SINGLE 1 MULTIPLE 2	<input type="text"/> <input type="text"/>	BOY = 1 GIRL = 2 DK = 8	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	AGE IN YEARS YEAR <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> DK.....98
(2) Previous last pregnancy	Yes = 1 No = 2	LIVE BIRTH 1 STILL BIRTH 2 → Q143 INDUCED 3 → Q144 SPONT 4 → Q145	_____ (NAME)	SINGLE 1 MULTIPLE 2	<input type="text"/> <input type="text"/>	BOY = 1 GIRL = 2 DK = 8	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	AGE IN YEARS YEAR <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> DK.....98
(3) Second from last pregnancy	Yes = 1 No = 2	LIVE BIRTH 1 STILL BIRTH 2 → Q143 INDUCED 3 → Q144 SPONT 4 → Q145	_____ (NAME)	SINGLE 1 MULTIPLE 2	<input type="text"/> <input type="text"/>	BOY = 1 GIRL = 2 DK = 8	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	AGE IN YEARS YEAR <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> DK.....98
(4) Third from last pregnancy	Yes = 1 No = 2	LIVE BIRTH 1 STILL BIRTH 2 → Q143 INDUCED 3 → Q144 SPONT 4 → Q145	_____ (NAME)	SINGLE 1 MULTIPLE 2	<input type="text"/> <input type="text"/>	BOY = 1 GIRL = 2 DK = 8	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	AGE IN YEARS YEAR <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> DK.....98

Q147 क्या आपने प्रसवपूर्व जाँच करवायी थी ? Did you receive any ANC? (Yes-1, No-2)	ASK ONLY IF WOMAN HAD ABORTION (Q141 = 3 or 4)				IF LIVE BIRTH	
	Q148 गर्भावस्था के किस महीनों में गर्भपात हुआ? At what month of pregnancy did abortion happen?	Q149 क्या अल्ट्रासाउंड हुआ था ? Was ultrasound done? (Yes-1, No-2)	Q150 आपका गर्भपात कहाँ हुआ था? Where was the abortion performed / completed? (Code)	Q151 आपका गर्भपात किसने किया? Who performed / completed the abortion? (Code)	Q152 क्या ( नाम ) अभी भी जीवित है ? Is (NAME) still alive?	Q153 मृत्यु के समय ( नाम ) की आयु कितनी थी ? [If DEAD] How old was (NAME) when he/she died? If "< 1 year", PROBE: How many months old was (NAME)?  RECORD DAYS IF LESS THAN 1 MONTH
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	YES..... 1 GO TO NEXT ROW NO..... 2	DAYS..... 1 <input type="text"/> MONTHS..... 2 <input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	YES..... 1 GO TO NEXT ROW NO..... 2	DAYS..... 1 <input type="text"/> MONTHS..... 2 <input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	YES..... 1 GO TO NEXT ROW NO..... 2	DAYS..... 1 <input type="text"/> MONTHS..... 2 <input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	YES..... 1 GO TO NEXT ROW NO..... 2	DAYS..... 1 <input type="text"/> MONTHS..... 2 <input type="text"/>

**Q154: CHECK Q141 AND Q152 AND ENTER THE NUMBER OF SURVIVING CHILDREN BORN AFTER 1<sup>ST</sup> January 2008 (IF NONE RECORD '0').**

**NOTE: IN Q144 'DK' (DO NOT KNOW) ONLY IN CASE OF INDUCED ABORTIONS.**

Q 150			
ITEM	CODE	ITEM	CODE
GOVERNMENT		PRIVATE	
SUB-CENTRE	01	DISPENSARY / CLINIC	08
PHC	02	HOSPITAL	09
CHC	03	AYUSH HOSPITAL / CLINIC	10
UHC / UHP / UFWC	04	NGO OR TRUST HOSP/CLINIC	11
DISPENSARY / CLINIC	05	AT HOME	SELF 12
HOSPITAL	06		ELSEWHERE 13
AYUSH HOSPITAL / CLINIC	07	OTHER	96

Q151	
ITEM	CODE
DOCTOR	01
NURSE / ANM / LHV	02
TRAINED DAI	03
UNTRAINED DAI	04
FAMILY MEMBERS / RELATIVE / FRIENDS	05
NONE / SELF	06
OTHER	96

**भाग-II**  
**प्रसवपूर्व, प्रसव के दौरान तथा प्रसवोत्तर देखरेख**  
**SECTION-II**  
**ANTE-NATAL, NATAL AND POST-NATAL CARE**

अब मैं आपसे जनवरी 1, 2008 से अब तक आपको गर्भावस्था के दौरान मिली प्रसवपूर्व, प्रसव के दौरान तथा प्रसवोत्तर देखरेख के बारे में कुछ प्रश्न पूछना चाहूँगी। Now I would like to ask you some questions about the Antenatal, Natal and Post-Natal care for your pregnancies since 1 January 2008.			
Q. NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
Q201	<b>CHECK Q139: ONE OR MORE PREGNANCIES</b> IN 2008 OR LATER <input type="checkbox"/>	<b>NO PREGNANCY IN 2008 OR LATER</b> <input type="checkbox"/>	→ Q261
Q201A	<b>CHECK Q141: LIVE BIRTH/STILL BIRTH</b> <b>LAST PREGNANCY</b> <input type="checkbox"/>	<b>INDUCED/SPONTANEOUS ABORTION</b> <input type="checkbox"/>	→ Q261
Q202	बच्चे की जन्मतिथि क्या है/थी? (मृत के केस में महीना और वर्ष लिखें) What is/was the date of birth of the baby? In case of still birth, record only month and year. <div style="text-align: center;">           D   D   M   M   Y   Y   Y   Y  <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </div>		
Q203	आपको पिछली गर्भावस्था के बारे में किस महीने में पता चला? During which month did you come to know about last pregnancy?	WITHIN ONE MONTH..... 1 WITHIN TWO MONTHS..... 2 WITHIN THREE MONTHS..... 3 MONTHS ..... <input type="text"/> (Record actual month if 4 Month and above)	
Q204	क्या आपने पिछली गर्भावस्था की जांच (मूत्र परीक्षण) करवाई थी ? Did you undergo Pregnancy confirmation test (urine test) during the last pregnancy?	YES..... 1 NO..... 2	
Q205	क्या आपने पिछली गर्भावस्था को पंजीकृत करवा या था? Did you register your last pregnancy?	YES..... 1 NO..... 2	→ Q207
Q205A	गर्भावस्था किस महीने में पंजीकृत हुई थी? When was the pregnancy registered?	WITHIN 12 WEEKS OF PREGNANCY..... 1 AFTER 12 WEEKS OF PREGNANCY..... 2	
Q206	यदि हां तो गर्भावस्था किसके द्वारा पंजीकृत की गई थी? Pregnancy was registered with whom?	GOVT. DOCTOR..... 1 PRIVATE DOCTOR..... 2 ANM..... 3 ANGANWADI WORKER..... 4 ASHA..... 5 OTHER..... 6 (SPECIFY)	
Q207	जब आप (बच्चे नाम/ मृत बच्चे) गर्भवती हुई थीं तो क्या आप प्रसवपूर्व जांच करवायी थी? When you were pregnant with (NAME/ THE STILL BIRTH), did you receive antenatal care?	YES..... 1 NO..... 2 (IF NO, PROBE)	→ Q221
Q208	पिछली गर्भावस्था के दौरान जब आपको पहली बार प्रसवपूर्व देखभाल मिली, तब आप कितने महीनों से गर्भवती थीं? After how many months of last pregnancy did you receive first antenatal care?	MONTHS ..... <input type="text"/> <input type="text"/> DON'T KNOW ..... 98	

Q.NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
Q209	<p>पिछली गर्भावस्था के दौरान आपको कितनी बार प्रसवपूर्व देखभाल मिली ?</p> <p>How many times you received antenatal check up during last pregnancy?</p>	<p>NUMBER OF TIMES ..... <input type="text"/> <input type="text"/></p> <p>DON'T KNOW..... 98</p>	
Q210	<p>पिछली गर्भावस्था के दौरान आपको प्रसवपूर्व देखभाल कहाँ पर मिली ?</p> <p>Where did you receive antenatal care for last pregnancy?</p> <p>कोई अन्य जगह ?</p> <p>यदि उत्तरदाता अस्पताल, स्वास्थ्य केन्द्र, क्लीनिक, सरकारी या गैर-सरकारी दवाखाना बताने में असमर्थ है तो उस जगह का नाम दर्ज करें जहाँ वह केन्द्र है ?</p> <p>IF UNABLE TO DETERMINE IF A HOSPITAL/ HEALTH CENTRE/ CLINIC IS GOVERNMENT OR PRIVATE MEDICAL SECTOR, WRITE THE NAME OF THE PLACE(S)</p> <p>_____</p> <p>स्थान का नाम</p> <p>NAME OF THE PLACE(S)</p> <p>Anywhere else ?</p> <p>(बताए गए सभी स्थानों को दर्ज करें)</p> <p>(RECORD ALL MENTIONED)</p>	<p><b>GOVERNMENT</b> YES NO</p> <p>A. ANGANWADI/ICDS CENTRE..... 1 2</p> <p>B. SUB-CENTRE ..... 1 2</p> <p>C. PHC..... 1 2</p> <p>D. CHC..... 1 2</p> <p>E. UHC/UHP/UFWC..... 1 2</p> <p>F. DISPENSARY/CLINIC ..... 1 2</p> <p>G. HOSPITAL ..... 1 2</p> <p>H. AYUSH HOSPITAL/CLINIC ..... 1 2</p> <p>I. MOBILE MEDICAL UNIT ..... 1 2</p> <p><b>PRIVATE</b></p> <p>J. DISPENSARY/CLINIC ..... 1 2</p> <p>K. HOSPITAL ..... 1 2</p> <p>L. AYUSH/HOSPITAL/CLINIC ..... 1 2</p> <p>M. NGO/TRUST HOSP. /CLINIC..... 1 2</p> <p><b>HOME</b></p> <p>N. HOME..... 1 2</p> <p>O. PARENTS'HOME..... 1 2</p> <p>P. OTHER HOME ..... 1 2</p> <p>Q. OTHER..... 1 2</p> <p>(SPECIFY)</p>	
Q210a	<p>पिछली गर्भावस्था के दौरान आपकी प्रसवपूर्व देखभाल मुख्यतः कहाँ से मिली?</p> <p>What was the <u>main</u> source of antenatal care for last pregnancy?</p>	<p><b>GOVERNMENT</b></p> <p>ANGANWADI/ICDS CENTRE..... 01</p> <p>SUB-CENTRE ..... 02</p> <p>PHC..... 03</p> <p>CHC..... 04</p> <p>UHC/UHP/UFWC..... 05</p> <p>DISPENSARY/CLINIC..... 06</p> <p>HOSPITAL ..... 07</p> <p>AYUSH HOSPITAL/CLINIC ..... 08</p> <p>MOBILE MEDICAL UNIT..... 09</p> <p><b>PRIVATE</b></p> <p>DISPENSARY/CLINIC ..... 10</p> <p>HOSPITAL..... 11</p> <p>AYUSH HOSPITAL/CLINIC ..... 12</p> <p>NGO/TRUST HOSP. /CLINIC ..... 13</p> <p><b>HOME</b></p> <p>HOME..... 14</p> <p>PARENTS'HOME..... 15</p> <p>OTHER HOME ..... 16</p> <p>OTHER..... 96</p> <p>(SPECIFY)</p>	

Q.NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO																																																								
Q211	<p>पिछली गर्भावस्था के दौरान प्रसवपूर्व देखभाल के समय, क्या इनमें से कोई भी जाँच कम से कम एक बार की गई थी?</p> <p>As part of your antenatal care during last pregnancy, were any of the following done at least once?</p>	<table border="0"> <thead> <tr> <th></th><th>YES</th><th>NO</th><th>Q211a. IF YES NO. OF TIMES</th></tr> </thead> <tbody> <tr> <td>A. वजन लिया गया /Weight measured?</td><td>1</td><td>2</td><td><input type="text"/></td></tr> <tr> <td>B. कद नापा गया /Height measured?</td><td>1</td><td>2</td><td><input type="text"/></td></tr> <tr> <td>C. रक्तदाब की जाँच /Blood pressure checked?</td><td>1</td><td>2</td><td><input type="text"/></td></tr> <tr> <td>D. खून की जाँच /Blood tested (Hb)?</td><td>1</td><td>2</td><td><input type="text"/></td></tr> <tr> <td>E. खून की जाँच /Blood tested (Blood Group)</td><td>1</td><td>2</td><td><input type="text"/></td></tr> <tr> <td>F. Blood tested (Other)</td><td>1</td><td>2</td><td><input type="text"/></td></tr> <tr> <td>G. पेशाब की जाँच/Urine tested?</td><td>1</td><td>2</td><td><input type="text"/></td></tr> <tr> <td>H. पेट की जाँच /Abdomen examined?</td><td>1</td><td>2</td><td><input type="text"/></td></tr> <tr> <td>I. स्तन की जाँच /Breast examined?</td><td>1</td><td>2</td><td><input type="text"/></td></tr> <tr> <td>J. सोनोग्राम या अल्ट्रासाउंड /Sonogram or Ultrasound done?</td><td>1</td><td>2</td><td><input type="text"/></td></tr> <tr> <td>K. प्रसव की तारीख / Delivery date told?</td><td>1</td><td>2</td><td><input type="text"/></td></tr> <tr> <td>L. प्रसव की सलाह / Delivery advice given?</td><td>1</td><td>2</td><td><input type="text"/></td></tr> <tr> <td>M. खुराक की सलाह / Nutrition advice given?</td><td>1</td><td>2</td><td><input type="text"/></td></tr> </tbody> </table>		YES	NO	Q211a. IF YES NO. OF TIMES	A. वजन लिया गया /Weight measured?	1	2	<input type="text"/>	B. कद नापा गया /Height measured?	1	2	<input type="text"/>	C. रक्तदाब की जाँच /Blood pressure checked?	1	2	<input type="text"/>	D. खून की जाँच /Blood tested (Hb)?	1	2	<input type="text"/>	E. खून की जाँच /Blood tested (Blood Group)	1	2	<input type="text"/>	F. Blood tested (Other)	1	2	<input type="text"/>	G. पेशाब की जाँच/Urine tested?	1	2	<input type="text"/>	H. पेट की जाँच /Abdomen examined?	1	2	<input type="text"/>	I. स्तन की जाँच /Breast examined?	1	2	<input type="text"/>	J. सोनोग्राम या अल्ट्रासाउंड /Sonogram or Ultrasound done?	1	2	<input type="text"/>	K. प्रसव की तारीख / Delivery date told?	1	2	<input type="text"/>	L. प्रसव की सलाह / Delivery advice given?	1	2	<input type="text"/>	M. खुराक की सलाह / Nutrition advice given?	1	2	<input type="text"/>	
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E. खून की जाँच /Blood tested (Blood Group)	1	2	<input type="text"/>																																																								
F. Blood tested (Other)	1	2	<input type="text"/>																																																								
G. पेशाब की जाँच/Urine tested?	1	2	<input type="text"/>																																																								
H. पेट की जाँच /Abdomen examined?	1	2	<input type="text"/>																																																								
I. स्तन की जाँच /Breast examined?	1	2	<input type="text"/>																																																								
J. सोनोग्राम या अल्ट्रासाउंड /Sonogram or Ultrasound done?	1	2	<input type="text"/>																																																								
K. प्रसव की तारीख / Delivery date told?	1	2	<input type="text"/>																																																								
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Q212	<p>आपकी (किसी भी) प्रसवपूर्व देखभाल के दौरान, क्या आपको गर्भावस्था की इन जटिल लक्षणों के बारे में बताया गया था?</p> <p>During (any of) your antenatal care visit (s), did any one tell you about the following signs of pregnancy complications?</p>	<table border="0"> <thead> <tr> <th></th><th>YES</th><th>NO</th></tr> </thead> <tbody> <tr> <td>A. योनि से खून आना Vaginal bleeding?</td><td>1</td><td>2</td></tr> <tr> <td>B. ऐंठन Convulsions?</td><td>1</td><td>2</td></tr> <tr> <td>C. लम्बी अवधि की प्रसव पीड़ा Prolonged labour?</td><td>1</td><td>2</td></tr> </tbody> </table>		YES	NO	A. योनि से खून आना Vaginal bleeding?	1	2	B. ऐंठन Convulsions?	1	2	C. लम्बी अवधि की प्रसव पीड़ा Prolonged labour?	1	2																																													
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Q213	<p>क्या आपको किसी ने बताया कि गर्भावस्था की जटिल स्थिति में (स्वास्थ्य केन्द्र) कहाँ जाना है ?</p> <p>Did any one tell you where to go (health facility) if you have any pregnancy complications?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>																																																									

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Q214	<p>आपकी किसी भी प्रसवपूर्व मुलाकात के दौरान क्या आपको इन विषयों पर कम से कम एक बार भी सलाह मिली थी?</p> <p>During (any of) your antenatal visit (s), did you receive advice on the following at least once?</p> <p>A. स्तनपान?Breastfeeding?</p> <p>B. शिशु को गरम रखना? Keeping the baby warm?</p> <p>C. प्रसव के समय साफ-सफाई की आवश्यकता? The need for cleanliness at the time of delivery?</p> <p>D. बच्चे में अंतर रखने के लिए परिवार नियोजन Family planning for spacing?</p> <p>E. सीमित रखने के लिए परिवार नियोजन? Family planning for limiting?</p> <p>F. माता और बच्चे के लिए बेहतर पोषण Better nutrition for mother and child?</p> <p>G. अस्पताल में प्रसव की आवश्यकता? Need for Institutional Delivery?</p>	<table border="0"> <thead> <tr> <th></th><th>YES</th><th>NO</th></tr> </thead> <tbody> <tr> <td>A. BREASTFEEDING</td><td>1</td><td>2</td></tr> <tr> <td>B. KEEPING BABY WARM</td><td>1</td><td>2</td></tr> <tr> <td>C. CLEANLINESS</td><td>1</td><td>2</td></tr> <tr> <td>D. SPACING</td><td>1</td><td>2</td></tr> <tr> <td>E. LIMITING</td><td>1</td><td>2</td></tr> <tr> <td>F. NUTRITION</td><td>1</td><td>2</td></tr> <tr> <td>G. INSTITUTIONAL DELIVERY</td><td>1</td><td>2</td></tr> </tbody> </table>		YES	NO	A. BREASTFEEDING	1	2	B. KEEPING BABY WARM	1	2	C. CLEANLINESS	1	2	D. SPACING	1	2	E. LIMITING	1	2	F. NUTRITION	1	2	G. INSTITUTIONAL DELIVERY	1	2																															
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Q216	<p>आपको आयरन फॉलिक एसिड की गोलियाँ / सिरप कहाँ से प्राप्त हुई ?</p> <p>From where did you get Iron Folic Acid (IFA) tablets/syrup?</p> <p>कोई अन्य जगह ? Anywhere else?</p> <p><b>(RECORD ALL MENTIONED)</b></p>	<p><b>GOVERNMENT</b></p> <table border="0"> <thead> <tr> <th></th><th>YES</th><th>NO</th></tr> </thead> <tbody> <tr> <td>A. ANGANWADI/ICDS CENTRE .....</td><td>1</td><td>2</td></tr> <tr> <td>B. SUB-CENTRE /ANM .....</td><td>1</td><td>2</td></tr> <tr> <td>C. PHC.....</td><td>1</td><td>2</td></tr> <tr> <td>D. CHC.....</td><td>1</td><td>2</td></tr> <tr> <td>E. UHC/UHP/UFWC.....</td><td>1</td><td>2</td></tr> <tr> <td>F. DISPENSARY/CLINIC.....</td><td>1</td><td>2</td></tr> <tr> <td>G. HOSPITAL.....</td><td>1</td><td>2</td></tr> <tr> <td>H. AYUSH HOSPITAL/CLINIC.....</td><td>1</td><td>2</td></tr> <tr> <td>I. MOBILE MEDICAL UNIT .....</td><td>1</td><td>2</td></tr> </tbody> </table> <p><b>PRIVATE</b></p> <table border="0"> <tbody> <tr> <td>J. DISPENSARY/CLINIC .....</td><td>1</td><td>2</td></tr> <tr> <td>K. HOSPITAL .....</td><td>1</td><td>2</td></tr> <tr> <td>L. AYUSH HOSPITAL/CLINIC .....</td><td>1</td><td>2</td></tr> <tr> <td>M. NGO/TRUST HOSP./CLINIC .....</td><td>1</td><td>2</td></tr> <tr> <td>N. DOCTOR .....</td><td>1</td><td>2</td></tr> <tr> <td>O. NURSE .....</td><td>1</td><td>2</td></tr> <tr> <td>P. CHEMIST/PHARMACY.....</td><td>1</td><td>2</td></tr> <tr> <td>Q. OTHER.....</td><td>1</td><td>2</td></tr> </tbody> </table> <p><b>(SPECIFY)</b></p>		YES	NO	A. ANGANWADI/ICDS CENTRE .....	1	2	B. SUB-CENTRE /ANM .....	1	2	C. PHC.....	1	2	D. CHC.....	1	2	E. UHC/UHP/UFWC.....	1	2	F. DISPENSARY/CLINIC.....	1	2	G. HOSPITAL.....	1	2	H. AYUSH HOSPITAL/CLINIC.....	1	2	I. MOBILE MEDICAL UNIT .....	1	2	J. DISPENSARY/CLINIC .....	1	2	K. HOSPITAL .....	1	2	L. AYUSH HOSPITAL/CLINIC .....	1	2	M. NGO/TRUST HOSP./CLINIC .....	1	2	N. DOCTOR .....	1	2	O. NURSE .....	1	2	P. CHEMIST/PHARMACY.....	1	2	Q. OTHER.....	1	2	
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Q219	<p>पिछली गर्भावस्था के दौरान आपको कितनी बार टिटेनस का टीका (इंजेक्शन) लगाया/दिया गया था?</p> <p>During last pregnancy, how many times did you get a Tetanus injection?</p>	<p>NUMBER OF TIMES ..... <input type="text"/></p> <p>DON'T KNOW ..... 8</p>																																								
Q220	<p>क्या स्वास्थ्य कार्यकर्ता द्वारा प्रसवपूर्व जाँच के लिए पर्याप्त समय, पर्याप्त समय से थोड़ा कम समय या जल्दबाजी में जाँच की गई ?</p> <p>Was the Antenatal check-up done with enough time, somewhat enough time or did hurriedly by health personnel?</p>	<p>ENOUGH TIME .....1</p> <p>SOMEWHAT ENOUGH TIME .....2</p> <p>DID HURRIEDLY .....3</p>	→ Q222																																							
Q221	<p><b>(FOR THOSE WOMEN WHO SAID "NO" FOR Q207)</b></p> <p>आप प्रसवपूर्व जाँच के लिए क्यों नहीं गयी ?</p> <p>Why did you not go for an antenatal check-up?</p> <p>Any other?</p> <p><b>(RECORD ALL MENTIONED)</b></p>	<table border="0"> <thead> <tr> <th></th><th>YES</th><th>NO</th></tr> </thead> <tbody> <tr> <td>A. NOT NECESSARY .....</td><td>1</td><td>2</td></tr> <tr> <td>B. NOT CUSTOMARY .....</td><td>1</td><td>2</td></tr> <tr> <td>C. COST TOO MUCH .....</td><td>1</td><td>2</td></tr> <tr> <td>D. TOO FAR/NO TRANSPORT .....</td><td>1</td><td>2</td></tr> <tr> <td>E. POOR QUALITY SERVICE .....</td><td>1</td><td>2</td></tr> <tr> <td>F. FAMILY DID NOT ALLOW .....</td><td>1</td><td>2</td></tr> <tr> <td>G. LACK OF KNOWLEDGE .....</td><td>1</td><td>2</td></tr> <tr> <td>H. NO TIME TO GO .....</td><td>1</td><td>2</td></tr> <tr> <td>I. OTHER .....</td><td>1</td><td>2</td></tr> </tbody> </table> <p align="center"><b>(SPECIFY)</b></p>		YES	NO	A. NOT NECESSARY .....	1	2	B. NOT CUSTOMARY .....	1	2	C. COST TOO MUCH .....	1	2	D. TOO FAR/NO TRANSPORT .....	1	2	E. POOR QUALITY SERVICE .....	1	2	F. FAMILY DID NOT ALLOW .....	1	2	G. LACK OF KNOWLEDGE .....	1	2	H. NO TIME TO GO .....	1	2	I. OTHER .....	1	2										
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Q222a	<p>प्रसवपूर्व जाँच के लिए मुख्यतः किसने आपको सुविधा उपलब्ध करायी या प्रोत्साहित किया?</p> <p>Who mainly facilitated or motivated you to avail antenatal care?</p>	DOCTOR..... 01 ANM ..... 02 HEALTH WORKER..... 03 ANGANWADI WORKER..... 04 ASHA..... 05 NGO/CBO ..... 06 HUSBAND..... 07 MOTHER-IN-LAW..... 08 MOTHER..... 09 RELATIVES / FRIENDS..... 10 SELF ..... 11 OTHER ..... 96 (SPECIFY)																																														
Q223	<p>पिछली गर्भावस्था के दौरान आपको इनमें से कोई स्वास्थ्य समस्या हुई थी?</p> <p>During your last pregnancy did you suffer from any of the following health problems?</p>	<table border="0"> <thead> <tr> <th></th><th>YES</th><th>NO</th></tr> </thead> <tbody> <tr> <td>A. SWELLING OF HANDS, FEET AND FACE / हाथ, पैर और चेहरे पर सूजन आना.</td><td>1</td><td>2</td></tr> <tr> <td>B. PALENESS / GIDDINESS/WEAKNESS / पीलापन / चक्कर / कमजोरी..</td><td>1</td><td>2</td></tr> <tr> <td>C. VISUAL DISTURBANCES/ घुंघुला दिखना</td><td>1</td><td>2</td></tr> <tr> <td>D. EXCESSIVE FATIGUE/ अत्यधिक थकान</td><td>1</td><td>2</td></tr> <tr> <td>E. CONVULSIONS NOT FROM fever/ कपकपी आना/दौरा पड़ना, ( बुखार वाला नहीं )</td><td>1</td><td>2</td></tr> <tr> <td>F. WEAK OR NO MOVEMENT OF FOETUS /बच्चा धीरे घुमना या धीरे चक्कर लगाना</td><td>1</td><td>2</td></tr> <tr> <td>G. ABNORMAL POSITION OF FOETUS /बच्चे की असमान्य स्थिति</td><td>1</td><td>2</td></tr> <tr> <td>H. MALARIA /मलेरिया</td><td>1</td><td>2</td></tr> <tr> <td>I. EXCESSIVE vomiting/अत्यधिक उल्टी होना</td><td>1</td><td>2</td></tr> <tr> <td>J. HYPERTENSION/ High BP/ अत्यधिक ब्लड प्रेशर/उच्च रक्तचाप</td><td>1</td><td>2</td></tr> <tr> <td>K. JAUNDICE/ पीलिया</td><td>1</td><td>2</td></tr> <tr> <td>L. EXCESSIVE BLEEDING/अत्यधिक रक्त स्राव</td><td>1</td><td>2</td></tr> <tr> <td>M. VAGINAL DISCHARGE / योनि स्राव</td><td>1</td><td>2</td></tr> <tr> <td>N. Other/अन्य _____</td><td>1</td><td>2</td></tr> </tbody> </table> <p>(SPECIFY/स्पष्ट करें)</p>		YES	NO	A. SWELLING OF HANDS, FEET AND FACE / हाथ, पैर और चेहरे पर सूजन आना.	1	2	B. PALENESS / GIDDINESS/WEAKNESS / पीलापन / चक्कर / कमजोरी..	1	2	C. VISUAL DISTURBANCES/ घुंघुला दिखना	1	2	D. EXCESSIVE FATIGUE/ अत्यधिक थकान	1	2	E. CONVULSIONS NOT FROM fever/ कपकपी आना/दौरा पड़ना, ( बुखार वाला नहीं )	1	2	F. WEAK OR NO MOVEMENT OF FOETUS /बच्चा धीरे घुमना या धीरे चक्कर लगाना	1	2	G. ABNORMAL POSITION OF FOETUS /बच्चे की असमान्य स्थिति	1	2	H. MALARIA /मलेरिया	1	2	I. EXCESSIVE vomiting/अत्यधिक उल्टी होना	1	2	J. HYPERTENSION/ High BP/ अत्यधिक ब्लड प्रेशर/उच्च रक्तचाप	1	2	K. JAUNDICE/ पीलिया	1	2	L. EXCESSIVE BLEEDING/अत्यधिक रक्त स्राव	1	2	M. VAGINAL DISCHARGE / योनि स्राव	1	2	N. Other/अन्य _____	1	2	<p>If 'NO' FOR ALL, GO TO Q226</p>
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Q224	<p>क्या आपने अपनी उन स्वास्थ्य समस्याओं के लिए किसी से इलाज करवाया था?</p> <p>Did you seek treatment for any of these health problems?</p>	YES ..... 1 NO ..... 2	<p>→ Q226</p>																																													



Q.NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
Q225	<p>आप सलाह लेने और इलाज के लिए कहाँ गई थीं?</p> <p>Where did you go for consultation or to seek treatment?</p> <p>Anywhere else</p> <p><b>(RECORD ALL MENTIONED)</b></p>	<p><b>GOVERNMENT</b></p> <p>YES NO</p> <p>A. ANGANWADI ..... 1 2</p> <p>B. SUB-CENTRE ..... 1 2</p> <p>C. PHC ..... 1 2</p> <p>D. CHC ..... 1 2</p> <p>E. UHC/UHP/UFWC ..... 1 2</p> <p>F. DISPENSARY/CLINIC ..... 1 2</p> <p>G. HOSPITAL ..... 1 2</p> <p>H. AYUSH HOSPITAL/CLINIC ..... 1 2</p> <p>I. MOBILE MEDICAL UNIT ..... 1 2</p> <p><b>PRIVATE</b></p> <p>J. DISPENSARY/CLINIC ..... 1 2</p> <p>K. HOSPITAL ..... 1 2</p> <p>L. AYUSH HOSPITAL/CLINIC ..... 1 2</p> <p>M. NGO/TRUST HOSP. /CLINIC ..... 1 2</p> <p>N. OTHER ..... 1 2</p> <p>(SPECIFY)</p>	
Q225a	<p>आप सलाह लेने और इलाज के लिये मुख्यतः कहाँ गयी थी?</p> <p>Where did you go <u>mainly</u> for consultation or to seek treatment?</p>	<p><b>GOVERNMENT</b></p> <p>ANGANWADI ..... 01</p> <p>SUB-CENTRE ..... 02</p> <p>PHC ..... 03</p> <p>CHC ..... 04</p> <p>UHC/UHP/UFWC ..... 05</p> <p>DISPENSARY/CLINIC ..... 06</p> <p>HOSPITAL ..... 07</p> <p>AYUSH HOSPITAL/CLINIC ..... 08</p> <p>MOBILE MEDICAL UNIT ..... 09</p> <p><b>PRIVATE</b></p> <p>DISPENSARY/CLINIC ..... 10</p> <p>HOSPITAL ..... 11</p> <p>AYUSH HOSPITAL/CLINIC ..... 12</p> <p>NGO/TRUST HOSP. /CLINIC ..... 13</p> <p>OTHER ..... 96</p> <p>(SPECIFY)</p>	
Q226	<p>पिछली गर्भावस्था के दौरान, क्या आपको आंगनवाड़ी केन्द्र से कोई अनुपूरक पोषक आहार मिला था ?</p> <p>Did you receive any supplementary nutrition from the Anganwadi centre during last pregnancy?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	
Q227	<p>आपको प्रसव के लिए किस ने स्वास्थ्य केन्द्र जाने के लिए सुविधा प्रदान किया/ प्रोत्साहित किया?</p> <p>Who facilitated or motivated you to go to health facility for delivery?</p> <p>Anyone else?</p> <p><b>(RECORD ALL MENTIONED)</b></p>	<p>YES NO</p> <p>A. DOCTOR ..... 1 2</p> <p>B. ANM ..... 1 2</p> <p>C. HEALTH WORKER ..... 1 2</p> <p>D. ANGANWADI WORKER ..... 1 2</p> <p>E. ASHA ..... 1 2</p> <p>F. NGO/CBO ..... 1 2</p> <p>G. HUSBAND ..... 1 2</p> <p>H. MOTHER-IN-LAW ..... 1 2</p> <p>I. MOTHER ..... 1 2</p> <p>J. RELATIVES/FRIENDS ..... 1 2</p> <p>K. SELF ..... 1 2</p> <p>L. OTHER ..... 1 2</p> <p>(SPECIFY)</p>	<p>→</p> <p><b>If 'NO' FOR ALL, GO TO Q229</b></p>

Q.NO	QUESTIONS AND FILTERS	CODING CATEGORIES		SKIP TO
Q228	<p>आपको प्रसव के लिए उन्होंने कहाँ जाने की सलाह दी ?</p> <p>If yes, where did she /he advise you to go for delivery?</p> <p>Anywhere else ?</p> <p><b>(RECORD ALL MENTIONED)</b></p>	<p><b>GOVERNMENT</b></p> <p>A. ANGANWADI..... 1 2</p> <p>B. SUB CENTRE ..... 1 2</p> <p>C. PHC ..... 1 2</p> <p>D. CHC..... 1 2</p> <p>E. UHC/UHP/UFWC ..... 1 2</p> <p>F. DISPENSARY/CLINIC ..... 1 2</p> <p>G. HOSPITAL ..... 1 2</p> <p>H. AYUSH HOSPITAL/ CLINIC..... 1 2</p> <p><b>PRIVATE</b></p> <p>I. DISPENSARY/ CLINIC..... 1 2</p> <p>J. HOSPITAL..... 1 2</p> <p>K. AYUSH HOSPITAL/CLINIC ..... 1 2</p> <p>L. NGO/TRUST HOSPITAL/CLINIC ..... 1 2</p> <p>M. OTHER_____ 1 2</p> <p><b>(SPECIFY)</b></p>	YES NO	
Q229	<p>क्या प्रसव के दौरान आपको इनमें से कोई स्वास्थ्य समस्या हुई थी ?</p> <p>During delivery, did you experience any of the following problems?</p> <p>A. क्या आपने समय से पहले दर्द का अनुभव किया ? Did you experience premature labour?</p> <p>B. क्या आपने अत्यधिक रक्तस्राव का अनुभव किया ? Did you experience excessive bleeding?</p> <p>C. क्या आपने ज्यादा समय तक दर्द का अनुभव किया ? (12 घण्टे से ज्यादा) Did you experience prolonged labour?</p> <p>D. क्या आपने रुक-रुक कर दर्द का अनुभव किया ? Did you experience obstructed labour?</p> <p>E. क्या आपने गर्भस्थ शिशु की असामान्य स्थिति का अनुभव किया ? Did you experience breech presentation?</p> <p>F. क्या आपने शारीरिक ऐंठन या उच्च रक्त चाप का अनुभव किया ? Did you experience Convulsion/High B.P?</p> <p>G. अन्य कोई? Any Other?</p>	<p>A. PREMATURE LABOUR..... 1 2</p> <p>B. EXCESSIVE BLEEDING..... 1 2</p> <p>C. PROLONGED LABOUR (More than 12 Hours) ..... 1 2</p> <p>D. OBSTRUCTED LABOUR..... 1 2</p> <p>E. BREECH PRESENTATION..... 1 2</p> <p>F. CONVULSION/HIGH B.P..... 1 2</p> <p>G. OTHER_____ 1 2</p> <p><b>(SPECIFY)</b></p>	YES NO	
Q230	<p>क्या प्रसव सामान्य रूप से, ऑपरेशन से या औजार के सहायता से हुआ था?</p> <p>Was the delivery normal or caesarean or assisted?</p>	<p>NORMAL ..... 1</p> <p>CAESAREAN ..... 2</p> <p>BY INSTRUMENT OR ASSISTED..... 3</p>		

Q.NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
Q231	<p>आपका पिछला प्रसव कहाँ पर हुआ ?</p> <p>Where did your last delivery take place?</p>	<p><b>GOVERNMENT</b></p> <p>SUB CENTRE ..... 01</p> <p>PHC ..... 02</p> <p>CHC ..... 03</p> <p>UHC/UHP/UFWC ..... 04</p> <p>DISPENSARY/CLINIC ..... 05</p> <p>HOSPITAL ..... 06</p> <p>AYUSH HOSPITAL/ CLINIC ..... 07</p> <p><b>PRIVATE</b></p> <p>DISPENSARY/CLINIC ..... 08</p> <p>HOSPITAL ..... 09</p> <p>AYUSH HOSPITAL/CLINIC ..... 10</p> <p>NGO/TRUST HOSPITAL/CLINIC ..... 11</p> <p>ON THE WAY TO HOSPITAL ..... 12</p> <p>AT HOME ..... 13</p> <p>AT PARENT'S HOME ..... 14</p> <p>WORK PLACE ..... 15</p> <p>OTHER ..... 96</p> <p>(SPECIFY)</p>	<p>→Q235</p>
Q232	<p>आपका पिछला प्रसव किसने कराया ?</p> <p>Who conducted your last delivery?</p>	<p>DOCTOR ..... 1</p> <p>ANM/NURSE/MIDWIFE/LHV ..... 2</p> <p>TRAINED DAI ..... 3</p> <p>UNTRAINED DAI ..... 4</p> <p>FAMILY MEMBER /RELATIVES/FRIENDS ..... 5</p> <p>NONE ..... 8</p>	
Q233	<p>पिछले प्रसव के समय निम्नलिखित में से क्या-क्या किया गया था ?</p> <p>At the time of last delivery were the following done?</p> <p>A. एक ही बार प्रयोग की जानेवाली प्रसव किट (डी डी के, ममता किट) का उपयोग किया गया था ?</p> <p>Was a Disposable Delivery Kit (Mamta Kit) used?</p> <p>B. बच्चे को तुरंत कपड़े से पोंछ कर सुखाया गया और नहलाये बिना, उसको लपेटा गया था ?</p> <p>Was the baby immediately wiped dry and then wrapped without being bathed?</p> <p>C. नाल काटने के लिए नया /साफ ब्लेड का प्रयोग किया गया था ?</p> <p>Was a new/sterilized blade used to cut the cord?</p>	<p>YES NO DK</p> <p>A. DDK/ MAMTA KIT USED ..... 1 2 3</p> <p>B. WIPED AND WRAPPED ..... 1 2 3</p> <p>C. NEW / STERLIZED BLADE ..... 1 2 3</p>	
Q234	<p>किन कारणों से आप प्रसव के लिए स्वास्थ्य केन्द्र पर नहीं गयीं?</p> <p>What are the reasons for not going to health facility for delivery?</p> <p>Any other?</p> <p>(RECORD ALL MENTIONED)</p>	<p>YES NO</p> <p>A. COST TOO MUCH ..... 1 2</p> <p>B. POOR QUALITY SERVICE ..... 1 2</p> <p>C. TOO FAR/NO TRANSPORT ..... 1 2</p> <p>D. NO TIME TO GO ..... 1 2</p> <p>E. NOT NECESSARY ..... 1 2</p> <p>F. NOT CUSTOMARY ..... 1 2</p> <p>G. BETTER CARE AT HOME ..... 1 2</p> <p>H. FAMILY DID NOT ALLOW ..... 1 2</p> <p>I. LACK OF KNOWLEDGE ..... 1 2</p> <p>J. OTHER ..... 1 2</p> <p>(SPECIFY)</p>	

Q. NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO																																													
Q234a	मुख्यतः किन कारणों से आप प्रसव के लिये स्वास्थ्य केन्द्र पर नहीं गयीं ?  What is the <u>main</u> reason for not going to health facility for delivery?	COST TOO MUCH..... 01 POOR QUALITY SERVICE..... 02 TOO FAR/NO TRANSPORT..... 03 NO TIME TO GO..... 04 NOT NECESSARY..... 05 NOT CUSTOMARY..... 06 BETTER CARE AT HOME..... 07 FAMILY DID NOT ALLOW..... 08 LACK OF KNOWLEDGE..... 09 OTHER..... 96 (SPECIFY)	GO TO Q239																																													
Q235	प्रसव हेतु स्वास्थ्य केन्द्र जाने के लिए आपने यातायात के किस मुख्य साधन का इस्तेमाल किया था?  What was the main mode of transportation used by you to reach the health facility for delivery?	AMBULANCE..... 01 JEEP/CAR..... 02 MOTORCYCLE/SCOOTER..... 03 BUS/TRAIN..... 04 TEMPO/AUTO/TRACTOR..... 05 CART..... 06 ON FOOT..... 07 OTHER..... 96 (SPECIFY)	Q237																																													
Q236	प्रसव हेतु स्वास्थ्य केन्द्र ले जाने के लिए यातायात की व्यवस्था किसने की थी ?  Who arranged the transportation to take you to the health facility for delivery?  Anyone else ?  (RECORD ALL MENTIONED)	<table border="0"> <thead> <tr> <th></th><th>YES</th><th>NO</th></tr> </thead> <tbody> <tr><td>A. DOCTOR .....</td><td>1</td><td>2</td></tr> <tr><td>B. ANM.....</td><td>1</td><td>2</td></tr> <tr><td>C. HEALTH WORKER.....</td><td>1</td><td>2</td></tr> <tr><td>D. ANGAWADI WORKER .....</td><td>1</td><td>2</td></tr> <tr><td>E. ASHA .....</td><td>1</td><td>2</td></tr> <tr><td>F. NGO.....</td><td>1</td><td>2</td></tr> <tr><td>G. CBO.....</td><td>1</td><td>2</td></tr> <tr><td>H. HUSBAND .....</td><td>1</td><td>2</td></tr> <tr><td>I. MOTHER-IN-LAW .....</td><td>1</td><td>2</td></tr> <tr><td>J. MOTHER .....</td><td>1</td><td>2</td></tr> <tr><td>K. RELATIVES/FRIENDS.....</td><td>1</td><td>2</td></tr> <tr><td>L. PRI MEMBER .....</td><td>1</td><td>2</td></tr> <tr><td>M. SELF.....</td><td>1</td><td>2</td></tr> <tr><td>N. OTHER.....</td><td>1</td><td>2</td></tr> </tbody> </table> (SPECIFY)		YES	NO	A. DOCTOR .....	1	2	B. ANM.....	1	2	C. HEALTH WORKER.....	1	2	D. ANGAWADI WORKER .....	1	2	E. ASHA .....	1	2	F. NGO.....	1	2	G. CBO.....	1	2	H. HUSBAND .....	1	2	I. MOTHER-IN-LAW .....	1	2	J. MOTHER .....	1	2	K. RELATIVES/FRIENDS.....	1	2	L. PRI MEMBER .....	1	2	M. SELF.....	1	2	N. OTHER.....	1	2	
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Q236a	प्रसव हेतु स्वास्थ्य केन्द्र ले जाने के लिये यातायात की व्यवस्था मुख्यतः किसने की थी?  Who <u>mainly</u> arranged the transportation to take you to the health facility for delivery?	DOCTOR..... 01 ANM..... 02 HEALTH WORKER..... 03 ANGAWADI WORKER..... 04 ASHA..... 05 NGO..... 06 CBO..... 07 HUSBAND..... 08 MOTHER-IN-LAW..... 09 MOTHER..... 10 RELATIVES/FRIENDS..... 11 PRI MEMBER..... 12 SELF..... 13 OTHER..... 96 (SPECIFY)																																														
Q237	संस्थागत प्रसव के लिये निम्नलिखित पर आपका कितना खर्च हुआ?  In case of institutional delivery , how much it cost out of your pocket on following items during delivery	NO COST PAID..... 00000 DON'T KNOW..... 99998  RUPEES 1. TOTAL EXPENDITURE ..... 2. ARRANGING TRANSPORTATION ..... 3. COST OF STAY IN HOSPITAL..... 4. COST OF TESTS DONE ..... 5. COST OF MEDICINES ..... 6. OTHER EXPENDITURE DUE TO COMPLICATIONS...																																														

Q. NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO																														
Q238	संस्थागत प्रसव के लिये, प्रसव के उपरान्त आप वहाँ कितनी देर तक रहे थे ?  In case of institutional delivery, how long did you stay in institution after delivery? (Record in Hours, if stay <= 48 hrs, in Days otherwise)	<div>1 <table border="1"><tr><td>HOURS</td><td></td></tr></table></div> <div>2 <table border="1"><tr><td>DAYS</td><td></td></tr></table></div>	HOURS		DAYS																												
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Q239	अपनी क्षमता से अधिक खर्चे के लिये रुपये कहाँ से लिये? How out of pocket cost on delivery was met?	BORROWED FROM FRIENDS/RELATIVES..... 1 SELLING PROPERTY ..... 2 SELLING JEWELLERY..... 3 INSURANCE..... 4 OTHER ..... 6 (SPECIFY)																															
Q240	क्या आपको प्रसव के लिये आर्थिक लाभ मिला? Did you receive any financial assistance for delivery care?	YES ..... 1 NO ..... 2	→ Q241																														
Q240A	आपको आर्थिक लाभ किस योजना से मिला? Whether you received from?	JANANI SURKSHA YOJANA (JSY) ..... 1 OTHER GOVERNMENT SCHEME (OTHER THAN JSY) ..... 2																															
Q240B	प्रसव के दौरान/प्रसव उपरान्त आपको कुल कितना आर्थिक लाभ मिला?  What was the total amount received by you during pregnancy and / or after delivery?	<div>(AMOUNT IN RS.)</div> <div>JSY ..... <table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table></div> <div>OTHER GOVT. SCHEME ..... <table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table></div>																															
Q240C	प्रसव के कितनों दिनों बाद आपको आर्थिक लाभ मिला?  How many days after last delivery, did you receive the financial assistance?	<div>DAYS</div> <div><table border="1"><tr><td></td><td></td><td></td></tr></table></div>																															
Q241	क्या आप जानती हैं कि नवजात शिशु को क्या-क्या कठिनाईयाँ (खतरनाक लक्षण) होती हैं ?  Do you know the danger signs of new born?	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>A. BREAST FEEDING OR DRINKING POORLY..</td> <td>1</td> <td>2</td> </tr> <tr> <td>B. FEVER OR COLD/ HOT TO TOUCH.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>C. FAST OR DIFFICULT BREATHING.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>D. BLOOD IN STOOL.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>E. BLUE TONGUE &amp; LIPS .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>F. DEVELOP YELLOW STAINING OF PALM AND SOLES.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>G. ABNORMAL MOVEMENT.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>H. BABY DID NOT CRY .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>I. ANY OTHER.....</td> <td>1</td> <td>2</td> </tr> </tbody> </table> (SPECIFY)		YES	NO	A. BREAST FEEDING OR DRINKING POORLY..	1	2	B. FEVER OR COLD/ HOT TO TOUCH.....	1	2	C. FAST OR DIFFICULT BREATHING.....	1	2	D. BLOOD IN STOOL.....	1	2	E. BLUE TONGUE & LIPS .....	1	2	F. DEVELOP YELLOW STAINING OF PALM AND SOLES.....	1	2	G. ABNORMAL MOVEMENT.....	1	2	H. BABY DID NOT CRY .....	1	2	I. ANY OTHER.....	1	2	
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Q242	क्या प्रसव के बाद 48 घंटे के अन्दर आपकी जाँच हुई थी?  Did you have any check-up within 48 hours after delivery?	YES..... 1 NO..... 2	→ Q244																														

Q. NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO																		
Q243	<p>प्रसव के कितने दिनों के बाद आपकी पहली बार जाँच की गई?</p> <p>How many days after delivery did the first check-up take place?</p>	<p>DAYS ..... <input type="text"/> <input type="text"/></p> <p>CHECK UP NOT DONE AT ALL..... 00</p> <p>DON'T KNOW ..... 98</p>	<p>→ Q246</p>																		
Q244	<p>पहली जाँच कहाँ पर हुई थी ?</p> <p>Where did the first check-up take place?</p>	<p><b>GOVERNMENT</b></p> <p>SUB-CENTRE..... 01</p> <p>PHC..... 02</p> <p>CHC..... 03</p> <p>UHC/UHP/UFWC..... 04</p> <p>DISPENSARY/CLINIC ..... 05</p> <p>HOSPITAL ..... 06</p> <p>AYUSH HOSPITAL/CLINIC ..... 07</p> <p>MOBILE MEDICAL UNIT..... 08</p> <p><b>PRIVATE</b></p> <p>DISPENSARY/CLINIC ..... 09</p> <p>HOSPITAL ..... 10</p> <p>AYUSH HOSPITAL/CLINIC ..... 11</p> <p>NGO/TRUST HOSP. /CLINIC ..... 12</p> <p>AT HOME..... 13</p> <p>OTHER..... 96</p> <p>(SPECIFY)</p>																			
Q245	<p>आपकी जाँच के समय निम्नलिखित में से क्या -क्या हुआ:</p> <p>Did any of the following happen when you had the check-up:</p> <p>A. पेट की जाँच?</p> <p>Was your abdomen examined?</p> <p>B. स्तनपान की सलाह ?</p> <p>Did you receive advice on breastfeeding?</p> <p>C. बच्चे के देखरेख की सलाह ?</p> <p>Did you receive advice on baby care?</p> <p>D. परिवार नियोजन की सलाह ?</p> <p>Did you receive advice on family planning?</p> <p>E. अन्य कोई ?</p> <p>Any Other ?</p>	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>A. ABDOMEN EXAMINED .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>B. ADVICE ON BREASTFEEDING .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>C. ADVICE ON BABY CARE .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>D. ADVICE ON FAMILY PLANNING .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>E. OTHER.....</td> <td>1</td> <td>2</td> </tr> </tbody> </table> <p>(SPECIFY)</p>		YES	NO	A. ABDOMEN EXAMINED .....	1	2	B. ADVICE ON BREASTFEEDING .....	1	2	C. ADVICE ON BABY CARE .....	1	2	D. ADVICE ON FAMILY PLANNING .....	1	2	E. OTHER.....	1	2	
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Q246	<p>प्रसव होने के <b>6 सप्ताह</b> के दौरान क्या आपको निम्नलिखित स्वास्थ्य समस्याओं में से किसी का अनुभव हुआ था ?</p> <p>During the first <b>6 weeks</b> after delivery did you experience any of the following health problems?</p> <p>A. क्या आपको तेज बुखार हुआ था ? Did you experience, <b>high fever</b>?</p> <p>B. क्या आपको पेट के निचले भाग में दर्द हुआ था ? Did you experience, <b>lower abdominal pain</b>?</p> <p>C. क्या आपको दुर्गंध युक्त योनि-स्राव हुआ था ? Did you experience, <b>foul smelling vaginal discharge</b>?</p> <p>D. क्या आपको अत्यधिक रक्तस्राव हुआ था ? Did you experience, <b>excessive bleeding</b>?</p> <p>E. क्या आपको शारीरिक ऐंठन होकर बेहोशी का अनुभव हुआ ? Did you experience, <b>convulsions</b>?</p> <p>F. क्या आपको तेज सिर दर्द हुआ था ? Did you experience, <b>severe headache</b>?</p> <p>G. अन्य कोई ? Any other?</p>	<table border="0"> <thead> <tr> <th></th><th>YES</th><th>NO</th></tr> <tr> <th></th><th>1</th><th>2</th></tr> </thead> <tbody> <tr> <td>A. HIGH FEVER.....</td><td>1</td><td>2</td></tr> <tr> <td>B. LOWER ABDOMINAL PAIN.....</td><td>1</td><td>2</td></tr> <tr> <td>C. FOUL SMELLING VAGINAL DISCHARGE.....</td><td>1</td><td>2</td></tr> <tr> <td>D. EXCESSIVE BLEEDING.....</td><td>1</td><td>2</td></tr> <tr> <td>E. CONVULSIONS .....</td><td>1</td><td>2</td></tr> <tr> <td>F. SEVERE HEADACHE .....</td><td>1</td><td>2</td></tr> <tr> <td>G. OTHER..... (SPECIFY)</td><td>1</td><td>2</td></tr> </tbody> </table>		YES	NO		1	2	A. HIGH FEVER.....	1	2	B. LOWER ABDOMINAL PAIN.....	1	2	C. FOUL SMELLING VAGINAL DISCHARGE.....	1	2	D. EXCESSIVE BLEEDING.....	1	2	E. CONVULSIONS .....	1	2	F. SEVERE HEADACHE .....	1	2	G. OTHER..... (SPECIFY)	1	2	<p>If 'NO' FOR ALL, GO TO Q249</p>																								
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Q247	<p>क्या आपने किसी से इन स्वास्थ्य समस्याओं के लिए परामर्श ली या इलाज करवाया?</p> <p>Did you consult anyone or seek treatment for these health problems?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	<p>→ Q249</p>																																																			
Q248	<p>आप परामर्श या इलाज के लिए कहाँ गयी थी ?</p> <p>Where did you go for consultation or treatment?</p> <p>Anywhere else?</p> <p>(RECORD ALL MENTIONED)</p>	<table border="0"> <thead> <tr> <th></th><th>YES</th><th>NO</th></tr> <tr> <th></th><th>1</th><th>2</th></tr> </thead> <tbody> <tr> <td><b>GOVERNMENT</b></td><td></td><td></td></tr> <tr> <td>A. SUB-CENTRE.....</td><td>1</td><td>2</td></tr> <tr> <td>B. PHC.....</td><td>1</td><td>2</td></tr> <tr> <td>C. CHC.....</td><td>1</td><td>2</td></tr> <tr> <td>D. UHC/UHP/UFWC.....</td><td>1</td><td>2</td></tr> <tr> <td>E. DISPENSARY/CLINIC.....</td><td>1</td><td>2</td></tr> <tr> <td>F. HOSPITAL.....</td><td>1</td><td>2</td></tr> <tr> <td>G. AYUSH HOSPITAL/CLINIC.....</td><td>1</td><td>2</td></tr> <tr> <td>H. MOBILE MEDICAL UNIT.....</td><td>1</td><td>2</td></tr> <tr> <td><b>PRIVATE</b></td><td></td><td></td></tr> <tr> <td>I. DISPENSARY/CLINIC.....</td><td>1</td><td>2</td></tr> <tr> <td>J. HOSPITAL.....</td><td>1</td><td>2</td></tr> <tr> <td>K. AYUSH HOSPITAL/CLINIC.....</td><td>1</td><td>2</td></tr> <tr> <td>L. NGO/TRUST HOSP. /CLINIC.....</td><td>1</td><td>2</td></tr> <tr> <td>M. OTHER..... (SPECIFY)</td><td>1</td><td>2</td></tr> </tbody> </table>		YES	NO		1	2	<b>GOVERNMENT</b>			A. SUB-CENTRE.....	1	2	B. PHC.....	1	2	C. CHC.....	1	2	D. UHC/UHP/UFWC.....	1	2	E. DISPENSARY/CLINIC.....	1	2	F. HOSPITAL.....	1	2	G. AYUSH HOSPITAL/CLINIC.....	1	2	H. MOBILE MEDICAL UNIT.....	1	2	<b>PRIVATE</b>			I. DISPENSARY/CLINIC.....	1	2	J. HOSPITAL.....	1	2	K. AYUSH HOSPITAL/CLINIC.....	1	2	L. NGO/TRUST HOSP. /CLINIC.....	1	2	M. OTHER..... (SPECIFY)	1	2	
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Q249	CHECK Q141: LIVE BIRTH LAST PREGNANCY <input type="checkbox"/>	STILL BIRTH LAST PREGNANCY <input type="checkbox"/>	GO TO Q261																		
Q250	क्या प्रसव के बाद, आपके बच्चे की जाँच हुई थी ? Did your child have any check-up after delivery? (To be asked only in respect of live births)	WITHIN 24 HOURS ..... 1 24 HOURS TO 72 HOURS ..... 2 4 <sup>th</sup> DAY TO 7 <sup>th</sup> DAY ..... 3 AFTER 7 DAYS ..... 4 NOT CHECKED UP ..... 5 CHILD DID NOT SURVIVE ..... 6	Q255																		
Q250A	क्या प्रसव के बाद, आपके बच्चे का वजन लिया था? Was birth weight of the baby taken?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8																			
Q250B	(यदि हाँ, तो बच्चे का वजन कितना था?) If code 1 in Q. 250A, what was the birth weight of the baby?	<table border="1"> <thead> <tr> <th>BIRTH WEIGHT</th><th>KG</th><th>GRAMS</th></tr> </thead> <tbody> <tr> <td> </td><td> </td><td> </td></tr> </tbody> </table>	BIRTH WEIGHT	KG	GRAMS																
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Q251	प्रसव के 7 दिनों के अंदर आपके बच्चे की कितनी बार जाँच की गई? How many check-ups take place within one week of his/her birth?	NO. OF TIMES ..... <input type="checkbox"/> <b>(IF MORE THAN 5 RECORD 5)</b> CHECK UP NOT DONE AT ALL ..... 0 CHILD NOT SURVIVED TILL ONE WEEK ..... 7 DON'T KNOW ..... 8	Q253																		
Q252	आपके बच्चे की पहली जाँच कहाँ पर हुई थी ? Where did first check-up take place for your child?	<b>GOVERNMENT</b> ANGANWADI ..... 01 SUB-CENTRE ..... 02 PHC ..... 03 CHC ..... 04 UHC/UHP/UFWC ..... 05 DISPENSARY/CLINIC ..... 06 HOSPITAL ..... 07 AYUSH HOSPITAL/CLINIC ..... 08 MOBILE MEDICAL UNIT ..... 09 <b>PRIVATE</b> DISPENSARY/CLINIC ..... 10 HOSPITAL ..... 11 AYUSH HOSPITAL/CLINIC ..... 12 NGO/TRUST HOSP. /CLINIC ..... 13 <b>HOME</b> DOCTOR ..... 14 ANM/NURSE ..... 15 ASHA/AWW ..... 16 OTHER ..... 96 <b>(SPECIFY)</b>																			
Q253	क्या आपने बच्चे को जन्म के बाद कुछ दिनों तक अपना पहला दूध पिलाया था , जिसमे क्लोस्ट्रोम होता है ( पीले रंग का गाढ़ा दूध ) Did you feed milk "colostrum / khees" (yellowish thick milk) secreted during the first few days after child birth?	YES ..... 1 NO ..... 2																			
Q253a	प्रसव के उपरान्त, (एक सप्ताह के भीतर) क्या नवजात शिशु को निम्नलिखित समस्याएँ हुई थीं? During the newborn period, did the child have any of the following? A. Breastfeeding or drinking poorly? B. Fever or cold to touch? C. Fast or difficult breathing? D. Blood in stool E. Nothing?	<table> <thead> <tr> <th></th><th>YES</th><th>NO</th></tr> </thead> <tbody> <tr> <td>A. BREASTFEEDING OR DRINKING POORLY.....</td><td>1</td><td>2</td></tr> <tr> <td>B. FEVER OR COLD TO TOUCH .....</td><td>1</td><td>2</td></tr> <tr> <td>C. FAST OR DIFFICULT BREATHING.....</td><td>1</td><td>2</td></tr> <tr> <td>D. BLOOD IN STOOL .....</td><td>1</td><td>2</td></tr> <tr> <td>E. NOTHING.....</td><td>1</td><td>2</td></tr> </tbody> </table>		YES	NO	A. BREASTFEEDING OR DRINKING POORLY.....	1	2	B. FEVER OR COLD TO TOUCH .....	1	2	C. FAST OR DIFFICULT BREATHING.....	1	2	D. BLOOD IN STOOL .....	1	2	E. NOTHING.....	1	2	IF NO FOR ALL GO TO Q254
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Q. NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
Q253b	यदि हाँ, तो आपने क्या किया? IF YES, What did you do?	SOUGHT CARE OUTSIDE HOME..... 1 MANAGED AT HOME..... 2 NOTHING..... 3	→ Q254
Q253c	आपने इलाज कहाँ से कराया? Where do you seek care?	<b>GOVERNMENT</b> A. ANGANWADI..... 01 B. SUB-CENTRE..... 02 C. PHC..... 03 D. CHC ..... 04 E. UHC/UHP/UFWC..... 05 F. DISPENSARY/CLINIC..... 06 G. HOSPITAL ..... 07 H. AYUSH HOSPITAL/CLINIC ..... 08 I. MOBILE MEDICAL UNIT ..... 09 <b>PRIVATE</b> J. DISPENSARY/CLINIC..... 10 K. HOSPITAL..... 11 L. AYUSH HOSPITAL/CLINIC..... 12 M. NGO/TRUST HOSP. /CLINIC ..... 13 N. OTHER ..... 96 (SPECIFY)	
Q254	आपने अपने बच्चे को पहली बार कब स्तनपान कराया? When did you first breastfeed your child?	IMMEDIATELY / WITHIN ONE HOUR OF BIRTH..... 1 1 HOUR TO WITHIN 24 HOURS ..... 2 2 TO 3 DAYS..... 3 AFTER 3 DAYS..... 4 NEVER BREASTFED ..... 5	→ Q259
Q255	<b>CHECK Q152:</b> <b>LAST CHILD SURVIVING</b> <input type="checkbox"/>	<b>LAST CHILD NOT SURVIVING</b> <input type="checkbox"/>	→ Q261
Q256	क्या आप अभी भी बच्चे को स्तनपान करा रही हैं ? Are you still breastfeeding the child?	YES ..... 1 NO ..... 2	
Q257	कितने महीनों तक आपने अपने बच्चे को केवल स्तनपान करवाया ? (माँ के दूध के अलावा और कुछ भी नहीं ) How many days/ months did you exclusively breastfeed the child? (NOTHING OTHER THAN MOTHER'S MILK)	DAYS..... 1 <input type="text"/> <input type="text"/> (IF LESS THAN ONE MONTH WRITE DAYS) MONTHS..... 2 <input type="text"/> <input type="text"/> CONTINUING..... 88	
Q258	क्या आपने शिशु को 6 महीने पूरे होने के पहले पानी दिया है /था ? Do/did you give water to the baby before completion of six months?	YES ..... 1 NO ..... 2	
Q259	बच्चे को किस उम्र/माह में आपने दूसरा तरल पदार्थ, अर्ध ठोस और ठोस पदार्थ देना प्रारंभ किया? At what age/month you have started giving baby other fluids, semisolid, and solid foods? (if Don't know record 98, if age less than 1 month record 99)	MONTHS WATER ..... <input type="text"/> <input type="text"/> ANIMAL MILK/FORMULA MILK ..... <input type="text"/> <input type="text"/> OTHER FLUIDS ..... <input type="text"/> <input type="text"/> SEMISOLID FOOD ..... <input type="text"/> <input type="text"/> SOLID FOOD (ADULT FOOD) ..... <input type="text"/> <input type="text"/> VEGETABLES/FRUITS ..... <input type="text"/> <input type="text"/> NOT GIVEN ANYTHING SO FAR ..... 96	

Q. NO	QUESTIONS AND FILTERS	CODING CATEGORIES		SKIP TO
Q260	<p>अब मैं आप से कल दिन के दौरान या रात में ( नाम) को दिये गये तरल पदार्थों के बारे में पूछना चाहूँगी ?</p> <p>Now I would like to ask you about liquids (NAME) drank yesterday, during the day or at night?</p> <p>Did (NAME) drink:</p> <p>A. सादा पानी /Plain water?</p> <p>B. व्यापारिक रुप से उत्पादित शिशु खानपान?</p> <p>Commercially produced infant food?</p> <p>C. कोई अन्य दूध जैसे डिब्बाबंद दूध,पावडर का दूध या पशु का ताजा दूध ?</p> <p>Any other milk such as tinned, powdered or fresh animal milk?</p> <p>D. फलों का रस /Fruit juice?</p> <p>E. चाय या कॉफी /Tea or coffee?</p> <p>F. कोई अन्य तरल पदार्थ /Any other liquids?</p> <p>G. अब तक कुछ नहीं दिया / Not given so far</p>	<p>A. PLAIN WATER.....</p> <p>B. INFANT FOOD.....</p> <p>C. TINNED, POWDERED OR FRESH ANIMAL MILK.....</p> <p>D. FRUIT JUICE.....</p> <p>E. TEA/COFFEE .....</p> <p>F. OTHER LIQUIDS.....</p> <p>G. NOT GIVEN SO FAR.....</p>	<p>YES</p> <p>NO</p> <p>1 2</p> <p>1 2</p> <p>1 2</p> <p>1 2</p> <p>1 2</p> <p>1 2</p>	
Q261	<p>क्या आपको जानकारी है कि यदि बच्चे को <b>दस्त (डायरिया)</b> हो जाये तो क्या करना चाहिए ?</p> <p>Do you know what to do when a child gets <b>Diarrhoea</b>?</p> <p>Any other?</p> <p><b>(RECORD ALL MENTIONED)</b></p>	<p>A. GIVE ORS SOLUTION .....</p> <p>B. SALT AND SUGAR SOLUTION.....</p> <p>C. GIVE PLENTY OF FLUIDS .....</p> <p>D. CONTINUE NORMAL FOOD.....</p> <p>E. CONTINUE BREASTFEEDING .....</p> <p>F. OTHER.....</p> <p><b>(SPECIFY)</b></p> <p>G. DO NOT KNOW.....</p>	<p>YES</p> <p>NO</p> <p>1 2</p> <p>1 2</p> <p>1 2</p> <p>1 2</p> <p>1 2</p> <p>1 2</p> <p>1 2</p>	
Q262	<p>क्या आपको <b>निमोनिया</b> के खतरनाक लक्षणों की जानकारी है ?</p> <p>Do you know what are the danger signs of <b>Pneumonia</b>?</p> <p>(ACUTE RESPIRATORY INFECTION)</p> <p>Any other?</p> <p><b>(RECORD ALL MENTIONED)</b></p>	<p><b>DANGER SIGNS</b></p> <p>A. DIFFICULTY IN BREATHING .....</p> <p>B. NOT ABLE TO DRINK OR TAKE A FEED.....</p> <p>C. EXCESSIVELY DROWSY AND DIFFICULT TO KEEP AWAKE .....</p> <p>D. PAIN IN CHEST AND PRODUCTIVE COUGH ..</p> <p>E. WHEEZING/WHISTLING .....</p> <p>F. RAPID BREATHING.....</p> <p>G. RUNNING NOSE .....</p> <p>H. OTHER.....</p> <p><b>(SPECIFY)</b></p> <p>I. NOT AWARE .....</p>	<p>YES</p> <p>NO</p> <p>1 2</p> <p>1 2</p> <p>1 2</p> <p>1 2</p> <p>1 2</p> <p>1 2</p> <p>1 2</p> <p>1 2</p> <p>1 2</p>	

Q. NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO																																										
Q263	<p><b>(IF THE RESPONSE IS "DO NOT KNOW" IN Q261 AND "NOT AWARE" IN Q262 THEN GO TO Q264)</b></p> <p>आपको दस्त या निमोनिया के खतरनाक लक्षणों के बारे में किसने जानकारी दी?</p> <p>Who told you about the Diarrhoea and danger signs of Pneumonia?</p> <p>Any other?</p> <p><b>(RECORD ALL MENTIONED)</b></p>	<table> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>A. DOCTOR.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>B. ANM.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>C. HEALTH WORKER.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>D. ANGANWADI WORKER.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>E. ASHA .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>F. NGO/CBO .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>G. HUSBAND.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>H. MOTHER-IN-LAW .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>I. MOTHER .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>J. RELATIVES/FRIENDS .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>K. SELF.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>L. OTHER .....</td> <td>1</td> <td>2</td> </tr> <tr> <td colspan="3" style="text-align: center;">(SPECIFY)</td> </tr> </tbody> </table>		YES	NO	A. DOCTOR.....	1	2	B. ANM.....	1	2	C. HEALTH WORKER.....	1	2	D. ANGANWADI WORKER.....	1	2	E. ASHA .....	1	2	F. NGO/CBO .....	1	2	G. HUSBAND.....	1	2	H. MOTHER-IN-LAW .....	1	2	I. MOTHER .....	1	2	J. RELATIVES/FRIENDS .....	1	2	K. SELF.....	1	2	L. OTHER .....	1	2	(SPECIFY)			
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Q264	<p><b>CHECK Q154:</b></p> <p><b>ONE OR MORE SURVIVING CHILDREN</b> <input type="checkbox"/></p> <p style="text-align: center;">↓</p> <p><b>SECTION III</b></p>	<p><b>NO SURVIVING CHILDREN/WOMEN MARRIED BUT GAUNA NOT PERFORMED/ SEPERATED/DESERTED/ DIVORCED/ WIDOWED FOR MORE THAN 4 YEARS</b></p> <p style="text-align: right;"><input type="checkbox"/> → <b>SEC IV</b></p>																																											

**भाग - III**  
**टीकाकरण तथा बच्चों की देखभाल**

**SECTION-III**

**IMMUNIZATION AND CHILD CARE**

Q301	<p>ENTER IN THE TABLE BELOW THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH SINCE 2008 OR LATER. THEN ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH.</p> <p>अब मैं आपसे आपके आखिरी दो जीवित बच्चों के स्वास्थ्य के बारे में कुछ प्रश्न पूछना चाहूंगी। (जन्म जनवरी 1, 2008 से अब तक)</p> <p>Now I would like to ask you some questions about the health of your <u>last two</u> surviving children. (Born since 1st January 2008).</p> <p>(हम प्रत्येक बच्चे के बारे में अलग-अलग से बातचीत करेंगे)।</p> <p><b>(We will talk about each child separately.)</b></p>												
Q. NO	QUESTIONS AND FILTERS	LAST SURVIVING CHILD	LAST BUT ONE SURVIVING CHILD										
Q302	<p>LINE NUMBER OF CHILD IN PREGNANCY HISTORY FROM Q140.</p> <p>बच्चे (सूचक) का नाम ?</p> <p>Name of the (index) child Q142</p>	<p>LINE NUMBER..... <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/></p> <p>NAME _____</p>	<p>LINE NUMBER..... <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/></p> <p>NAME _____</p>										
Q303	<p><b>CHECK Q 144:</b></p> <p>बच्चे का लिंग</p> <p>Sex of the child.</p>	<p>BOY..... 1</p> <p>GIRL..... 2</p>	<p>BOY..... 1</p> <p>GIRL..... 2</p>										
Q304	<p><b>CHECK Q145:</b></p> <p>जन्म का महीना और वर्ष</p> <p>Month and year of birth</p>	<p>MONTH..... <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/></p> <p>YEAR</p> <table border="1" style="width: 100%; text-align: center;"> <tr> <td>2008</td> <td>2009</td> <td>2010</td> <td>2011</td> <td>2012</td> </tr> </table>	2008	2009	2010	2011	2012	<p>MONTH..... <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/></p> <p>YEAR</p> <table border="1" style="width: 100%; text-align: center;"> <tr> <td>2008</td> <td>2009</td> <td>2010</td> <td>2011</td> <td>2012</td> </tr> </table>	2008	2009	2010	2011	2012
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Q305	<p>क्या आपके पास कोई ऐसा कार्ड है जिस पर (नाम) को लगाए गए टीकों का विवरण है ?</p> <p>(यदि हाँ तो क्या मैं इसे देख सकती हूँ?)</p> <p>Do you have a card where (Name's) vaccination details are written down? (IF YES, MAY I SEE IT, PLEASE?)</p>	<p>YES, SEEN..... 1</p> <p style="text-align: center;">[SKIP TO Q307] ←</p> <p>YES, NOT SEEN..... 2</p> <p style="text-align: center;">[SKIP TO Q310] ←</p> <p>NO CARD..... 3</p>	<p>YES, SEEN..... 1</p> <p style="text-align: center;">[SKIP TO Q307] ←</p> <p>YES, NOT SEEN..... 2</p> <p style="text-align: center;">[SKIP TO Q310] ←</p> <p>NO CARD..... 3</p>										
Q306	<p>क्या आपके पास कभी भी (नाम) का टीकाकरण कार्ड था ?</p> <p>Did you ever have a vaccination card?</p>	<p>YES..... 1</p> <p>NO..... 2</p> <p style="text-align: right;">} → <b>SKIP TO Q310</b></p>	<p>YES..... 1</p> <p>NO..... 2</p> <p style="text-align: right;">} → <b>SKIP TO Q310</b></p>										

Q. NO	QUESTIONS AND FILTERS	LAST SURVIVING CHILD	LAST BUT ONE SURVIVING CHILD																																																																																																			
Q307	(1) COPY VACCINATION DATES FOR EACH VACCINE FROM THE CARD. (2) WRITE '44' IN 'DAY' COLUMN IF CARD SHOWS VACCINATION IS 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.																																																																																																					
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th><th></th><th>DAY</th><th>MO</th><th>YEAR</th><th></th><th>DAY</th><th>MO</th><th>YEAR</th></tr> </thead> <tbody> <tr> <td>BCG</td><td>BCG</td><td></td><td></td><td></td><td></td><td>BCG</td><td></td><td></td></tr> <tr> <td>POLIO '0'</td><td>P0</td><td></td><td></td><td></td><td></td><td>P0</td><td></td><td></td></tr> <tr> <td>DPT 1</td><td>D1</td><td></td><td></td><td></td><td></td><td>D1</td><td></td><td></td></tr> <tr> <td>DPT 2</td><td>D2</td><td></td><td></td><td></td><td></td><td>D2</td><td></td><td></td></tr> <tr> <td>DPT 3</td><td>D3</td><td></td><td></td><td></td><td></td><td>D3</td><td></td><td></td></tr> <tr> <td>POLIO 1</td><td>P1</td><td></td><td></td><td></td><td></td><td>P1</td><td></td><td></td></tr> <tr> <td>POLIO 2</td><td>P2</td><td></td><td></td><td></td><td></td><td>P2</td><td></td><td></td></tr> <tr> <td>POLIO 3</td><td>P3</td><td></td><td></td><td></td><td></td><td>P3</td><td></td><td></td></tr> <tr> <td>MEASLES</td><td>MES</td><td></td><td></td><td></td><td></td><td>MES</td><td></td><td></td></tr> <tr> <td>VITAMIN-A (FIRST DOSE) VTA</td><td>VTA</td><td></td><td></td><td></td><td></td><td>VTA</td><td></td><td></td></tr> </tbody> </table> <p>(EXCLUDING PULSE POLIO)</p>					DAY	MO	YEAR		DAY	MO	YEAR	BCG	BCG					BCG			POLIO '0'	P0					P0			DPT 1	D1					D1			DPT 2	D2					D2			DPT 3	D3					D3			POLIO 1	P1					P1			POLIO 2	P2					P2			POLIO 3	P3					P3			MEASLES	MES					MES			VITAMIN-A (FIRST DOSE) VTA	VTA					VTA		
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Q308	CHECK Q307:	'BCG' TO 'MEASLES' FILLED <input type="checkbox"/> (SKIP TO Q314)	OTHER <input type="checkbox"/> (SKIP TO Q314)	'BCG' TO 'MEASLES' FILLED <input type="checkbox"/> (SKIP TO Q314)	OTHER <input type="checkbox"/> (SKIP TO Q314)																																																																																																	
Q309	क्या (नाम) को और ऐसे कोई टीके लगाये गये हैं, जिनकी जानकारी इस कार्ड में दर्ज नहीं है? Has (NAME) received any vaccinations that are not recorded on this card?  RECORD 'YES' ONLY IF RESPONDENT MENTIONS BCG, DPT 1-3, POLIO, 0-3 AND/OR MEASLES VACCINE (S).	YES ..... 1 <b>PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN</b> Q307 <input type="text"/> (SKIP TO Q314) <div style="display: flex; justify-content: space-between;"> <div>NO ..... 2</div> <div>→ SKIP TO Q314</div> </div> <div style="display: flex; justify-content: space-between;"> <div>DON'T KNOW ..... 8</div> <div>→ SKIP TO Q314</div> </div>	YES ..... 1 <b>PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN</b> Q307 <input type="text"/> (SKIP TO Q314) <div style="display: flex; justify-content: space-between;"> <div>NO ..... 2</div> <div>→ SKIP TO Q314</div> </div> <div style="display: flex; justify-content: space-between;"> <div>DON'T KNOW ..... 8</div> <div>→ SKIP TO Q314</div> </div>																																																																																																			
Q310	क्या (नाम) को बीमारियों से बचाव के लिए कभी कोई टीके लगाये गये थे, पल्स पोलियो अभियान में लगाये गये टीकों को शामिल करते हुए? Did (NAME) ever receive any vaccinations to prevent him/her from getting disease, including vaccinations received in a Pulse Polio campaign?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8 → SKIP TO Q312	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8 → SKIP TO Q312																																																																																																			

Q. NO	QUESTIONS AND FILTERS	LAST SURVIVING CHILD	LAST BUT ONE SURVIVING CHILD
Q311	अब कृपया मुझे बताएं कि क्या (नाम) को इनमें से कोई टीका लगा है ? Now please tell me if (NAME) has received any of the following vaccinations.		
Q311A	तपेदिक से बचाव के लिए <b>बी.सी.जी.</b> का टीका लगाया जाता है जिससे सामान्यतः बाँह पर एक निशान बन जाता है?  A <b>BCG vaccination</b> against tuberculosis, that is, an injection that usually causes a scar?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8
Q311B	<b>पोलियो की खुराक</b> , जिसकी बूँदें मुँह में पिलाई जाती हैं, पल्स पोलियो अभियान में पिलाई गई खुराक सहित?  Any <b>POLIO VACCINE</b> , that is, drops in the mouth, including vaccine received in a Pulse Polio campaign?	YES ..... 1 NO ..... 2 DON'T KNOW... 8 } → <b>SKIP TO Q311E</b>	YES ..... 1 NO ..... 2 DON'T KNOW ... 8 } → <b>SKIP TO Q311E</b>
Q311C	क्या <b>पोलियो</b> की पहली खुराक जन्म के प्रथम दो सप्ताह के अंदर दी गई थी या बाद में?  Was the first <b>POLIO VACCINE</b> received in the first two weeks after birth or later?	FIRST 2 WEEKS ..... 1 LATER ..... 2 DON'T KNOW ..... 8	FIRST 2 WEEKS ..... 1 LATER ..... 2 DON'T KNOW ..... 8
Q311D	पोलियो की कितनी खुराक (डोस) दी गई थी ? (पोलियो '0' एवं पल्स पोलियो को छोड़कर )  How many times Polio vaccine received? ( <b>excluding Polio '0' and pulse polio</b> ) (IF 5 OR MORE TIMES RECORD 5)	NUMBER..... <input type="text"/>  DO NOT REMEMBER ..... 8	NUMBER..... <input type="text"/>  DO NOT REMEMBER..... 8
Q311E	<b>डी पी टी</b> का टीका, सर्दी काली खाँसी और धनुषटंकार से बचाव के लिए बच्चे को सुई द्वारा दिया जाता है ?  A <b>DPT vaccination</b> against Diphtheria, Whooping Cough and Tetanus given to the child as an injection?	YES ..... 1 NO ..... 2 DON'T KNOW... 8 } → <b>SKIP TO Q311G</b>	YES ..... 1 NO ..... 2 DON'T KNOW ... 8 } → <b>SKIP TO Q311G</b>
Q311F	<b>डी पी टी</b> का <b>सुई</b> जाँघ/चूतड़ में जो कि कभी कभी पोलियो खुराक के साथ दिया जाता है कितनी बार दिया गया था?  How many <b>DPT injections</b> were given in thigh or buttocks, sometimes at the same time as polio drops?	NUMBER..... <input type="text"/>  DO NOT REMEMBER ..... 8	NUMBER..... <input type="text"/>  DO NOT REMEMBER..... 8
Q311G	क्या <b>खसरा (मीजल्स)</b> से बचाव के लिए दाएं बाँह में सुई दिया गया था?  Was an injection against <b>MEASLES</b> given at right arm/shoulder?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8

Q. NO	QUESTIONS AND FILTERS	LAST SURVIVING CHILD	LAST BUT ONE SURVIVING CHILD																																																																																																																														
Q312	CHECK Q307 AND Q310: ANY VACCINATIONS RECEIVED?	<div style="display: flex; justify-content: space-around;"> <div> <b>YES</b> <input type="checkbox"/>            (SKIP TO Q314) ←         </div> <div> <b>NO</b> <input type="checkbox"/>            ↓         </div> </div>	<div style="display: flex; justify-content: space-around;"> <div> <b>YES</b> <input type="checkbox"/>            (SKIP TO Q314) ←         </div> <div> <b>NO</b> <input type="checkbox"/>            ↓         </div> </div>																																																																																																																														
Q313	(नाम) को कोई भी टीका न लगवाने का क्या कारण था ?  Why (Name) was not given any vaccination?  अन्य? Any other?  <b>(RECORD ALL MENTIONED)</b>	<div style="display: flex; justify-content: space-between;"> <div></div> <div>YES</div> <div>NO</div> </div> <table border="0"> <tr><td>A. CHILD TOO YOUNG FOR IMMUNIZATION.....</td><td>1</td><td>2</td></tr> <tr><td>B. UNAWARE OF NEED FOR IMMUNIZATION .....</td><td>1</td><td>2</td></tr> <tr><td>C. PLACE OF IMMUNIZATION UNKNOWN.....</td><td>1</td><td>2</td></tr> <tr><td>D. NOBODY TO TAKE CHILD TO SESSION SITE..</td><td>1</td><td>2</td></tr> <tr><td>E. TIME OF IMMUNIZATION UNKNOWN.....</td><td>1</td><td>2</td></tr> <tr><td>F. FEAR OF SIDE EFFECTS.....</td><td>1</td><td>2</td></tr> <tr><td>G. NO FAITH IN IMMUNIZATION .....</td><td>1</td><td>2</td></tr> <tr><td>H. PLACE OF IMMUNIZATION TOO FAR TO GO..</td><td>1</td><td>2</td></tr> <tr><td>I. TIME OF IMMUNIZATION INCONVENIENT.....</td><td>1</td><td>2</td></tr> <tr><td>J. ANM ABSENT.....</td><td>1</td><td>2</td></tr> <tr><td>K. VACCINE NOT AVAILABLE .....</td><td>1</td><td>2</td></tr> <tr><td>L. MOTHER TOO BUSY .....</td><td>1</td><td>2</td></tr> <tr><td>M. FAMILY PROBLEM, INCLUDING</td><td></td><td></td></tr> <tr><td>ILLNESS OF MOTHER .....</td><td>1</td><td>2</td></tr> <tr><td>N. CHILD ILL NOT BROUGHT.....</td><td>1</td><td>2</td></tr> <tr><td>O. CHILD ILL BROUGHT BUT NOT GIVEN .....</td><td>1</td><td>2</td></tr> <tr><td>P. LONG WAITING TIME .....</td><td>1</td><td>2</td></tr> <tr><td>Q. FINANCIAL PROBLEM.....</td><td>1</td><td>2</td></tr> <tr><td>R. CHILD IS GIRL .....</td><td>1</td><td>2</td></tr> <tr><td>S. NOT CUSTOMARY .....</td><td>1</td><td>2</td></tr> <tr><td>T. OTHER .....</td><td>1</td><td>2</td></tr> </table> <div style="text-align: center;">(SPECIFY)</div>	A. CHILD TOO YOUNG FOR IMMUNIZATION.....	1	2	B. UNAWARE OF NEED FOR IMMUNIZATION .....	1	2	C. PLACE OF IMMUNIZATION UNKNOWN.....	1	2	D. NOBODY TO TAKE CHILD TO SESSION SITE..	1	2	E. TIME OF IMMUNIZATION UNKNOWN.....	1	2	F. FEAR OF SIDE EFFECTS.....	1	2	G. NO FAITH IN IMMUNIZATION .....	1	2	H. PLACE OF IMMUNIZATION TOO FAR TO GO..	1	2	I. TIME OF IMMUNIZATION INCONVENIENT.....	1	2	J. ANM ABSENT.....	1	2	K. VACCINE NOT AVAILABLE .....	1	2	L. MOTHER TOO BUSY .....	1	2	M. FAMILY PROBLEM, INCLUDING			ILLNESS OF MOTHER .....	1	2	N. CHILD ILL NOT BROUGHT.....	1	2	O. CHILD ILL BROUGHT BUT NOT GIVEN .....	1	2	P. LONG WAITING TIME .....	1	2	Q. FINANCIAL PROBLEM.....	1	2	R. CHILD IS GIRL .....	1	2	S. NOT CUSTOMARY .....	1	2	T. OTHER .....	1	2	<div style="display: flex; justify-content: space-between;"> <div></div> <div>YES</div> <div>NO</div> </div> <table border="0"> <tr><td>A. CHILD TOO YOUNG FOR IMMUNIZATION .....</td><td>1</td><td>2</td></tr> <tr><td>B. UNAWARE OF NEED FOR IMMUNIZATION.....</td><td>1</td><td>2</td></tr> <tr><td>C. PLACE OF IMMUNIZATION UNKNOWN.....</td><td>1</td><td>2</td></tr> <tr><td>D. NOBODY TO TAKE CHILD TO SESSION SITE ..</td><td>1</td><td>2</td></tr> <tr><td>E. TIME OF IMMUNIZATION UNKNOWN.....</td><td>1</td><td>2</td></tr> <tr><td>F. FEAR OF SIDE EFFECTS.....</td><td>1</td><td>2</td></tr> <tr><td>G. NO FAITH IN IMMUNIZATION.....</td><td>1</td><td>2</td></tr> <tr><td>H. PLACE OF IMMUNIZATION TOO FAR TO GO ...</td><td>1</td><td>2</td></tr> <tr><td>I. TIME OF IMMUNIZATION INCONVENIENT .....</td><td>1</td><td>2</td></tr> <tr><td>J. ANM ABSENT.....</td><td>1</td><td>2</td></tr> <tr><td>K. VACCINE NOT AVAILABLE .....</td><td>1</td><td>2</td></tr> <tr><td>L. MOTHER TOO BUSY .....</td><td>1</td><td>2</td></tr> <tr><td>M. FAMILY PROBLEM, INCLUDING</td><td></td><td></td></tr> <tr><td>ILLNESS OF MOTHER .....</td><td>1</td><td>2</td></tr> <tr><td>N. CHILD ILL NOT BROUGHT.....</td><td>1</td><td>2</td></tr> <tr><td>O. CHILD ILL BROUGHT BUT NOT GIVEN .....</td><td>1</td><td>2</td></tr> <tr><td>P. LONG WAITING TIME .....</td><td>1</td><td>2</td></tr> <tr><td>Q. FINANCIAL PROBLEM.....</td><td>1</td><td>2</td></tr> <tr><td>R. CHILD IS GIRL .....</td><td>1</td><td>2</td></tr> <tr><td>S. NOT CUSTOMARY .....</td><td>1</td><td>2</td></tr> <tr><td>T. OTHER .....</td><td>1</td><td>2</td></tr> </table> <div style="text-align: center;">(SPECIFY)</div>	A. CHILD TOO YOUNG FOR IMMUNIZATION .....	1	2	B. UNAWARE OF NEED FOR IMMUNIZATION.....	1	2	C. PLACE OF IMMUNIZATION UNKNOWN.....	1	2	D. NOBODY TO TAKE CHILD TO SESSION SITE ..	1	2	E. TIME OF IMMUNIZATION UNKNOWN.....	1	2	F. FEAR OF SIDE EFFECTS.....	1	2	G. NO FAITH IN IMMUNIZATION.....	1	2	H. PLACE OF IMMUNIZATION TOO FAR TO GO ...	1	2	I. TIME OF IMMUNIZATION INCONVENIENT .....	1	2	J. ANM ABSENT.....	1	2	K. VACCINE NOT AVAILABLE .....	1	2	L. MOTHER TOO BUSY .....	1	2	M. FAMILY PROBLEM, INCLUDING			ILLNESS OF MOTHER .....	1	2	N. CHILD ILL NOT BROUGHT.....	1	2	O. CHILD ILL BROUGHT BUT NOT GIVEN .....	1	2	P. LONG WAITING TIME .....	1	2	Q. FINANCIAL PROBLEM.....	1	2	R. CHILD IS GIRL .....	1	2	S. NOT CUSTOMARY .....	1	2	T. OTHER .....	1	2
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Q313a	(नाम) को कोई भी टीका न लगवाने का मुख्य कारण क्या था?  What was <u>main</u> reason for (Name) not given any vaccination?	<table border="0"> <tr><td>CHILD TOO YOUNG FOR IMMUNIZATION .....</td><td>01</td></tr> <tr><td>UNAWARE OF NEED FOR IMMUNIZATION.....</td><td>02</td></tr> <tr><td>PLACE OF IMMUNIZATION UNKNOWN.....</td><td>03</td></tr> <tr><td>NOBODY TO TAKE CHILD TO SESSION SITE .....</td><td>04</td></tr> <tr><td>TIME OF IMMUNIZATION UNKNOWN.....</td><td>05</td></tr> <tr><td>FEAR OF SIDE EFFECTS.....</td><td>06</td></tr> <tr><td>NO FAITH IN IMMUNIZATION .....</td><td>07</td></tr> <tr><td>PLACE OF IMMUNIZATION TOO FAR TO GO .....</td><td>08</td></tr> <tr><td>TIME OF IMMUNIZATION INCONVENIENT.....</td><td>09</td></tr> <tr><td>ANM ABSENT .....</td><td>10</td></tr> <tr><td>VACCINE NOT AVAILABLE .....</td><td>11</td></tr> <tr><td>MOTHER TOO BUSY .....</td><td>12</td></tr> <tr><td>FAMILY PROBLEM, INCLUDING</td><td></td></tr> <tr><td>ILLNESS OF MOTHER .....</td><td>13</td></tr> <tr><td>CHILD ILL/ NOT BROUGHT.....</td><td>14</td></tr> <tr><td>CHILD ILL BROUGHT BUT NOT GIVEN .....</td><td>15</td></tr> <tr><td>LONG WAITING TIME .....</td><td>16</td></tr> <tr><td>FINANCIAL PROBLEM .....</td><td>17</td></tr> <tr><td>CHILD IS GIRL .....</td><td>18</td></tr> <tr><td>NOT CUSTOMARY .....</td><td>19</td></tr> <tr><td>OTHER .....</td><td>96</td></tr> </table> <div style="text-align: center;">(SPECIFY)</div> <div style="text-align: center;"><b>SKIP TO Q315</b></div>	CHILD TOO YOUNG FOR IMMUNIZATION .....	01	UNAWARE OF NEED FOR IMMUNIZATION.....	02	PLACE OF IMMUNIZATION UNKNOWN.....	03	NOBODY TO TAKE CHILD TO SESSION SITE .....	04	TIME OF IMMUNIZATION UNKNOWN.....	05	FEAR OF SIDE EFFECTS.....	06	NO FAITH IN IMMUNIZATION .....	07	PLACE OF IMMUNIZATION TOO FAR TO GO .....	08	TIME OF IMMUNIZATION INCONVENIENT.....	09	ANM ABSENT .....	10	VACCINE NOT AVAILABLE .....	11	MOTHER TOO BUSY .....	12	FAMILY PROBLEM, INCLUDING		ILLNESS OF MOTHER .....	13	CHILD ILL/ NOT BROUGHT.....	14	CHILD ILL BROUGHT BUT NOT GIVEN .....	15	LONG WAITING TIME .....	16	FINANCIAL PROBLEM .....	17	CHILD IS GIRL .....	18	NOT CUSTOMARY .....	19	OTHER .....	96	<table border="0"> <tr><td>CHILD TOO YOUNG FOR IMMUNIZATION.....</td><td>01</td></tr> <tr><td>UNAWARE OF NEED FOR IMMUNIZATION .....</td><td>02</td></tr> <tr><td>PLACE OF IMMUNIZATION UNKNOWN .....</td><td>03</td></tr> <tr><td>NOBODY TO TAKE CHILD TO SESSION SITE.....</td><td>04</td></tr> <tr><td>TIME OF IMMUNIZATION UNKNOWN.....</td><td>05</td></tr> <tr><td>FEAR OF SIDE EFFECTS .....</td><td>06</td></tr> <tr><td>NO FAITH IN IMMUNIZATION.....</td><td>07</td></tr> <tr><td>PLACE OF IMMUNIZATION TOO FAR TO GO.....</td><td>08</td></tr> <tr><td>TIME OF IMMUNIZATION INCONVENIENT .....</td><td>09</td></tr> <tr><td>ANM ABSENT.....</td><td>10</td></tr> <tr><td>VACCINE NOT AVAILABLE .....</td><td>11</td></tr> <tr><td>MOTHER TOO BUSY.....</td><td>12</td></tr> <tr><td>FAMILY PROBLEM, INCLUDING</td><td></td></tr> <tr><td>ILLNESS OF MOTHER .....</td><td>13</td></tr> <tr><td>CHILD ILL/ NOT BROUGHT .....</td><td>14</td></tr> <tr><td>CHILD ILL BROUGHT BUT NOT GIVEN.....</td><td>15</td></tr> <tr><td>LONG WAITING TIME .....</td><td>16</td></tr> <tr><td>FINANCIAL PROBLEM .....</td><td>17</td></tr> <tr><td>CHILD IS GIRL .....</td><td>18</td></tr> <tr><td>NOT CUSTOMARY .....</td><td>19</td></tr> <tr><td>OTHER .....</td><td>96</td></tr> </table> <div style="text-align: center;">(SPECIFY)</div> <div style="text-align: center;"><b>SKIP TO Q315</b></div>	CHILD TOO YOUNG FOR IMMUNIZATION.....	01	UNAWARE OF NEED FOR IMMUNIZATION .....	02	PLACE OF IMMUNIZATION UNKNOWN .....	03	NOBODY TO TAKE CHILD TO SESSION SITE.....	04	TIME OF IMMUNIZATION UNKNOWN.....	05	FEAR OF SIDE EFFECTS .....	06	NO FAITH IN IMMUNIZATION.....	07	PLACE OF IMMUNIZATION TOO FAR TO GO.....	08	TIME OF IMMUNIZATION INCONVENIENT .....	09	ANM ABSENT.....	10	VACCINE NOT AVAILABLE .....	11	MOTHER TOO BUSY.....	12	FAMILY PROBLEM, INCLUDING		ILLNESS OF MOTHER .....	13	CHILD ILL/ NOT BROUGHT .....	14	CHILD ILL BROUGHT BUT NOT GIVEN.....	15	LONG WAITING TIME .....	16	FINANCIAL PROBLEM .....	17	CHILD IS GIRL .....	18	NOT CUSTOMARY .....	19	OTHER .....	96																																										
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Q314	<p>(नाम) को ज्यादातर टीके कहाँ से लगवाये गये थे ?</p> <p>Where did (NAME) receive his/her vaccinations?</p> <p>IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTRE, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL SECTOR, WRITE THE NAME OF THE PLACE (S).</p> <p>स्थान का नाम NAME OF THE PLACE (S).</p> <p>किसी अन्य जगह से ? Anywhere else?</p> <p><b>(RECORD ALL MENTIONED)</b></p>	<p><b>GOVERNMENT</b></p> <p>A. ANGANWADI..... 1 2</p> <p>B. SUB-CENTRE..... 1 2</p> <p>C. PHC..... 1 2</p> <p>D. CHC..... 1 2</p> <p>E. UHC/UHP/UFWC..... 1 2</p> <p>F. DISPENSARY / CLINIC..... 1 2</p> <p>G. HOSPITAL ..... 1 2</p> <p>H. AYUSH HOSPITAL /CLINIC..... 1 2</p> <p>I. MOBILE CLINIC..... 1 2</p> <p>J. PULSE POLIO ..... 1 2</p> <p><b>PRIVATE</b></p> <p>K. DISPENSARY /CLINIC..... 1 2</p> <p>L. HOSPITAL ..... 1 2</p> <p>M. AYUSH HOSPITAL /CLINIC..... 1 2</p> <p>N. DOCTOR/CLINIC ..... 1 2</p> <p>O. NGO/TRUST HOSP. /CLINIC ..... 1 2</p> <p>P. OTHER ..... 1 2</p> <p><b>(SPECIFY)</b></p>	<p><b>GOVERNMENT</b></p> <p>A. ANGANWADI..... 1 2</p> <p>B. SUB-CENTRE..... 1 2</p> <p>C. PHC..... 1 2</p> <p>D. CHC..... 1 2</p> <p>E. UHC/UHP/UFWC..... 1 2</p> <p>F. DISPENSARY / CLINIC..... 1 2</p> <p>G. HOSPITAL ..... 1 2</p> <p>H. AYUSH HOSPITAL /CLINIC..... 1 2</p> <p>I. MOBILE CLINIC..... 1 2</p> <p>J. PULSE POLIO..... 1 2</p> <p><b>PRIVATE</b></p> <p>K. DISPENSARY /CLINIC..... 1 2</p> <p>L. HOSPITAL ..... 1 2</p> <p>M. AYUSH HOSPITAL /CLINIC..... 1 2</p> <p>N. DOCTOR/CLINIC..... 1 2</p> <p>O. NGO/TRUST HOSP. /CLINIC..... 1 2</p> <p>P. OTHER ..... 1 2</p> <p><b>(SPECIFY)</b></p>		
Q315	<p>क्या हेपाटाइटिस-बी का टीका बच्चे को दिया गया था ?</p> <p>Was HEPATITIS-B Injection given to the child?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>		
Q316	<p>क्या (नाम) को कभी विटामिन ए की खुराक दी गयी थी?</p> <p>Has (NAME) ever received a VITAMIN A dose?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p> <p>→ <b>SKIP TO Q318</b></p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p> <p>→ <b>SKIP TO Q318</b></p>		



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Q317	<b>विटामिन ए</b> की खुराक कितनी बार दी गई थी? How many times was the <b>VITAMIN A</b> dose received? <b>(IF 5 OR MORE TIMES, RECORD '5')</b>	NUMBER OF TIMES ..... <input type="text"/>	NUMBER OF TIMES ..... <input type="text"/>																																																																														
Q317a	<b>पल्स-पोलियो</b> की खुराक कितनी बार दी गयी थी? How many times was the <b>PULSE POLIO</b> dose received? <b>(IF 9 OR MORE TIMES, RECORD '9')</b>	NUMBER OF TIMES ..... <input type="text"/>	NUMBER OF TIMES ..... <input type="text"/>																																																																														
Q317b	<b>CHECK Q.304</b> क्या आपने अपने बच्चे को पिछले 3 महीने में आयरन की गोलियां/सिरप दी थी? Was IFA tablets/ syrup administered to your baby in the last three months ( ask only for babies age above 6 months)	YES TABLETS ..... 1 SYRUP ..... 2 NO ..... 3 → Q318	YES TABLETS ..... 1 SYRUP ..... 2 NO ..... 3 → Q318																																																																														
Q317c	पिछले 3 महीने में कितने दिन तक आयरन की गोलियां/सिरप दी थी? For how many days was IFA tablets/syrup given in the last three months?	NUMBER OF DAYS ..... <input type="text"/> <input type="text"/>	NUMBER OF DAYS ..... <input type="text"/> <input type="text"/>																																																																														
Q318	क्या (नाम ) ने पिछले 6 महीनों में आतं के कीड़ों से छुटकारा पाने के लिए कोई दवा ली है? Has (NAME) taken any drug to get rid of intestinal worms in the past 6 months? ( ask only for babies age above 6 months)	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8																																																																														
Q319	बच्चे के टीकाकरण के लिये आपको किसने सहयोग या प्रोत्साहित किया था ? Who facilitated or motivated you to give vaccination to your child? कोई अन्य? Anyone else? <b>(RECORD ALL MENTIONED)</b>	<table border="0"> <thead> <tr> <th></th><th>YES</th><th>NO</th></tr> </thead> <tbody> <tr><td>A. DOCTOR .....</td><td>1</td><td>2</td></tr> <tr><td>B. ANM .....</td><td>1</td><td>2</td></tr> <tr><td>C. HEALTH WORKERS .....</td><td>1</td><td>2</td></tr> <tr><td>D. ANGANWADI WORKER ....</td><td>1</td><td>2</td></tr> <tr><td>E. ASHA .....</td><td>1</td><td>2</td></tr> <tr><td>F. NGO/CBO .....</td><td>1</td><td>2</td></tr> <tr><td>G. HUSBAND .....</td><td>1</td><td>2</td></tr> <tr><td>H. MOTHER-IN-LAW .....</td><td>1</td><td>2</td></tr> <tr><td>I. MOTHER .....</td><td>1</td><td>2</td></tr> <tr><td>J. RELATIVES/FRIENDS .....</td><td>1</td><td>2</td></tr> <tr><td>K. SELF .....</td><td>1</td><td>2</td></tr> <tr><td>L. OTHER .....</td><td>1</td><td>2</td></tr> </tbody> </table> <p align="center"><b>(SPECIFY)</b></p>		YES	NO	A. DOCTOR .....	1	2	B. ANM .....	1	2	C. HEALTH WORKERS .....	1	2	D. ANGANWADI WORKER ....	1	2	E. ASHA .....	1	2	F. NGO/CBO .....	1	2	G. HUSBAND .....	1	2	H. MOTHER-IN-LAW .....	1	2	I. MOTHER .....	1	2	J. RELATIVES/FRIENDS .....	1	2	K. SELF .....	1	2	L. OTHER .....	1	2	<table border="0"> <thead> <tr> <th></th><th>YES</th><th>NO</th></tr> </thead> <tbody> <tr><td>M. DOCTOR .....</td><td>1</td><td>2</td></tr> <tr><td>N. ANM .....</td><td>1</td><td>2</td></tr> <tr><td>O. HEALTH WORKERS .....</td><td>1</td><td>2</td></tr> <tr><td>P. ANGANWADI WORKER ....</td><td>1</td><td>2</td></tr> <tr><td>Q. ASHA .....</td><td>1</td><td>2</td></tr> <tr><td>R. NGO/CBO .....</td><td>1</td><td>2</td></tr> <tr><td>S. HUSBAND .....</td><td>1</td><td>2</td></tr> <tr><td>T. MOTHER-IN-LAW .....</td><td>1</td><td>2</td></tr> <tr><td>U. MOTHER .....</td><td>1</td><td>2</td></tr> <tr><td>V. RELATIVES/FRIENDS .....</td><td>1</td><td>2</td></tr> <tr><td>W. SELF .....</td><td>1</td><td>2</td></tr> <tr><td>X. OTHER .....</td><td>1</td><td>2</td></tr> </tbody> </table> <p align="center"><b>(SPECIFY)</b></p>		YES	NO	M. DOCTOR .....	1	2	N. ANM .....	1	2	O. HEALTH WORKERS .....	1	2	P. ANGANWADI WORKER ....	1	2	Q. ASHA .....	1	2	R. NGO/CBO .....	1	2	S. HUSBAND .....	1	2	T. MOTHER-IN-LAW .....	1	2	U. MOTHER .....	1	2	V. RELATIVES/FRIENDS .....	1	2	W. SELF .....	1	2	X. OTHER .....	1	2
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Q320	क्या (नाम) को पिछले दो सप्ताह के दौरान दस्त हुई थी ? Has (NAME) had Diarrhoea in the last two weeks?	YES ..... 1 NO ..... 2 DON'T KNOW ... 8	YES ..... 1 NO ..... 2 DON'T KNOW ... 8																																																																														










Q. NO	QUESTIONS AND FILTERS	LAST SURVIVING CHILD	LAST BUT ONE SURVIVING CHILD																		
Q321	<p>क्या अभी के (या पिछले) दस्त के दौरान आपने बच्चे को इन चीजों में से कुछ दिया था?</p> <p>During the current (last) episode of diarrhoea have you given the following liquids to the child?</p> <p>YES NO</p> <p>A. Plain water? A. PLAIN WATER..... 1 2</p> <p>B. Salt and sugar solution? B. SALT AND SUGAR SOLUTION ..... 1 2</p> <p>C. Fruit juice? C. FRUIT JUICE ..... 1 2</p> <p>D. Lime water? D. LIME WATER..... 1 2</p> <p>E. Gruel made from rice (other local grain)? E. GRUEL MADE FROM RICE (OTHER LOCAL GRAIN)..... 1 2</p> <p>F. Home remedy? F. HOME REMEDY ..... 1 2</p> <p>G. Child on breast milk? G. CHILD ON BREAST MILK..... 1 2</p>																				
Q322	<p>क्या आपने दस्त के दौरान बच्चे को जीवन रक्षक घोल की खुराक दी थी?</p> <p>Did you give ORS solution to child during the diarrhoea?</p>	<p>YES..... 1</p> <p>NO ..... 2</p> <p>CHILD ON BREAST MILK ..... 3</p>	<p>YES..... 1</p> <p>NO ..... 2</p> <p>CHILD ON BREAST MILK ..... 3</p>																		
Q322A	<p>क्या आपने बच्चे को एचएएफ/ओआरटी/ओआरएस/ज़िंक की खुराक दी थी?</p> <p>Did you administer HAF/ORT/ORS/Zinc to the baby?</p> <table border="1"> <thead> <tr> <th>ITEM</th><th>CODE</th></tr> </thead> <tbody> <tr> <td>Yes</td><td>1</td></tr> <tr> <td>No</td><td>2</td></tr> </tbody> </table>	ITEM	CODE	Yes	1	No	2	<table border="1"> <tbody> <tr> <td>HAF</td><td></td></tr> <tr> <td>ORT/ORS</td><td></td></tr> <tr> <td>Zinc</td><td></td></tr> </tbody> </table>	HAF		ORT/ORS		Zinc		<table border="1"> <tbody> <tr> <td>HAF</td><td></td></tr> <tr> <td>ORT/ORS</td><td></td></tr> <tr> <td>Zinc</td><td></td></tr> </tbody> </table>	HAF		ORT/ORS		Zinc	
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Q322B	<p>क्या दस्त के दौरान बच्चे को सामान्य स्तनपान कराया था ?</p> <p>Whether normal breastfeeding was continued during the diarrhoea?</p>	<p>YES..... 1</p> <p>NO ..... 2</p>	<p>YES..... 1</p> <p>NO ..... 2</p>																		
Q323	<p>क्या आपने दस्त के लिए कहीं से सलाह ली या इलाज करवाया था ?</p> <p>Did you seek advice or treatment for the diarrhoea from any source?</p>	<p>YES..... 1</p> <p>NO ..... 2 → <b>SKIP TO Q325</b></p>	<p>YES..... 1</p> <p>NO ..... 2 → <b>SKIP TO Q325</b></p>																		

Q. NO	QUESTIONS AND FILTERS	LAST SURVIVING CHILD	LAST BUT ONE SURVIVING CHILD
Q324	<p>आपने कहाँ से सलाह ली या इलाज करवाया?</p> <p>Where did you seek advice or treatment?</p> <p>IF UNABLE TO DETERMINE A HOSPITAL, HEALTH CENTRE, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL SECTOR, WRITE THE NAME OF THE PLACE (S).</p> <p>NAME OF THE PLACE (S). किसी अन्य जगह से ?</p> <p>Anywhere else?</p> <p><b>(RECORD ALL SOURCES MENTIONED)</b></p>	<p><b>GOVERNMENT</b></p> <p>A. ANGANWADI..... 1 2</p> <p>B. SUB-CENTRE..... 1 2</p> <p>C. PHC..... 1 2</p> <p>D. CHC..... 1 2</p> <p>E. UHC/UHP/UFWC..... 1 2</p> <p>F. DISPENSARY/CLINIC..... 1 2</p> <p>G. HOSPITAL ..... 1 2</p> <p>H. AYUSH HOSPITAL/CLINIC..... 1 2</p> <p>I. MOBILE HEALTH CLINIC..... 1 2</p> <p>J. ASHA ..... 1 2</p> <p><b>PRIVATE</b></p> <p>K. DISPENSARY/CLINIC ..... 1 2</p> <p>L. HOSPITAL..... 1 2</p> <p>M. AYUSH HOSPITAL/CLINIC ..... 1 2</p> <p>N. PHARMACY/DRUG STORE..... 1 2</p> <p>O. NGO/TRUST HOSP. /CLINIC..... 1 2</p> <p>P. OTHER..... 1 2</p> <p><b>(SPECIFY)</b></p>	<p><b>GOVERNMENT</b></p> <p>A. ANGANWADI..... 1 2</p> <p>B. SUB-CENTRE..... 1 2</p> <p>C. PHC..... 1 2</p> <p>D. CHC..... 1 2</p> <p>E. UHC/UHP/UFWC..... 1 2</p> <p>F. DISPENSARY/CLINIC..... 1 2</p> <p>G. HOSPITAL ..... 1 2</p> <p>H. AYUSH HOSPITAL/CLINIC..... 1 2</p> <p>I. MOBILE HEALTH CLINIC..... 1 2</p> <p>J. ASHA ..... 1 2</p> <p><b>PRIVATE</b></p> <p>K. DISPENSARY/CLINIC ..... 1 2</p> <p>L. HOSPITAL..... 1 2</p> <p>M. AYUSH HOSPITAL/CLINIC ..... 1 2</p> <p>N. PHARMACY/DRUG STORE..... 1 2</p> <p>O. NGO/TRUST HOSP. /CLINIC..... 1 2</p> <p>P. OTHER..... 1 2</p> <p><b>(SPECIFY)</b></p>
Q325	<p>क्या (नाम) को पिछले दो सप्ताह में कभी बुखार हुआ है ?</p> <p>Has (NAME) been ill with fever at any time in the last two weeks?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>	<p>YES..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>
Q326	<p>क्या (नाम) को पिछले दो सप्ताह में कभी खाँसी हुई है ?</p> <p>Has (NAME) been ill with cough at any time in the last two weeks?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p> <p>→ <b>GO BACK TO Q302 FOR THE NEXT CHILD OR, IF NO SURVIVING CHILD, GO TO SECTION IV</b></p>	<p>YES..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p> <p>→ <b>SKIP TO SECTION IV</b></p>
Q327	<p>जब (नाम) को खाँसी हुई थी तो क्या वह छोटी-छोटी या सामान्य से तेज सांसे लेता था /लेती थी या उसको सांस लेने में भी परेशानी होती थी ?</p> <p>When (NAME) had this illness with a cough, did he/she breathe faster than usual with short, rapid breaths or have difficulty in breathing?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>	<p>YES..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>
Q328	<p>क्या आपने कहाँ से सलाह ली या इलाज करवाया ?</p> <p>Did you seek advice or treatment for the illness from any source?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>→ <b>GO BACK TO Q302 FOR THE NEXT CHILD OR, IF NO SURVIVING CHILD, GO TO SECTION IV</b></p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>→ <b>GO TO SECTION IV</b></p>
Q329	<p>क्या आपने एंटीबायोटिक देके इलाज करवाया था?</p> <p>Whether treatment with antibiotic was given?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>	<p>YES..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>

Q. NO	QUESTIONS AND FILTERS	LAST SURVIVING CHILD		LAST BUT ONE SURVIVING CHILD	
Q330	<p>आपने कहाँ से सलाह ली या इलाज करवाया ?</p> <p>Where did you seek advice or treatment?</p> <p>IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTRE, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL SECTOR, WRITE THE NAME OF THE PLACE (S).</p> <hr/> <p>NAME OF THE PLACE (S).</p> <p>किसी अन्य जगह से</p> <p>Anywhere else?</p> <p><b>(RECORD ALL SOURCES MENTIONED)</b></p>	<p><b>GOVERNMENT</b></p> <p>A. ANGANWADI..... 1 2</p> <p>B. SUB-CENTRE ..... 1 2</p> <p>C. PHC..... 1 2</p> <p>D. CHC ..... 1 2</p> <p>E. UHC/UHP/UFWC ..... 1 2</p> <p>F. DISPENSARY ..... 1 2</p> <p>G. HOSPITAL ..... 1 2</p> <p>H. AYUSH HOSPITAL/CLINIC ..... 1 2</p> <p>I. MOBILE HEALTH CLINIC ..... 1 2</p> <p>J. ASHA ..... 1 2</p> <p><b>PRIVATE</b></p> <p>K. DISPENSARY/CLINIC ..... 1 2</p> <p>L. HOSPITAL ..... 1 2</p> <p>M. AYUSH HOSPITAL/CLINIC ..... 1 2</p> <p>N. PHARMACY/DRUG STORE ..... 1 2</p> <p>O. NGO/TRUST HOSP. /CLINIC..... 1 2</p> <p>P. OTHER ..... 1 2</p> <p><b>(SPECIFY)</b></p>	<p><b>GOVERNMENT</b></p> <p>A. ANGANWADI..... 1 2</p> <p>B. SUB-CENTRE..... 1 2</p> <p>C. PHC..... 1 2</p> <p>D. CHC..... 1 2</p> <p>E. UHC/UHP/UFWC ..... 1 2</p> <p>F. DISPENSARY..... 1 2</p> <p>G. HOSPITAL ..... 1 2</p> <p>H. AYUSH HOSPITAL/CLINIC ..... 1 2</p> <p>I. MOBILE HEALTH CLINIC..... 1 2</p> <p>J. ASHA ..... 1 2</p> <p><b>PRIVATE</b></p> <p>K. DISPENSARY/CLINIC ..... 1 2</p> <p>L. HOSPITAL ..... 1 2</p> <p>M. AYUSH HOSPITAL/CLINIC ..... 1 2</p> <p>N. PHARMACY/DRUG STORE ..... 1 2</p> <p>O. NGO/TRUST HOSP. /CLINIC.... 1 2</p> <p>P. OTHER ..... 1 2</p> <p><b>(SPECIFY)</b></p>		
Q331		<p><b>GO BACK TO Q302</b></p> <p><b>FOR THE NEXT CHILD</b></p> <p><b>OR, IF NO SURVIVING CHILD,</b></p> <p><b>GO TO SECTION IV</b></p>		<p><b>GO TO SECTION IV</b></p>	

**भाग-IV**  
**गर्भ निरोधक और प्रजनन वरीयताएं**  
**SECTION-IV**  
**CONTRACEPTION AND FERTILITY PREFERENCES**

A. CONTRACEPTION			
<p>अब मैं आपसे परिवार नियोजन के बारे में बात करना चाहूँगी - ऐसे बहुत से तरीके या उपाय हैं जिन्हें दम्पति गर्भ धारण टालने या रोकने के लिए इस्तेमाल कर सकते हैं।</p> <p>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.</p>			
Q. NO	QUESTIONS AND FILTERS	SKIP TO	CODING CATEGORIES
Q401A	<p>आपने किन-किन तरीकों या उपायों के बारे में सुना है ?</p> <p>Which ways or methods of family planning have you heard of?</p> <p><b>CIRCLE CODE '1' IN Q401 A FOR EACH METHOD MENTIONED SPONTANEOUSLY</b></p> <p><b>FOR METHODS NOT MENTIONED SPONTANEOUSLY, ASK EACH METHOD SEPARATELY READING THE NAME AND DESCRIPTION.</b></p>		<p><b>CHECK Q106: Q401B IS NOT APPLICABLE TO WOMEN WHO ARE MARRIED BUT GAUNA NOT PERFORMED.</b></p> <p><b>ASK Q401B FOR EACH METHOD WITH CODE '1' CIRCLED IN Q401A.</b></p> <p>Q401B</p> <p>Have you ever used (METHOD NAME)?</p>
	<b>MODERN</b>		
01	<p><b>महिला नसबंदी</b> - अधिक बच्चों के जन्म को रोकने के लिए महिलाएं ऑपरेशन करा सकती हैं।</p> <p><b>FEMALE STERILIZATION</b>- Women can have an operation to avoid having any more children.</p>	<p>YES ..... 1</p> <p>NO ..... 2 </p>	<p>Have you ever had an operation to avoid having any more children?</p> <p>YES ..... 1</p> <p>NO ..... 2</p>
02	<p><b>पुरुष नसबंदी</b> - अधिक बच्चों के जन्म को रोकने के लिए पुरुष ऑपरेशन करा सकते हैं।</p> <p><b>MALE STERILIZATION</b>- Men can have an operation to avoid having any more children.</p>	<p>YES ..... 1</p> <p>NO ..... 2 </p>	<p>Has your husband ever had an operation to avoid having any more children?</p> <p>YES ..... 1</p> <p>NO ..... 2</p>
03	<p><b>आय यू डी</b> - महिलाएं, डॉक्टर या नर्स से अपनी बच्चेदानी में उपकरण लगवा सकती हैं।</p> <p><b>IUD</b> - Women can have device placed inside the uterus by a doctor or a nurse.</p>	<p>YES ..... 1</p> <p>NO ..... 2 </p>	<p>USED IUD</p> <p>YES ..... 1</p> <p>NO ..... 2</p>
04	<p><b>गर्भनिरोधक गोली</b> - महिलाएं गर्भधारण को टालने के लिए एक गोली प्रतिदिन ले सकती हैं।</p> <p><b>PILL</b> - Women can take a pill every day to avoid becoming pregnant.</p>	<p>YES ..... 1</p> <p>NO ..... 2 </p>	<p>USED PILLS</p> <p>YES ..... 1</p> <p>NO ..... 2</p>
05	<p><b>गर्भनिरोधक गोली</b> - महिलाएं गर्भधारण को टालने के लिए एक गोली प्रत्येक सप्ताह ले सकती हैं।</p> <p><b>PILL</b> - Women can take a pill once a week to avoid becoming pregnant.</p>	<p>YES ..... 1</p> <p>NO ..... 2 </p>	<p>USED PILLS</p> <p>YES ..... 1</p> <p>NO ..... 2</p>
06	<p><b>आपातकालीन गर्भनिरोधक</b> - महिलाएं गर्भधारण को टालने के लिए असुरक्षित संभोग होने के तीन दिन के अन्दर गर्भनिरोधक गोली ले सकती हैं।</p> <p><b>EMERGENCY CONTRACEPTION</b>- Women can take pills within three days after unprotected sexual intercourse to avoid becoming pregnant.</p>	<p>YES ..... 1</p> <p>NO ..... 2 </p>	<p>USED EMERGENCY CONTRACEPTION</p> <p>YES ..... 1</p> <p>NO ..... 2</p>

Q. NO	QUESTIONS AND FILTERS	SKIP TO	CODING CATEGORIES
07	<p><b>गर्भनिरोधक इंजेक्शन</b> - महिलाएं स्वास्थ्य प्रदानकर्ता (डॉक्टर, नर्स इत्यादि) से इंजेक्शन लगवा सकती हैं जो उन्हें एक या अधिक महीनों के लिए गर्भवती होने से रोक सकता है।</p> <p><b>INJECTABLES</b>- Women can have an injection by health provider that stops them from becoming pregnant ( for one or more months).</p>	YES ..... 1 NO ..... 2 	USED INJECTABLES YES ..... 1 NO ..... 2
08	<p><b>कंडोम या निरोध</b> - पुरुष संभोग के पहले अपने लिंग पर रबड़ का आवरण लगा सकते हैं।</p> <p><b>CONDOM OR NIRODH</b>- Men can put rubber sheath on their penis before sexual intercourse.</p>	YES ..... 1 NO ..... 2 	USED CONDOM/NIRODH YES ..... 1 NO ..... 2
09	<p><b>महिला कंडोम</b> - महिलाएं संभोग से पहले अपने योनि में रबड़ का आवरण रख सकती हैं।</p> <p><b>FEMALE CONDOM</b>- Women can place a sheath in their vagina before sexual intercourse.</p>	YES ..... 1 NO ..... 2 	USED FEMALE CONDOM YES ..... 1 NO ..... 2
	<b>TRADITIONAL</b>		
10	<p><b>सुरक्षित काल पद्धति</b> - प्रत्येक महीने में जब महिला लैंगिक रूप से सक्रिय रहती है तब महीने के जिन दिनों में उसके गर्भवती होने की अत्यधिक संभावना रहती है उन दिनों में संभोग न करके वह गर्भधारण को टाल सकती है।</p> <p><b>RHYTHM METHOD</b>- 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.</p>	YES ..... 1 NO ..... 2 	USED RHYTHM METHOD YES ..... 1 NO ..... 2
11	<p><b>अद्यपतन यानी विदड़ावल</b> - पुरुष चरमोत्कर्ष (वीर्य आने) के पहले सावधानी पूर्वक लिंग को बाहर निकाल लेता है।</p> <p><b>WITHDRAWAL</b>- Men can be careful and pull out before climax.</p>	YES ..... 1 NO ..... 2 	USED WITHDRAWAL YES ..... 1 NO ..... 2
12	<p>गर्भनिरोधक जड़ी बूटियां</p> <p><b>Contraceptive herbs</b></p>	YES ..... 1 NO ..... 2 	USED CONTRACEPTIVE HERBS YES ..... 1 NO ..... 2
13	<p>प्रसव के बाद मासिक धर्म बंद</p> <p><b>Lactational Amenorrhoea Method (LAM)</b></p>	YES ..... 1 NO ..... 2 	USED LACTATIONAL AMENORRHOEA METHOD (LAM) YES ..... 1 NO ..... 2
14	<p>क्या आपने किसी <b>अन्य तरीको</b> या साधनों के बारे में सुना है जिनका उपयोग स्त्रियां या पुरुष गर्भधारण को टालने के लिए कर सकते हैं ?</p> <p>Have you heard of any <b>other ways</b> or methods that women or men can use to avoid pregnancy?</p>	YES ..... 1 _____ (SPECIFY) _____ (SPECIFY) NO ..... 2	USED ANY OTHER METHOD YES ..... 1 NO ..... 2 YES ..... 1 NO ..... 2
Q402	<p><b>CHECK Q106:</b></p> <p>CURRENTLY MARRIED <input type="checkbox"/> </p> <p>MARRIED BUT GAUNA NOT PERFORMED/ SEPARATED / DESERTED/ DIVORCED / WIDOWED <input type="checkbox"/></p>		→ SEC V
Q403	<p><b>CHECK Q401B:</b></p> <p>WOMAN/MAN NOT STERILIZED <input type="checkbox"/> </p> <p>WOMAN/MAN STERILIZED <input type="checkbox"/></p>		→ Q406

Q. NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
Q404	क्या आप इस समय गर्भवती हैं ? Are you currently pregnant?	YES ..... 1 NO ..... 2 UNSURE ..... 3	→ Q430
Q405	क्या आप या आपके पति इस समय गर्भधारण टालने या रोकने के लिए कुछ कर रहे हैं या किसी विधि का इस्तेमाल कर रही/रहे हैं ? Are you/your husband currently doing something or using any method to delay or avoid getting pregnant?	YES ..... 1 NO ..... 2	→ Q430
Q406	आप या आपके पति किस विधि का उपयोग कर रही / रहे हैं ? Which method are you/your husband using?  IF MORE THAN ONE METHOD MENTIONED, FOLLOW SKIP FOR HIGHEST METHOD ON LIST.	FEMALE STERILIZATION ..... 01 MALE STERILIZATION ..... 02 IUD ..... 03 DAILY PILLS ..... 04 WEEKLY PILLS ..... 05 INJECTABLES ..... 06 CONDOM/NIRODH ..... 07 FEMALE CONDOM ..... 08 RHYTHM METHOD ..... 09 WITHDRAWAL ..... 10 OTHER ..... 96 (SPECIFY)	→ Q412 → Q411       → Q415
Q407	क्या आप /आपके पति को कभी भी इस विधि को प्राप्त करने में परेशानी हुई ? Have you/your husband ever faced difficulty in getting the method?	NO PROBLEM..... 1 NOT REGULARLY AVAIL. WITH PHC ..... 2 NOT REGULARLY AVAIL. WITH ANM..... 3 NOT REGULARLY AVAIL. WITH MEDICAL SHOPS/CHEMIST..... 4 OTHER ..... 6 (SPECIFY)	
Q408	आप /आपके जिन गर्भनिरोधक (विधि) का इस्तेमाल कर रही हैं, क्या उसका ब्रांड का नाम जानती हैं? Do you know the brand name of (method) you/your husband are using?  RECORD NAME OF BRAND. (ASK SUPERVISOR FOR CODE LIST.)	<div style="border: 1px solid black; width: 100px; height: 30px; margin: 0 auto;"></div> BRAND NAME ..... (SPECIFY)  DON'T KNOW ..... 98	
Q409	क्या आपको निरोध /गर्भनिरोधक गोली /इंजेक्शन के लिए पैसे का भुगतान करना पड़ा था? Whether money was paid for getting pills condoms/injectables?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	

Q. NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
Q410	<p>आपने पिछली बार (वर्तमान विधि का नाम) कहाँ से प्राप्त की?</p> <p>Where did you obtain (CURRENT METHOD) the last time?</p> <p>IF UNABLE TO DETERMINE IT TO BE A HOSPITAL, HEALTH CENTRE, OR CLINIC; IF IT IS GOVERNMENT OR PRIVATE, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p><b>GOVERNMENT</b></p> <p>GOVT. MUNICIPAL HOSPITAL..... 11</p> <p>GOVT. DISPENSARY ..... 12</p> <p>UHC/UHP/UFWC..... 13</p> <p>CHC..... 14</p> <p>PHC..... 15</p> <p>SUB-CENTRE..... 16</p> <p>AYUSH HOSPITAL/CLINIC ..... 17</p> <p>MOBILE CLINIC..... 18</p> <p>ANGANWADI/ICDS CENTRE..... 19</p> <p>ASHA/ANM ..... 20</p> <p>OTHER COMMUNITY-BASED WORKER ..... 21</p> <p>OTHER PUBLIC MEDICAL SECTOR ..... 22</p> <p><b>PRIVATE</b></p> <p>HOSPITAL/CLINIC ..... 23</p> <p>AYUSH HOSPITAL/CLINIC ..... 24</p> <p>NGO OR TRUST HOSPITAL/CLINIC ..... 25</p> <p>DOCTOR/CLINIC ..... 26</p> <p>MOBILE CLINIC..... 27</p> <p>TRADITIONAL HEALER ..... 28</p> <p>PHARMACY/DRUG STORAGE..... 29</p> <p>OTHER PRIVATE MEDICAL SECTOR ..... 30</p> <p><b>OTHER SOURCE</b></p> <p>SHOP ..... 31</p> <p>VENDING MACHINE..... 32</p> <p>HUSBAND..... 33</p> <p>RELATIVES/FRIENDS..... 34</p> <p>OTHER ..... 96</p> <p>(SPECIFY)</p> <p>DON'T KNOW..... 98</p>	→ Q415
Q411	<p>आपने कहाँ से आई यू डी लगवाई ?</p> <p>In what facility did the IUD insertion take place?</p> <p>IF UNABLE TO DETERMINE IT TO BE A HOSPITAL, HEALTH CENTRE, OR CLINIC ; IT IS A GOVERNMENT OR PRIVATE, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p><b>GOVERNMENT</b></p> <p>GOVT. MUNICIPAL HOSPITAL..... 11</p> <p>GOVT. DISPENSARY ..... 12</p> <p>UHC/UHP/UFWC..... 13</p> <p>CHC..... 14</p> <p>PHC..... 15</p> <p>SUB-CENTRE..... 16</p> <p>AYUSH HOSPITAL/CLINIC ..... 17</p> <p>MOBILE CLINIC..... 18</p> <p><b>PRIVATE</b></p> <p>HOSPITAL/CLINIC ..... 19</p> <p>AYUSH HOSPITAL/CLINIC ..... 20</p> <p>NGO OR TRUST HOSPITAL/CLINIC ..... 21</p> <p>DOCTOR/CLINIC ..... 22</p> <p>MOBILE CLINIC..... 23</p> <p>OTHER PRIVATE HEALTH FACILITY ..... 24</p> <p>OTHER ..... 96</p> <p>(SPECIFY)</p> <p>DON'T KNOW..... 98</p>	→ Q415
Q412	<p>आप या आपके पति की किस प्रकार की नसबंदी हुई है?</p> <p>What type of sterilization procedure you/your husband have undergone?</p>	<p><b>FEMALE</b></p> <p>TUBECTOMY ..... 1</p> <p>LAPAROSCOPY ..... 2</p> <p><b>MALE</b></p> <p>VASECTOMY ..... 3</p> <p>NO-SCALPEL VASECTOMY (NSV)..... 4</p>	



Q. NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
Q413	<p>क्या आप या आपके पति की नसबंदी बच्चे के जन्म या गर्भपात के तुरंत बाद या कोई अन्य समय हुई थी ?</p> <p>Had you / your husband undergone sterilization just after child birth or abortion or any other time?</p>	<p>AFTER CHILD BIRTH..... 1</p> <p>AFTER ABORTION..... 2</p> <p>ANY OTHER TIME..... 6</p>	
Q414	<p>नसबंदी कहाँ पर हुई थी?</p> <p>In what facility did the sterilization take place?</p> <p>IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTRE, OR CLINIC IS GOVERNMENT OR PRIVATE, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p><b>GOVERNMENT</b></p> <p>GOVT. MUNICIPAL HOSPITAL..... 11</p> <p>GOVT. DISPENSARY ..... 12</p> <p>UHC/UHP/UFWC..... 13</p> <p>CHC..... 14</p> <p>PHC..... 15</p> <p>AYUSH HOSPITAL/CLINIC..... 16</p> <p>MOBILE CLINIC..... 17</p> <p><b>PRIVATE</b></p> <p>HOSPITAL/CLINIC ..... 18</p> <p>AYUSH HOSPITAL/CLINIC..... 19</p> <p>NGO OR TRUST HOSPITAL/CLINIC ..... 20</p> <p>DOCTOR/CLINIC..... 21</p> <p>MOBILE CLINIC..... 22</p> <p>OTHER PRIVATE HEALTH FACILITY ..... 23</p> <p>OTHER..... 96</p> <p>(SPECIFY)</p> <p>DON'T KNOW..... 98</p>	
Q414A	<p>क्या आप या आपके पति को नसबंदी के बाद क्षतिपूर्ति (अनुपूरक) राशि प्राप्त हुई?</p> <p>Did you/ your husband receive the compensation after sterilization?</p>	<p>YES..... 1</p> <p>NO..... 2 → Q415</p>	
Q414B	<p>नसबंदी के लिए आप या आपके पति को कब क्षतिपूर्ति (अनुपूरक) राशि प्राप्त हुई?</p> <p>When did you/your husband receive compensation for sterilization?</p>	<p>BEFORE / AT THE TIME OF DISCHARGE ..... 1</p> <p>AT THE TIME OF FIRST FOLLOW-UP..... 2</p> <p>AFTER SEVERAL VISITS..... 3</p>	
Q414C	<p>नसबंदी के लिये आप या आपके पति को कितना क्षतिपूर्ति (अनुपूरक) राशि प्राप्त हुई ?</p> <p>How much compensation did you/your husband receive for sterilization?</p>	<p>Rupees ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	
Q415	<p>A). STERILIZED <input type="checkbox"/></p> <p>B). ALL OTHER METHODS <input type="checkbox"/></p> <p>आप या आपके पति की नसबंदी कितने समय पहले हुई थी?</p> <p>How long ago did you/your husband undergo sterilization?</p> <p>इस समय आप /आपके पति (वर्तमान विधि का नाम) का लगातार इस्तेमाल कबसे कर रही /रहे हैं ?</p> <p>For how long have you/ your husband been using (CURRENT METHOD) continuously (without stopping)?</p>	<p><b>IF LESS THAN '1' MONTH</b></p> <p>RECORD..... 000</p> <p>MONTHS..... <input type="text"/> <input type="text"/> <input type="text"/></p> <p><b>(LESS THAN TWO YEARS)</b></p> <p>YEARS..... <input type="text"/> <input type="text"/> <input type="text"/></p> <p>DO NOT REMEMBER ..... 998</p>	

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Q416	<p>आपको इस परिवार नियोजन विधि के उपयोग के लिए किसने सहयोग दिया या प्रोत्साहित किया?</p> <p>Who facilitated or motivated you to use current family planning method?</p> <p>Anyone else?</p> <p><b>(RECORD ALL MENTIONED)</b></p>	<table border="0"> <thead> <tr> <th></th><th>YES</th><th>NO</th></tr> </thead> <tbody> <tr><td>A. DOCTOR .....</td><td>1</td><td>2</td></tr> <tr><td>B. ANM .....</td><td>1</td><td>2</td></tr> <tr><td>C. HEALTH WORKER .....</td><td>1</td><td>2</td></tr> <tr><td>D. ANGANWADI WORKER .....</td><td>1</td><td>2</td></tr> <tr><td>E. ASHA .....</td><td>1</td><td>2</td></tr> <tr><td>F. NGO / CBO.....</td><td>1</td><td>2</td></tr> <tr><td>G. HUSBAND.....</td><td>1</td><td>2</td></tr> <tr><td>H. MOTHER-IN-LAW.....</td><td>1</td><td>2</td></tr> <tr><td>I. MOTHER .....</td><td>1</td><td>2</td></tr> <tr><td>J. RELATIVES/FRIENDS .....</td><td>1</td><td>2</td></tr> <tr><td>K. DAI (TBA) .....</td><td>1</td><td>2</td></tr> <tr><td>L. SELF.....</td><td>1</td><td>2</td></tr> <tr><td>M. OTHER.....</td><td>1</td><td>2</td></tr> </tbody> </table> <p align="center"><b>(SPECIFY)</b></p>		YES	NO	A. DOCTOR .....	1	2	B. ANM .....	1	2	C. HEALTH WORKER .....	1	2	D. ANGANWADI WORKER .....	1	2	E. ASHA .....	1	2	F. NGO / CBO.....	1	2	G. HUSBAND.....	1	2	H. MOTHER-IN-LAW.....	1	2	I. MOTHER .....	1	2	J. RELATIVES/FRIENDS .....	1	2	K. DAI (TBA) .....	1	2	L. SELF.....	1	2	M. OTHER.....	1	2	
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Q417	<p>जब आप या आपके पति ने वर्तमान विधि का इस्तेमाल शुरू किया तो क्या उस समय आपको उससे होने वाली समस्याओं/परिणामों के बारे में बताया गया था?</p> <p>When you/your husband started using (CURRENT METHOD), at that time, were you told about side effects or other problems?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	→ Q419																																										
Q418	<p>आप या आपके पति जिस विधि का उपयोग कर रही हैं उससे होने वाले संभावित समस्याओं /परिणामों के बारे में क्या किसी ने आपको बताया था?</p> <p>Who told you/your husband about side effects or other problems/consequences that you might have due to usage of the method?</p> <p>Anyone else?</p> <p><b>(RECORD ALL MENTIONED)</b></p>	<table border="0"> <thead> <tr> <th></th><th>YES</th><th>NO</th></tr> </thead> <tbody> <tr><td>A. DOCTOR .....</td><td>1</td><td>2</td></tr> <tr><td>B. ANM .....</td><td>1</td><td>2</td></tr> <tr><td>C. HEALTH WORKER .....</td><td>1</td><td>2</td></tr> <tr><td>D. ANGANWADI WORKER .....</td><td>1</td><td>2</td></tr> <tr><td>E. ASHA .....</td><td>1</td><td>2</td></tr> <tr><td>F. MOTHER-IN-LAW.....</td><td>1</td><td>2</td></tr> <tr><td>G. MOTHER .....</td><td>1</td><td>2</td></tr> <tr><td>H. RELATIVES/FRIENDS .....</td><td>1</td><td>2</td></tr> <tr><td>I. OTHER.....</td><td>1</td><td>2</td></tr> </tbody> </table> <p align="center"><b>(SPECIFY)</b></p>		YES	NO	A. DOCTOR .....	1	2	B. ANM .....	1	2	C. HEALTH WORKER .....	1	2	D. ANGANWADI WORKER .....	1	2	E. ASHA .....	1	2	F. MOTHER-IN-LAW.....	1	2	G. MOTHER .....	1	2	H. RELATIVES/FRIENDS .....	1	2	I. OTHER.....	1	2													
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Q419	<p><b>CHECK Q406</b></p> <p>CIRCLE METHOD CODE:</p> <p><b>(IF MORE THAN ONE METHOD CODE CIRCLED IN Q406, CIRCLE CODE FOR HIGHEST METHOD IN LIST)</b></p>	<p>NO CODE CIRCLED ..... 00</p> <p>FEMALE STERILIZATION ..... 01</p> <p>MALE STERILIZATION..... 02</p> <p>IUD ..... 03</p> <p>DAILY PILLS..... 04</p> <p>WEEKLY PILLS..... 05</p> <p>INJECTABLES..... 06</p> <p>CONDOM/NIRODH..... 07</p> <p>FEMALE CONDOM..... 08</p> <p>RHYTHM METHOD..... 09</p> <p>WITHDRAWAL ..... 10</p> <p>OTHER METHOD ..... 96</p> <p align="center"><b>(SPECIFY)</b></p>	<p>→ Q429</p> <p>→ Q422</p> <p>→ Q428</p>																																										
Q420	<p>जब आपकी नसबंदी हुई या आपने आइ यू डी लगवायी उस समय और उसके तुरंत बाद आपको जो सेवा मिली उस सेवा को आप कौनसी श्रेणी में रखना चाहेंगी : बहुत अच्छा , ठीक-ठाक , ज्यादा अच्छा नहीं या खराब ?</p> <p>How would you rate the care you received during and immediately after the sterilization/IUD insertion: very good, all right, not so good, or bad?</p>	<p>VERY GOOD ..... 1</p> <p>ALL RIGHT ..... 2</p> <p>NOT SO GOOD ..... 3</p> <p>BAD..... 4</p>																																											

Q. NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO																																				
Q421	<p>इस परिवार नियोजन विधि को अपनाने के बाद क्या कोई भी आप/ आपके पति के स्वास्थ्य के बारे में 48 घण्टे के अंदर पूछताछ करने आया था? या आप/आपके पति किसी के पास 48 घण्टे के अंदर अनुवर्ती जांच लिए गए थे ?</p> <p>After you adopted this method, did anyone visit you for enquiring about you/your husband's health within 48 hours? or Did you / your husband visit anyone for follow-up within 48 hours?</p>	<p>HEALTH PERSONNEL VISITED ..... 1</p> <p>SELF/ HUSBAND VISITED HEALTHFACILITY ..... 2</p> <p>NOT VISITED AT ALL ..... 3</p>																																					
Q422	<p>जब इस विधि को आप या आपके पति ने अपनाया तो क्या उस समय किसी स्वास्थ्य या परिवार नियोजन कार्यकर्ता /आशा द्वारा किसी अन्य परिवार नियोजन विधि के बारे में बताया गया जिसका उपयोग आप कर सकती है?</p> <p>या</p> <p>क्या आप/आपके पति को स्वास्थ्य या परिवार नियोजन कार्यकर्ता/आशा द्वारा अन्य परिवार नियोजन विधि के बारे में कभी भी बताया गया था, जिसका उपयोग आप कर सकते हैं ?</p> <p>At that time, when you/your husband started using current method, were you told by a health or family planning worker/ASHA about other methods of family planning that you could use?</p> <p>OR</p> <p>Were you/ your husband ever informed by a health or family planning worker/ASHA about other methods of family planning that you could use?</p>	<p>YES..... 1</p> <p>NO..... 2</p> <p>DO NOT REMEMBER ..... 8</p>	<p>→ Q424</p>																																				
Q423	<p>आपको परिवार नियोजन की कौनसी विधियों के बारे में बताया गया था ?</p> <p>What methods of contraception were informed?</p> <p>Anything else?</p> <p>(RECORD ALL MENTIONED)</p>	<table border="0"> <thead> <tr> <th></th><th>YES</th><th>NO</th></tr> </thead> <tbody> <tr> <td>A. MALE STERILIZATION.....</td><td>1</td><td>2</td></tr> <tr> <td>B. FEMALE STERILIZATION .....</td><td>1</td><td>2</td></tr> <tr> <td>C. IUD .....</td><td>1</td><td>2</td></tr> <tr> <td>D. DAILY PILLS.....</td><td>1</td><td>2</td></tr> <tr> <td>E. WEEKLY PILLS .....</td><td>1</td><td>2</td></tr> <tr> <td>F. INJECTABLES.....</td><td>1</td><td>2</td></tr> <tr> <td>G. CONDOM/NIRODH .....</td><td>1</td><td>2</td></tr> <tr> <td>H. FEMALE CONDOM.....</td><td>1</td><td>2</td></tr> <tr> <td>I. OTHER.....</td><td>1</td><td>2</td></tr> <tr> <td colspan="3" style="text-align: center;">(SPECIFY)</td></tr> <tr> <td>J. DO NOT REMEMBER .....</td><td>1</td><td>2</td></tr> </tbody> </table>		YES	NO	A. MALE STERILIZATION.....	1	2	B. FEMALE STERILIZATION .....	1	2	C. IUD .....	1	2	D. DAILY PILLS.....	1	2	E. WEEKLY PILLS .....	1	2	F. INJECTABLES.....	1	2	G. CONDOM/NIRODH .....	1	2	H. FEMALE CONDOM.....	1	2	I. OTHER.....	1	2	(SPECIFY)			J. DO NOT REMEMBER .....	1	2	
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Q424	<p>क्या आप/आपके पति को इस विधि का उपयोग शुरू करने के बाद कोई स्वास्थ्य समस्या हुई थी?</p> <p>Have you/your husband had any health problem after you/your husband started to use this (NAME) method?</p>	<p>YES..... 1</p> <p>NO..... 2</p>	<p>→ Q428</p>																																				

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Q425	<p>आप/आपके पति को कौन-कौनसी स्वास्थ्य समस्या /समस्याएं हुई थी?</p> <p>What health problem(s) did you/your husband has?</p> <p>Any other?</p> <p>(RECORD ALL MENTIONED)</p>	<table border="0"> <thead> <tr> <th></th><th>YES</th><th>NO</th></tr> </thead> <tbody> <tr><td>A. WEAKNESS/INABILITY TO WORK.....</td><td>1</td><td>2</td></tr> <tr><td>B. BODY ACHE/BACKACHE.....</td><td>1</td><td>2</td></tr> <tr><td>C. ABDOMINAL PAIN .....</td><td>1</td><td>2</td></tr> <tr><td>D. WEIGHT GAIN .....</td><td>1</td><td>2</td></tr> <tr><td>E. DIZZINESS .....</td><td>1</td><td>2</td></tr> <tr><td>F. NAUSEA/VOMITING .....</td><td>1</td><td>2</td></tr> <tr><td>G. FEVER .....</td><td>1</td><td>2</td></tr> <tr><td>H. BREAST TENDERNESS.....</td><td>1</td><td>2</td></tr> <tr><td>I. IRREGULAR PERIODS .....</td><td>1</td><td>2</td></tr> <tr><td>J. EXCESSIVE BLEEDING .....</td><td>1</td><td>2</td></tr> <tr><td>K. SPOTTING .....</td><td>1</td><td>2</td></tr> <tr><td>L. AMENORRHOEA .....</td><td>1</td><td>2</td></tr> <tr><td>M. CRAMPS .....</td><td>1</td><td>2</td></tr> <tr><td>N. SCROTUM SWELLING .....</td><td>1</td><td>2</td></tr> <tr><td>O. DECREASED LIBIDO.....</td><td>1</td><td>2</td></tr> <tr><td>P. RASHES/ALLERGY.....</td><td>1</td><td>2</td></tr> <tr><td>Q. INFECTION.....</td><td>1</td><td>2</td></tr> <tr><td>R. OTHER .....</td><td>1</td><td>2</td></tr> <tr><td colspan="3" style="text-align: center;">(SPECIFY)</td></tr> </tbody> </table>		YES	NO	A. WEAKNESS/INABILITY TO WORK.....	1	2	B. BODY ACHE/BACKACHE.....	1	2	C. ABDOMINAL PAIN .....	1	2	D. WEIGHT GAIN .....	1	2	E. DIZZINESS .....	1	2	F. NAUSEA/VOMITING .....	1	2	G. FEVER .....	1	2	H. BREAST TENDERNESS.....	1	2	I. IRREGULAR PERIODS .....	1	2	J. EXCESSIVE BLEEDING .....	1	2	K. SPOTTING .....	1	2	L. AMENORRHOEA .....	1	2	M. CRAMPS .....	1	2	N. SCROTUM SWELLING .....	1	2	O. DECREASED LIBIDO.....	1	2	P. RASHES/ALLERGY.....	1	2	Q. INFECTION.....	1	2	R. OTHER .....	1	2	(SPECIFY)			
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Q426	<p>क्या आप/आपके पति ने इन स्वास्थ्य समस्याओं के लिए किसी-से सलाह ली या इलाज करवाया ?</p> <p>Did you/your husband consult anybody or seek treatment for the health problem(s)?</p>	<p>YES..... 1</p> <p>NO ..... 2</p>	→ Q428																																																												
Q427	<p>आप/आपके पति परामर्श या इलाज के लिए कहाँ गये थे?</p> <p>Where did you/your husband go for consultation or seek treatment?</p> <p>IF UNABLE TO DETERMINE WHETHER IT IS A HOSPITAL, HEALTH CENTRE, OR CLINIC; IS A GOVERNMENT OR PRIVATE, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p style="text-align: center;">(NAME OF PLACE)</p> <p>Anywhere else?</p> <p>(RECORD ALL MENTIONED)</p>	<table border="0"> <thead> <tr> <th>GOVERNMENT</th><th>YES</th><th>NO</th></tr> </thead> <tbody> <tr><td>A. ANGANWADI .....</td><td>1</td><td>2</td></tr> <tr><td>B. SUB-CENTRE .....</td><td>1</td><td>2</td></tr> <tr><td>C. PHC .....</td><td>1</td><td>2</td></tr> <tr><td>D. CHC.....</td><td>1</td><td>2</td></tr> <tr><td>E. UHC/UHP/UFWC.....</td><td>1</td><td>2</td></tr> <tr><td>F. DISPENSARY/CLINIC.....</td><td>1</td><td>2</td></tr> <tr><td>G. HOSPITAL .....</td><td>1</td><td>2</td></tr> <tr><td>H. AYUSH HOSPITAL/CLINIC.....</td><td>1</td><td>2</td></tr> <tr><td>I. MOBILE CLINIC.....</td><td>1</td><td>2</td></tr> <tr><td colspan="3"><b>PRIVATE</b></td></tr> <tr><td>J. DISPENSARY/ CLINIC .....</td><td>1</td><td>2</td></tr> <tr><td>K. HOSPITAL .....</td><td>1</td><td>2</td></tr> <tr><td>L. AYUSH HOSPITAL/CLINIC.....</td><td>1</td><td>2</td></tr> <tr><td>M. NGO OR TRUST HOSPITAL/CLINIC.....</td><td>1</td><td>2</td></tr> <tr><td>N. CHEMIST/MEDICAL SHOP.....</td><td>1</td><td>2</td></tr> <tr><td>O. OTHER.....</td><td>1</td><td>2</td></tr> <tr><td colspan="3" style="text-align: center;">(SPECIFY)</td></tr> </tbody> </table>	GOVERNMENT	YES	NO	A. ANGANWADI .....	1	2	B. SUB-CENTRE .....	1	2	C. PHC .....	1	2	D. CHC.....	1	2	E. UHC/UHP/UFWC.....	1	2	F. DISPENSARY/CLINIC.....	1	2	G. HOSPITAL .....	1	2	H. AYUSH HOSPITAL/CLINIC.....	1	2	I. MOBILE CLINIC.....	1	2	<b>PRIVATE</b>			J. DISPENSARY/ CLINIC .....	1	2	K. HOSPITAL .....	1	2	L. AYUSH HOSPITAL/CLINIC.....	1	2	M. NGO OR TRUST HOSPITAL/CLINIC.....	1	2	N. CHEMIST/MEDICAL SHOP.....	1	2	O. OTHER.....	1	2	(SPECIFY)									
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Q428	<p>आप/आपके पति इस विधि से किस हद तक संतुष्ट हैं?</p> <p>To what extent are you/your husband satisfied with this method?</p>	<p>FULLY SATISFIED ..... 1</p> <p>PARTIALLY SATISFIED..... 2</p> <p>NOT SATISFIED ..... 3</p>																																																													

B. FERTILITY PREFERENCES				
Q429	<b>CHECK Q419: METHOD CODE</b> ALL OTHER WOMEN <input type="checkbox"/>		CODE ' 1 ' OR CODE ' 2 ' CIRCLED <input type="checkbox"/>	→ SEC V
Q 430	<b>CHECK Q404:</b> NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/> अब मैं भविष्य के बारे में कुछ प्रश्न पूछना चाहूंगी Now I have some questions about the future. क्या आप और बच्चे चाहेंगी या आप कोई और बच्चा नहीं चाहेंगी Would you like to have (a/another) child, or would you prefer not to have any (more) children? अब मैं भविष्य के बारे में कुछ प्रश्न पूछना चाहूंगी Now I have some questions about the future. अभी आपको जो बच्चा होनेवाला है, उसके बाद क्या आप और बच्चा चाहेंगी या आप और बच्चे नहीं चाहेंगी ? 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 SAYS SHE CAN'T GET PREGNANT..... 3 UNDECIDED/DON'T KNOW: a). AND PREGNANT ..... 4 b). AND NOT PREGNANT OR UNSURE..... 5	→ Q 433 → SECV → Q 437 → Q 434
Q431	क्या आप अगला बच्चा लड़का या लड़की चाहती हैं या आपके लिए इसका कोई महत्व नहीं है ? Would you prefer your next child to be a girl or a boy or it doesn't matter?		BOY ..... 1 GIRL..... 2 DOESN'T MATTER ..... 3 UP TO GOD..... 4	
Q432	NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/> When you gave the last birth, did you want this child then, did you want later, did you not want to have any (more) children at all? <b>(APPLICABLE ONLY FOR THOSE HAVING AT LEAST ONE CHILD)</b> When you become pregnant this time, (i.e currently pregnant) did you want to become pregnant now, did you want until later, or did you not want to have any (more) children at all?		THEN ..... 1 LATER ..... 2 DON'T WANT ANY MORE ..... 3 <b>(If Later ask duration)</b> <b>(IF LESS THAN TWO YEARS, RECORD MONTHS, IF 2 YEARS OR MORE RECORD YEARS)</b> MONTHS ..... 1 <input type="text"/> <input type="text"/> YEARS..... 2 <input type="text"/> <input type="text"/> DON'T KNOW..... 998	
Q432a	NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/> अब से लेकर और कितने समय तक अगला बच्चा होने का इंतजार करना चाहेंगी? How long would you like to wait from now before the birth of (a/another) child? अभी आपको जो बच्चा होने वाला है, उसके बाद अगला बच्चा पैदा होने तक आप कितने समय तक इंतजार करना चाहेंगी? After the birth of the child you are expecting now, how long would you like to wait before the birth of another child?		<b>(IF LESS THAN TWO YEARS, RECORD MONTHS, IF 2 YEARS OR MORE RECORD YEARS)</b> MONTHS ..... 1 <input type="text"/> <input type="text"/> YEARS..... 2 <input type="text"/> <input type="text"/> SOON/NOW ..... 993 OTHER ..... 996 <b>(SPECIFY)</b> DON'T KNOW..... 998	

Q. NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO	
Q433	<b>CHECK Q404:</b> NOT PREGNANT <input type="checkbox"/> <b>PREGNANT</b> <input type="checkbox"/> OR UNSURE <input type="checkbox"/>		→ Q437	
Q434	<b>CHECK Q405: USING A CONTRACEPTIVE METHOD?</b> NOT USING CURRENTLY <input type="checkbox"/> <b>CURRENTLY USING</b> <input type="checkbox"/> <b>NOT ASKED (STERILIZED)</b> <input type="checkbox"/>		→ SEC V → Q440	
Q435	<b>CHECK Q430 &amp; Q432a</b> NOT ASKED <b>24 OR MORE MONTHS (OR 02 OR MORE YEARS OR OTHER/DK)</b> <b>00-23 MONTHS (OR LESS THAN 2 YEARS)</b> (WANTS-NO MORE) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Q436 Q436		→ Q437	
Q436	<b>CHECK Q430:</b> WANTS NO MORE/NONE <input type="checkbox"/> आपने कहा है कि आपको कोई (और) बच्चा नहीं चाहिए लेकिन गर्भधारण टालने के लिए आप किसी विधि (तरीके) का इस्तेमाल नहीं कर रही हैं। क्या आप बता सकती हैं कि आप विधि (तरीके) का इस्तेमाल क्यों नहीं कर रही हैं ? You have said that you <b>do not want any (more) (a/another) child children</b> , but you are not using any method to avoid pregnancy. Can you tell me why you are not using any method? PROBE: कोई अन्य कारण ? Any other reason?	<b>WANTS TO HAVE A/ANOTHER CHILD</b> <input type="checkbox"/> (After 24 or more months) आपने कहा है कि आपको जल्दी (और) बच्चा नहीं चाहिए लेकिन गर्भधारण टालने के लिए आप किसी विधि (तरीके) का इस्तेमाल नहीं कर रही हैं। क्या आप बता सकती हैं कि आप विधि (तरीके) का इस्तेमाल क्यों नहीं कर रही हैं ? You have said that you <b>do not want soon</b> , but you are not using any method to avoid pregnancy. Can you tell me why you are not using any method? PROBE: कोई अन्य कारण ? Any other reason?	<b>FERTILITY-RELATED REASON</b> A. NOT HAVING SEX ..... 1 2 B. INFREQUENT SEX..... 1 2 C. HUSBAND AWAY..... 1 2 D. MENOPAUSE..... 1 2 E. HYSTERECTOMY..... 1 2 F. SUBFECUND/INFECUND..... 1 2 G. POSTPARTUM AMENORRHEIC... 1 2 H. BREASTFEEDING..... 1 2 I. UP TO GOD..... 1 2 <b>OPPOSITION TO USE</b> J. RESPONDENT OPPOSED..... 1 2 K. HUSBAND OPPOSED..... 1 2 L. OTHERS OPPOSED..... 1 2 M. RELIGIOUS PROHIBITION..... 1 2 <b>LACK OF KNOWLEDGE</b> N. KNOWS NO METHOD..... 1 2 O. KNOWS NO SOURCE..... 1 2 <b>METHOD-RELATED REASON</b> P. HEALTH CONCERNS..... 1 2 Q. FEAR OF SIDE EFFECTS..... 1 2 R. LACK OF ACCESS/TOO FAR..... 1 2 S. COSTS TOO MUCH..... 1 2 T. DIFFICULT/INCONVENIENT TO GET METHOD..... 1 2 U. INCONVENIENT TO USE..... 1 2 V. INTERFERES WITH BODY'S NORMAL PROCESSES.. 1 2 W. DO NOT LIKE EXISTING METHODS..... 1 2 X. AFRAID OF STERILIZATION..... 1 2 Y. CAN NOT WORK AFTER STERILIZATION..... 1 2 Z. OTHER..... 1 2 (SPECIFY) AA. DON'T KNOW..... 1 2	

Q. NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO			
Q437	<p>CHECK Q401B, Q404 AND Q406</p> <table border="1"> <tr> <td> <p>EVER USED BUT CURRENTLY NOT USING OR PREGNANT</p> <p><input type="checkbox"/></p> <p>Q438</p> </td><td> <p>EVER USED AND CURRENTLY USING (OTHER THAN STERILIZATION)</p> <p><input type="checkbox"/></p> </td><td> <p>NEVER USED</p> <p><input type="checkbox"/></p> </td><td> <p>WOMAN / MAN STERILIZED</p> <p><input type="checkbox"/></p> </td></tr> </table>	<p>EVER USED BUT CURRENTLY NOT USING OR PREGNANT</p> <p><input type="checkbox"/></p> <p>Q438</p>	<p>EVER USED AND CURRENTLY USING (OTHER THAN STERILIZATION)</p> <p><input type="checkbox"/></p>	<p>NEVER USED</p> <p><input type="checkbox"/></p>	<p>WOMAN / MAN STERILIZED</p> <p><input type="checkbox"/></p>	<p>SEC V</p> <p>Q440</p> <p>Q440</p>
<p>EVER USED BUT CURRENTLY NOT USING OR PREGNANT</p> <p><input type="checkbox"/></p> <p>Q438</p>	<p>EVER USED AND CURRENTLY USING (OTHER THAN STERILIZATION)</p> <p><input type="checkbox"/></p>	<p>NEVER USED</p> <p><input type="checkbox"/></p>	<p>WOMAN / MAN STERILIZED</p> <p><input type="checkbox"/></p>			
Q438	<p>आप/आपके पति द्वारा उपयोग की गई अंतिम विधि कौन-सी थी ?</p> <p>What was the last method you/your husband used?</p>	<p>IUD ..... 1</p> <p>ORAL PILLS..... 2</p> <p>CONDOM/NIRODH..... 3</p> <p>RHYTHM/PERIODIC ABSTINENCE ..... 4</p> <p>WITHDRAWAL..... 5</p> <p>OTHER MODERN METHOD ..... 6</p> <p>(SPECIFY)</p> <p>OTHER TRADITIONAL METHOD ..... 7</p> <p>(SPECIFY)</p>				
Q439	<p>उस विधि को छोड़ने का मुख्य कारण क्या था?</p> <p>What was the <u>main</u> reason for discontinuing the use of that method?</p>	<p><b>FERTILITY-RELATED REASON</b></p> <p>WANTED CHILD ..... 01</p> <p>METHOD FAILED/BECAME PREGNANT ..... 02</p> <p><b>SIDE EFFECT - RELATED REASON</b></p> <p>BREAST TENDERNESS..... 03</p> <p>IRREGULAR PERIODS..... 04</p> <p>EXCESSIVE BLEEDING ..... 05</p> <p>SPOTTING ..... 06</p> <p>WHITE DISCHARGE..... 07</p> <p>WEAKNESS/INABILITY TO WORK..... 08</p> <p>BODY ACHE/BACKACHE..... 09</p> <p>CRAMPS ..... 10</p> <p>WEIGHT GAIN..... 11</p> <p>DIZZINESS ..... 12</p> <p>NAUSEA/VOMITING ..... 13</p> <p><b>OTHER REASONS</b></p> <p>SUPPLY NOT AVAILABLE ..... 14</p> <p>DIFFICULT TO GET METHOD ..... 15</p> <p>LACK OF PLEASURE ..... 16</p> <p>METHOD WAS INCONVENIENT ..... 17</p> <p>COST TOO MUCH ..... 18</p> <p>FAMILY/HUSBAND OPPOSED ..... 19</p> <p>NOT HAVING SEX..... 20</p> <p>INFREQUENT SEX ..... 21</p> <p>HUSBAND AWAY ..... 22</p> <p>OTHER ..... 96</p> <p>(SPECIFY)</p>				

Q. NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
Q440	<b>CHECK Q404: PREGNANCY STATUS</b> NOT PREGNANT OR UNSURE <input type="checkbox"/> <div style="text-align: right; margin-right: 100px;">PREGNANT <input type="checkbox"/></div>		SEC V
Q441	<b>CHECK Q405 AND Q406: USING A CONTRACEPTIVE METHOD</b> <div style="display: flex; justify-content: space-around; align-items: flex-start;"> <div style="text-align: center;">             RHYTHM METHOD WITHDRAWAL  <input type="checkbox"/>              ↓  <b>Q442</b> </div> <div style="text-align: center;">             CURRENTLY NOT USING  <input type="checkbox"/> </div> <div style="text-align: center;">             ALL OTHER METHODS  <input type="checkbox"/> </div> </div>		SEC V Q443
Q442	<p>इस समय परिवार नियोजन की किसी आधुनिक विधि का उपयोग नहीं करने का कौन-कौन से मुख्य कारण है ?</p> <p>What is the <u>main</u> reason for currently not using any <b>modern</b> method of family planning?</p>	<b>FERTILITY-RELATED REASON</b> NOT HAVING SEX ..... 01 INFREQUENT SEX ..... 02 HUSBAND AWAY..... 03 MENOPAUSE..... 04 HYSTERECTOMY..... 05 SUBFECUND / INFECUND..... 06 POSTPARTUM AMENORRHOEIC..... 07 BREASTFEEDING ..... 08 UP TO GOD..... 09 <b>OPPOSITION TO USE</b> RESPONDENT OPPOSED..... 10 HUSBAND OPPOSED ..... 11 OTHERS OPPOSED..... 12 RELIGIOUS PROHIBITION..... 13 <b>LACK OF KNOWLEDGE</b> KNOWS NO METHOD ..... 14 KNOWS NO SOURCE ..... 15 <b>METHOD-RELATED REASON</b> HEALTH CONCERNS..... 16 FEAR OF SIDE EFFECTS ..... 17 LACK OF ACCESS/TOO FAR..... 18 COSTS TOO MUCH..... 19 DIFFICULT/INCONVENIENT TO GET METHOD ..... 20 INCONVENIENT TO USE ..... 21 INTERFERES WITH BODY'S NORMAL PROCESSES..... 22 DO NOT LIKE EXISTING METHODS ..... 23 AFRAID OF STERILIZATION..... 24 CAN NOT WORK AFTER STERILIZATION..... 25 OTHER ..... 96 <div style="text-align: center;">(SPECIFY)</div> DON'T KNOW..... 98	



Q. NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
Q443	<p>CURRENTLY NOT USING <input type="checkbox"/></p> <p>क्या किसी ने आपको /आपके पति को परिवार नियोजन की किसी विधि को अपनाने की सलाह दी थी?</p> <p>Did anyone advise you/your husband to adopt any family planning method?</p> <p>Anyone else?</p> <p><b>(RECORD ALL MENTIONED)</b></p>	<p>RHYTHM METHOD AND WITHDRAWAL <input type="checkbox"/></p> <p>क्या किसी ने आपको /आपके पति को परिवार नियोजन की किसी आधुनिक विधि को अपनाने की सलाह दी थी ?</p> <p>Did anyone advise you/your husband to adopt any modern family planning method?</p> <p>YES</p> <p>A. DOCTOR..... 1</p> <p>B. ANM..... 1</p> <p>C. HEALTH WORKER..... 1</p> <p>D. ANGANWADI WORKER..... 1</p> <p>E. ASHA ..... 1</p> <p>F. NGO/CBO..... 1</p> <p>G. HUSBAND/WIFE..... 1</p> <p>H. MOTHER-IN-LAW..... 1</p> <p>I. MOTHER..... 1</p> <p>J. RELATIVE/FRIENDS..... 1</p> <p>K. OTHER ..... 1</p> <p><b>(SPECIFY)</b></p> <p>NO</p> <p>2</p> <p>2</p> <p>2</p> <p>2</p> <p>2</p> <p>2</p> <p>2</p> <p>2</p> <p>2</p> <p>2</p> <p>2</p>	<p>IF 'NO' FOR ALL, GO TO Q445</p>
Q444	<p>आपको उन्होंने कौन-सी विधि अपनाने की सलाह दी थी?</p> <p>What method did she/he advise you to use?</p> <p>Any other?</p> <p><b>(RECORD ALL MENTIONED.)</b></p>	<p>YES</p> <p>A. FEMALE STERILIZATION ..... 1</p> <p>B. MALE STERILIZATION ..... 1</p> <p>C. IUD ..... 1</p> <p>D. DAILY PILLS ..... 1</p> <p>E. WEEKLY PILLS ..... 1</p> <p>F. INJECTABLES ..... 1</p> <p>G. CONDOM/NIRODH ..... 1</p> <p>H. FEMALE CONDOM ..... 1</p> <p>I. RHYTHM/PERIODIC ABSTINENCE... 1</p> <p>J. WITHDRAWAL..... 1</p> <p>K. OTHER ..... 1</p> <p><b>(SPECIFY)</b></p> <p>NO</p> <p>2</p> <p>2</p> <p>2</p> <p>2</p> <p>2</p> <p>2</p> <p>2</p> <p>2</p> <p>2</p> <p>2</p>	
Q445	<p>CURRENTLY NOT USING <input type="checkbox"/></p> <p>क्या भविष्य में आप कभी भी परिवार नियोजन की किसी विधि को अपनाने को इच्छुक हैं ?</p> <p>Do you intend to use any method of family planning at any time in the future?</p>	<p>RHYTHM METHOD AND WITHDRAWAL <input type="checkbox"/></p> <p>क्या भविष्य में आप कभी भी परिवार नियोजन की किसी आधुनिक विधि को अपनाने को इच्छुक हैं ?</p> <p>Do you intend to use any modern method of family planning at any time in the future?</p> <p>YES..... 1</p> <p>NO..... 2</p> <p>NOT YET DECIDED..... 3</p> <p>IN MENOPAUSE..... 4</p> <p>HYSTERECTOMY..... 5</p>	<p>SEC V</p>
Q446	<p>CURRENTLY NOT USING <input type="checkbox"/></p> <p>आप परिवार नियोजन विधि का इस्तेमाल कब से करना चाहेंगी / चाहेंगे ?</p> <p>When do you want to use any family planning method?</p>	<p>RHYTHM METHOD AND WITHDRAWAL <input type="checkbox"/></p> <p>आप आधुनिक परिवार नियोजन विधि का इस्तेमाल कब से करना चाहेंगी / चाहेंगे ?</p> <p>When do you want to use any modern family planning method?</p> <p>WITHIN SIX MONTH..... 1</p> <p>SIX MONTH TO LESS THAN ONE YEAR ..... 2</p> <p>ONE TO LESS THAN TWO YEARS..... 3</p> <p>TWO OR MORE YEARS ..... 4</p> <p>DON'T KNOW /UNDECIDED..... 5</p>	
Q447	<p>आप कौनसी विधि अपनाना पसंद करेंगी / करेंगे?</p> <p>Which method would you prefer to use?</p> <p><b>(CIRCLE ONLY THE MOST PREFERRED METHOD)</b></p>	<p>FEMALE STERILIZATION ..... 01</p> <p>MALE STERILIZATION..... 02</p> <p>IUD/COPPER-T..... 03</p> <p>PILLS..... 04</p> <p>INJECTABLES ..... 05</p> <p>CONDOM/NIRODH..... 06</p> <p>FEMALE CONDOM ..... 07</p> <p>RHYTHM/PERIODIC ABSTINENCE ..... 08</p> <p>WITHDRAWAL..... 09</p> <p>UNDECIDED ..... 10</p> <p>OTHER..... 96</p> <p><b>(SPECIFY)</b></p>	

**भाग-V**  
**प्रजनन स्वास्थ्य**

**SECTION- V**  
**REPRODUCTIVE HEALTH**

A. MENSTRUATION RELATED PROBLEMS																														
Q. NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO																											
Q501	क्या अभी आपको मासिक धर्म हो रहा है? Are you currently menstruating?	YES..... 1 NO..... 2  PREGNANT..... 993 IN AMENORRHOEA ..... 994  IN MENOPAUSE..... 995 HYSTERECTOMY..... 996 NEVER MENSTRUATED ..... 997	   → Q505   → Q506																											
Q502	पिछले तीन महीनों में क्या आपको मासिक-धर्म से संबंधित कोई समस्या हुई थी ? During the last three months did you have any menstruation related problems?	YES..... 1 NO..... 2	→ Q505																											
Q503	आपको कौन-कौन सी समस्याएं हैं /थीं ? What are the problems you have/had?  Any other?  (RECORD ALL MENTIONED)	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>A. NO PERIODS .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>B. PAINFUL PERIODS .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>C. FREQUENT OR SHORT PERIODS.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>D. IRREGULAR PERIODS .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>E. PROLONGED BLEEDING.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>F. SCANTY BLEEDING .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>G. INTER-MENSTRUAL BLEEDING .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>H. BLOOD CLOTS/EXCESSIVE BLEEDING...</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	A. NO PERIODS .....	1	2	B. PAINFUL PERIODS .....	1	2	C. FREQUENT OR SHORT PERIODS.....	1	2	D. IRREGULAR PERIODS .....	1	2	E. PROLONGED BLEEDING.....	1	2	F. SCANTY BLEEDING .....	1	2	G. INTER-MENSTRUAL BLEEDING .....	1	2	H. BLOOD CLOTS/EXCESSIVE BLEEDING...	1	2	
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H. BLOOD CLOTS/EXCESSIVE BLEEDING...	1	2																												
Q504	आपको यह समस्याएं कब से है /थीं ? Since how long do/did you have these problems?	MONTHS ..... <div style="display: inline-block; width: 40px; height: 20px; border: 1px solid black; vertical-align: middle;"></div> <div style="display: inline-block; width: 40px; height: 20px; border: 1px solid black; vertical-align: middle;"></div> <b>(LESS THAN 1 MONTH RECORD "00")</b> 8 AND MORE YEARS ..... 96 DO NOT REMEMBER ..... 98																												
Q505	माहवारी के समय औरतें खून के धब्बे न दिखाई दे जिससे बचाव के लिए विभिन्न पद्धतियों का प्रयोग करती हैं। आप इसके लिए क्या इस्तेमाल करती हैं?  Women use different methods of protection during menstrual period to prevent bloodstains from becoming evident. What do you use for this? जाँच करें : अन्य कुछ? PROBE: Anything else?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>A. USE CLOTH .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>B. LOCALLY PREPARED NAPKINS.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>C. USE SANITARY NAPKINS.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>D. USE NOTHING.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>E. OTHER..... (SPECIFY)</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	A. USE CLOTH .....	1	2	B. LOCALLY PREPARED NAPKINS.....	1	2	C. USE SANITARY NAPKINS.....	1	2	D. USE NOTHING.....	1	2	E. OTHER..... (SPECIFY)	1	2										
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B. REPRODUCTIVE TRACT INFECTION (RTI) /SEXUALLY TRANSMITTED INFECTION (STI)																																																															
Q. NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO																																																												
Q506	<p>क्या आपने कभी भी जननमार्ग की बीमारियों (आरटीआइ)/ संभोग से फैलनेवाली बीमारियों (एसटीआइ) के बारे में सुना है?</p> <p>Have you ever heard of an illness called Reproductive Tract Infection (RTI)/ Sexually Transmitted Infection (STI)?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	→ Q509																																																												
Q507	<p>सूचना के किन स्रोतों या व्यक्तियों से आपने जननमार्ग, यौन संबंधित बीमारियों (आरटीआइ) संभोग से फैलने वाली बीमारियों (एसटीआइ) के बारे में सुना है या पढ़ा है ?</p> <p>From which sources of information have you heard/read about RTI/STI?</p> <p>अन्य कोई स्रोत?</p> <p>Any other source?</p> <p><b>(RECORD ALL MENTIONED)</b></p>	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr><td>A. RADIO .....</td><td>1</td><td>2</td></tr> <tr><td>B. TELEVISION .....</td><td>1</td><td>2</td></tr> <tr><td>C. CINEMA .....</td><td>1</td><td>2</td></tr> <tr><td>D. NEWS PAPERS/BOOKS/ MAGAZINES .....</td><td>1</td><td>2</td></tr> <tr><td>E. SLOGANS/PAMPHLETS/ POSTERS/ WALL HOARDINGS .....</td><td>1</td><td>2</td></tr> <tr><td>F. DOCTOR .....</td><td>1</td><td>2</td></tr> <tr><td>G. HEALTH WORKERS .....</td><td>1</td><td>2</td></tr> <tr><td>H. ASHA .....</td><td>1</td><td>2</td></tr> <tr><td>I. ADULT EDUC. PROGRAMME .....</td><td>1</td><td>2</td></tr> <tr><td>J. RELIGIOUS LEADERS.....</td><td>1</td><td>2</td></tr> <tr><td>K. POLITICAL LEADERS.....</td><td>1</td><td>2</td></tr> <tr><td>L. SCHOOL/ TEACHERS .....</td><td>1</td><td>2</td></tr> <tr><td>M. HUSBAND .....</td><td>1</td><td>2</td></tr> <tr><td>N. COMMUNITY MEETINGS.....</td><td>1</td><td>2</td></tr> <tr><td>O. RELATIVES/FRIENDS.....</td><td>1</td><td>2</td></tr> <tr><td>P. WORK PLACE .....</td><td>1</td><td>2</td></tr> <tr><td>Q. EXHIBITION/ MELA .....</td><td>1</td><td>2</td></tr> <tr><td>R. OTHER.....</td><td>1</td><td>2</td></tr> <tr><td colspan="3" style="text-align: center;"><b>(SPECIFY)</b></td></tr> </tbody> </table>		YES	NO	A. RADIO .....	1	2	B. TELEVISION .....	1	2	C. CINEMA .....	1	2	D. NEWS PAPERS/BOOKS/ MAGAZINES .....	1	2	E. SLOGANS/PAMPHLETS/ POSTERS/ WALL HOARDINGS .....	1	2	F. DOCTOR .....	1	2	G. HEALTH WORKERS .....	1	2	H. ASHA .....	1	2	I. ADULT EDUC. PROGRAMME .....	1	2	J. RELIGIOUS LEADERS.....	1	2	K. POLITICAL LEADERS.....	1	2	L. SCHOOL/ TEACHERS .....	1	2	M. HUSBAND .....	1	2	N. COMMUNITY MEETINGS.....	1	2	O. RELATIVES/FRIENDS.....	1	2	P. WORK PLACE .....	1	2	Q. EXHIBITION/ MELA .....	1	2	R. OTHER.....	1	2	<b>(SPECIFY)</b>			
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Q508	<p>इन बीमारियों (आरटीआइ/एसटीआइ) का फैलाव कैसे होता है ?</p> <p>How is RTI/STI transmitted?</p> <p>Any other?</p> <p><b>(RECORD ALL MENTIONED)</b></p>	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr><td>A. UNSAFE DELIVERY .....</td><td>1</td><td>2</td></tr> <tr><td>B. UNSAFE ABORTION .....</td><td>1</td><td>2</td></tr> <tr><td>C. UNSAFE IUD INSERTION.....</td><td>1</td><td>2</td></tr> <tr><td>D. UNSAFE SEX WITH HOMOSEXUALS.....</td><td>1</td><td>2</td></tr> <tr><td>E. UNSAFE SEX WITH PERSONS WHO HAVE MANY PARTNERS .....</td><td>1</td><td>2</td></tr> <tr><td>F. UNSAFE SEX WITH SEX WORKERS.....</td><td>1</td><td>2</td></tr> <tr><td>G. OTHER.....</td><td>1</td><td>2</td></tr> <tr><td colspan="3" style="text-align: center;"><b>(SPECIFY)</b></td></tr> <tr><td>H. DO NOT KNOW .....</td><td>1</td><td>2</td></tr> </tbody> </table>		YES	NO	A. UNSAFE DELIVERY .....	1	2	B. UNSAFE ABORTION .....	1	2	C. UNSAFE IUD INSERTION.....	1	2	D. UNSAFE SEX WITH HOMOSEXUALS.....	1	2	E. UNSAFE SEX WITH PERSONS WHO HAVE MANY PARTNERS .....	1	2	F. UNSAFE SEX WITH SEX WORKERS.....	1	2	G. OTHER.....	1	2	<b>(SPECIFY)</b>			H. DO NOT KNOW .....	1	2																															
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Q509	<p>पिछले तीन महीनों के दौरान क्या आपको कोई अस्वाभाविक योनि स्राव हुआ ?</p> <p>During the last three months did you have any abnormal vaginal discharge?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	→ Q515																																																												
Q510	<p>क्या आपके जांघिया या अंदर का कपड़ा स्राव से भीग जाता है /था या दाग लग जाता है /था ?</p> <p>Does/did it wet or stain your under clothes?</p>	<p>YES ..... 1</p> <p>NO..... 2</p>																																																													

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Q511	उस स्राव का रंग क्या है / था ? What is/was the colour of that discharge?	COLOURLESS ..... 1 WHITE..... 2 GREEN ..... 3 YELLOWISH ..... 4 BLOOD STAINED..... 5 DON'T KNOW..... 8																															
Q512	स्राव का प्रकार कैसा है / था ? What is/was the texture of that discharge?	STICKY MUCOID ..... 1 FROTHY ..... 2 CURDISH..... 3 PUS LIKE (PURULENT) ..... 4 DON'T KNOW..... 8																															
Q513	स्राव की गंध कैसी है / थी ? What is/was the odour of that discharge?	FOUL..... 1 NONE ..... 2																															
Q514	आपको यह समस्या कबसे है ? How long have you been having this problem?	WEEKS..... <table><tr><td>1</td><td></td><td></td></tr></table> MONTHS ..... <table><tr><td>2</td><td></td><td></td></tr></table> YEARS..... <table><tr><td>3</td><td></td><td></td></tr></table> DO NOT REMEMBER ..... 998 <b>(LESS THAN 1 MONTH RECORD WEEKS IF LESS THAN 2 YEAR RECORD MONTHS, IF 2 OR MORE YEARS RECORD YEARS)</b>	1			2			3																								
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Q515	पिछले तीन महीनों के दौरान आपको निम्नलिखित समस्याएं हुईं / हुई थीं ? During the last three months did you have any of the following problems?  A. योनि के आस-पास खुजली /Itching or irritation over vulva B. योनि के आस-पास फोड़ा, फुंसी /Boils/ulcers/warts around vulva C. पेट के नीचले हिस्से में दर्द जो माहवारी से संबंधित न हो/ Pain in lower abdomen not related to menses D. पेशाब/मलहरण के समय दर्द /Pain during urination or defecation E. उरुसंधि (काछ) में सूजन /Swelling in the groin F. योनि के आस-पास दर्दनाक छाला/फफोला पड़ना/Painful blister like lesions in and around vagina G. कमर के नीचले हिस्से में दर्द /Low backache <b>(ASK ONLY TO CURRENTLY MARRIED WOMEN)</b> H. संभोग के दौरान दर्द /Pain during sexual intercourse I. संभोग के बाद थोड़ा खून आना/Spotting after sexual intercourse	<table><thead><tr><th></th><th>YES</th><th>NO</th></tr></thead><tbody><tr><td>A. ITCHING OR IRRITATION OVER VULVA.....</td><td>1</td><td>2</td></tr><tr><td>B. BOILS/ULCERS/WARTS AROUND VULVA ..</td><td>1</td><td>2</td></tr><tr><td>C. PAIN IN LOWER ABDOMEN NOT RELATED TO MENSES .....</td><td>1</td><td>2</td></tr><tr><td>D. PAIN DURING URINATION OR DEFECATION.....</td><td>1</td><td>2</td></tr><tr><td>E. SWELLING IN THE GROIN.....</td><td>1</td><td>2</td></tr><tr><td>F. PAINFUL BLISTER LIKE LESIONS IN AND AROUND VAGINA .....</td><td>1</td><td>2</td></tr><tr><td>G. LOW BACKACHE .....</td><td>1</td><td>2</td></tr><tr><td>H. PAIN DURING SEXUAL INTERCOURSE.....</td><td>1</td><td>2</td></tr><tr><td>I. SPOTTING AFTER SEXUAL INTERCOURSE .....</td><td>1</td><td>2</td></tr></tbody></table>		YES	NO	A. ITCHING OR IRRITATION OVER VULVA.....	1	2	B. BOILS/ULCERS/WARTS AROUND VULVA ..	1	2	C. PAIN IN LOWER ABDOMEN NOT RELATED TO MENSES .....	1	2	D. PAIN DURING URINATION OR DEFECATION.....	1	2	E. SWELLING IN THE GROIN.....	1	2	F. PAINFUL BLISTER LIKE LESIONS IN AND AROUND VAGINA .....	1	2	G. LOW BACKACHE .....	1	2	H. PAIN DURING SEXUAL INTERCOURSE.....	1	2	I. SPOTTING AFTER SEXUAL INTERCOURSE .....	1	2	IF "NO" FOR ALL, GO TO Q520
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Q516	आपको यह समस्या कबसे है /थी? Since how long do/did you have these problems?	<div> <div>1</div> <div></div> <div></div> </div> WEEKS..... <div> <div>2</div> <div></div> <div></div> </div> MONTHS ..... <div> <div>3</div> <div></div> <div></div> </div> YEARS..... DO NOT REMEMBER ..... 998 (LESS THAN 1 MONTH RECORD WEEKS IF LESS THAN 2 YEARS RECORD MONTHS, IF 2 OR MORE YEARS RECORD YEARS)																																																																
Q517	क्या आपने इस समस्या के बारे में पति /साथी से बातचीत की? Did you discuss about these problems with your husband/partner?	YES..... 1 NO ..... 2																																																																
Q518	इस समस्या के लिए क्या आपने किसीसे सलाह ली या इलाज करवाया ? Did you consult anybody or seek treatment for these problems?	YES..... 1 NO ..... 2 →	Q520																																																															
Q519	इस समस्या के लिए सलाह लेने या इलाज करने के लिए आप कहां गयीं ?  Where did you go for consultation or treatment for your problems?    Anywhere else?  (RECORD ALL MENTIONED)	<b>GOVERNMENT</b> <table> <tr> <th></th><th>YES</th><th>NO</th></tr> <tr><td>A. SUB CENTRE .....</td><td>1</td><td>2</td></tr> <tr><td>B. PHC .....</td><td>1</td><td>2</td></tr> <tr><td>C. CHC .....</td><td>1</td><td>2</td></tr> <tr><td>D. UHC/UHP/UFWC .....</td><td>1</td><td>2</td></tr> <tr><td>E. DISPENSARY/CLINIC .....</td><td>1</td><td>2</td></tr> <tr><td>F. HOSPITAL .....</td><td>1</td><td>2</td></tr> <tr><td>G. AYUSH HOSPITAL/CLINIC .....</td><td>1</td><td>2</td></tr> <tr><td>H. VCTC/ICTC .....</td><td>1</td><td>2</td></tr> <tr><td>I. RTI/STI CLINIC .....</td><td>1</td><td>2</td></tr> <tr><td>J. OTHER PUBLIC MEDICAL SECTOR .....</td><td>1</td><td>2</td></tr> </table> <b>PRIVATE</b> <table> <tr><td>K. DISPENSARY/ CLINIC .....</td><td>1</td><td>2</td></tr> <tr><td>L. HOSPITAL .....</td><td>1</td><td>2</td></tr> <tr><td>M. AYUSH HOSPITAL/CLINIC .....</td><td>1</td><td>2</td></tr> <tr><td>N. NGO/TRUST HOSPITAL/CLINIC .....</td><td>1</td><td>2</td></tr> <tr><td>O. RTI/STI CLINIC .....</td><td>1</td><td>2</td></tr> <tr><td>P. OUT REACH/ MCP CAMP IN VILLAGE ....</td><td>1</td><td>2</td></tr> <tr><td>Q. CHEMIST/MEDICAL SHOP.....</td><td>1</td><td>2</td></tr> <tr><td>R. HOME REMEDY .....</td><td>1</td><td>2</td></tr> <tr><td>S. TRADITIONAL HEALER .....</td><td>1</td><td>2</td></tr> <tr><td>T. OTHER .....</td><td>1</td><td>2</td></tr> </table> (SPECIFY)		YES	NO	A. SUB CENTRE .....	1	2	B. PHC .....	1	2	C. CHC .....	1	2	D. UHC/UHP/UFWC .....	1	2	E. DISPENSARY/CLINIC .....	1	2	F. HOSPITAL .....	1	2	G. AYUSH HOSPITAL/CLINIC .....	1	2	H. VCTC/ICTC .....	1	2	I. RTI/STI CLINIC .....	1	2	J. OTHER PUBLIC MEDICAL SECTOR .....	1	2	K. DISPENSARY/ CLINIC .....	1	2	L. HOSPITAL .....	1	2	M. AYUSH HOSPITAL/CLINIC .....	1	2	N. NGO/TRUST HOSPITAL/CLINIC .....	1	2	O. RTI/STI CLINIC .....	1	2	P. OUT REACH/ MCP CAMP IN VILLAGE ....	1	2	Q. CHEMIST/MEDICAL SHOP.....	1	2	R. HOME REMEDY .....	1	2	S. TRADITIONAL HEALER .....	1	2	T. OTHER .....	1	2	
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<b>C. AWARENESS OF HUMAN IMMUNODEFICIENCY VIRUS (HIV)/ ACQUIRED IMMUNODEFICIENCY SYNDROME (AIDS)</b>																																																																		
Q520	क्या आपने एच आइ वी/एड्स नामक बीमारी के बारे में सुना है ? Have you ever heard of Human Immunodeficiency Virus (HIV)/ Acquired Immunodeficiency Syndrome (AIDS)?	YES ..... 1 NO ..... 2 →	END																																																															

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Q521	<p>सूचना के किन स्रोतों से या व्यक्तियों से आपने एचआइवी/एड्स के बारे में सुना है । From which sources of information have you heard/read about HIV/AIDS?</p> <p>अन्य कोई स्रोत ? Any other source?</p> <p><b>(RECORD ALL MENTIONED)</b></p>	<table><thead><tr><th></th><th>YES</th><th>NO</th></tr></thead><tbody><tr><td>A. RADIO .....</td><td>1</td><td>2</td></tr><tr><td>B. TELEVISION .....</td><td>1</td><td>2</td></tr><tr><td>C. CINEMA .....</td><td>1</td><td>2</td></tr><tr><td>D. NEWS PAPERS/BOOKS/ MAGAZINES.....</td><td>1</td><td>2</td></tr><tr><td>E. SLOGANS/PAMPHLETS/ POSTERS/ WALL HOARDINGS.....</td><td>1</td><td>2</td></tr><tr><td>F. DOCTOR.....</td><td>1</td><td>2</td></tr><tr><td>G. HEALTH WORKERS .....</td><td>1</td><td>2</td></tr><tr><td>H. ASHA.....</td><td>1</td><td>2</td></tr><tr><td>I. ADULT EDUC. PROGRAMME.....</td><td>1</td><td>2</td></tr><tr><td>J. RELIGIOUS LEADERS .....</td><td>1</td><td>2</td></tr><tr><td>K. POLITICAL LEADERS.....</td><td>1</td><td>2</td></tr><tr><td>L. SCHOOL/ TEACHERS.....</td><td>1</td><td>2</td></tr><tr><td>M. HUSBAND.....</td><td>1</td><td>2</td></tr><tr><td>N. COMMUNITY MEETINGS.....</td><td>1</td><td>2</td></tr><tr><td>O. RELATIVES/FRIENDS.....</td><td>1</td><td>2</td></tr><tr><td>P. WORK PLACE.....</td><td>1</td><td>2</td></tr><tr><td>Q. EXHIBITION/ MELA .....</td><td>1</td><td>2</td></tr><tr><td>R. OTHER.....</td><td>1</td><td>2</td></tr><tr><td colspan="3"><b>(SPECIFY)</b></td></tr></tbody></table>		YES	NO	A. RADIO .....	1	2	B. TELEVISION .....	1	2	C. CINEMA .....	1	2	D. NEWS PAPERS/BOOKS/ MAGAZINES.....	1	2	E. SLOGANS/PAMPHLETS/ POSTERS/ WALL HOARDINGS.....	1	2	F. DOCTOR.....	1	2	G. HEALTH WORKERS .....	1	2	H. ASHA.....	1	2	I. ADULT EDUC. PROGRAMME.....	1	2	J. RELIGIOUS LEADERS .....	1	2	K. POLITICAL LEADERS.....	1	2	L. SCHOOL/ TEACHERS.....	1	2	M. HUSBAND.....	1	2	N. COMMUNITY MEETINGS.....	1	2	O. RELATIVES/FRIENDS.....	1	2	P. WORK PLACE.....	1	2	Q. EXHIBITION/ MELA .....	1	2	R. OTHER.....	1	2	<b>(SPECIFY)</b>			
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N. COMMUNITY MEETINGS.....	1	2																																																													
O. RELATIVES/FRIENDS.....	1	2																																																													
P. WORK PLACE.....	1	2																																																													
Q. EXHIBITION/ MELA .....	1	2																																																													
R. OTHER.....	1	2																																																													
<b>(SPECIFY)</b>																																																															
Q522	<p>एचआइ वी/एड्स का फैलाव कैसे होता है ? How is HIV/AIDS transmitted?</p> <p>Any other?</p> <p><b>(RECORD ALL MENTIONED)</b></p>	<table><thead><tr><th></th><th>YES</th><th>NO</th></tr></thead><tbody><tr><td>A. UNSAFE SEX WITH HOMOSEXUALS .....</td><td>1</td><td>2</td></tr><tr><td>B. UNSAFE SEX WITH PERSONS WHO HAVE MANY PARTNERS .....</td><td>1</td><td>2</td></tr><tr><td>C. UNSAFE SEX WITH SEX WORKERS.....</td><td>1</td><td>2</td></tr><tr><td>D. UNPROTECTED SEX WITH HIV/AIDS PERSON .....</td><td>1</td><td>2</td></tr><tr><td>E. INFECTED MOTHER TO CHILD .....</td><td>1</td><td>2</td></tr><tr><td>F. TRANSFUSION OF INFECTED BLOOD .....</td><td>1</td><td>2</td></tr><tr><td>G. SHARING OF INJECTION NEEDLES.....</td><td>1</td><td>2</td></tr><tr><td>H. OTHER .....</td><td>1</td><td>2</td></tr><tr><td colspan="3"><b>(SPECIFY)</b></td></tr><tr><td>I. DO NOT KNOW .....</td><td>1</td><td>2</td></tr></tbody></table>		YES	NO	A. UNSAFE SEX WITH HOMOSEXUALS .....	1	2	B. UNSAFE SEX WITH PERSONS WHO HAVE MANY PARTNERS .....	1	2	C. UNSAFE SEX WITH SEX WORKERS.....	1	2	D. UNPROTECTED SEX WITH HIV/AIDS PERSON .....	1	2	E. INFECTED MOTHER TO CHILD .....	1	2	F. TRANSFUSION OF INFECTED BLOOD .....	1	2	G. SHARING OF INJECTION NEEDLES.....	1	2	H. OTHER .....	1	2	<b>(SPECIFY)</b>			I. DO NOT KNOW .....	1	2																												
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Q523	<p>क्या आप ऐसा सोचते हैं कि एच आइ वी /एड्स पीड़ित व्यक्तियों के साथ हाथ मिलाने से, हाथ मिलाने वाले को एच आइ वी /एड्स हो सकता है ? Do you think that one can get HIV /AIDS by SHAKING HAND with a person who has HIV /AIDS?</p>	<p>YES..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>																																																													
Q524	<p>क्या आप ऐसा सोचते हैं कि एच आइ वी /एड्स पीड़ित व्यक्तियों के साथ गले मिलने से गले मिलाने वाले व्यक्ति को एच आइ वी /एड्स हो सकता है ? Do you think that one can get HIV /AIDS by HUGGING a person who has HIV /AIDS?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>																																																													
Q525	<p>क्या आप ऐसा सोचते हैं कि एच आइ वी /एड्स पीड़ित व्यक्तियों को चुंबन लेने से चुंबन लेने वाले व्यक्ति को एच आइ वी /एड्स हो सकता है ? Do you think that one can get HIV /AIDS by KISSING a person who has HIV /AIDS?</p>	<p>YES..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>																																																													

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Q526	क्या आप ऐसा सोचते हैं कि एच आइ वी /एड्स पीड़ित रोगी के कपड़ों का उपयोग करने से व्यक्तियों को एच आइ वी /एड्स हो सकता है? Do you think that one can get HIV /AIDS by SHARING CLOTHES with a person who has HIV /AIDS?	YES..... 1 NO ..... 2 DON'T KNOW ..... 8																																																				
Q527	क्या आप ऐसा सोचते हैं कि एच.आई वी /एड्स पीड़ित रोगी के साथ खाना खाने से एड्स हो सकता है ? Do you think that one can get HIV /AIDS by SHARING FOOD with a person who has HIV /AIDS?	YES..... 1 NO ..... 2 DON'T KNOW ..... 8																																																				
Q528	क्या आप ऐसा सोचते हैं कि एच आइ वी /एड्स पीड़ित रोगी के मल-मूत्र पर पैर रखने से व्यक्ति को एच आइ वी /एड्स हो सकता है ? Do you think that one can get HIV /AIDS by STEPPING ON URINE/STOOL OF SOMEONE who has HIV/AIDS?	YES..... 1 NO ..... 2 DON'T KNOW ..... 8																																																				
Q529	क्या आप ऐसा सोचते हैं कि मच्छर, मकखी (पीस्सू), या खट मल के काटने से व्यक्तियों को एच आइ वी /एड्स हो सकता है ? Do you think that one can get HIV/AIDS from Mosquito, Flea or Bedbug Bites?	YES..... 1 NO ..... 2 DON'T KNOW ..... 8																																																				
Q530	क्या कोई ऐसा उपाय है जिससे व्यक्ति एच आइ वी/एड्स होने की संभावना को टाल या कम कर सकता हैं? Is there anything else a person can do to avoid or reduce the chances of getting HIV /AIDS?  कोई अन्य? Any other?  (RECORD ALL MENTIONED)	<table><thead><tr><th></th><th>YES</th><th>NO</th></tr></thead><tbody><tr><td>A. ABSTAIN FROM SEX .....</td><td>1</td><td>2</td></tr><tr><td>B. USING CONDOMS CORRECTLY DURING EACH SEXUAL INTERCOURSE...</td><td>1</td><td>2</td></tr><tr><td>C. LIMIT SEX WITH ONE PARTNER/ STAY FAITHFUL TO ONE PARTNER .....</td><td>1</td><td>2</td></tr><tr><td>D. LIMIT NUMBER OF SEXUAL PARTNERS ..</td><td>1</td><td>2</td></tr><tr><td>E. AVOID SEX WITH SEX WORKERS .....</td><td>1</td><td>2</td></tr><tr><td>F. AVOID SEX WITH PERSONS WHO HAVE MANY PARTNERS .....</td><td>1</td><td>2</td></tr><tr><td>G. AVOID SEX WITH HOMOSEXUALS .....</td><td>1</td><td>2</td></tr><tr><td>H. AVOID SEX WITH PERSONS WHO INJECT DRUGS .....</td><td>1</td><td>2</td></tr><tr><td>I. USE TESTED BLOOD .....</td><td>1</td><td>2</td></tr><tr><td>J. USE ONLY NEW/STERILIZED NEEDLES...</td><td>1</td><td>2</td></tr><tr><td>K. AVOID IV DRIP .....</td><td>1</td><td>2</td></tr><tr><td>L. AVOID SHARING RAZORS/BLADES .....</td><td>1</td><td>2</td></tr><tr><td>M. AVOID PREGNANCY WHEN HAVING HIV / AIDS .....</td><td>1</td><td>2</td></tr><tr><td>N. OTHER.....</td><td>1</td><td>2</td></tr><tr><td colspan="3">(SPECIFY)</td></tr><tr><td>O. DON'T KNOW .....</td><td>1</td><td>2</td></tr></tbody></table>		YES	NO	A. ABSTAIN FROM SEX .....	1	2	B. USING CONDOMS CORRECTLY DURING EACH SEXUAL INTERCOURSE...	1	2	C. LIMIT SEX WITH ONE PARTNER/ STAY FAITHFUL TO ONE PARTNER .....	1	2	D. LIMIT NUMBER OF SEXUAL PARTNERS ..	1	2	E. AVOID SEX WITH SEX WORKERS .....	1	2	F. AVOID SEX WITH PERSONS WHO HAVE MANY PARTNERS .....	1	2	G. AVOID SEX WITH HOMOSEXUALS .....	1	2	H. AVOID SEX WITH PERSONS WHO INJECT DRUGS .....	1	2	I. USE TESTED BLOOD .....	1	2	J. USE ONLY NEW/STERILIZED NEEDLES...	1	2	K. AVOID IV DRIP .....	1	2	L. AVOID SHARING RAZORS/BLADES .....	1	2	M. AVOID PREGNANCY WHEN HAVING HIV / AIDS .....	1	2	N. OTHER.....	1	2	(SPECIFY)			O. DON'T KNOW .....	1	2	
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Q531	क्या आप ऐसे किसी स्थान को जानते हैं जहां पर एच आइ वी/एड्स की जांच कराने के लिए लोग जा सकते हैं? Do you know a place where people can go to get tested for HIV /AIDS?	YES..... 1 NO ..... 2	→ Q533																																																			

Q. NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
Q532	<p>वह स्थान कहाँ पर है?</p> <p>Where is that?</p> <p>कोई अन्य स्थान?</p> <p>Any other place?</p> <p>IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTRE, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(स्थान /स्थानों के नाम )</p> <p>(NAME OF PLACE (S))</p> <p>(RECORD ALL MENTIONED)</p>	<p><b>GOVERNMENT</b></p> <p><b>YES NO</b></p> <p>A. SUB CENTRE ..... 1 2</p> <p>B. PHC ..... 1 2</p> <p>C. CHC ..... 1 2</p> <p>D. UHC/UHP/UFWC ..... 1 2</p> <p>E. DISPENSARY/CLINIC ..... 1 2</p> <p>F. HOSPITAL ..... 1 2</p> <p>G. AYUSH HOSPITAL/CLINIC ..... 1 2</p> <p>H. VCTC/ICTC ..... 1 2</p> <p>I. RTI/STI CLINIC ..... 1 2</p> <p>J. OTHER PUBLIC MEDICAL SECTOR ..... 1 2</p> <p><b>PRIVATE</b></p> <p>K. DISPENSARY/ CLINIC ..... 1 2</p> <p>L. HOSPITAL ..... 1 2</p> <p>M. AYUSH HOSPITAL/CLINIC ..... 1 2</p> <p>N. NGO/TRUST HOSPITAL/CLINIC ..... 1 2</p> <p>O. RTI/STI CLINIC ..... 1 2</p> <p>P. OUT REACH/ MCP CAMP IN VILLAGE .... 1 2</p> <p>Q. CHEMIST/MEDICAL SHOP ..... 1 2</p> <p>R. HOME REMEDY..... 1 2</p> <p>S. TRADITIONAL HEALER ..... 1 2</p> <p>T. OTHER ..... 1 2</p> <p>(SPECIFY)</p>	
Q533	<p>मैं परिणाम नहीं जानना चाहती हूँ, लेकिन क्या कभी आपकी एच आइ वी/एड्स की जांच की गई है?</p> <p>I don't want to know the results, but have you undergone HIV /AIDS test?</p>	<p>YES ..... 1</p> <p>NO..... 2</p>	<p>→ End</p>
Q534	<p>आखरी बार आपकी जाँच कब की गई थी ?</p> <p>When was the last time you tested?</p>	<p>LESS THAN 12 MONTHS AGO ..... 1</p> <p>12-23 MONTHS AGO ..... 2</p> <p>2 OR MORE YEARS AGO..... 3</p>	

**NOTE: BEFORE LEAVING, ENSURE THAT ALL SECTIONS ARE FILLED CORRECTLY AND LOCK THE CAPI MACHINE.  
THANK THE RESPONDENT.**