

NATIONAL FAMILY HEALTH SURVEY 2015-16 (NFHS-4)

INTERVIEWER'S MANUAL

December 2014



(स्थापना / Established in 1956)
बेहतर भविष्य के लिए क्षमता निर्माण
Capacity Building for a Better Future

International Institute for Population Sciences
Govandi Station Road
Deonar, Mumbai-400 088.

TABLE OF CONTENTS

I. INTRODUCTION	1
A. Survey Objectives	1
B. NFHS-4 Sample	2
C. Survey Organization	3
D. Survey Questionnaires	4
E. Interviewer's Role	5
F. Training of Interviewers	5
G. Supervision of Interviewers	6
H. NFHS-4 Regulations	6
I. Sexual Harassment	7
II. CONDUCTING AN INTERVIEW	8
A. Building Rapport with the Respondent	8
B. Tips for Conducting the Interview	9
C. Language of the Interview	11
III. FIELDWORK PROCEDURES	12
A. Preparatory Activities	12
B. Contacting Households and Eligible Respondents	13
C. Checking Completed Questionnaires	16
D. Returning Work Assignments	16
E. Data Quality	16
IV. GENERAL PROCEDURES FOR COMPLETING THE QUESTIONNAIRE	17
A. Asking Questions	17
B. Recording Responses	19
C. Correcting Mistakes	21
D. Following Instructions	21
V. HOUSEHOLD QUESTIONNAIRE	23
A. Identification of Household on the Cover Page	23
B. Completing the Household Questionnaire	23
C. Return to Cover Page	38
VI. BIOMARKER QUESTIONNAIRE	41
VII. WOMAN'S QUESTIONNAIRE	42
A. Cover Page	42
B. Section 1: Respondent's Background	43
C. Section 2: Reproduction	52
D. Section 3A: Marriage and Cohabitation	64
E. Section 3B: Contraception	67
F. Section 3C: Contacts with Community Health Workers	75
G. Section 4: Pregnancy, Delivery, Postnatal Care, and Children's Nutrition	77
H. Section 5: Child Immunizations and Health	88
I. Section 5A: Utilization of ICDS Services	94
J. Section 6: Fertility Preferences	96
K. Section 7: Other Health Issues	100
L. Section 8: Sexual Life	102
M. Section 9: Husband's Background and Woman's Work	105
N. Section 10: HIV/AIDS and Other Sexually Transmitted Infections	109
O. Section 11: Household Relations	113
P. Interviewer's Observations	120
Q. Calendar	120

VIII. MAN'S QUESTIONNAIRE	139
A. Section 1: Respondent's Background	140
B. Section 2A: Reproduction.....	140
C. Section 2B: Marriage and Cohabitation.....	141
D. Section 3: Contraception and Male Involvement	141
E. Section 4: Fertility Preferences	142
F. Section 5: Sexual Life	142
G. Section 6: Other Health Issues.....	142
H. Section 7: Attitudes Towards Gender Roles.....	143
I. Section 8: HIV/AIDS and Other Sexually Transmitted Infections	143

I. INTRODUCTION

The National Family Health Survey (NFHS)-4 2014-2015 is a national sample survey designed to provide information on population, family planning, maternal and child health, child survival, HIV/AIDS and sexually transmitted infections (STIs), reproductive health, and nutrition in India. NFHS-4 will involve interviewing randomly selected women age 15-49 years and a sub-sample of men age 15-54 years. These respondents will be asked questions about their background, the children they have given birth to, their knowledge and use of family planning methods, the health of their children, their awareness of HIV/AIDS and sexually transmissible diseases, and other information that will be helpful to policy makers and administrators in health and family planning fields.

You are being trained as an interviewer for NFHS-4. After the training course, which will take about four weeks to complete, selected interviewers will be working in teams and going to different parts of the country to interview households and, women and men in these households. This is called fieldwork. Depending on the areas assigned to your team and on how well you perform the tasks given to you, you may be working on NFHS-4 for up to six months. However, we have recruited more interviewers to participate in the training course than are needed to do the work, and at the end of the course, we will be selecting the best qualified among you to work as interviewers. Those not selected may be retained as alternates.

During the training course, you will listen to lectures about how to fill in the questionnaires correctly. You will also conduct practice interviews with other trainees and with respondents. You will be given periodic tests, and the questionnaires that you complete will be edited to check for completeness and accuracy.

You should study this manual and learn its contents since this will reduce the amount of time needed for training and will improve your chances of being selected as an interviewer.

A. Survey Objectives

Each successive round of the NFHS has had two specific goals: a) to provide essential data on health and family welfare needed by the Ministry of Health and Family Welfare and other agencies for policy and programme purposes, and b) to provide information on important emerging health and family welfare issues. To meet the first of these two aims, NFHS-4, like NFHS-1, NFHS-2, and NFHS-3, will:

- Provide estimates of the levels of fertility, infant and child mortality, and other health and family welfare indicators by background characteristics at the national and state levels; and
- Measure trends in health and family welfare indicators over time at the national and state levels.

Similar to the NFHS-3, NFHS-4 will also provide information on several other emerging issues including:

- perinatal mortality, adolescent reproductive health, high-risk sexual behaviour, safe injections, tuberculosis, and malaria interventions;
- health and family welfare conditions among slum dwellers;
- non-communicable diseases;
- use of emergency contraception; and
- HIV prevalence for adult women and men at the national level and for several groups of states/union territories (UTs) including high HIV prevalence states. As in NFHS-3, the HIV

prevalence estimates from the survey will be used to calibrate the HIV estimates that are based on sentinel surveillance data.

In addition to these similarities, the scope of NFHS-4 has been greatly expanded over NFHS-3:

- In addition to the 29 states, NFHS-4 will also include all six UTs for the first time. Also for the first time, NFHS-4 will provide estimates of most indicators at the district level for all 640 districts in the country as of the 2011 census. The sample has been designed to provide information on sexual behaviour; HIV/AIDS knowledge, attitudes and behaviour; life-style indicators; other health issues; and domestic violence only at the state level and the national level, while most other indicators will also be reported at the district level. Indicators will also be provided separately for slum and non-slum areas in the same eight cities which reported slum and non-slum estimates in NFHS-3.
- NFHS-4 will provide information on HIV prevalence for women age 15-49 and men age 15-54 at the national level and overall state-level estimates for 11 groups of states/UTs. As was done in NFHS-3, blood samples will be collected from women and men in the form of dried blood spots (DBS) on filter paper cards and sent for HIV testing to one or more laboratories.
- Data will be collected using Computer Assisted Personal Interviewing (CAPI) on mini-notebook computers. CAPI eliminates the need for a separate data entry operation and for data editing in the field.
- Anaemia testing and height and weight measurements for women (age 15-49), men (age 15-54) and children under age 5 years will also be included in NFHS-4. All related estimates will be provided at the district level.
- The domain of clinical, anthropometric and biochemical testing (CAB) is being further expanded in NFHS-4 to include blood glucose and hypertension measurements with estimates to be reported at the district level.
- As with anaemia, testing of these new CAB components in the field will be conducted using portable equipment. A recently developed, improved model of the HemoCue instrument will be used for anaemia testing and the SD Biosensor Glucometer will be used for blood glucose testing.

B. NFHS-4 Sample

There are several ways to gather information about people. One way is to contact every person or nearly every person and ask them questions about what you need to know. Talking to everyone is called a complete enumeration, and a national census is a good example of this type of information gathering. This is very costly because it takes a lot of people to talk to everyone. However, in cases such as a national census, it is necessary to have a complete enumeration despite the cost.

Another way to collect information is through a sample survey. When it is not necessary to know exact total numbers, a sample survey can collect information about people much more quickly and at a low-cost. The sampling procedure allows us to collect data on a small number of people and draw conclusions that are valid for the whole country.

The accuracy of a sample survey depends, among other things, on the size of the sample. The exact number to be interviewed for any survey is determined by statistical methods which we will not try to discuss in this training session. What you should know, however, is that the sample size for this survey reflects the number of interviews that are needed to provide an accurate picture of the population, health and nutrition situation in India. Consequently, it is critical to a survey that fieldworkers try their hardest to complete all assigned interviews to ensure that the correct number of people are included in the survey.

The accuracy of a sample survey also depends on another major factor, the absence of bias that would affect the proportions found through the sample. To control or prevent bias from creeping into the

results, the selection of people included in the sample must be absolutely random. This means that every person in the total population to be studied has the same opportunity to be selected in the sample. This is why it is so important to make callbacks to reach those people who are not at home, since they may be different from people who are at home. For example, it may be that women who have no children are more likely to be working away from the house, and if we don't call back to interview them, we may bias the fertility estimates.

For NFHS-4, the sample consists of approximately 28,000 clusters (small geographically defined areas) throughout the country. The households in each of these clusters have recently been listed or enumerated. A sample of households was then scientifically selected to be included in NFHS-4 survey from the list in each of the clusters. Each of these households will be visited and information obtained about the household using the Household Questionnaire. Women and men within these households will be interviewed using an Individual Questionnaire. Women age 15-49 years will be interviewed using the individual Woman's Questionnaire. Men age 15-54 years in about 15% of households will be interviewed using the individual Man's Questionnaire. We expect to interview about 6,25,000 women and 93,000 men in this survey. Studying the fertility, health, and family planning behaviour and attitudes of these women and men will provide insights into the behaviour and attitudes of persons in India.

C. Survey Organization

NFHS-4 is being conducted at the request of the Ministry of Health and Family Welfare which has a primary role in the planning for the survey and in the analysis and dissemination of the survey results.

The International Institute for Population Sciences (IIPS) will serve as the implementing agency for NFHS-4. IIPS will take responsibility for operational matters including planning and conducting fieldwork, processing of collected data and organizing the writing and distribution of reports. IIPS will furnish the necessary central office space for survey personnel and will undertake to secure transport for the data collection activities. Staff from IIPS will be responsible for overseeing the day-to-day technical operations including recruitment and training of field and data processing staff and the supervision of the office and field operations.

Financial support for NFHS-4 will be provided by the Government of India, USAID, DFID, the Bill and Melinda Gates Foundation, the MacArthur Foundation, UNICEF and UNFPA. Staff of the Demographic and Health Surveys project of ICF International will provide technical assistance during all phases of the survey.

During NFHS-4 fieldwork, you will work in a team consisting of one field supervisor, three female interviewers, and one male interviewer. Each team will be accompanied by a driver. Each supervisor will be responsible for a team of interviewers. The specific duties of the supervisor are described in detail in the Supervisor's Manual.

In addition, the team will include two health investigators. These individuals will be responsible for drawing blood from eligible persons for testing for anaemia status, HIV, and glucose. They will measure blood pressure for eligible persons. They will also be responsible for the anthropometric measurements of eligible women, men and children. The supervisor will have also received biomarker training so that they may supervise the technicians and assist them as needed. All interviewers will be trained to assist the technicians in taking the anthropometric measurements (height and weight measures) of women and children under age 6.

In the central office there will be a team of state coordinators responsible for supervising fieldwork teams. These coordinators will ensure regular progress of data collection in the clusters. They will monitor data quality and provide for the regular transfer of completed questionnaires and blood samples to the central office. Information technology specialists will also be assigned to the project.

D. Survey Questionnaires

The households that have been scientifically selected to be included in the NFHS-4 sample will be visited and enumerated using a Household Questionnaire. The Household Questionnaire includes a cover sheet to identify the household and a form on which all members of the household and visitors are listed. This form is used to record some information about each household member, such as name, sex, age, education, and survival of parents for children under age 18. The Household Questionnaire also collects information on housing characteristics such as type of water source, sanitation facilities, quality of flooring, and ownership of durable goods.

The Household Questionnaire permits the interviewer to identify women and men who are eligible to be interviewed with the relevant Individual Questionnaire. Women age 15-49 years and men age 15-54 years who are members of the household (those that usually live in the household) or visitors (those who do not usually live in the household but who stayed there the previous night) are eligible to be interviewed.

The Household Questionnaire also permits the interviewer to identify women, men, and children who are eligible for anthropometry measurement, anaemia testing, HIV testing, glucose testing, and blood pressure measurement. Women age 15-49, men age 15-54, and children age 0-5 years will be weighed and measured (height or length) to assess their nutritional status. Among these same populations, women, men, and those children over age 6 months are eligible for testing anaemia status, HIV, and glucose, and for measurement of blood pressure.

After all of the eligible women in a household have been identified, you will use the individual Woman's Questionnaire to interview the women you are assigned. The Woman's Questionnaire collects information on the following topics:

- Background characteristics. Questions on age, marital status, education, literacy, employment status, occupation, media exposure, religion, and caste/tribe, and duration of residence are included in order to provide information on characteristics likely to influence women's behaviour.
- Reproductive behaviour and intentions. Data are collected on the dates of birth and survival status of live births, non-live births (stillbirths, miscarriages, and abortions), current pregnancy status, and future childbearing intentions.
- Knowledge and use of contraception. Questions are designed to determine knowledge and use of specific family planning methods. Women who are not using family planning are asked their intentions for future use.
- Availability of family planning. Questions are included to determine where a user obtained her family planning method and whether nonusers know of places to get family planning methods.
- Children's health. Questions are included on immunizations and recent occurrences of diarrhoea, fever, and cough for all children born in 2000 or later.
- Feeding practices for children. Questions include information on breastfeeding and child nutrition.
- Women's health. Information is collected on antenatal care, delivery care, and postnatal care.
- AIDS and sexually transmitted infections (STIs). Questions assess knowledge of AIDS and other STIs.
- Knowledge and attitudes concerning tuberculosis. Questions include knowledge of tuberculosis and how it is spread and stigma toward related to TB.

- Sexual life: Information is collected on recent and lifetime sexual partners.
- Household Relations. Questions are asked about whether the woman has been beaten or hit.

Similarly, after all of the eligible men in a household have been identified, you will use the individual Man's Questionnaire to interview the men you are assigned. The Man's Questionnaire collects information on most of these same topics.

E. Interviewer's Role

The interviewer occupies the central position in NFHS-4 because he/she collects information from respondents. Therefore, the success of NFHS-4 depends on the quality of each interviewer's work.

In general, the responsibilities of an interviewer include the following:

- Locating the structures and households in the sample, and completing the Household Questionnaire
- Identifying all eligible respondents in those households
- Interviewing all eligible respondents in the households using the individual Woman's or Man's Questionnaire
- Checking completed interviews to be sure that all questions were asked
- Returning to households to interview respondents who could not be interviewed during the initial visit.

F. Training of Interviewers

Although some people are more adept at interviewing than others, one can become a good interviewer through experience. Your training will consist of a combination of classroom training and practical experience. Before each training session, you should study this manual carefully along with the questionnaire, writing down any questions you have. Ask questions at any time to avoid mistakes during actual interviews. Interviewers can learn a lot from each other by asking questions and talking about situations encountered in practice and actual interview situations.

Each of you will receive a package with the following materials.

- Household Questionnaire
- Individual Questionnaire
- Biomarker Questionnaire
- Interviewer's Manual
- CAPI Manual (for field interviewers)
- Clinical, Anthropometrical and Biochemical Manual (for health investigators)

Please ensure that you bring these materials each day during the training and to the field during fieldwork.

During the training, the questionnaire sections, questions, and instructions will be discussed in detail. You will see and hear demonstration interviews conducted in front of the class as examples of the interviewing process. You will practice reading the questionnaire aloud to another person several times

so that you may become comfortable with reading the questions aloud. You will also be asked to take part in role playing in which you practice by interviewing another trainee.

The training will also include field practice interviewing in which you will actually interview household respondents and eligible women or men. You will be required to check and edit the questionnaires just as you would do in the actual fieldwork assignments.

You will be given tests to see how well you are progressing during your formal training period. At the end of the training course, the interviewers will be selected based on their test results and performance during the field practice.

The training you receive as an interviewer does not end when the formal training period is completed. Each time a supervisor meets with you to discuss your work, your training is being continued. This is particularly important during the first few days of fieldwork. As you run into situations you did not cover in training, it will be helpful to discuss them with your team. Other interviewers may be running into similar problems, so you can all benefit from each other's experiences.

G. Supervision of Interviewers

Training is a continuous process. Observation and supervision throughout the fieldwork are a part of the training and data collection process. Your team supervisor will play very important roles in continuing your training and in ensuring the quality of NFHS-4 data. They will:

- Spot-check some of the addresses selected for interviewing to be sure that you interviewed the correct households and the correct respondents
- Review each questionnaire to be sure it is complete and consistent
- Observe some of your interviews to ensure that you are asking the questions in the right manner and recording the answers correctly
- Meet with you on a daily basis to discuss performance and give out future work assignments
- Help you resolve any problems that you might have with finding the assigned households, understanding the questionnaire, or dealing with difficult respondents.

H. NFHS-4 Regulations

The survey director may terminate the service of any interviewer who is not performing at the level necessary to produce the high-quality data required to make NFHS-4 a success.

For the workload to be equally divided and the support equally shared, the following survey regulations have been established and will be strictly enforced:

1. Except for illnesses, any person who is absent from duty during any part of the training or any part of the fieldwork (whether it is a whole day or part of a day) without prior approval from his/her supervisor may be dismissed from the survey.
2. The selection of the survey team members is competitive; it is based on performance, ability, and testing results during the training. Therefore, any person found offering assistance to or receiving assistance from another person during tests will be dismissed from the survey.
3. Throughout the survey training and the fieldwork period, you are representing IIPS and the Field Agency you are working for. Your conduct must be professional and your behaviour must be

congenial in dealing with the public. We must always be aware of the fact that we are only able to do our work with the good will and cooperation of the people we interview. Therefore, any team member who is consistently overly aggressive, abrupt, or disrespectful to the people in the field may be dismissed from the survey team.

4. For the survey to succeed, each team must work closely together, sharing in the difficulties and cooperating and supporting each other. We will attempt to make team assignments in a way that enhances the cooperation and good will of the team. However, any team member who in the judgment of the survey director creates a disruptive influence on the team may be asked to transfer to another team or may be dismissed from the survey.
5. It is critical that the data gathered during the fieldwork be both accurate and valid. To control for inaccurate or invalid data, spot checks will be conducted. Interviewers may be dismissed at any time during the fieldwork if their performance is not considered adequate for the high quality this survey demands.
6. Vehicles and petrol/diesel are provided for the survey for official use only. Any person using the vehicle for an unauthorized personal reason will be dismissed from the survey.
7. NFHS-4 data are confidential. **They should not be discussed with anyone other than members of your survey team.** Under no circumstances should confidential information be passed on to third parties. In keeping with this policy, it is also important that you never interview anyone you may know in the survey. Persons breaking these rules, and therefore the confidence placed in them, will be dismissed.

I. Sexual Harassment

Sexual harassment will not be tolerated during NFHS-4. By sexual harassment, we mean unwelcome sexual advances, requests for sexual favours, and other sexual comments or actions that make the receiver feel offended or intimidated. Sexual harassment may hurt work performance, and in some cases, an individual may feel that they must comply with the unwelcome advances or requests in order to keep their job. Sexual harassment can be committed by a man towards a woman, by a woman towards a man, or between two individuals of the same gender.

To avoid any appearance of sexual harassment, individuals should be careful to avoid unnecessary physical contact and suggestive language and should maintain a professional work climate at all times.

Anyone who feels that he or she has been the target of sexual harassment or who has witnessed an apparent incident of harassment should immediately report the incident to his or her supervisor, or to the survey manager. The implementing agency is required to investigate the claim and keep reports confidential to the extent possible. The implementing agency must take actions to prevent and correct harassing behaviour. These actions can include changing workspace, reassigning interviewers or supervisors to different teams and other disciplinary actions. Retaliation against individuals filing complaints of sexual harassment will also trigger disciplinary action.

II. CONDUCTING AN INTERVIEW

Successful interviewing is an art and should not be treated as a mechanical process. Each interview is a new source of information, so make it interesting and pleasant. The art of interviewing develops with practice but there are certain basic principles that are followed by every successful interviewer. In this section you will find a number of general guidelines on how to build rapport with a respondent and conduct a successful interview.

A. Building Rapport with the Respondent

The supervisor will assign an interviewer to make the first contact with each of the households selected for NFHS-4. Any capable adult member of the household is a suitable respondent for the household interview (this person may or may not be age 15-49 or a man age 15-54). If at least one eligible person is identified in the Household Questionnaire, the interviewer will go on to complete an Individual Questionnaire or pass the interview along to a colleague if they are not the same gender as the respondent.

As an interviewer, your first responsibility is to establish a good rapport with a respondent. At the beginning of an interview, you and the respondent are strangers to each other. The respondent's first impression of you will influence their willingness to cooperate with the survey. Be sure that your manner is friendly as you introduce yourself. Before you start to work in an area, your supervisor will have informed the local leaders, who will in turn inform selected households in the area that you will be coming to interview them. You will also be given a letter and an identification badge that states that you are working with .

1. Make a good first impression.

When you arrive at the household, do your best to make the respondent feel at ease. With a few well-chosen words, you can put the respondent in the right frame of mind for the interview. Open the interview with a smile and greeting such as "good afternoon" and then proceed with your introduction.

2. Obtain respondent(s) consent to be interviewed.

You must obtain a respondent's informed consent for participation in the survey before you begin an interview. Special statements are included at the beginning of the Household Questionnaire and the Individual Questionnaires. The statements explain the purpose of the survey. They assure a respondent that participation in the survey is completely voluntary and that it is their right to refuse to answer any questions or stop the interview at any point. Be sure to read the informed consent statement exactly as it is written before asking a respondent to participate in a household or individual interview.

3. Always have a positive approach.

Never adopt an apologetic manner, and do not use words such as "Are you too busy?" Such questions invite refusal before you start. Rather, tell the respondent, "I would like to ask you a few questions" or "I would like to talk with you for a few moments."

4. Assure confidentiality of responses.

If the respondent is hesitant about responding to the interview or asks what the data will be used for, explain that the information you collect will remain confidential, no individual names will be used for any purpose, and all information will be grouped together to write a report.

Also, you should never mention other interviews to the supervisor or field editor in front of a respondent or any other person.

5. Answer any questions from the respondent frankly.

Before agreeing to be interviewed, the respondent may ask you some questions about the survey or how he or she was selected to be interviewed. Be direct and pleasant when you answer.

The respondent may also be concerned about the length of the interview. If they ask, tell female respondents that the interview usually takes about 30-60 minutes and tell male respondents that the interview takes about 30-40 minutes. If the respondent for the Household Questionnaire is a woman age 50 or older (or a man age 55 or older), you can tell the respondent that the interview usually takes about 25 minutes, since that person will answer only the Household Questionnaire. Indicate your willingness to return at another time if it is inconvenient for the respondent to answer questions then.

Respondents may ask questions or want to talk further about the topics you bring up during the interview, e.g., about specific family planning methods. It is important not to interrupt the flow of the interview so tell them that you will be happy to answer their questions or to talk further after the interview.

6. Interview the respondent alone.

The presence of a third person during an interview can prevent you from getting frank, honest answers from a respondent. It is, therefore, very important that the individual interview be conducted privately and that all questions be answered by the respondent.

If other people are present, explain to the respondent that some of the questions are private and ask to interview the person in the best place for talking alone. Sometimes asking for privacy will make others more curious, so they will want to listen; you will have to be creative. Establishing privacy from the beginning will allow the respondent to be more attentive to your questions.

If it is impossible to get privacy, you may have to carry out the interview with the other people present. However, in such circumstances, it is important that you remember that:

- If there is more than one eligible respondent in the household, you must not interview one in the presence of the other
- Extra effort should be made to gain privacy if the other person is of the opposite sex, particularly the husband or wife. One way to ensure privacy in this case is to have the husband and wife interviewed simultaneously in two different areas of the household

In all cases where other individuals are present, try to separate yourself and the respondent from the others as much as possible.

B. Tips for Conducting the Interview

1. Be neutral throughout the interview

Most people are polite and will tend to give answers that they think you want to hear. It is therefore very important that you remain absolutely neutral as you ask the questions. Never, either by the expression on your face or by the tone of your voice, allow the respondent to think that he/she has given the “right” or “wrong” answer to the question. Never appear to approve or disapprove of any of the respondent’s replies.

The questions are all carefully worded to be neutral. They do not suggest that one answer is more likely or preferable to another answer. If you fail to read the complete question, you may destroy that neutrality. For example, the following is a question in NFHS-4: “Would you like to have another child or would you prefer not to have any more children?” It is a neutral question. However, if you only ask the first part—“would you like to have another child?”—you are more likely to get a “YES” answer. This is what we call a “leading question.” That is why it is important to read the whole question as it is written.

If the respondent gives an ambiguous answer, try to probe in a neutral way, asking questions such as the following:

“Can you explain a little more?”

“I did not quite hear you; could you please tell me again?”

“There is no hurry. Take a moment to think about it.”

2. Never suggest answers to the respondent.

If a respondent’s answer is not relevant to a question, do not prompt him/her by saying something like “I suppose you mean that. . . Is that right?” In many cases, he/she will agree with your interpretation of his/her answer, even when that is not what he/she meant. Rather, you should probe in such a manner that the respondent himself/herself comes up with the relevant answer. You should never read out the list of coded answers to the respondent, even if he/she has trouble answering.

3. Do not change the wording or sequence of questions.

The wording of the questions and their sequence in the questionnaire must be maintained. If the respondent has not understood the question, you should repeat the question slowly and clearly. If there is still a problem, you may reword the question, being careful not to alter the meaning of the original question. Provide only the minimum information required to get an appropriate response.

4. Handle hesitant respondents tactfully.

There will be situations where the respondent simply says, “I don’t know,” gives an irrelevant answer, acts very bored or detached, or contradicts something they have already said. In these cases, you must try to re-interest them in the conversation. For example, if you sense that they are shy or afraid, try to remove their shyness or fear before asking the next question. Spend a few moments talking about things unrelated to the interview (for example, their town or village, the weather, their daily activities, etc.).

If the respondent is giving irrelevant or elaborate answers, do not stop them abruptly or rudely, but listen to what they have to say. Then try to steer them gently back to the original question. A good atmosphere must be maintained throughout the interview. The best atmosphere for an interview is one in which the respondent sees the interviewer as a friendly, sympathetic, and responsive person who does not intimidate them and to whom they can say anything without feeling shy or embarrassed. As indicated earlier, a major problem in gaining the respondent’s confidence may be one of privacy. This problem can be prevented if you are able to obtain a private area in which to conduct the interview.

If the respondent is reluctant or unwilling to answer a question, explain once again that the same question is being asked of women or men all over India and that the answers will all be merged together. If the respondent is still reluctant, simply write REFUSED next to the question and proceed as if nothing had happened. Remember, the respondent cannot be forced to give an answer.

5. Do not form expectations.

You must not form expectations of the ability and knowledge of the respondent. For example, do not assume women and men from rural areas or those who are less educated or illiterate do not know about family planning or various family planning methods.

6. Do not hurry the interview.

Ask the questions slowly to ensure the respondent understands what is being asked. After you have asked a question, pause and give the respondent time to think. If the respondent feels hurried or is not allowed to formulate their own opinion, they may respond with “I don’t know” or give an inaccurate answer. If you feel the respondent is answering without thinking just to speed up the interview, say to the respondent, “There is no hurry. Your opinion is very important, so consider your answers carefully.”

7. Use diversionary tactics if necessary

If someone walks in when you are asking some sensitive question that requires that complete privacy be maintained, gently change the topic till the person is no longer within hearing distance.

C. Language of the Interview

The questionnaires for NFHS-4 have been translated into 18 languages. However, there may be times when you will have to use an interpreter or modify the wording of the questions to fit local dialects and culture. It is very important not to change the meaning of the question when you rephrase it or interpret it into another language. We will be practicing interviews in the local languages during training.

Of course, one of the first things you will do when you approach a household to do an interview is to establish the language or languages that are spoken there. We will be arranging the field teams in such a way that you will be working in an area in which your language is spoken, so there should not be many cases in which respondents do not speak your language. In such cases you might be able to find another language that both of you speak and you will be able to conduct the interview in that language.

However, in some cases, it will not be possible for you to find a language which both you and the respondent speak. In this case, try to find out if the respondent speaks a language which another member of your team or the team supervisor speaks. If so, tell your supervisor so that he or she can arrange for that person to conduct the interview.

If the respondent does not speak a language which any of your team members speak, you will need to rely on a third person to translate for you. Since the interview involves some sensitive topics, it is best if you can find another woman to act as an interpreter if you are conducting the Woman’s interview and a man if you are conducting the man’s interview. You should not use the respondent's spouse as an interpreter under any circumstances. Children are also unsuitable interpreters. Remember; try to avoid using interpreters if at all possible since this can jeopardize the quality of the interview.

III. FIELDWORK PROCEDURES

Fieldwork for NFHS-4 will proceed according to a timetable, and the survey will be successful only if each member of the interviewing team understands and follows correct field procedures. The following sections review these procedures and describe the proper procedures for receiving work assignments and keeping records of selected households.

A Preparatory Activities

1. Making callbacks

Because each household has been carefully selected, you must make every effort to conduct interviews with the individuals who are identified as eligible in that household. Sometimes a household member will not be available at the time you first visit. You need to make at least 3 visits on three separate times of the day or days when trying to obtain an individual interview to maximize the possibility of successfully completing the individual interview.

At the beginning of each day, you should check to see if you made any appointments for revisiting a household or eligible respondent. If no appointments were made, make your callbacks to a respondent at a different time of day than the earlier visits; for example, if the initial visits were made in the early afternoon, you should try to arrange your schedule so you make a call back in the morning or late afternoon. Scheduling callbacks at different times is important in reducing the rate of non-response (i.e., the number of cases in which you fail to contact a household or complete an individual interview).

When using a paper questionnaire, you will return the household questionnaire and any questionnaires for eligible respondents to your team supervisor as soon as you have completed work in a household. When using CAPI, at the end of each day transfer the completed household questionnaires and eligible respondents from your CAPI machine to your team supervisor's CAPI machine.

2. Keeping answers confidential

You are responsible for seeing that respondent's answers are kept confidential. Do not share the results with other interviewers. You should never interview a household in which you know one or more of the members, even if they are only casual acquaintances. If you are assigned to a household in which you know a person even if that person is not eligible for interview, you should notify your supervisor so he can assign that household to another interviewer. You should not attempt to see the completed questionnaires for that household nor discuss the interview results with your colleagues.

3. Supplies and documents needed for fieldwork

Before starting fieldwork each morning, verify that you have everything you need for the day's work. Some necessary supplies include:

- Interviewer's Assignment Sheet (when using paper questionnaires)
- Interviewer's Manual
- Your personnel identification
- Blue ink pens (when using paper questionnaires)
- A bag to carry hard copies of questionnaires, manuals and other survey materials like literacy card, brochures, referral letters, samples of IFA tablets and syrup, etc.

B. Contacting Households and Eligible Respondents

1. Locating sample households

In recent months, household listing teams visited each of the selected sample PSUs to:

- 1) prepare up-to-date maps to indicate the location of structures;
- 2) record address information for each structure or describe their location (for areas lacking street names or numbers on structures);
- 3) write numbers on structures; and
- 4) make a list of the names of the heads of households in all of the structures.

A structure is a freestanding building, for a residential or commercial purpose. It may have one or more rooms in which people live; it may be an apartment building, a house, or a thatched hut, for instance.

Within a structure, there may be one or more dwelling (or housing) units. A *dwelling unit* is a room or group of rooms occupied by one or more households. It may be distinguished from the next dwelling unit by a separate entrance. For instance, there would be one dwelling unit in a thatched hut, but there may be 50 dwelling units in an apartment building or five dwelling units in a compound.

Within a dwelling unit, there may be one or more households. By definition, a *household* consists of a person or group of persons, related or unrelated, who live together in the same dwelling unit, who acknowledge one adult male or female as the head of household, who share the same living arrangements, and are considered as one unit. In some cases one may find a group of people living together in the same house, but each person has separate eating arrangements; they should be counted as separate one-person households. Collective living arrangements such as hostels, army camps, boarding schools, or prisons are not considered as households in NFHS-4.

Specific households have been selected to be interviewed, and you should not have any trouble in locating the households assigned to you if you use the structure number and the name of the head of the household to guide you. The structure number is usually written above the door of the house, but sometimes it may be on the wall. Although the supervisor of your team will be with you in the field, it is important that you also know how to locate the structures in the sample by using the sketch map.

2. Problems in contacting a household

In some cases you will have problems locating the households that were selected because the people may have moved or the listing teams may have made an error. Here are examples of some problems you may find and how to solve them:

- a) The household has moved away and a new one is now living in the same dwelling. In this case, interview the new household.
- b) The structure number and the name of the household head do not match with what you find in the field. If you have located the correct dwelling, you should consider the household that is living in the dwelling as the selected household.

Example: You are assigned a household headed by Vaibhav Patil that is listed as living in structure number NFHS-004. But when you go to NFHS-004, the household living there is headed by Shyam Gaikwad. After checking that you have not made a mistake about the structure or dwelling unit, you would interview the household headed by Shyam Gaikwad.

- c) The household selected does not live in the structure that was listed. If there is a discrepancy between the structure number and the name of the household head, interview whoever is living in the structure assigned to you.

Example: You are assigned a household headed by Surendra Sharma located in NFHS -007, and you find that Sharma's household actually lives in structure NFHS-028, interview the household living in NFHS-007.

- d) The listing shows only one household in the dwelling, but two or more households are living there now. When the listing shows only one household and you find two households, interview both households. The CAPI system will allow you to generate a new household file in this case. Once generated, follow the same procedures. When using a paper questionnaire, make a note on the cover page of the household that was not on the listing. Your supervisor will assign this household a number, which you should enter on the questionnaire.

If the listing shows two households, only one of which was selected, and you find three households there now, only interview the one that had been selected and ignore the other two.

- e) The head of the household has changed. In some cases, the person listed as the household head may have moved away or died since the listing. Interview the household that is living there.
- f) The house is all closed up and the neighbours say the people are on the farm (or away visiting, etc.) and will be back in several days or weeks. Enter Code '3' (ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD). The house should be revisited at least two more times to make sure that the household members have not returned.
- g) The house is all closed up and the neighbours say that no one lives there; the household has moved away permanently. Enter Code '6' (DWELLING VACANT OR ADDRESS NOT A DWELLING).
- h) A household is supposed to live in a structure that when visited is found to be a shop and no one lives there. Check very carefully to see whether anyone is living there. If not, enter Code '6' (DWELLING VACANT OR ADDRESS NOT A DWELLING).
- i) A selected structure is not found in the cluster, and residents tell you it was destroyed in a recent fire. Enter Code '7' (DWELLING DESTROYED).
- j) No one is home and neighbours tell you the family has gone to the market. Enter Code '2' (NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT), and return to the household at a time when the family will be back.

Discuss with your supervisor any problems you have in locating the households that you are assigned to interview. Remember that the usefulness of the NFHS-4 sample in representing the entire country depends on the interviewers locating and visiting all the households they are assigned.

3. Identifying eligible respondents

To be "eligible" means to "qualify" for something. An eligible respondent is someone who is qualified to be included in our survey. You will use the Household Questionnaire to identify who is eligible to be interviewed with the Individual Questionnaire.

All women age 15-49 and men 15-54 in selected households who are either members of the household or visitors who stayed in the household the night before the day you are conducting the interview are considered eligible in NFHS-4. It is very important that you do not miss an eligible respondent when you fill in the Household Schedule.

In certain cases, you may find it difficult to decide whether or not a respondent is eligible. Use these examples as a guide:

Example(s): A visitor who spent the previous night in the house but is away at the market when you arrive is eligible. You must make callbacks to interview him.

A woman is a usual resident but she spent the previous night away at her sister's house. She should be counted as a member of the household on the Household Schedule and is eligible to be interviewed.

A young woman is away at the university and only returns for very short visits. She is not a usual resident of the household.

You must identify in the household before starting the interview. If you cannot finish the interview for whatever reason, write the reason on the cover page (when using paper questionnaires) or partially save the case and write the reason in the notes section (when using CAPI). Take care to note any information that may be useful when you contact the person later.

In some households, there will be no eligible respondents (i.e., there will be no usual household members or visitors of eligible age). For these households, you will have a completed Household Questionnaire, with no accompanying Individual Questionnaire.

4. Problems in obtaining individual interviews

You may experience the following types of problems in obtaining an interview with an eligible respondent:

- a) Eligible respondent not available. If the eligible respondent is not at home when you visit, enter Code '2' (NOT AT HOME) as the result for the visit and ask a neighbour or family member when the respondent will return. You should contact the household at least three times, trying to make each visit at a different time of day. Under no circumstances is it acceptable to conduct all three visits on the same day and then stop attempting to contact the respondent.
- b) Respondent refuses to be interviewed. The respondent's availability and willingness to be interviewed will depend in large part on the initial impression you make when you meet them. Introduce yourself and explain the purpose of the visit. Read the introduction for the Individual Questionnaire. You may emphasize the confidentiality of the information the respondent provides, and/or the short duration of the interview. If the respondent is unwilling to be interviewed, it may be that the present time is inconvenient. Ask whether another time would be more convenient and make an appointment. If the individual still refuses to be interviewed, enter Code '4' (REFUSED) as the result for the visit and report it to your supervisor.
- c) Interview not completed. A respondent may be called away during the interview or they may not want to answer all the questions at the time you visit them. If an interview is incomplete for any reason, you should arrange an appointment to see the respondent again as soon as possible to obtain the missing information. Be sure that you record that the interview is incomplete by entering Code '5' (PARTLY COMPLETED) and indicate the time you agreed on for a revisit; you should also report the problem to your supervisor.
- d) Respondent incapacitated. There may be cases in which you cannot interview a person because they are too sick, because they are mentally unable to understand your questions, or because they are deaf, etc. In these cases, record Code '6' (INCAPACITATED).

C. Checking Completed Questionnaires

When using a paper questionnaire- it is the responsibility of the interviewer to review each questionnaire when the interview is finished. This review should be done before you leave the household so that you can be sure every appropriate question was asked, that all answers are clear and reasonable, and that your handwriting is legible. Also check that you have followed the skip instructions correctly. You may be able to make minor corrections yourself, but in many cases you will need to talk further with the respondent. Simply explain to the respondent that you made an error and ask the question(s) again.

Do not recopy questionnaires. As long as the answers are clear and readable, it is not necessary that the questionnaire itself be neat. Every time you transcribe the answers to a new questionnaire, you increase the chance of an error. For this reason you are not allowed to use work sheets to collect information. Record ALL information on the questionnaires provided. Any calculations you make should be written in the margins or on the back of the questionnaires.

Anything out of the ordinary should be explained either in the margins near the relevant question or in the comments section at the end. These comments are very helpful to the supervisor and field editor in checking questionnaires. Comments are also read in the office and used to resolve problems encountered during data entry.

D. Returning Work Assignments

When using a paper questionnaire- At the end of fieldwork each day, check that you have filled out the cover sheet of a Household Questionnaire for each household assigned to you, whether or not you managed to complete an interview. Check also that you have completed the cover sheet of the Individual Questionnaire for each respondent identified, whether you were able to interview them or not. For all of the interviews that you have completed write the final result on the Interviewer Assignment Sheet and make any notes in Column (17) that may be of help to the Supervisor and Editor, such as any problems you experienced in locating a household or completing a Household Questionnaire or in conducting an interview with an eligible respondent. For difficult cases, at least three visits will be made to a household during NFHS-4 in an effort to obtain a completed interview.

E. Data Quality

When using a paper questionnaire- It is the responsibility of the field supervisor to review both the Household Questionnaires and the Individual Questionnaires from a sample PSU while the interviewing team is still in the cluster. The editing rules are explained in detail in the Supervisor's Manual. It is especially important for the field supervisor to conduct thorough edits of questionnaires at the initial stages of fieldwork. The field supervisor will discuss with each interviewer the errors found in the collection of data. It may sometimes be necessary to send an interviewer back to a respondent in order to correct some errors.

IV. GENERAL PROCEDURES FOR COMPLETING THE QUESTIONNAIRE

To collect the information needed by NFHS-4, you must understand how to ask each question, what information the question is attempting to collect, and how to handle problems that might arise during the interview. You must also know how to correctly record the answers the respondent gives and how to follow special instructions in the questionnaire. This part of the training manual is designed to familiarize you with NFHS-4 questionnaire.

A. Asking Questions

It is very important that you ask each question exactly as it is in the questionnaire. When you are asking a question, speak slowly and clearly so that the respondent will have no difficulty hearing or understanding the question. At times you may need to repeat the question to be sure the respondent understands it. In those cases, do not change the wording of the question but repeat it exactly as it is written.

If, after you have repeated a question, the respondent still does not understand it, you may have to restate the question. Be very careful when you change the wording, however, that you do not alter the meaning of the original question.

In some cases, you may have to ask additional questions to obtain a complete answer from a respondent (we call this ‘probing’). If you do this, you must be careful that your probes are “neutral” and that they do not suggest an answer to the respondent. Probing requires both tact and skill, and it will be one of the most challenging aspects of your work as a NFHS-4 interviewer.

You will notice that some questions contain one or more words in parentheses. As shown below, the presence of parentheses indicates that a sentence needs to be adapted to fit the respondent’s specific situation.

1. Parentheses that indicate a choice must be made:

Example:

605	अब मैं भविष्य के बारे में कुछ प्रश्न पूछना चाहूंगी— क्या आप (और) बच्चा चाहेंगी या आप कोई (और) बच्चा नहीं चाहेंगी ? Now I have some questions about the future. Would you like to have (a/another) child, or would you prefer not to have any (more) children?	HAVE (A/ANOTHER) CHILD 1 NO MORE/NONE 2 SAYS SHE CAN'T GET PREGNANT 3 UNDECIDED/DON'T KNOW 8	→ 608 → 614 → 611
-----	--	--	-------------------------

The question above is asked to female respondents. How you phrase the question – that is, which word you use in parentheses – will depend on whether the respondent has had children or not. If the woman has children, you would ask “Would you like to have another child, or would you prefer not to have any more children?” Would you like to have a child, or would you prefer not to have any children?” Most of these questions will appear in CAPI with the choice selected for you but some questions will require a choice.

2. Parentheses that indicate a substitution must be made (PAPER QUESTIONNAIRE):

Example:

443	क्या (NAME) के जन्म के समय उसका वजन लिया गया था?	YES	1
		NO	2
	Was (NAME) weighed at birth?	(SKIP TO 445) ←	
		DON'T KNOW	8

Notice that the word in parentheses is all in capital letters. As you will learn about later (see Section D below), words in all-caps are instructions to interviewers that are not meant to be read out loud. Instead, in this example, substitute in the name of the individual the question is being asked about. For instance, if you are asking about the weight of a woman's son named Rahul, ask "Was Rahul weighed at birth?" When using CAPI, the computer will fill in this name.

3. Parentheses that indicate an additional word may be needed:

Example:

525	जब से उसे दस्त शुरू हुए, क्या उसे कभी इनमें से कुछ पीने के लिए दिया गया था: Was he/she given any of the following to drink at any time since he/she started having the diarrhoea:				
	a. एक विशेष पैकेट (LOCAL NAME FOR ORS PACKET) से बना हुआ तरल पदार्थ? A fluid made from a special packet called (LOCAL NAME FOR ORS PACKET)?	FLUID FROM ORS PKT ..	1	2	8
	b. चावल या (OR OTHER LOCAL GRAIN) से बना तरल पदार्थ? Gruel made from rice (OR OTHER LOCAL GRAIN)?	GRUEL ..	1	2	8
526	दस्त शुरू होने के बाद से क्या उसे कभी जिंक दिया गया? Was he/she given zinc at any time since he/she started having diarrhoea?	YES	1		
		NO	2		
		DON'T KNOW	8		
527	क्या दस्त के इलाज के लिए कुछ (और) दिया गया था? Was anything (else) given to treat the diarrhoea?	YES	1		
		NO	2		
		(SKIP TO 529) ←			
		DON'T KNOW	8		

The way the respondent has answered a prior question can affect the way you will ask later questions. If you had learned in Q. 525 or Q. 526 that the respondent had given her child a form of oral rehydration therapy when the child started having diarrhoea, you would then ask in Q. 527 "Was anything else given to treat the diarrhoea?" If in Q. 525 and Q. 526 you learned that the respondent had not given her child a fluid made from an ORS sachet, gruel made from rice, or zinc, you would ask "Was anything given to treat the diarrhoea?" Many of these questions will appear in CAPI with the correct wording already typed for you.

B. Recording Responses

In NFHS-4, all interviewers will use pens with blue ink to complete paper questionnaires. Supervisors will do all their work using pens with red ink. Never use a pencil to complete the paper questionnaire.

There are three types of questions in the NFHS-4 questionnaire: 1) questions that have precoded responses; 2) questions that do not have precoded responses, i.e., that are “open-ended”; and 3) filters.

1. Questions with precoded responses

For some questions, we can predict the types of answers a respondent will give. The responses to these questions are listed in the questionnaire. **When using a paper questionnaire**, to record a respondent’s answer, you merely circle the number (code) that corresponds to the reply. Make sure that each circle surrounds only a single number. When using CAPI, select the code on the screen.

Paper Example:

105	क्या आपने कभी स्कूल में पढ़ाई की है ? Have you ever attended school?	YES ① NO 2	→ 108
-----	---	---------------------------	-------

In some cases, precoded responses will include ‘OTHER’. The OTHER code should be circled only when the respondent’s answer is different from any of the precoded responses listed for the question. Before using the OTHER code, you should make sure the answer does not fit in any of the specified categories. When you circle the OTHER code for a particular question you must always write the respondent’s answer in the space provided. If you need more room, use the margins or the comments section at the end. If you use the comments section, write, “see note in comments section” next to that question. When using CAPI, you will be prompted to type other answer when this code is selected.

Paper Example:

259	क्या यह समय मासिक धर्म शुरू होने के ठीक पहले, मासिक धर्म के दौरान, मासिक धर्म बंद होने के ठीक बाद या दो मासिक धर्मों के बिल्कुल बीच में होता है? Is this time just before her period begins, during her period, right after her period has ended, or halfway between two periods?	JUST BEFORE HER PERIOD BEGINS 1 DURING HER PERIOD 2 RIGHT AFTER HER PERIOD HAS ENDED 3 HALFWAY BETWEEN TWO PERIODS 4 OTHER <u>Full moon</u> ⑥ (SPECIFY) DON'T KNOW 8	
-----	--	---	--

2. Recording responses that are not precoded

The answers to some questions are not precoded but require that you write the respondent’s answer in the space provided. In CAPI, you will type the name.

Recording numbers or dates in boxes. In some questions, you will record a number or date in the space provided. There are two ways this is done:

- **Boxes preceded by codes.** Whenever the boxes are preceded by codes, you will fill in the boxes in one row only. With a paper questionnaire, you must first circle the code that identifies the row you have chosen and then fill in the response in the boxes only for that row. When using CAPI, you will first enter the numbers and then choose the units.

Paper Example: If the respondent says stayed at the hospital for three days after delivery, circle Code '2' for DAYS AGO and write the response in the boxes next to the '2'.

456	(NAME) के जन्म के कितने समय तक आप स्वास्थ्य सुविधा में रही ? How long after (NAME) was delivered did you stay in the health facility? IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS . 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> DAYS ... ② <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>0</td><td>3</td></tr></table> WEEKS . 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> DON'T KNOW 998			0	3		
0	3							

- **Boxes without preceding codes.** Whenever boxes are present without codes in front of them, you must enter information in all of the boxes. With a paper questionnaire, enter numbers in all the boxes. When using CAPI, you will be prompted to enter numbers for each category, i.e. months then years.

Paper Example: For a child born in February 2006, you must record both the month and year.

215			
(NAME) का जन्म किस महीने और साल में हुआ था? PROBE: उसका जन्मदिन क्या था? In what month and year was (NAME) born? PROBE: What is his/her birthday?			
MONTH	0	2	
YEAR	2	0	06

When a response has fewer digits than the number of boxes provided, you should fill in leading zeroes. For example, a response of '9' is recorded '09' in two boxes, or if three boxes had been provided, you would record '009'.

Recording the answer exactly as given. There are questions where you must write down the response in the respondent's own words. Try to record those answers exactly as they are given; if you need to shorten a lengthy description, be careful to keep the meaning accurate, and if necessary, write a note on the bottom or side of the page to explain. In CAPI, you will select from a list of pre-defined occupation categories.

Paper Example:

913	आपका व्यवसाय क्या है, अर्थात् मुख्यतः आप किस प्रकार का काम करती हैं? What is your occupation, that is, what kind of work do you mainly do?	<u>Selling fruit in</u> <input type="checkbox"/> <input type="checkbox"/> <u>the market</u>
-----	---	--

3. Marking filters

Filters require you to look back to the answer to a previous question and then mark an ‘X’ in the appropriate box. (See Section D.2 for description of filters) When using CAPI, these filters will be automatically applied for you.

Paper Example:

1018	CHECK 208 AND 215: LAST BIRTH SINCE <input checked="" type="checkbox"/> JANUARY 2012	NO BIRTHS <input type="checkbox"/> → 1033 LAST BIRTH BEFORE <input type="checkbox"/> JANUARY 2012 → 1033
------	---	---

C. Correcting Mistakes

When using a paper questionnaire-

When using a paper questionnaire, it is very important that you record all answers neatly. For precoded responses, be sure that you circle the code for the correct response carefully. For open ended responses, the reply should be written legibly so that it can be easily read. If you made a mistake in entering a respondent’s answer or she changes her reply, be sure that you cross out the incorrect response and enter the right answer. Do not erase an answer. Just put two lines through the incorrect response.

Paper Example: Here is how to correct a mistake on a paper questionnaire:

1001	अब मैं आपसे किसी अन्य विषय के बारे में बातचीत करना चाहूंगी। क्या आपने कभी ऐसी बीमारी के बारे में सुना है जिसे एड्स कहते हैं? Now I would like to talk about something else. Have you ever heard of an illness called AIDS?	YES ① NO ②
------	---	---------------------------

Remember that if you are not careful to cross out mistakes neatly, it may not be possible to determine the correct answer when the data are entered later into the computer.

D. Following Instructions

Throughout the NFHS-4 questionnaire, instructions for the interviewer are printed in all CAPITAL LETTERS. When using a paper questionnaire, you should pay particular attention to the skip and filter instructions that appear throughout the questionnaire.

1. Skip instructions

It is very important not to ask a respondent any questions that are not relevant to his or her situation. For example, a woman who is not pregnant should not be asked for how many months she has been pregnant. In cases where a particular response makes subsequent questions irrelevant, an instruction is written in the paper questionnaire directing you to skip to the next appropriate question. It is important that you carefully follow skip instructions. When using CAPI, these skips will be automatically applied.

Paper Example: In Q. 329, notice that if you circled Code ‘2’ you would skip to Q. 342. The next question is about the methods of contraception the woman is currently using and is only asked of women who responded ‘YES’ to Q. 329.

329	क्या आप इस समय गर्भधारण टालने या रोकने के लिए कुछ कर रही हैं या किसी तरीके का उपयोग कर रही हैं? Are you currently doing something or using any method to delay or avoid getting pregnant?	YES 1 NO 2	→ 342
-----	--	---------------------------	-------

2. Filters

To ensure the proper flow of the paper questionnaire, you will sometimes be directed to check a respondent's answer to an earlier question, indicate what the response was by marking a box, and then follow various skip instructions. Questions of this type are called "filters"; they are used to prevent a respondent from being asked irrelevant, and perhaps embarrassing or upsetting, questions.

For filter questions, it is important that you follow the instructions that ask you to check back to an earlier question. Do not rely on your memory. Remember that you do not need to ask the respondent the same question a second time. Check back and mark an 'X' in the appropriate box in the filter then follow the skip instructions. When using CAPI, these skips will be automatically applied.

Example:

328	CHECK 226: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input checked="" type="checkbox"/>	→ 342
-----	---	-------

V. HOUSEHOLD QUESTIONNAIRE

The purpose of the Household Questionnaire is to provide information on general characteristics of the population and their households. You will use it to identify women who are eligible to be interviewed with the Woman's Questionnaire, and men who are eligible to be interviewed with the Man's Questionnaire.

A. Identification of Household on the Cover Page

When using a paper questionnaire-

Before you go to a selected household, fill in the identification information in the box at the top of the cover page. The identification information is obtained from the sample household listing and will be given to you by your supervisor.

The following are key points in completing the identification section:

- Write the name of the place or locality in which you are working.
- Write the name of the head of the household that you are to interview.
- Record the PSU number and Household number in the boxes to the right of those lines.

You will fill in the rest of the cover page after you have conducted the interview. See the instructions in Section C (RETURN TO COVER PAGE) below. When using CAPI, this information will be automatically filled in for you. Be sure to select the correct household before beginning the CAPI interview.

B. Completing the Household Questionnaire

To complete the Household Questionnaire, you will need to find a suitable respondent. Any adult member of the household who is capable of providing information needed to fill in the Household Questionnaire can serve as the respondent. If an adult is not available, do **not** interview a young child; instead, go on to the next household, and call back at the first household later.

Generally you will ask a single individual in the household for the information you will need to complete the household questionnaire. However, as appropriate, you may need to consult other members of the household for specific information.

INFORMED CONSENT

After introducing yourself, you must seek the respondent's consent for participation in the survey. Read the informed consent statement exactly as it is written. This statement explains the purpose of the survey. It assures the respondent his or her participation in the survey is completely voluntary and that he or she can refuse to answer any questions or stop the interview at any point.

When using a paper questionnaire, after reading the statement, **you** (not the respondent) must sign in the space provided to affirm that you have read the statement to the respondent.

If the respondent does not agree to be interviewed, circle '2', thank the respondent, and end the interview. Then write '5' (REFUSED) as the result on the cover sheet.

When using CAPI, read the consent statement and select the appropriate response code.

HOUSEHOLD SCHEDULE (Qs. 1-21)

Read the introductory sentence to inform the respondent that you are interested in getting information about all usual household members and any other persons who stayed in the household the night before the interview.

Column (1): LINE NUMBER

In Column (1), each row of the household schedule is assigned a unique number. This number is referred to as the 'Line Number'. It is used to identify the person listed on that row and to link all information collected later in the household and individual interviews to that person.

Column (2): USUAL RESIDENTS AND VISITORS

The first step in completing the household schedule is to request a list of all persons who usually live in the household and any visitors. To get a correct listing, you will have to know what we mean by a member of the household and what we mean by a visitor:

- Member of the household. A household may be one person or a group of persons who usually live and eat together. This is not the same as a family. A family includes only people who are related, but a household includes any people who live together, whether or not they are related. For example, three unrelated men who live and cook meals together would not be considered one family, but they would be considered to be members of the same household.
- Visitor. A visitor is someone who is not a usual member of the household but who stayed in the household the night before the day you are conducting the interview. If an individual stayed in the household the previous night, he or she should be listed on the Household Schedule.

Sometimes, it is not easy to know whom to include in the household and whom to leave out. Here are some examples:

- A woman lists her husband as head of the household, but he lives somewhere else. If he does not usually live in the household you are interviewing, and he did not sleep there the previous night, he should not be included in the listing. For example, if a woman is the household respondent and reports that her husband works in Pune and visits their home in Mumbai during the weekends, he should not be considered as a usual member and should be included in the household roster as a visitor but only if he slept in the household the night before the interview. In such a situation, the husband should not be listed as head of household even if he slept in the household the night before. Any other usual member as reported by the household respondent should be listed as head of household.
- If the household respondent reports about a person who usually lives in this household but is temporarily away for some official duty or is visiting a relative, he/she should be recorded as a usual resident. Record '2' in Col 6 as he/she has not slept in the night before the interview.
- Sometimes, people eat in one household and sleep in another. Consider the person to be a member of the household where he or she sleeps.
- A person living alone is a household.

- A servant is a member of the household if he or she usually lives in the household.

Anyone included in the household listing has to be either a usual resident of that household—Column (5) is YES—or has to have spent the previous night in the household—Column (6) is YES.

When using a paper questionnaire, as your respondent lists the names, write them down, one in each row in Column (2) of the table, **beginning with the household head**. The person who is identified as the head of the household has to be someone who usually lives in the household. This person may be acknowledged as the head on the basis of age (older), sex (generally, but not necessarily, male), economic status (main provider), or some other reason. It is up to the respondent to define who heads the household. There generally should not be a problem with this. If the person responding to the household interview is not the head of household then you may record this person on the second line.

If the last name is the same for several people, you can use abbreviations or ditto marks:

Example:

01	Arun Mehta	
02	Madhu	"
03	Raja	"

After entering a name, the relationship of that person to the head of the household, the sex, residential status, and age should be recorded in Columns (3) through (7) *before* going on to record the name of the next person.

When using CAPI, follow the sequence as prompted. Be sure to enter two, unique names for each household member. Ditto marks are not allowed in CAPI.

Column (3): RELATIONSHIP

Record how the person listed is related to the head of the household. For a paper questionnaire, use the codes at the bottom of the page. When using CAPI, select from the list. **If the respondent is not the head of the household, make sure that you record the relationship of each person to the household head, not the relationship to the respondent.**

Example: If the respondent is the wife of the head of the household and she says that Raja is her brother, then Raja should be coded as Code ‘09’ (BROTHER-IN-LAW OR SISTER-IN-LAW) not Code ‘08’ (BROTHER OR SISTER), because Raja is a brother-in-law of the head of the household.

If the head of the household is married to a woman who has a child from a previous marriage, that child’s relationship to the head of the household should be coded as Code ‘12’ (ADOPTED/FOSTER/STEPCHILD).

Column (4): SEX

Always confirm the sex of a person before recording it in Column (4) since there are many names that may be given to either a male or female.

Columns (5) and (6): RESIDENCE

In Column 5, record information on the person’s usual residence. A usual member of the household may or may not have slept in the household the night before the interview. However, a visitor must always have stayed in the household the night before the interview.

If after asking these residence questions you learn that the person does not usually live in the household—Column (5) is NO—and did not sleep there the night before—Column (6) is also NO—

you will have to delete this person from the listing because he/she is neither a member nor a visitor. **When using a paper questionnaire**, after deleting the person, you must renumber the line numbers in Column (1) assigned to all of the persons listed in the household schedule after that person. You will also need to modify the line numbers in Columns (9), (10), and (11), and in the columns at the beginning of each page of the household schedule.

Paper Example: You had listed Naina as Line Number 04 and then learned that she does not usually live in the household and she did not sleep there the night before. You would draw a line through the fourth row, cancelling Naina from the listing. Then you would have to **renumber** the subsequent Line Numbers in Column (1). Whenever you change Column (1), you should also make corrections to the Line Numbers in Columns (9), (10) and (11) and in the columns to the left of Column (13).

When using CAPI, you will be prompted to go back and list the next person in the household, either a usual resident or visitor. You will not be allowed to continue if either Columns (5) or (6) are NO.

Column (7): AGE

If you have difficulty obtaining the ages of household members, use the methods described for Qs. 102 and 103 in the Woman's Questionnaire to probe for the correct age. You are to obtain each person's age in completed years, that is, the age at the time of the last birthday.

When you have written all the names, you want to be certain you have included everyone who should be listed before continuing with the rest of the questionnaire. **To do this, ask the three questions in 7A (at the end of the Household Schedule in the paper questionnaire).** If the answer to any is YES, add those persons' names to the list.

After completing Columns (2) through (7) for all household residents and any visitors, start with the person listed on Line 01 and move across the page, asking each appropriate question in Columns (8) through (21A). When you have completed the information for the person on Line 01, move to the person listed on Line 02, etc.

Column (8): CURRENT MARITAL STATUS

Column (8) is concerned with the current marital status of respondents who are 13 years or older. Thus, you should not record an answer in Column (8) if the respondent is 12 years or younger.

- '1' if the person is married irrespective of whether the spouse lives in the same household
- '2' if the person is married but *gauna* has not been performed
- '3' if the person was married but his/her spouse is dead
- '4' if the person was married, but has legally obtained a divorce from his/her spouse
- '5' if the person is married, and his/her spouse is alive, but they are separated and do not live together as husband and wife
- '6' if the person is married, but has been deserted by his/her spouse
- '7' if the person has never been married

In general, record the marital status for each person as reported by the respondent. Probe only if there is some doubt. For example, if you are told that a 13-year-old girl is married, you should ask: "Has *gauna* been performed?"

Columns (9), (10) and (11): ELIGIBILITY

When using a paper questionnaire, look at Column (7) and select the Line Number in Column (9) for all women who are between 15 and 49 years of age (including those who are age 15 and those who are age 49). Look at Column (7) and select the Line Number in Column (10) for all men between 15 and

54 years of age (including those who are age 15 and those who are age 54). These individuals are “eligible” respondents, and they qualify for an interview using the Individual Questionnaire. Remember, the respondent may be a usual resident of the household or only a visitor. If the household is not selected for male interview, Column (10) will be skipped. Next, look at Column (7) again and select the Line Number in Column (11) of any child who is 0-5 years of age. Children in this age range are eligible for anthropometric measurement and may be eligible for anaemia testing.

When using CAPI, the eligible individuals will be selected for you.

Column (12): BIRTH REGISTRATION

In this question we are seeking information about whether children ages 0-4 years have a birth certificate. This is because prompt registration at birth is seen as an essential means of protecting a child's right to identity, as well as respect for other child rights. The lack of a birth certificate may prevent a child from receiving health care, nutritional supplements and social assistance, and from being enrolled in school.

We begin by asking if the child has a birth certificate (a baptismal certificate if not issued by a government authority cannot be considered a birth certificate). If the respondent says the child does not have a birth certificate then ask if the child was registered with the civil authorities. Record ‘1’ if the child has a birth certificate; record ‘2’ if the child does not have a birth certificate but has been registered with the civil authorities; record ‘3’ if the child does not have a birth certificate and has not be registered; and record ‘8’ if the respondent does not know.

Columns (13) through (16): SURVIVORSHIP AND RESIDENCE OF NATURAL PARENTS

For all children who are younger than 18 years old, we want to know whether their natural parents are listed in the Household Schedule. This information will be used to measure the prevalence of orphanhood and child fostering and to identify vulnerable children in the population. For everyone age 18 years and older, Columns (13) through (16) will be skipped.

In Column (13), ask whether the child’s natural mother is alive. By “natural” we mean the biological mother, that is, the woman who gave birth to the child. Some people consider other people’s children whom they are raising their own, especially children of their husband or sisters, etc. You should be certain that the respondent understands that you are asking about the child’s biological mother.

If the mother is still alive, ask the question in Column (14) to determine whether she lives in the household or is a visitor. If the mother does live in the household or is a visitor, ask who she is (she should be listed on the schedule if she lives in the household or is a visitor) and record her Line Number in Column (14). If the child’s biological mother is still alive but does not live in the household and is not a visitor, record ‘00’ in the boxes in Column (14). Column (14) will be blank only when the child’s biological mother is no longer alive or the respondent is not sure if the mother is alive.

Follow the same procedure for the child’s natural, biological father—Columns (15) and (16)—as you do for the natural mother.

When using a paper questionnaire, if sometime during the interview, after you have completed Columns (14) and (16), you find it necessary to cross someone off the Household Schedule and to renumber the Line Numbers, you must be sure to make changes in Columns (14) and (16) as appropriate.

Columns (17) through (21): EDUCATION

Questions on education are not to be asked for people who are younger than five years old. For anyone under five years old, simply skip these columns. Columns (17) and (18) are asked of all those age 5 and older. Also note that Columns (19) through (21) are to be asked only of those age 5-18 years.

The term “school” means formal schooling, which includes pre-primary, primary, secondary, and post-secondary schooling, and any other intermediate levels of schooling in the formal school system. This definition of school does not include Bible school or Koranic school or short courses like typing or sewing. However, it does include technical or vocational training beyond the primary school level, such as long-term courses in mechanics or secretarial work.

If the person has never attended school, you will leave Columns (18) through (21) blank. If the person has attended school, you will record the highest standard/year of school the person has completed successfully in the boxes in Column (18). The codes at the bottom tell you what to do in special circumstances. In Column (17), if the respondent tells you that Kumari went to school but did not complete standard 1, enter ‘00’. If the respondent does not know the relevant standard in Columns (18) or (20), enter ‘98’.

Example: A child who is currently in the third year of primary school would have completed standard 2 (she has not yet completed the third year). Record ‘02’ in Column (18).

For persons who have completed high school or have higher education, you need to enter the total number of years of education completed. In NFHS-4 it is assumed that it takes 10 years to complete high school and 12 years to complete higher secondary. Thus, for those who are educated beyond the higher secondary level, add the additional number of years of education they have had to the number 12. Since there is great variation throughout the country in the number of years it takes to complete different higher education degrees, illustrative guidelines are provided below on the number of years that should be entered for some of the more common degrees. The guiding principle that should be used is to enter the minimum number of years needed to complete the degree. Also, if a person has done the same degree twice (two M.A.s for example), then just count the MA one time. Using this standardized procedure will avoid extensive probing.

Bachelor’s degree	15 years (12+3)
Master’s degree	17 years (12+3+2)
Engineering	16 years (12+4)
MBBS	17 years (12+5)
Polytechnic	13 years (10+3)
ITI	11 years (10+1)
Ph.D.	20 years (12+3+2+3)

Example: Sita is in the final year of BA. Enter '14' (12+2) in the boxes. Rajesh is studying in the second year of MBA after Engineering. The total completed years of education are calculated as 16 for Engineering + 1 year (first year of MBA, which he has completed) = 17.

For people age 5-18 who have ever attended school, ask the question in Column (19). If a person has not attended school at all during the 2014-2015 school year, record ‘2’ and skip to Column (21), leaving Column (20) blank.

If the person has been in school at any time during the 2014-2015 school year, even if he or she is not currently attending school, ask the question in Column (20). Record the standard the person is/was attending.

You will ask the question in Column (21) only if the answer to Column (19) is no ‘2’. Ask for the main reason the person is not attending school and record the answer using the codes at the bottom of the page.

Column (21A)

This question is asked for each household member listed in the roster to determine if they have an Aadhaar card or not.

CONTINUATION SHEET

When using a paper questionnaire-If you interview a household that has more than 11 members, mark the box following line 11 on the first page of the schedule. Take a fresh Household Questionnaire, fill in all the information on the cover page, and write “CONTINUATION” on the top. Then on the second Household Questionnaire, change Line Number 01 to 11 and if necessary, change line 02 to 12 and so on in Columns (1), (9), (11), and the numbers to the left of Column (13). Then write the information for these household members. Return to the first Household Questionnaire to complete the interview.

In case of CAPI, you can enter up to 50 household members in one household.

HOUSEHOLD CHARACTERISTICS (Qs. 22-77)

After asking the questions about each member of the household, you will ask Questions 22 through 77 about household amenities and possessions.

Q. 22: HOUSEHOLD SMOKING

This question is designed to measure household exposure to second-hand smoke. It will complement questions asked about tobacco use in the woman’s and man’s questionnaire.

Second-hand smoke refers to the smoke given off by the burning end of the tobacco product combined with that exhaled by the smoker. Exposure to second-hand smoke can cause lung cancer and heart disease in non-smokers. Second-hand smoke irritates the lungs and has been linked to more severe asthma, and more frequent colds and lung infections in children.

Qs. 23-24A: TUBERCULOSIS

Question 23 asks whether any usual resident in the household suffers from tuberculosis (TB). This does not include visitors who are not usual residents in the household. Tuberculosis is an infectious disease which affects the lungs and other tissues of the body. Tuberculosis of the lungs, the most commonly known form of TB, is characterized by the coughing up of mucus and sputum, fever, weight loss, and chest pain. If any household member suffers from TB, record ‘1’ for YES, and continue to Q. 24.

In Q. 24, you will ask about who in the household suffers from TB, and record the line numbers of only those who suffer from TB. Probe to be sure that the respondent has listed all those suffering from TB. Once you have listed all those with TB, record ‘95’ to indicate that there are no more people with TB. For each person suffering from TB, ask Q. 24A about medical treatment for the TB. The exact treatment does not matter but the treatment should have been medical in nature. Remember that you only need to ask this question for household members with TB.

Q. 25: HOUSEHOLD DRINKING WATER

The purpose of this question is to assess the cleanliness of the household drinking water by asking about the household’s main source of water. If drinking water is obtained from several sources, probe to determine the source from which the household obtains the majority of its drinking water. If the source varies by season, record the main source used at the time of interview.

Definitions of Water Source Codes for Q. 25	
<u>Response Categories</u>	<u>Definition</u>
Piped into dwelling	Pipe connected with in-house plumbing to one or more taps, e.g. in the kitchen and bathroom. Sometimes called a house connection.
Piped to yard/plot	Pipe connected to a tap outside the house in the yard or plot. Sometimes called a yard connection.
Public tap or standpipe	Public water point from which community members may collect water. A standpipe may also be known as a public fountain or public tap. Public standpipes can have one or more taps and are typically made of brickwork, masonry or concrete.
Tube well or borehole	A deep hole that has been driven, bored or drilled with the purpose of reaching ground water supplies. Water is delivered from a tubewell or borehole through a pump which may be human, animal, wind, electric, diesel or solar-powered.
Protected dug well	A dug well that is (1) protected from runoff water through a well lining or casing that is raised above ground level and a platform that diverts spilled water away from the well and (2) covered so that bird droppings and animals cannot fall down the hole. Both conditions must be observed for a dug well to be considered as protected.
Unprotected dug well	A dug well which is (1) unprotected from runoff water; (2) unprotected from bird droppings and animals; or (3) both.
Protected spring	A spring protected from runoff, bird droppings, and animals by a “spring box” which is typically constructed of brick, masonry, or concrete and is built around the spring so that water flows directly out of the box into a pipe without being exposed to outside pollution.
Unprotected spring	A spring that is subject to runoff and/or bird droppings or animals. Unprotected springs typically do not have a “spring box”.
Rainwater	Rain that is collected or harvested from surfaces by roof or ground catchment and stored in a container, tank or cistern.
Tanker truck	Water is obtained from a provider who uses a truck to transport water into the community. Typically the provider sells the water to households.
Cart with small tank	Water is obtained from a provider who transports water into a community using a cart and then sells the water. The means for pulling the cart may be motorized or non-motorized (e.g., a bullock).
Surface water	Water located above ground and includes rivers, dams, lakes, ponds, streams, canals, and irrigation channels.
Bottled water	Water that is bottled and sold to the household in bottles.
Community RO Plant	Reverse Osmosis (RO) is a process for creating safe drinking water by forcing water under high pressure through a filter.

Q. 26: LOCATION OF WATER SOURCE

Ask where the water source is located to determine if it is in the dwelling, yard, or elsewhere. If the response to Q. 25 is TANKER TRUCK (Code '61'), CART WITH SMALL TANK (Code '71'), BOTTLED WATER (Code '91') or COMMUNITY RO PLANT (Code '92'), record ELSEWHERE (Code '3') in Q. 26.

Q. 27: TIME TO GET WATER

This question is not asked if the source of drinking water is located within the dwelling or yard/plot or if the household relies on rainwater.

Include the time it takes to get to the source, wait to get water (if necessary), and get back to the house. Record the time it takes to get water by whatever means of transportation the person generally uses, whether the person walks or rides a bicycle or motor vehicle. If the respondent tells you that the water is delivered to their dwelling (a situation that could arise if the water comes from a tanker truck, a small cart with a tank, or is bottled), record '000'.

Convert answers given in hours to minutes. Put zeroes in front of the response if necessary; for example, "30 minutes" would be '030,' and "one hour and a half" would be '090'. If the source of water is on the property, for example a stream that runs through the yard, you would record ON PREMISES.

Q. 28: WHO FETCHES WATER

The purpose of this question is to know which household member(s) usually perform the task of fetching water. Knowing which member of the household usually hauls the water gives us an idea of whether gender and generational disparities exist with respect to water hauling responsibilities. If the respondent answers that there are several members of the household who perform this chore, emphasize that you are interested in the person who usually fetches the water (i.e., most of the time).

Qs. 29 and 30: TREATMENT OF DRINKING WATER

The purpose of Qs. 29 and 30 is to know whether the household drinking water is treated within the household and if so, what type of treatment is used. The type of treatment used at the household level provides an indication of the quality of the drinking water used in the household.

Definitions of Water Treatment Codes for Q. 30	
<i>Response Categories</i>	<i>Definition</i>
Boil	Boiling or heating of water.
Alum	Alum or potash alum is a substance that, when added to water causes containments to settle to the bottom.
Add bleach/chlorine	Use of chlorine to treat drinking water. Chlorine may be in the form of liquid sodium hypochlorite, solid calcium hypochlorite, or bleaching powder.
Strain it through a cloth	Pouring water through a cloth which acts as a filter for collecting particulates from the water.
Using a water filter (ceramic/sand/composite/etc.)	The water flows through media to remove particles and at least some microbes from water. Media used in filtering systems usually include ceramic, sand and composite.

Electronic water purifier	A machine which runs on electricity and is used for purifying water
Let it stand and settle	Holding or storing water undisturbed and without mixing long enough for larger particles to settle to the bottom by gravity.

Q. 31: TOILET FACILITIES

The purpose of this question is to obtain a measure of the sanitation level of the household, since toilet facilities are important for disease control and health improvement. If the respondent answers in general terms such as “flush toilet,” probe to determine where the toilet flushes to; likewise, if the respondent answers “latrine”, probe to determine the type of latrine. Below are some definitions for the terms used in the codes for Q. 31.

Definitions of Toilet Facility Codes in Q. 31	
<i>Response Categories</i>	<i>Definition</i>
Flush/pour flush toilet	A <u>flush</u> toilet uses a cistern or holding tank for flushing water and has a water seal, which is a U-shaped pipe, below the seat or squatting pan that prevents the passage of flies and odours. A <u>pour flush</u> toilet uses a water seal, but unlike a flush toilet, a pour flush toilet uses water poured by hand for flushing (no cistern is used).
- to piped sewer system	A system of sewer pipes (also called sewerage) that is designed to collect human excreta (faeces and urine) and wastewater and remove them from the household environment. Sewerage systems consist of facilities for collection, pumping, treating and disposing of human excreta and wastewater.
- to septic tank	An excreta collection device consisting of a water-tight settling tank normally located underground, away from the house or toilet.
- to pit latrine	A system that flushes excreta to a hole in the ground.
- to somewhere else	A system in which the excreta is deposited in or nearby the household environment in a location other than a sewer, septic tank, or pit, e.g., excreta may be flushed to the street, yard/plot, drainage ditch or other location.
Pit latrine	Excreta are deposited without flushing directly into a hole in the ground.
- ventilated improved pit latrine (VIP)/biogas latrine	A latrine ventilated by a pipe extending above the latrine roof. The open end of the vent pipe is covered with gauze mesh or fly-proof netting and the inside of the superstructure is kept dark.
- pit latrine with slab	A latrine with a squatting slab, platform or seat firmly supported on all sides which is raised above the surrounding ground level to prevent surface water from entering the pit and for ease of cleaning.
- pit latrine without slab/ open pit	A latrine without a squatting slab, platform or seat. An open pit is a rudimentary hole in the ground where excreta is collected.
Twin pit/Composting toilet	A toilet into which excreta and carbon-rich material are combined (vegetable wastes, straw, grass, sawdust, ash) and special conditions maintained to produce inoffensive compost.
Dry toilet	A place that is used for defecation and from which the faeces are regularly picked-up by a scavenger (usually found in old cities). Known as <i>kamau paikhana</i> in Hindi.

Qs. 32 and 33: SHARED TOILET FACILITIES

Q. 32 asks about whether the toilet facilities are shared with other households. In Q. 33, we want to find out how many households, including the respondent's household, use the same facility. For example, if the respondent's household shares the toilet with one other household, record "02" in Q. 33. If they share it with two other households, record "03" in Q. 33. The number of households that share toilet facilities is an important measure of the level of hygiene in the household.

Q. 34: RELIGION OF HOUSEHOLD HEAD

The religion of the head of the household is asked in order to study the differentials in health and population across different religious groups. Do not try to guess the religion of the head of the household from his/her name. Many names are common among different religions.

Q. 35: NAME OF CASTE OR TRIBE OF HOUSEHOLD HEAD

This question is asked to all the respondents irrespective of religion. A sizeable proportion of Christians and Muslims and persons of other religions may still have some affiliation, for example, if they were Hindus before converting to another religion. This information will be used as yet another measure of the socioeconomic background of the households.

If the respondent is other than the head of the household, make sure that he/she is giving the caste or tribe of the head of the household and not his/her own. The name of the caste or tribe to which the head of the household belongs as reported by the respondent should be recorded verbatim and the appropriate code recorded. If the head of the household is reported as belonging to both a caste and a tribe, record only the tribe's name. If the respondent says that the head of the household does not belong to any caste or tribe, record '3' for NO CASTE/TRIBE and skip to Q. 37.

Q. 36: SCHEDULED CASTE/TRIBE OR OTHER BACKWARD CLASS OF HOUSEHOLD HEAD

Record the correct code, according to whether the respondent tells you that the caste/tribe given in Q. 35 is a scheduled caste, a scheduled tribe, or an 'other backward class' (OBC), or that the head of the household does not belong to any of these disadvantaged groups.

Q. 37: HOUSEHOLD ITEMS

The answers to these questions on ownership of certain items will be used as a rough measure of the socioeconomic status of the household. Read out each item and record the answer given after each item. Do not leave any item(s) blank.

If the respondent reports that a household item such as a radio is broken, try to find out how long it has been broken and whether it will be fixed. If the item appears to be out of use only temporarily, record '1' for YES. Otherwise, record '2' for NO.

Q. 38: FUEL FOR COOKING

Information on the type of fuel used for cooking is collected as another measure of the socioeconomic status of the household. The use of some cooking fuels can also have adverse health consequences. Remember that this question asks about fuel for cooking, not fuel for heating or lighting. The category 'biogas' includes gases produced by fermenting manure in an enclosed pit.

If the household uses more than one fuel for cooking, find out the fuel used most often. If any fuel other than the precoded ones is reported as being the main fuel used for cooking, record '96' and specify the type of fuel in the space provided.

Qs. 39-41: PLACE WHERE FOOD IS COOKED

In Q. 39 we want to find out whether the food in the household is cooked on a stove, a *chullah*, or an open fire. The purpose of Q. 40 is to collect information on the location where food is prepared in the household: in the household, in a separate building, or outdoors. This information is important in providing an indicator of the air quality inside and around the dwelling. In Q. 41, information on whether the household has a separate room used as a kitchen provides additional information on the hygiene status of the household.

Q. 42: FLOOR MATERIAL

This is an observation not a question since you will usually be able to see for yourself what kind of floor the house has. However, ask if you are not sure. If there is more than one kind of flooring material, record the main type of material (the material that covers the largest amount of floor space).

Q. 43: ROOF MATERIAL

As with the floor material, you will usually be able to see for yourself what kind of roof material the house has. However, observing the roof material may not always be easy or you may be able to observe part but not the whole roof. Ask the respondent if you are not sure or if you cannot observe the roof properly. If the household lives in an apartment building, look at the roof from a reasonable distance and ask the respondent if necessary. If there is more than one kind of roofing material, record the main type of material (the material that covers the largest amount of roof space).

Q. 44: WALL MATERIAL

As with the floor and roof materials, you will usually be able to see for yourself what kind of material the exterior walls are made of. However, ask the respondent if you are not sure. Again, if there is more than one kind of wall material, record the main type of material (the material that covers the largest amount of wall space).

Q. 45: NUMBER OF ROOMS FOR SLEEPING

Simply ask about the number of rooms that the household uses for sleeping. Include all the rooms where persons in the household sleep, even if those rooms are used for other purposes in the daytime (that is, they are not exclusively used for sleeping). If the household members usually sleep outside the house, you would record '00' for the number of rooms used for sleeping.

Q. 46-47: OWNERSHIP OF HOUSE

These questions are asked to know if any household member owns any house irrespective of whether they are currently living in it or not. Also, from Q. 47 we are determining whether a male member or a female member or both own the house(s). The answers to these question can help understand the extent of female empowerment/economic status.

Qs. 48-51: OWNERSHIP OF AGRICULTURE LAND

Ownership of agriculture land is another important indicator of the socioeconomic status of the household. First ask Q. 48 to find out whether any member of the household owns any land that can be used for agriculture. The land does not have to be near where the household lives. For example, a household living in the middle of a big city may own some agriculture land in a rural area. 'Agricultural land' here includes only land which is being used or can be used for agricultural purposes. Land used for grazing, brick kilns, etc. and other waste or barren land that cannot be cultivated should not be considered as 'agricultural land'. If the household does not own any agricultural land, skip to Q. 52.

If the answer is YES, ask Q. 49 to record who owns the land. Then ask Q. 50 for the size of this land. The answer should be rounded to the first decimal place. For example, if the measure given is 3.75 acres, enter '003.8' in the boxes provided. If the household owns exactly 3 acres, enter '003.0'. If the response is not in acres, write the units in the space provided making sure to specify clearly the name (e.g., hectares, *bighas* or *gunthas*) and if known, the conversion factor to. **When using a paper questionnaire**, the supervisor will later convert the answer into acres and enter the correct number into the boxes provided.

Ask Q. 51 to those who reported that their household owns agricultural land. Only agricultural land which is irrigated by one or more sources of irrigation such as a canal, pond/tank, well, tube well, or river is to be recorded here. Land which depends only on rain for irrigation is not to be included as irrigated land. If the respondent is unable to give the size in acres, then write on the line provided after the question the number in local units, but be sure to specify the unit used. The units will be the same as in Q. 50. **When using a paper questionnaire**, the units should be specified. The supervisor will convert the measure in local units into acres in all such cases. If none of the land owned by the household is irrigated then record '9995'.

Q. 52: OWNERSHIP OF LIVESTOCK, HERDS, POULTRY OR OTHER FARM ANIMALS

Information on whether households own any livestock, herds, poultry or other animals and how many they own is used as an additional indicator of the socioeconomic status of the household. Read out each item and be sure to record yes or no for each item. The number of animals owned does not matter, only that one or more is owned by the household or a usual member of the household.

Q. 53: BANK ACCOUNT

Ask if any member in the household has an account with a bank, post office, credit association or other similar organization in which they can deposit and withdraw funds. Record the appropriate answer.

Qs. 54-55: HEALTH SCHEME OR INSURANCE

With these questions we want to know if any usual household member (excluding visitors who are not usual residents) has health insurance coverage of any kind, whether it be through the government (central or state health schemes), through other employers, or individually bought.

Qs. 56-57: HEALTH FACILITY USE

The purpose of Q. 56 is to find out where the household members mainly seek treatment for an illness. The illness could be of any kind requiring treatment. If the respondent gives more than one answer, ask: "Where do members of your household go most often?" For those that do not use government facilities, ask Q. 57 for the reason why they don't use government facilities.

Q. 58: BPL CARD

The BPL card is a card given to households below the poverty line. However, this question needs to be asked in all households (even if they look relatively well off) because sometimes households have managed to obtain a BPL card even if they are not below the poverty line.

Qs. 59-61: POSSESSION OF MOSQUITO NETS

It is recognized that the consistent use of insecticide-treated mosquito nets (ITN) decreases the incidence of malaria and malaria-related deaths, especially in very young children. Consequently, many countries are now instituting programs that promote the use of ITNs.

Qs. 59-60 inquires about whether the household has any mosquito nets, and if yes, how many. It does not matter if the nets are actually used or even if they are set up. If they are in the household and could be used while sleeping, they should be counted. Note that 'cake covers' or baby nets that are used to keep flies off infants, usually during the daytime, are not considered mosquito nets. These nets cannot be treated with insecticide. Window screens are also not considered mosquito nets. Q. 61 asks where these mosquito nets were obtained. Record all answers given.

Qs. 62-65: TYPE OF NETS AND USE ON THE NIGHT BEFORE THE INTERVIEW

There are various types and brands of mosquito nets. Some require regular treatment with insecticide; others are factory treated and do not require any treatment for 6-12 months (pretreated) or 36 months (long-lasting insecticide-treated net; LLIN).

Ask to see all of the nets that the household has and systematically ask the questions for each net as it is shown to you, beginning with the first net. Even if you cannot directly observe a net, you must ask the questions for each net the household member reports.

To distinguish each net, you may use phrases like, "Now let's talk about the first net you showed me" or 'Let's talk about the net which (NAME) uses'. If a household has more than 3 nets, use an additional questionnaire. At the top of pages 13, rename the columns 'NET #4', 'NET #5', and 'NET #6'.

Q. 62 asks about the type and brand of net. You will become familiar with the most common brands of nets during the training; however, you may encounter nets in the field that you will not recognize. If the respondent tells you or you learn from the packaging that the net is a LLIN but not one of the listed brands or if you cannot determine the brand record '26'. Similarly if you determine that the net is pretreated, record '30'. If you cannot observe the net and the brand is unknown, show pictures of typical net types/brands to the respondent in an effort to identify it.

In some cases, you may be able to identify the net brand but not whether it is a LLIN or a pretreated net; for those nets, record '96' (OTHER BRAND). When you cannot obtain information on either the type or brand of a net, record '98' (DK BRAND).

Questions 63-64 help us to link a particular mosquito net to the person(s) who slept under it the night before the survey. Obviously it does little good to have up-to-date treated nets in the household if they are not used for sleeping at night. In Q. 63, ask the respondent if anyone slept under each mosquito net last night, and if the respondent answers YES, record in Q. 64 who slept under the net last night. If more than four people slept under a single net the night before the survey, record only the first four people mentioned by the respondent. For each person mentioned, record their name and their corresponding line number from the household schedule.

At this point, go back to Q. 62 for the next net. If you have finished these questions for all the nets belonging to the household, proceed to Q. 66.

Qs. 66-68: HANDWASHING

These questions measure a key aspect of personal hygiene that has implications on the health of all household members, but is especially important for children. In Q. 66, ask the respondent to show where members of the household wash their hands. If the location is observed, note whether or not water is available (Q. 67) and whether soap/detergent or ash/mud/sand is present (Q. 68).

Q. 69: TESTING SALT FOR IODINE

The purpose of this question is to assess whether the household uses salt that has been fortified with iodine in cooking. Fortified salt prevents iodine deficiency. Iodine is an important micronutrient and a

lack of it may lead to an enlarged thyroid gland in the neck known as goitre or other thyroid-related health problems.

TESTING FOR PRESENCE OF POTASSIUM IODATE: Ask the respondent for a sample of cooking salt (a quantity of about one half teaspoon). If the household uses more than one type of salt, make sure that the sample provided is the salt that the household uses for cooking. Fill the small white cup (provided with the test kit) with the salt and then spread the salt on a clean plate, piece of paper, or other flat surface. If you are using a new test kit for the first time, start by making a pin hole in the test-solution ampoule (white cap) and the retest-solution ampoule (red cap). To test the salt for the presence of iodate, first shake the vial of test solution in the clear ampoule and gently squeeze two drops of the liquid on the surface of the salt sample. If the salt has iodate, the wet salt should turn a violet/blue colour within one minute. Record '1' for IODINE PRESENT in Q. 69 and continue with the next question. If the light indoors is inadequate to detect a subtle colour change, it may be necessary to examine the salt sample outdoors.

If there is no colour change, you need to continue the testing procedure. Shake the vial of recheck solution in the red ampoule and gently squeeze five drops of the liquid on a fresh sample of salt. Immediately add two drops of test solution on the same spot on the salt. If the salt turns a violet/blue colour, record '1' for IODINE PRESENT in Q. 69. If the colour does not change, test a new sample with the second test kit (potassium iodide).

TESTING FOR PRESENCE OF POTASSIUM IODIDE: Ask the respondent for a new sample of cooking salt (a quantity of about one half teaspoon). Fill the small white cup (provided with the test kit) with the salt and then spread the salt on a clean plate, piece of paper, or other flat surface. If you are using a new test kit for the first time, start by making a pin hole in the test-solution ampoule. To test the salt for the presence of iodine, shake the vial of test solution and gently squeeze two drops of the liquid on the surface of the salt sample. If the salt is iodized, the wet salt should turn a violet/blue colour. Record '1' for IODINE PRESENT in Q. 69 and continue with the next question. If the light indoors is inadequate to detect a subtle colour change, it may be necessary to examine the salt sample outdoors. Record '1' for IODINE PRESENT in Q. 69 and continue with the next question.

If there is no colour change, you need to continue the testing procedure. Shake the vial of recheck solution in the red ampoule and gently squeeze five drops of the liquid on a fresh sample of salt. Immediately add two drops of test solution on the same spot on the salt. If the salt turns a violet/blue colour, record '1' for IODINE PRESENT in Q. 69. If the colour does not change, record '2' for NO IODINE.

If the household does not have salt, record '3' for NO SALT IN HOUSEHOLD. If the household refuses to give salt for testing, record '6' for SALT NOT TESTED. Record the reason that the salt was not tested.

Qs. 70-77 DETAILS OF RECENT DEATH(S) IN HOUSEHOLD

These questions are asked to determine if any usual member of the household died during the past 3 years, i.e., since January 2012. If NO usual member died since January 2012 then END THE INTERVIEW. If YES, ask Q. 71 to determine how many usual members died. Qs. 72-77 are asked to gather details like name, sex, age at death, month/year of death and cause of death of each usual member who died. If Q. 76. is NO and the person who died is a female and died when she was 12 years or older then ask Q. 77 which is to know if it was a maternal death, i.e., she died during pregnancy, during childbirth or within two months after the end of pregnancy or childbirth.

SELECTION OF WOMAN FOR THE HOUSEHOLD RELATIONS SECTION

The Woman's Questionnaire is administered to all eligible women in the household with the exception of one of its sections, namely the section entitled 'Household Relations.' To select which woman is to

receive that section, you will have to randomly select one woman from among all the eligible women. When using CAPI, this will automatically be done for you.

When using a paper questionnaire, follow the steps below. The selection steps are:

Step 1: Look on the top left corner of the cover page of the Household Questionnaire for the last digit of the questionnaire number.

Step 2: In the table, circle the corresponding digit in the first column, which is labelled LAST DIGIT OF THE QUESTIONNAIRE NUMBER.

Example: If the Questionnaire Number is 936, circle '6'. If it is 3,010, circle '0'. This is the row that you will work in.

Step 3: Now check the total number of eligible women which you have entered on the cover sheet. Circle the corresponding number in the row at the top of the table below the label TOTAL NUMBER OF ELIGIBLE WOMEN IN THE HOUSEHOLD.

Example: If there are two eligible women in the household, circle '2'. If there are more than 8 eligible women in the household, circle '8' in the row at the top of the table.

Step 4: Now follow the row and the column that you have marked. Circle the number in the box where the two meet.

Example: If the last digit of the questionnaire was '6' and the number of eligible women in the household is 3, you will be in the box which has '2' in it. Circle the '2'.

Step 5: Now go to Column (9) of the Household Schedule and find the eligible woman corresponding to the number in the box and put a * next to her Line Number at the left of the Household Schedule.

Example: This household has 3 eligible women; the first has the Line Number '02', the second has the Line Number '03' and the third has the Line Number '07'. If the number in the box is '2' you are looking for the second woman. This is the woman who has the Line Number '03' in the Household Schedule. Put a * next to this Line Number. This is the woman who will be asked the section on Household Relations.

Step 6: Record the household line number of the selected woman in the two boxes at the bottom of the page where the selection was done (the page with the grid).

C. Return to Cover Page

When using a paper questionnaire, after you have finished filling out the Household Questionnaire, go back to the cover page of the Household Questionnaire. When using CAPI, save your progress and close the data collection program.

INTERVIEWER VISITS

When using a paper questionnaire -After you have contacted the household, you will need to write in the result of your visit on the paper questionnaire. The spaces under 2 and 3 are for recording the results of any call backs that you may have to make if you cannot contact the household on your first visit. Remember, you must make at least three different visits to try to obtain an interview with a household.

RESULT CODES

The result of your final visit to a household is recorded in two places **on the paper questionnaire**: on the cover sheet of the Household Questionnaire and in Column (5) of the Interviewer's Assignment Sheet. The results are stored in the CAPI as you record them. You will make every attempt to contact and interview the household, but sometimes it may happen that you make three visits to the household (at different times) and are unable to conduct the interview. In this case, you record the result of the third visit.

The following are descriptions of the various result codes:

- Code 1 Completed. Enter this code when you have completed the household interview.
- Code 2 No household member at home or no competent respondent at home at time of visit. This code is to be used in cases in which the dwelling is occupied, but no one is at home. If no one is at home when you visit, or if there is only a child at home or an adult member who is ill, deaf, or mentally incompetent, enter Code '2' as the result of the visit. Try to find out from a neighbour or from the children when a competent adult will be present and include this information in the visit record.
- Code 3 Entire household absent for extended period of time. This code is to be used only in cases in which no one is at home and the neighbours say that no one will return for several days or weeks. In such cases, enter Code '3' as the result of that visit. Since the neighbours may be mistaken, you should make callbacks to the household to check that no one has returned. In cases in which no one is at home and you cannot find out whether they are gone for a few hours or a few weeks, enter Code '2.'
- Code 4 Postponed. If you contact a household, but for some reason, it is not convenient for them to be interviewed, then schedule a callback interview and enter Code '4' on the cover sheet as a result code for that visit. If there is some extreme circumstance such that the interview is never conducted, you would enter Code '4' for the final result code.
- Code 5 Refused. The impression you make during your initial contacts with members of a household is very important. Be careful to introduce yourself and explain the purpose of the survey. Stress that the interview takes only a short amount of time and that the information will be confidential. If the individual with whom you first talk is unwilling to cooperate, ask to speak with another member of the household, such as the household head. Suggest that you can return at another time if it would be more convenient. If the individual still refuses to cooperate, enter Code '5' and report the problem to your supervisor.
- Code 6 Dwelling vacant or address not a dwelling. In some cases you may find that a structure number assigned to you is unoccupied, that is, it is empty with no furniture and is not being lived in. This is what we call "vacant," and you should enter Code '6.' Other times, you may find that a structure is not a residential unit. It is a shop, church, school, workshop, or some other type of facility that is not used as a living area. After making sure there are no residential units in back of or above the premises, enter Code '6' as the result for the visit. Be sure to report the situation to your supervisor.
- Code 7 Dwelling destroyed. If the dwelling was burned down or was demolished in some other manner, enter Code '7.'
- Code 8 Dwelling not found. You should make a thorough search, asking people in the area whether they are familiar with the address or the name of the household head. If you are still unable to locate the structure, you should enter Code '8' as the result for the visit to that household and inform your supervisor.

- Code 9 Other. There may be times that you cannot interview a household and the above categories do not describe the reason. Examples of cases that would fit in the ‘Other’ category would be if the entire cluster is flooded and inaccessible or if the household is quarantined because of a disease.

FINAL VISIT

After you have paid your last visit to the household, you will fill in the boxes under FINAL VISIT. The date on which you completed the household interview is recorded in the DAY, MONTH, YEAR boxes. For example, the last day in October 2010 would be DAY 31, MONTH 10, YEAR 2010. Write your assigned interviewer number in the boxes labelled INT. NUMBER.

When using a paper questionnaire, record the result for the final visit in the RESULT box. Add up the number of visits you made for the household interview and enter the total in the box labelled TOTAL NUMBER OF VISITS. The CAPI will record this information automatically for you.

TOTAL PERSONS IN HOUSEHOLD AND TOTAL ELIGIBLE WOMEN AND MEN

When using a paper questionnaire- After you have completed **the paper household interview**, you will record the total number of people listed in the schedule in the boxes labelled TOTAL PERSONS IN HOUSEHOLD. You will also record in the boxes labelled TOTAL ELIGIBLE WOMEN the total number of women in the household who are eligible for interview with the Woman’s Questionnaire. If there are no eligible women then write ‘00’. If the household is selected for male interview, write the total number of eligible men in the boxes labelled TOTAL ELIGIBLE MEN. If the household is not selected for male interview, leave these boxes blank. In the boxes labelled LINE NO. OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE record the Line Number of the person who was your respondent.

BOTTOM OF COVER PAGE

When using a paper questionnaire, at the bottom of the paper cover page, the supervisor will write his name and enter his identifier number.

PREPARE AN INDIVIDUAL QUESTIONNAIRE FOR EACH ELIGIBLE PERSON

When using a paper questionnaire-After completing a household interview, allocate an paper Individual Questionnaire for each eligible respondent identified in the household. You will fill in the identification information on the cover sheet of the Individual Questionnaire for each eligible respondent identified in the Household Schedule. For example, if after completing the household interview, you have found that there are three women and one man eligible for the individual interview, you will take three Woman’s Questionnaires and one Man’s Questionnaire and fill in the identification information for each of the four respondents.

The identification information on the Individual Questionnaire is similar to the identification information on the Household Questionnaire. However, you must write the eligible respondent’s name and the Line Number he/she was assigned in the Household Schedule in Column (1). If an eligible respondent is immediately available, proceed to interview them.

After completing the interviews with the eligible respondents, you will return the Household Questionnaire to your field supervisor with ALL of the completed Individual Questionnaires tucked inside.

When using CAPI, the list of eligible persons will be populated automatically.

VI. BIOMARKER QUESTIONNAIRE

WEIGHT, HEIGHT, ANAEMIA TESTING (HAEMOGLOBIN), HIV TESTING, BLOOD GLUCOSE TESTING, AND BLOOD PRESSURE MEASUREMENT (Qs. 201-471)

Certain individuals in the household (both usual residents and visitors) are eligible for anthropometry, blood pressure measurement, anaemia, blood glucose, and HIV testing. All children age 0-5 years (0-71 months), women age 15-49 and men age 15-54 are eligible to have their height and weight measured. Children age 6-71 months, women age 15-49, and men age 15-54 are eligible to have their blood collected for anaemia and blood glucose testing and to have their blood pressure measured. Women age 15-49 and men age 15-54 in a sub-sample of households are eligible to have their blood collected for HIV testing.

Interviewers will complete the headings of the paper biomarker questionnaire for children, women, and men (Qs. 202, 302, and 402). To do so, you will use the information collected in the household schedule and summarized in the CAPI. A special training manual has been prepared for clinical, anthropometric and biochemical (CAB) testing.

VII. WOMAN'S QUESTIONNAIRE

The Woman's Questionnaire consists of 11 sections as follows:

Section 1:	Respondent's Background
Section 2:	Reproduction
Section 3A:	Marriage and Cohabitation
Section 3B:	Contraception
Section 3C:	Contacts with Community Health Workers
Section 4:	Pregnancy, Delivery, Postnatal Care, and Children's Nutrition
Section 5:	Child Immunization and Health
Section 5A:	Utilization of ICDS Services
Section 6:	Fertility Preferences
Section 7:	Other Health Issues
Section 8:	Sexual Life (STATE MODULE ONLY)
Section 9:	Husband's Background and Woman's Work (STATE MODULE ONLY)
Section 10:	HIV/AIDS and Other Sexually Transmitted Infections (STATE MODULE ONLY)
Section 11:	Household Relations (STATE MODULE ONLY)

In addition, an event calendar where information about a respondent's births, ultrasounds, and periods of contraceptive use is recorded is found at the back of the Woman's Questionnaire. The questionnaire also includes a page for field staff to record observations about the interview.

For households not selected for the State Module, the woman's interview will end with Section 7.

A. Cover Page

When using a paper questionnaire, after completing the household questionnaire, you should have prepared a questionnaire for each eligible woman by filling in the identification section on the cover page. As you begin to interview the woman, you should fill in the area labelled "Interviewer Visits." Here, you will record your own name, keep a record of your visits, and record the final date and result code. You will also be entering this information into your Interviewer's Assignment Sheet.

This step is not required when using CAPI.

B. Section 1: Respondent's Background

In the first section of the questionnaire, you will begin by obtaining the respondent's consent to the interview and then collect some general background information on the respondent.

INFORMED CONSENT

You must seek the respondent's consent for participation in the survey. Read the informed consent statement exactly as it is written. This statement explains the purpose of the survey. It assures the respondent her participation in the survey is completely voluntary and that she can refuse to answer any questions or stop the interview at any point.

When using a paper questionnaire, after reading the statement, **you** (not the respondent) must sign in the space provided to affirm that you have read the statement to the respondent.

If the woman does not agree to be interviewed, record '2', thank the respondent, and end the interview. Then record '4' (REFUSED) as the result on the cover sheet.

When using CAPI, read the consent statement and select the appropriate response code.

REQUEST FOR DOCUMENTS

Before you begin the individual interview, ask the respondent to collect any birth certificates, identity cards, and health/immunization cards that she has for herself and her children. To complete some sections of the questionnaire, you will need to examine these documents, so assure the respondent that you have plenty of time to wait while she looks for them.

Q. 101: TIME

When using a paper questionnaire, record the time of the day you start the woman’s interview using the 24-hour system. If the hour or minutes are less than 10, put a zero in the first box. The CAPI will record this information automatically.

Half past nine in the morning is:	HOUR.....	0	9
	MINUTES	3	0
Half past four in the afternoon is:	HOUR.....	1	6
	MINUTES	3	0

Q. 102: MONTH AND YEAR OF BIRTH

Qs. 102 and 103 must be asked independently of the information on the Household Questionnaire. Even if you already asked the respondent her age when you were completing the Household Questionnaire, you must ask again for her date of birth on the Woman’s Questionnaire.

If the respondent knows her date of birth, write it in the appropriate boxes for MONTH and YEAR. You will need to convert the month into numbers. For this, January is ‘01’, February is ‘02’, March is ‘03’, and so on. If she does not know her month of birth, record ‘98’ for DON’T KNOW MONTH and ask her for the year of her birth. If she knows the year, write it in the boxes for YEAR. Try under all circumstances to obtain at least the year of birth.

If the respondent gives you the name of a Hindu or Islamic month, consult the conversion tables provided. These tables guide you on which Hindu/Islamic month corresponds with which of the Gregorian months, as well as which Hindu festival falls in which month. If the respondent gives you the name of a Hindu festival, you will have to convert that into a Gregorian month and record the month of birth. Try under all circumstances to obtain at least the year of birth.

If the respondent is unable to provide this information, ask whether she has any documentation such as an identification card or school or birth certificate that might give her date of birth. Only when it is absolutely impossible to estimate the year of birth should you record ‘9998’ for DON’T KNOW YEAR.

Q. 103: AGE

This is one of the most important questions in the interview, since almost all analysis of the survey data depends on the respondent’s age. You must ask Q. 103 even if the woman provided her birth date in response to Q. 102. Age should be recorded in completed years.

- 1) The respondent **knows** her age.
If the respondent tells you her age, simply write it in the space provided.
- 2) The respondent **does not know** her age, but **year of birth is reported** in Q. 102.

If the respondent does not know her age, but did report a year of birth in Q. 102, then you should compute the age as follows:

- Birthday in the current year already celebrated. If the respondent has had a birthday in the current year, subtract the year of birth from the current year (2014 for an interview conducted in 2014, or 2015 for an interview conducted in 2015).
- Birthday in the current year not yet celebrated. If the respondent has not yet had a birthday in the current year, subtract the year of birth from last year (2013 for an interview conducted in 2014, or 2014 for an interview conducted in 2015).
- Woman does not know when birthday occurs. If the respondent does not keep track of the time within a year when her birthday falls, it is sufficient to subtract year of birth from the current year.

3) The respondent **does not know** her age, and **year of birth is not reported** in Q. 102. If the respondent does not know her age and could not report a year of birth, you will have to probe to try to estimate the age. There are several ways to probe for age:

a) Ask the respondent the age of her eldest living child and how old she was when that child was born. The addition of these two ages will provide the estimate of the respondent's current age.

Example: If a woman says she was 19 years old when her first child was born and that the child is now 12 years old, she is probably 31 years old.

b) Ask the respondent for her age at marriage, age at consummation of marriage (age at *gauna*), and the interval between *gauna* and first birth and the age of the oldest child.

Example: If a woman was married at the age of 12, her *gauna* took place three years later, her first child was born three years after *gauna*, and the child is 18 years old now, she must be about 36 years old now [i.e., $15+3+18=36$].

c) You might be able to relate the age to that of someone else in the household whose age is more reliably known.

d) Try to determine how old the respondent was at the time of an important event such as a war, flood, earthquake, change in political regime, etc. and add her age at that time to the number of years that have passed since the event. Examples include: India's war with China (1961), war with Pakistan (1965), war with Pakistan and liberation of Bangladesh (1971), and the assassination of Shrimati Indira Gandhi (1984). In such a case, add the respondent's age at that time to the number of years that have elapsed since the event.

4) The respondent does not know her age and probing did not help. If probing does not help in determining the respondent's age and the date of birth was not recorded in Q. 102, you will have to estimate her age by using your best judgment. Remember, this is a last resort to be used only when all your efforts at probing have failed.

Checking Consistency of Birth Date and Age Responses

If the woman answers both Qs. 102 and 103, i.e., she gives both her birth date and her age, you must check that her answers are consistent. There are two methods for checking whether the age and year of birth are consistent: the **arithmetic method** and the **chart method**. A detailed description of each method follows. You may use either method to check the consistency of birth date and age information. When using CAPI, you cannot continue the interview until the age and date of birth are consistent.

Arithmetic Method

The arithmetic procedure requires that you first calculate the sum of the year of birth and the age. Use the margin of the questionnaire to do the necessary arithmetic. Then apply one of the following rules to determine if these responses are consistent.

(1) IF BOTH MONTH AND YEAR ARE RECORDED IN QUESTION 102

- If the month of birth is before the month of interview (that is, the respondent has already had a birthday this calendar year), then the age plus the year of birth should equal the year of interview (2014 for an interview conducted in 2014, or 2015 for an interview conducted in 2015).
- If the month of birth is after the month of interview (that is, the respondent has not yet had a birthday this calendar year), then the age plus the year of birth should equal the previous year (2013 for an interview conducted in 2014, or 2014 for an interview conducted in 2015).
- If the month of birth is the same as the month of interview, then a sum of either the year of interview or the previous year is acceptable.

If the sum is incorrect, then either the year of birth or the age (or both) are incorrect and must be corrected. If the sum is off by exactly one year, then it is also possible that the month of birth is incorrect and the other information is accurate. In such cases, the age and the month and year of birth all need to be reviewed to see where the error lies.

Examples: A woman that you are interviewing in November 2014 tells you that she was born in January 1970 and is 45 years old. To check the consistency of this information, you would add 1970 to 45. If the information the respondent gave you is consistent, the sum should be 2015, since November comes after January.

If another woman you also interview in November 2014 tells you that she was born in December 1983 and she is 31 years old, the sum should equal 2013 since she will not become a full year older until December (November is before December).

(2) IF ONLY YEAR OF BIRTH IS RECORDED IN Q. 102.

Add the year of birth to the respondent's age and accept a sum of either 2014 or 2015.

Example: You are conducting the interview in January 2015. The woman says she was born in 1976, but she does not know the month. She may either be 39 years (since $1976+39=2015$) or 38 years (since $1976+38=2014$). If the sum does not equal either 2014 or 2015, probe to find out whether the year of birth or age is incorrect.

Chart Method

You may use the Age/Birth-Date Consistency Chart (Figure 2A for interviews conducted in 2014 and Figure 2B for interviews conducted in 2015) to check the consistency of the information the respondent provides. In using the chart, you will choose one of two approaches, depending on the type of information you have recorded in Q.102.

(1) IF BOTH MONTH AND YEAR ARE RECORDED IN Q. 102.

Enter the chart at the age you recorded in Q. 103. If the month of birth is before the month of interview (she has already had her birthday this year), use the right hand column to see what year of birth is consistent with that age. If the month of birth is after the month of interview (she has not yet had her birthday this year), use the left hand column to see what year of birth is consistent with that age.

If the year of birth recorded in Q. 102 is not the same as the year of birth in the chart, then Qs. 102 and 103 are inconsistent and you will have to make a correction.

(2) IF ONLY YEAR OF BIRTH IS RECORDED IN Q. 102.

Enter the chart at the age you recorded in Q. 103. The year of birth listed in either the left or right hand column is consistent with that age.

If the year of birth recorded in Q. 102 is not the same as one of the two years of birth recorded in the chart, then Qs. 102 and 103 are inconsistent and you will have to make a correction.

HOW TO CORRECT INCONSISTENT ANSWERS

If the recorded birth date (Q. 102) does not agree the age in Q. 103, you must correct the inconsistency. Do this by further probing and adjusting the age, the birth date, or both. It is important to understand that either or both of the two pieces of information may be incorrect. Do not always assume that an inconsistency means, for instance, that the date of birth was given correctly and that the age is incorrect. It could be that the date or both the age and the date are incorrect.

Remember, you **MUST** fill in an answer to Q.103.

Finally, before moving on to the next question, verify that the respondent is indeed eligible. If the woman is younger than 15 years or 50 years or older you have to terminate the interview. Do this tactfully by asking two or three more questions and then thank the respondent for her cooperation. If using a paper questionnaire, record code 7 and write INELIGIBLE on the cover page of the questionnaire. If using CAPI, the interview will end here.

When this happens, you must also correct the age and eligibility information for this woman in Columns (7) and (9) on the Household Questionnaire. In addition, for paper questionnaires, you will have to correct the total number of eligible women reported on the cover page of the Household Questionnaire. Finally, if using paper questionnaires, you will need to correct your Interviewer's Assignment Sheet; cross out the woman's name on the assignment sheet and note in the observations that the woman was not eligible.

Note that you should correct the information on the woman's age in the paper Household Questionnaire only when it affects her eligibility status. Otherwise do not change the age response in the paper household questionnaire.

FIGURE 2A. AGE/BIRTH-DATE CONSISTENCY CHART FOR INTERVIEWS IN 2014

Current Age	Year of birth	
	Has not had birthday in 2014	Has already had birthday in 2014
	Don't know	
0	2013	--
1	2012	2013
2	2011	2012
3	2010	2011
4	2009	2010
5	2008	2009
6	2007	2008
7	2006	2007
8	2005	2006
9	2004	2005
10	2003	2004
11	2002	2003
12	2001	2002
13	2000	2001
14	1999	2000
15	1998	1999
16	1997	1998
17	1996	1997
18	1995	1996
19	1994	1995
20	1993	1994
21	1992	1993
22	1991	1992
23	1990	1991
24	1989	1990
25	1988	1989
26	1987	1988
27	1986	1987
28	1985	1986
29	1984	1985

Current Age	Year of birth	
	Has not had birthday in 2014	Has already had birthday in 2014
	Don't know	
30	1983	1984
31	1982	1983
32	1981	1982
33	1980	1981
34	1979	1980
35	1978	1979
36	1977	1978
37	1976	1977
38	1975	1976
39	1974	1975
40	1973	1974
41	1972	1973
42	1971	1972
43	1970	1971
44	1969	1970
45	1968	1969
46	1967	1968
47	1966	1967
48	1965	1966
49	1964	1965
50	1963	1964
51	1962	1963
52	1961	1962
53	1960	1961
54	1959	1960
55	1958	1959
56	1957	1958
57	1956	1957
58	1955	1956
59	1954	1955

FIGURE 2B. AGE/BIRTH-DATE CONSISTENCY CHART FOR INTERVIEWS IN 2015

Current Age	Year of birth	
	Has not had birthday in 2015	Has already had birthday in 2015
	Don't know	
0	2014	--
1	2013	2014
2	2012	2013
3	2011	2012
4	2010	2011
5	2009	2010
6	2008	2009
7	2007	2008
8	2006	2007
9	2005	2006
10	2004	2005
11	2003	2004
12	2002	2003
13	2001	2002
14	2000	2001
15	1999	2000
16	1998	1999
17	1997	1998
18	1996	1997
19	1995	1996
20	1994	1995
21	1993	1994
22	1992	1993
23	1991	1992
24	1990	1991
25	1989	1990
26	1988	1989
27	1987	1988
28	1986	1987
29	1985	1986

Current Age	Year of birth	
	Has not had birthday in 2015	Has already had birthday in 2015
	Don't know	
30	1984	1985
31	1983	1984
32	1982	1983
33	1981	1982
34	1980	1981
35	1979	1980
36	1978	1979
37	1977	1978
38	1976	1977
39	1975	1976
40	1974	1975
41	1973	1974
42	1972	1973
43	1971	1972
44	1970	1971
45	1969	1970
46	1968	1969
47	1967	1968
48	1966	1967
49	1965	1966
50	1964	1965
51	1963	1964
52	1962	1963
53	1961	1962
54	1960	1961
55	1959	1960
56	1958	1959
57	1957	1958
58	1956	1957
59	1955	1956

Q. 104: LENGTH OF RESIDENCE

This question asks how long the respondent has been living in the place where she is being interviewed, i.e., the current village or neighbourhood where she resides. Here, “living continuously,” means without having moved away. For example, if the respondent has been away from home only on visits, these periods should not count as having lived away.

If the respondent has always lived in her current place of residence (that is, she has never lived in any other place), record '95.' If she is a visitor, record '96' for VISITOR. If either '95' or '96' is recorded, the two code boxes should be left blank.

If the respondent has lived in other places, ask her to count how many years she has been living continuously in the current place of residence (how many years have passed since she moved to this place). Record the answer in completed years. Do not round up. If the answer is “three and one-half years,” write '03.' If the answer is less than one year, write '00.'

Q. 105: EVER ATTENDED SCHOOL

The term “school” means formal schooling, which includes primary, secondary, and post-secondary school, and any other intermediate levels of schooling in the formal school system. It includes technical or vocational training beyond the primary-school level, such as long-term courses in mechanics or secretarial work. However, this definition of school does not include Bible school or Koranic school or short courses like typing or sewing.

Q. 106: HIGHEST STANDARD COMPLETED

For this question, record only the number of the highest standard that the respondent successfully completed.

Examples: If a woman was attending standard 9 and left school before completing that year, record '08.' Although standard 9 was the highest year she attended, she completed only standard 8.

If a woman attended only two weeks of standard 1 in primary school, record '00' for completed years.

If a respondent says simply that she completed primary (or secondary), you must probe to find out the exact number of standards completed. For persons with education beyond the secondary school level, you will need to find out how many years they completed beyond secondary. You will then add the number of years completed beyond the secondary level to the number 12 to calculate the response to Q. 106. Note that in such cases we are using 12 years as the total number of years required to finish higher secondary. There is no need to ask respondents with post-secondary education how many standards they completed in school.

Example: If a woman says she stopped after completing two years of B.A., add 2 years to 12 years of school and enter '14' in the boxes.

Q.107: FILTER FOR EDUCATION LEVEL

For woman who have attended standard 6 or higher, do not ask Q. 108.

Q. 108: LITERACY

Based on your knowledge of the respondent, choose the card with the language in which the respondent is likely to be able to read if she is literate. Show the first sentence on the card to the respondent. Give

the respondent enough time to read the sentence; do not rush her. Record whether the respondent was not able to read the sentence at all, was able to read only parts of the sentence, or was able to read the whole sentence. If the respondent asks for a sentence in another language and you were provided a card with sentences in that language, show the respondent the appropriate card. If there is no card with sentences in the language required, record '4' and specify the language.

It is important to avoid the problem of having other respondents in the household overhear the sentence being read. Subsequent respondents in the household might be able to repeat the sentence when they are interviewed, even if they are unable to read. If there is a second eligible respondent in the household, show her the second sentence on the card. Show the third respondent the third sentence on the card, and the fourth respondent the fourth sentence. If there are more than four respondents, start again with the first sentence on the card.

Q.109: FILTER FOR LITERACY LEVEL

Q. 110: NEWSPAPER/MAGAZINE READING

The purpose of this question is to find out whether the respondent is exposed to influences outside her local community by means of reading newspapers or magazines. It does not matter what type of articles she reads, what language she reads in, or who buys the newspapers or magazines she reads. The question is simply about how often she reads them. Make sure that you read the entire question before accepting her answer.

Q. 111: RADIO LISTENING

It does not matter who owns the radio or what program(s) she listens to. The respondent must be listening to programming on the radio (not cassettes or CDs). If there is any doubt as to whether the respondent listens to the radio almost every day, use your judgment. For example, if the respondent says "I listen almost every day, but during the planting season, I'm away and I don't listen at all," record ALMOST EVERY DAY, since the respondent usually listens almost every day. It does not matter who owns the radio and what programme the respondent listens to.

Q. 112: TELEVISION WATCHING

As with Qs. 110 and 111, the purpose is to get an idea of how much exposure the respondent has to influences outside her place of residence. It does not matter who owns the television or what program she watches.

Q. 113: MOVIE VIEWING

We are interested in knowing how often the respondent is exposed to movies and cinema outside the home. If the respondent says that she watches movies only on video and never goes to the theatre or cinema hall, record '2' for NO. We want to know if the respondent usually goes out to see a movie at least once a month. Note that the time reference for this question is one month, whereas it is one week for Qs. 111, 112, and 113.

Q. 114: RELIGION

The respondent's religion is asked in order to study the health, nutrition and fertility differentials across different religious groups. The respondent's religion may not be the same as the religion of the household head. You must enter the respondent's answer. Do not try to guess her religion from her name. Many names are common amongst different religions.

Q. 115: NAME OF CASTE OR TRIBE

This question is asked of all respondents regardless of their religion. A sizeable proportion of Christians and Muslims and persons of other religions may still have some caste/tribe affiliation with the caste/tribe they belonged to before they converted to these religions. This information will be used as yet another measure of the socioeconomic background of the individuals. We are interested in the caste or tribe of the respondent; this can be different from the caste or tribe of the household head.

If the respondent reports belonging to both a caste and a tribe, record only the tribe's name. If the respondent says that she does not belong to any caste or tribe, record '3' for NO CASTE/TRIBE and skip to Q. 201.

Q. 116: SCHEDULED CASTE, SCHEDULED TRIBE, OR OBC

If the respondent says that the caste or tribe mentioned in response to Q. 115 is not a Scheduled Caste or Tribe or an Other Backward Class (OBC), record '4'; otherwise, record the code corresponding to the respondent's answer.

C. Section 2: Reproduction

In this section, information is collected about the births that a woman has had during her life, her current pregnancy status, any pregnancies she had during the five-year period before the survey that did not end in a live birth, the timing of the start of her last menstrual period, and her knowledge of the monthly menstrual cycle. This is a particularly important section, and you need to be especially careful to obtain all the required information.

GENERAL NOTES ABOUT Qs. 201-210 AND Qs. 211-221

These two groups of questions collect information about all births that the woman has had (no matter who the father is). It is important that you understand which events to include. We want to record all of the respondent's natural (biological) births. You should record all children who were born alive (that is, who showed signs of life by crying, breathing, or moving) even if they survived only for a few minutes. We want to know about all the woman's births even if the child no longer stays in the household or if the child is no longer alive.

It is also important to understand which events should not be recorded. You must not record adopted or foster children or children of relatives who may be living in the households. You also should not include any of her husband's children to whom the respondent did not give birth herself. Finally, you must not record children who were born dead (stillbirths), miscarriages, or abortions.

Q. 201: EVER GIVEN BIRTH

This question serves two purposes: to introduce the section and to learn whether the respondent has ever given birth. Even if the woman tells you that she never gave birth (Q. 201 is NO), you must go on to ask Q. 206 since she may not have told you about children who died very young.

Q. 202: ANY CHILDREN LIVING WITH HER

Read the question slowly. The sons and daughters being considered are her OWN natural (biological) children who live with her in her household (which will usually be the household in which the interview is being held, except for women who are visitors).

Q. 203: NUMBER OF CHILDREN LIVING WITH HER

Fill in the number of sons and daughters who live with the respondent. If she has only sons living with her, write '00' in the boxes for daughters, and vice versa. Remember that we are only interested in the respondent's OWN natural (biological) children and not foster children, children of her husband by another woman, or children of a relative.

Note that it is never correct to record '00' in the boxes for both sons and daughters since women who have no children living at home should not be asked this question.

Qs. 204 and 205: ANY CHILDREN LIVING ELSEWHERE

These questions refer to the respondent's sons and daughters who are alive but not living with her. For example, they may be living with a relative, may be staying in a boarding school, may have been given up for adoption, or may be grown-up children who have left home. If she has only sons living elsewhere, write '00' in the boxes in Q. 205 for daughters, and vice versa. Make sure the respondent is not reporting dead children in this question.

Qs. 206 and 207: CHILDREN WHO DIED

These questions on children who have died are extremely important and are among the most difficult on which to obtain accurate data. Some respondents may fail to mention children who died very young, so if a woman answers NO, it is important to probe by asking, "Any baby who cried or showed signs of life but survived only a few hours or days?" Some respondents may be reluctant to talk about this subject and may become sad or upset that you are asking such questions. Be sympathetic and tactful in such situations. Say that you know the subject is painful but that the information is important.

Q. 208: TOTAL BIRTHS

When using a paper questionnaire, add up the numbers in Qs. 203, 205, and 207 and enter the total in Qs. 208 and 209.

Q. 209: CHECKING TOTAL WITH RESPONDENT

When using a paper questionnaire, place the answer to Q. 208 in the blank in Q. 209 and then ask the respondent whether the total is correct. If she says NO, check the box NO and then check your addition, and return to Qs. 201-208 to check with the respondent whether you have obtained the information correctly. If using CAPI, read the question as prompted.

Example: Starting with Q. 203, you would ask, "You have two sons and one daughter living with you. Is that correct?" Do the same for Qs. 205 and 207 and then enter the correct sum in Qs. 208 and 209.

Once you have made sure the total number of births is correct, when using a paper questionnaire, draw two lines through the "NO" box (because it's no longer true), and then mark the "YES" box and proceed with Q. 210.

BIRTH HISTORY TABLE: Qs. 211-221

In the birth history table (Figure 3), we want a complete list of all the births the respondent has had in the order in which they occurred starting with her first birth.

Q. 211: REQUEST FOR BIRTH HISTORY

Begin the section by informing the respondent that we would like to record the names of all of her children, from all marriages and unions, whether or not they are still alive, from the first to the last. The only births we will not include are stillbirths.

When using a paper questionnaire, if at any time you find that the children are not listed in chronological order, do not erase the information. Instead, correct the birth order Line Numbers and draw arrows to indicate the correct order. When using CAPI you will be prompted to reorder the children.

Q. 212: CHILD'S NAME

Record the name of each child that the respondent mentions on a separate line in Q. 212, beginning with the first born and continuing until the last born. If the woman reports that she had a multiple birth (twins, triplets, etc.), record each of the children on a separate line.

Record the name of each child that the respondent mentions on a separate line in Q. 212, beginning with the first born and continuing until the last born (Figure 3). Write the name that distinguishes that child from the others. For example, if there are two children, Ravi Kumar and Manoj Kumar, write "Ravi" and "Raj," not "R. Kumar" and "M." If the baby never had a name, either because he/she is still very young or because he/she died very young, write "Baby" for the name. These names will be used in later questions when using CAPI. Record the names of all the respondent's births in chronological order before going to the next question.

FIGURE 3. BIRTH HISTORY TABLE

211 अब मैं आपके सभी बच्चों के नाम लिखना चाहूँगी, चाहे वे अभी जीवित हैं या नहीं। मुकामत करने सबसे पहले बच्चे के जन्म से करें। Now I would like to record the names of all your births, whether still alive or not, starting with the first one you had. RECORD NAMES OF ALL THE BIRTHS IN 212. RECORD TWINS AND TRIPLETS ON SEPARATE LINES. (IF THERE ARE MORE THAN 12 BIRTHS, USE AN ADDITIONAL QUESTIONNAIRE STARTING WITH THE SECOND ROW).									
212	213	214	215	216	217	218	219	220	221
आपके (पहले/अगले) बच्चे का नाम क्या रखा गया था?	क्या (NAME) लड़का है या लड़की है?	क्या इनमें से कोई जुड़वा बच्चे थे?	(NAME) का जन्म किस महीने और साल में हुआ था? PROBE: उसका जन्मदिन क्या था?	क्या (NAME) अभी जीवित है?	यदि जन्मदिन पर (NAME) की आयु कितनी थी?	क्या (NAME) आपके साथ रह रहा/रही है?	RECORD HOUSE-HOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSE-HOLD).	बच्चे के समय (NAME) की आयु कितनी थी? IF '1 YR', PROBE: (NAME) उस समय कितने महीनों का था/थी?	क्या (NAME) OF PREVIOUS BIRTH) और (NAME) के बीच किसी बच्चे का जन्म हुआ था, उन बच्चों को भी शामिल करें जिनकी जन्म के पचास दिनों से कम का समय बीता था?
What name was given to your (first/next) baby?	Is (NAME) a boy or a girl?	Were any of these births twins?	In what month and year was (NAME) born? PROBE: What is his/her birthday?	Is (NAME) still alive?	How old was (NAME) at (his/her) last birthday?	Is (NAME) living with you?	RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	How old was (NAME) when he/she died? IF '1 YR', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME), including any children who died after birth?
01	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES... 1 NO... 2	LINE NUMBER <input type="text"/> ↓ (NEXT BIRTH)	DAYS... 1 MONTHS 2 YEARS... 3	
02	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES... 1 NO... 2	LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS... 1 MONTHS 2 YEARS... 3	YES... 1 ADD ← BIRTH NO... 2 NEXT ↓ BIRTH
03	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES... 1 NO... 2	LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS... 1 MONTHS 2 YEARS... 3	YES... 1 ADD ← BIRTH NO... 2 NEXT ↓ BIRTH
04	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES... 1 NO... 2	LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS... 1 MONTHS 2 YEARS... 3	YES... 1 ADD ← BIRTH NO... 2 NEXT ↓ BIRTH
05	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES... 1 NO... 2	LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS... 1 MONTHS 2 YEARS... 3	YES... 1 ADD ← BIRTH NO... 2 NEXT ↓ BIRTH
06	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES... 1 NO... 2	LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS... 1 MONTHS 2 YEARS... 3	YES... 1 ADD ← BIRTH NO... 2 NEXT ↓ BIRTH
07	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES... 1 NO... 2	LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS... 1 MONTHS 2 YEARS... 3	YES... 1 ADD ← BIRTH NO... 2 NEXT ↓ BIRTH

Q. 213: CHILD'S SEX

Record the code for the sex of the child. Although you can often tell the sex from the name, check with the respondent by saying, for example, "and Malati is a girl?" Do not assume the sex of the child from the name.

Q. 214: SINGLE OR MULTIPLE BIRTHS

Once you have listed the names and sex of all of the respondent's births, record the status of each birth (SINGLE or MULTIPLE) in Q. 214.

After you have completed Qs. 212-214 for all births, you are ready to proceed with Qs. 215-221. Ask all the questions for one child before going on to the next child.

Q. 215: MONTH AND YEAR OF BIRTH

When collecting information on a child's birth date, always look at any documents you collected for the child at the beginning of the interview (e.g., birth certificate or immunization record) to see whether a date of birth was recorded. Before entering a date from these documents, however, check with the respondent to determine whether she believes the date is accurate. In some cases, the information on the document may be the date when the birth was recorded and not the date when the child was born. If the respondent gives you a year of birth but does not know the month of birth, probe to try to estimate the month.

Example: If she says her daughter was born in 1997, but she does not know which month, ask her whether she gave birth in the dry season or the monsoon season, whether she remembers if she was pregnant at Diwali time or at Holi, for example, or during some other significant event/season of the year to try to determine the month of birth. Convert months to numbers, as before. If you cannot even estimate a month, record '98' for MONTH. If the month of birth is reported in terms of Hindu or Islamic months, use the conversion tables to convert Hindu or Islamic months into Gregorian months.

If the respondent cannot recall the year when the birth occurred, you need to probe carefully. See if the respondent knows a firm birth date for any other child in the household and relate it to that.

Example: If she knows the second child was born in 1999 and the first child was just a year old at that time, record '1998'.

You must enter a year for all children, even if it is just your best estimate.

Q. 216: SURVIVAL STATUS

Record the code for whether the child is still alive or not. If the child is dead, CAPI will skip to Q. 220. If alive, ask Q. 217. Remember that recalling the death of a child can be traumatic. Your demeanor should be sympathetic but professional.

Q. 217: AGE OF CHILD

The age of all living children should be recorded in completed years.

Example: A child who will become three years old next month should be recorded as '02' years today. A child less than one year old will be recorded as age '00' years.

Sometimes, a mother will not know the current age of her child. In this case, you may rephrase the question to, “How many years ago was Ravi born?” You can also use other available information such as relating John’s age to the age of a child she does know.

Example: The mother may know that her youngest child was born one year ago and that Ravi was around two years old at that time, in which case Ravi would be three years old now.

You MUST record an age for all children who are still alive.

CONSISTENCY CHECK: DATE OF BIRTH AND AGE

You are not finished with Q. 217 until you have checked the consistency between Qs. 215 and Q. 217. Check their consistency by using either the arithmetic or chart procedure:

Arithmetic procedure. Add the year of birth and the age. If the child has already had a birthday this year (month of birth is prior to month of interview), the sum should equal the year in which you are conducting the interview (2014 if you are conducting the interview in 2014, or 2015 if you are conducting the interview in 2015). If the child has not had a birthday yet this year (month of birth is after month of interview), the sum should be the year before the year of the interview (2013 if you are conducting the interview in 2014, or 2014 if you are conducting the interview in 2015). If the child’s month of birth is the same as the month of interview, or if the month of birth is not known, the sum can be either the year of the interview or the previous year.

Age/Birth Date Consistency Chart. Locate the age on the chart for the year in which the interview is conducted. Use Figure 2A (given above) if you are conducting the interview in 2014 or Figure 2B (given above) if you are conducting the interview in 2015. Check that the birth year is consistent with that age in the chart. Use the right-hand column if the month of birth is before the month of interview and the left-hand column if the month of birth is after the month of interview. If the month of birth is the same as the month of interview or if the month is not known, the year of birth must be the same as one of the two years of birth recorded in the chart.

Both these procedures are explained above in more detail after Qs. 102 and 103.

If year of birth date and age are not consistent, probe to get the correct information. Remember when probing, that either or both of the responses—age or birth date—may be wrong. In CAPI, you will not be allowed to proceed with the interview until this information is consistent.

Q. 218: CHILD LIVING WITH MOTHER

This question is important in determining the extent to which children live away from their natural (biological) mothers. If a child is away at boarding school or lives with other people on a permanent basis, record NO. If the child is away for a short while but usually lives with the mother, record YES.

Q. 219: HOUSEHOLD LINE NUMBER OF CHILD

In Q. 219, record the line number of the child from Column 1 of the household schedule. If the child is not living in the household, enter ‘00’. If the child is not listed in the household schedule, but the mother says that the child is in fact a usual resident or a visitor in the household, add the child to the household schedule.

When using a paper questionnaire, be careful in recording the line number from the household schedule since any errors will cause problems during data entry.

Finally, note that Qs. 217, 218, and 219 are all skipped, i.e., the coding boxes should be empty, for each child who has died.

Q. 220: AGE AT DEATH

When using a paper questionnaire, if you are following the skip pattern correctly, you will be asking this question only for children who have died (Q. 216 coded ‘2’).

For all children who have died, you must record an age at death in Q. 220, even if it is only a best estimate. Age at death information is recorded in days, months, or years, depending on the child’s age at the time of death. When using CAPI, you will record the number first and then the units.

- If the child was less than one month old at death, select ‘1’ and write the answer in DAYS.
- If the child was at least one month old but less than two years old when he or she died, select ‘2’ and write the answer in MONTHS.
- If the child was two years old or older when he or she died, select ‘3’ and write the answer in YEARS.

If the instruction in Q. 220 is followed correctly, you should **never** record ‘00’ months or ‘00’ or ‘01’ years. If the respondent says that the child was one month old at death then probe to determine whether he/she was less than 30/31 days, exactly 30/31 days or more. If less than 30/31 days then ‘1’ should be selected and the exact number of days should be entered in the boxes for DAYS. If after probing you find that the death occurred on the 34th day (more than one month) then select ‘2’ and enter ‘01’ MONTHS. If the death did occur on the 30th or 31st day, then also select ‘2’ and enter ‘01’ MONTHS. Here are some examples of how to record age at death:

"She was 3 years old when she died."	DAYS..... 1		
	MONTHS..... 2		
	YEARS..... 3	0	3
"He was only six months old."	DAYS..... 1		
	MONTHS..... 2	0	6
	YEARS..... 3		
"She died when she was 5 days old."	DAYS..... 1	0	5
	MONTHS..... 2		
	YEARS..... 3		
"He was 4 and a half months old."	DAYS..... 1		
	MONTHS..... 2	0	4
	YEARS..... 3		
"He was 2 weeks old when he passed away." After probing, you learn that the baby was actually 12 days old when he died.	DAYS..... 1	1	2
	MONTHS..... 2		
	YEARS..... 3		
"She died on the same day she was born."	DAYS..... 1	0	0
	MONTHS..... 2		
	YEARS..... 3		

Some points to remember in completing Q. 220:

- **Use completed units.** You should give the answer in completed units, i.e., if she says “four and a half months,” record MONTHS ‘04’.
- **Convert answers given in weeks to days or months.**
 - If the answer is **less than four weeks**, probe to find out the **exact age at death in days**. For example, if the answer is “three weeks,” probe for the number of days. If the mother says 19 days, record DAYS ‘19’.
 - If the answer is **four weeks or more**, convert the answer to months. An answer of “seven weeks” would be recorded as MONTHS ‘01’.
- **Probe when the answer is “one year”.** We know that often mothers will round off their answer if a child died close to the first birthday, i.e., the mother is likely to respond “one year old” even if the child really was younger (e.g., 10 months or 11 months) or older (e.g., 13 or 14 months) at the time of death. Therefore, anytime a woman responds “one year” or “12 months” to this question, probe by asking, “How many months old was (NAME)?” or by asking the respondent whether the child had reached his first birthday before he died.

“She died when she was one year old.” After probing, you may learn that the child was actually 13 months old.	DAYS 1			
	MONTHS.....②	1	3	
	YEARS 3			

In responding to this question, a respondent may tell you that the baby was not alive when it was born. If she does, probe by saying, “Did the baby cry or show any sign of life when it was born?” If she says the baby was dead when it was born, cross out all entries for this child in the birth history table. Make sure to renumber the birth order numbers in Q. 212 when this occurs. Also correct the information recorded in Qs. 202-210 where necessary.

Q. 221: PROBING THE INTERVAL BETWEEN BIRTHS

The purpose of this question is to make sure that we have not missed any of the respondent’s own births. For all births except the woman’s first born, you must ask the respondent whether there were any live births between the previous birth and the birth of that child. If the woman tells you there was no other birth, record NO in Q. 221. Then proceed with Q. 215 for the next birth (or with Q. 222 if you were asking Q. 221 for the last birth).

If the woman tells you that there was another birth, record YES in Q. 221. Then draw an arrow showing the birth’s proper location in the history, correct the birth order numbers in Q. 212 for that child and for all subsequent births in the history. As appropriate, also correct the information recorded in Qs. 202-210.

Paper Example: Initially a respondent tells you that she has had three births, Shyama, Maya and Ramesh. After recording all of the information for Qs. 212-220 for Maya as appropriate, you ask Q. 221: “Were there any other live births between the birth of Shyama and Maya?” The woman tells you there was a birth after Shyama and before Maya. Record YES in Q. 221 and add that birth to the end of the birth history.

Draw an arrow to show the location of the birth between Shyama and Maya. Correct the birth order number in Q. 212 for all births following Shyama, i.e., the birth order number for the

baby entered at the end of the table should be changed to '02', the birth order number for Maya will become '03' and for Ramesh, '04'. You may also have to correct the information in Qs. 202-210 if the woman had not included the baby in her responses to those questions. Finally, before going on to Ramesh, ask Qs. 212-221 for the birth between Shyama and Maya.

Q. 222: PROBING THE INTERVAL SINCE LAST BIRTH

This question is similar to Q. 221 but is specifically designed to probe the time that has passed since the last birth.

Example: If Ravi is a respondent's last birth, and she was born in 1994, ask, "Have you had any live births since the birth of Ravi?"

If there was no birth after Ravi, record NO in Q. 222. If the woman tells you there was a birth since Ravi, record YES in Q. 222 and add that birth to the end of the birth history. Then ask Qs. 212-221 for that birth. You may also have to correct the information in Qs. 202-210.

OTHER POINTS ABOUT THE BIRTH HISTORY TABLE

- 1) Recording of age at death, year of birth, and age of living children. For month of birth in Q. 215, it is permissible to record Code '98' for DON'T KNOW as an answer. However, for year of birth (Q. 215), age of living children (Q. 217), and age at death (Q. 220), you must record an answer. It is very important to obtain information for these questions, so you must probe for this information and, if necessary, make your best estimate on the basis of the woman's answers.
- 2) Recording of information on twins (or triplets, etc.). If there are any twins, record the information about each twin on a separate line. If the twins are the respondent's last birth and if one twin is dead, record the living twin last. By doing this, you will be able to talk about the living twin first when you get to Section 4, which may be more comforting for the respondent.
- 3) Recording information on paper for more than 12 births. There are lines for 12 births in the table. If in an exceptional case you find a respondent with more than 12 births, write at the bottom of the table CONTINUED ON A SEPARATE QUESTIONNAIRE, STARTING WITH THE SECOND ROW. Write the word CONTINUATION and complete the identification information on the cover sheet of the second questionnaire. Then change the number '01' on the birth history in the second questionnaire to a '13' and so on. After you have recorded information in the birth history for the additional birth(s), return to the first paper questionnaire to complete the interview.
- 4) Correcting of reported sequence of births on paper. If you find that the respondent has reported a birth out of the correct order, draw an arrow indicating the position in the table where it belongs according to the date when it occurred, and correct the Line Numbers printed in Q. 212.
- 5) Checking birth interval. Check the dates of each birth. If any two children are reported born less than seven months apart, e.g., December 1993 and May 1994, probe and correct the dates. Either the December birth occurred earlier or the May birth occurred later, or both.

Q. 223: PROBING THE INTERVAL BEFORE THE FIRST BIRTH

This question is similar to Q. 222 but is specifically designed to probe the time before the birth of the first child.

Q. 224: NUMBER OF BIRTHS IN 2010 OR LATER

Check Q. 215 and count how many births occurred in 2010 or later. You must include all births in 2010 or later, even if they later died. If the respondent did not have any births in 2010 or later, record '00' and skip to Q. 226. The CAPI program will calculate this number for you.

Q. 225: BIRTHS ON THE CALENDAR

When using a paper questionnaire-Each birth in 2010 or later should be entered in the calendar which is included at the end of the Woman's Questionnaire. First place a 'B' in the month of birth and write the child's name to the left of the 'B' code. Then ask how many months the woman had been pregnant when she gave birth. Record 'P' in each of the preceding months according to the duration of the pregnancy. The number of 'P's must be one less than the number of months that the pregnancy lasted.

Paper Example: The respondent gave birth to one child, Sunita, in the period since January 2010. She reports that she was in her eighth month of pregnancy when she gave birth to Marie in November 2012. Record a 'B' in the calendar in November 2012 and record 'P's in each of the preceding 7 months, i.e., in the months April through October 2012. Write 'Sunita' to the left of the month in which Sunita was born, i.e., November 2012.

More detailed instructions on how to complete the calendar are provided in Section Q below.

Q. 226: CURRENT PREGNANCY STATUS

If the respondent does not know for certain whether or not she is pregnant, record '8' (UNSURE). If she is not pregnant or if she is unsure, skip to Q. 231.

Qs. 227-228: MONTHS OF PREGNANCY

Record the answer in completed months, putting a zero in the first box if she has completed nine or fewer months of pregnancy. You may need to check that the woman is responding in completed months.

Example: If the woman answers that she is 'five months pregnant', ask "Are you in your 5th month of pregnancy, or have you completed your 5th month of pregnancy?" Record '04' if she responds she is in the fifth month of pregnancy and '05' if she has completed the fifth month.

When using a paper questionnaire, you also must record her pregnancy in the calendar. Write 'P' in the month of interview and for the preceding months of pregnancy. The total number of months recorded with 'P' for the current pregnancy will be the same as the number recorded in Q. 227, i.e., the number of completed months of pregnancy. When using CAPI, this information is recorded as you ask the relevant questions.

If the woman does not know how many months she has been pregnant, probe to get an estimate by asking, for example, about the date of her last menstrual period. You can also ask the woman when she is expecting the baby to be born and work backwards from there.

For this pregnancy you must ask the respondent if, at any time during this pregnancy, she has had an ultrasound test (Q. 228). This could have been for any reason. If the respondent says yes, you must record 'Y' in Column (2) in the calendar in the box for the current month. If the respondent says no she did not have an ultrasound test at any time, then record 'N' in Column (2) in the current month.

Qs. 229 and 230: DESIRED TIMING OF PREGNANCY

If respondent answers YES for Q. 229, go to Q. 231. Otherwise, proceed to Q. 230.

Q. 231: PREGNANCIES NOT ENDING IN LIVE BIRTH

We want to know whether the respondent had any pregnancies that did not result in a live birth. To ensure that none are missed, the question specifically mentions the three ways a pregnancy can be terminated. If a pregnancy ended early and involuntarily, it was a miscarriage. If a woman voluntarily ended a pregnancy, it was an abortion. If a woman gave birth to a child that showed no signs of life, it was a stillbirth.

Q. 232: DATE OF LAST PREGNANCY LOSS

If a respondent has had a pregnancy that did not end in a live birth, ask about when the most recent such pregnancy ended and record the month and year in the boxes. If the woman cannot remember the date, use probes similar to those discussed in Q. 215.

Qs. 233-235: TYPE OF PREGNANCY LOSS AND GESTATION LENGTH

This question is asked only of women who lost a pregnancy in January 2010 or later.

There are two parts to Q. 235. First record how long the pregnancy lasted in months in the box provided in Q. 235. Then record information about the pregnancy in the calendar **if using a paper questionnaire**. The total number of months in which codes are recorded in the calendar should equal the number of months recorded in Q. 235.

Example: A woman had a pregnancy end in a stillbirth in May 2011 in the eighth month of her pregnancy. Record '7' in Q. 235. Then place a 'T' in the paper calendar next to May 2011 and a 'P' in the calendar in each of the six months preceding May 2011, i.e., in each month in the calendar from November 2010 through April 2011.

If the woman responds in weeks, you will have to convert the answer to months.

Example: A woman tells you that the last pregnancy she lost ended in August 2012 after 14 weeks of pregnancy. Record '3' in Q. 235. Then in the paper calendar, place a 'T' in August 2012, the month and year in which the pregnancy terminated, and a 'P' in each of the two preceding months that the woman was pregnant (i.e., June through July 2012).

Q. 236: ULTRASOUND TEST DURING LAST NON-LIVE BIRTH PREGNANCY

This is similar to Q. 228, but it refers to the last pregnancy that did not end in a live birth.

Q. 237: FILTER FOR ABORTION

If the last non-live birth pregnancy was an abortion, continue with Q. 238. If the pregnancy ended in a miscarriage or stillbirth, skip to Q. 244.

Q. 238: LOCATION OF THE ABORTION

Ask where the abortion took place. Remember, you are asking about the most recent abortion that took place since January 2010.

Q. 239: WHO PERFORMED THE ABORTION?

Ask who performed the abortion.

Q. 240: ANY COMPLICATIONS

Ask if she experienced any complications from the abortion. If not, skip to Q. 244.

Q. 241: TREATMENT FOR COMPLICATIONS

Ask if she sought any type of treatment for these complications. If not, skip to Q. 243.

Q. 242: TREATMENT LOCATION

Ask where she went for treatment. Note that all response categories skip to Q. 244 because Q. 243 is only asked of woman who did not seek treatment for the abortion related complication.

Q. 243: REASON FOR NOT SEEKING TREATMENT

Record all reasons for not seeking treatment and go to Q244.

Q. 244: OTHER PREGNANCY LOSSES SINCE JANUARY 2010

The respondent has told you about one pregnancy loss (the most recent) in Qs. 231-243. Now ask her whether she has had any other such pregnancies (miscarriage, abortion, or stillbirth) since January 2010.

Q. 245: ENTER LOST PREGNANCIES ON THE CALENDAR

Ask when the other lost pregnancy/pregnancies ended. Any pregnancy that ended in January 2010 or later and did not result in a live birth should be recorded in the calendar using the same procedure as in Qs. 234-235. For each terminated pregnancy, ask if she had an ultrasound. Enter this information in the calendar using the same procedures as in Q. 236.

Q. 246: NON-LIVE BIRTH PREGNANCY PRIOR TO JANUARY 2010

This question refers to pregnancies that ended before 2010 that did not result in a live birth.

Example: A respondent had one non-live birth pregnancy that started in November 2009 but terminated three and a half months later in February 2010. In Q. 236, record '2' for NO because the pregnancy did not end before January 2010.

For paper questionnaires, check that there is a calendar entry for this pregnancy. The entry should include only the months in which the woman was pregnant in 2010, i.e., a 'T' should have been entered in February 2010 and a 'P' in January 2010.

Q. 247: DATE OF TERMINATION OF LAST LOST PREGNANCY

Record the month and year in which the last pregnancy ending before January 2010 that did not result in a live birth. Follow the same procedure for converting months to a number, for example, '02' for February. If the woman cannot remember the date, use the probes discussed in Q. 215.

Q. 248: START OF LAST MENSTRUAL PERIOD

The answers to this question will help to determine whether any of the respondents are actually menopausal or infecund because they have not had their periods in a long time. This is important in any study of fertility since menstruation is directly linked to pregnancy.

Record the respondent's answer in the units that she uses.

Example: If she says “three weeks ago,” record ‘2’ and record WEEKS AGO ‘03’. If she says “Four days ago,” record ‘1’ and record DAYS AGO ‘04’.

If the respondent appears to be rounding off her answer, probe for an exact answer. For example, if she says “About a week ago,” say, “Do you remember which day? Was it before or after the weekend?”

If she tells you she is in menopause or she has had a hysterectomy, record IN MENOPAUSE/HAS HAD HYSTERECTOMY. A woman who is too old to menstruate is described as being in menopause. If a woman is pregnant record the start of last menstrual period (before she became pregnant) in number of days/weeks/months ago. A hysterectomy is an operation to remove the uterus. If she has not menstruated since the birth of her last child, record BEFORE LAST BIRTH. If she has never menstruated, record NEVER MENSTRUATED.

In some cases, the respondent may give you the date that her last menstrual period began. If that happens, write the date in the space provided on the questionnaire. Then calculate the length of time since that date, and record it in the appropriate units. Note that it is not necessary to obtain a date. The space is provided only for cases in which the respondent gives you a date.

For woman that report that they have had a hysterectomy, skip to Q. 251. For woman who say that they are in menopause, have never menstruated, or last menstruated before the last birth, skip to Q. 250.

Q. 249: FILTER FOR LAST MENSTRUAL PERIOD

For woman that report that their last menstrual period was months or years ago, check if this time period is more than six months ago. If the woman reports any number of years, check the box for more than six or more months ago.

Q. 249A: FILTER FOR CURRENTLY PREGNANT

Q. 250: UNDERGONE A HYSTERECTOMY

A hysterectomy is a complete, surgical removal of the uterus or womb. Read the entire question because not all women will know the word hysterectomy. If no, skip to Q. 254.

Q. 251: TIMING OF HYSTERECTOMY

If the woman has had a hysterectomy, ask how long ago it was performed.

Q. 252: LOCATION OF HYSTERECTOMY

Ask where the operation was performed.

Q. 253: REASON FOR HYSTERECTOMY

Ask why she had the operation. Fibroids or cysts are abnormal growths within the uterus which can cause abnormal uterine bleeding. Uterine prolapse is when the muscles of the pelvic become weak allowing the uterus to protrude from the vagina. Postpartum haemorrhage is excessive bleeding, either internal or external, after the delivery of a baby. A rupture is when the uterus tears during delivery.

Q. 254: CHECK FOR NEVER MENSTRUATED

Check Q. 248 for woman who have never menstruated; they skip to Q. 258.

Q. 255: CHECK AGE

Check Q. 103 for women who are age 15-24 years, inclusive. Older women skip to Q. 258.

Q. 256: AGE OF FIRST MENSTRUATION

Ask the woman how old she was when she had her first period. Record the age in completed years.

Q. 257: SANITARY NAPKINS

Ask the woman if she uses anything while menstruating to prevent bloodstains. Record all responses.

Qs. 258 and 259: KNOWLEDGE OF MONTHLY CYCLE

First, ask Q. 258 to see whether the woman thinks there are times during a woman's monthly cycle when she is more likely to become pregnant. If she says there is no time that is more likely than another or she does not know, record the response and skip to Q. 301. If she says there is a time when a woman is more likely to become pregnant, record YES and ask Q. 259. Make sure to read the entire question mentioning each of the four possible times before recording her response.

D. Section 3A: Marriage and Cohabitation

Q. 301: CURRENT MARITAL STATUS

This question concerns the respondent's current marital status at the time of the interview. If the respondent is currently married, record code '1' and continue to Q. 302. If the respondent reports that she is married but *gauna* has not yet taken place, record code '2' and skip to Q. 305. If the respondent is a widow or if she is legally divorced, and she has not remarried, record WIDOWED or DIVORCED, as appropriate, and skip to Q. 307. If the respondent is married, and her husband is alive but she is separated from him, record code '5' and skip to Q. 307. If she has been deserted, that is, her husband has gone away and left her (she may or may not have any information on where her husband is currently or if he is alive or dead); record code '6' for DESERTED and skip to Q. 307. If the respondent has never been married, record code '7' and skip to Q. 315.

Q. 302: WHERE HUSBAND LIVES

For a woman who is currently married, ask whether she is living with her husband or whether he lives elsewhere. If the woman's husband usually lives with her but is away temporarily, record '1' LIVING WITH HER and skip to Q. 304. If the husband usually stays elsewhere, but visits the household occasionally, record '2' STAYING ELSEWHERE.

Q. 303: DURATION OF SEPARATE LIVING ARRANGEMENTS

If the answer to Q. 302 was STAYING ELSEWHERE, record the duration for which the respondent and her husband have not been living together. If the duration is 11 months or less, record code '1' and enter the duration in the MONTHS boxes. If the duration is one year or more, record '2' and enter the duration in completed years in the YEARS boxes. Do not enter **both** MONTHS and YEARS. Note that we are not asking the respondent when her husband last visited her, but for how long they have not been living together. For example, if the respondent says that her husband visited her 6 months ago but has been living in the Gulf for three and a half years, you should record '2' and enter '03' in the boxes for years. You should not enter '06' in the month's boxes.

Q. 304: HUSBAND'S NAME AND LINE NUMBER

When using a paper questionnaire, write the name and line number of her husband based on the information in Columns 1 and 2 of the Household Questionnaire. When using CAPI, select the

husband's name from the list. If the husband is not listed as a household member, enter line number as '00'.

Q. 305: OTHER WIVES

We are interested to know whether or not the respondent's husband has other wives – that is, other women with whom he is living as if married. This does not include 'girlfriends' unless the husband is living together with the girlfriend as if married.

Q. 306: NUMBER OF CO-WIVES

The total number of wives in Q. 306 should include the respondent as well as any other wives.

Q. 307: MULTIPLE MARRIAGES

If a respondent has been married more than once, record '2' and skip to Q. 308A. If the woman has been married only once, record '1' and ask Q. 308.

Q. 308: MONTH AND YEAR OF MARRIAGE

This question is being asked only of women who have been married once. If the respondent knows the date, write it in the appropriate boxes for MONTH and YEAR. You will need to convert the month into numbers. For this, January is '01,' February is '02,' March is '03,' and so on. If she does not know the month of her marriage, record '98' for DON'T KNOW MONTH and ask her for the year. If she knows the year, write it in the boxes for YEAR. Try under all circumstances to obtain at least the year of marriage.

Q. 308A: MONTH AND YEAR OF FIRST MARRIAGE

This question is being asked only of women who have been married more than once. With this question we want to find out the date of the respondent's first marriage, not the date of any later marriages. Follow the instructions for Q. 308.

Q. 309: AGE AT FIRST MARRIAGE

This question is being asked of women for whom no year of marriage was entered in Q. 308/308A despite your best efforts at probing. It is hoped that even if she is unable to tell you her marriage date, she will be able to give her age at the time of marriage. For a woman who has been married more than once, we want to find out her age at the time of her first marriage, not her age when she got married the second or any other time. As with other age questions, if she doesn't know, probe.

Qs. 310-311: INTER-RELATED MARRIAGE

For Q. 310, we are asking if the woman was related in any way to husband before they were married. If they were related, ask for the relationship at that time in Q. 311.

Q. 312: FILTER FOR MARRIED, GAUNA NOT PERFORMED

Check Q. 301 for woman who are married but *gauna* has not been performed. If *gauna* has not been performed, skip to Q. 315. Otherwise continue with Q. 313.

Q. 313: MONTH AND YEAR STARTED LIVING WITH FIRST HUSBAND

Check Q. 307. If the respondent has been married only once, ask her for the MONTH and YEAR that she started living with her husband. If the respondent has been married more than once, ask her for the

MONTH and YEAR that she started living with her *first* husband. Note that in this section we ask two different questions, one the date of marriage (Qs. 308/308A) and the other the date of cohabitation (Q. 313), because for some women, the date of marriage and the date on which they started living with their husband may not be the same due to the practice of *gauna* or for any other reason.

If the respondent knows the date, write it in the appropriate boxes for MONTH and YEAR. If she does not know the month she started living with her (first husband), record '98' for DON'T KNOW MONTH and ask her for the year. If she knows the year, write it in the boxes for YEAR. Try under all circumstances to obtain at least the year.

Q. 314: AGE FIRST STARTED LIVING WITH HUSBAND

Q. 314 asks how old the respondent was when she first started living with her husband for women who did not know the year in which they started living with their husbands. As with other age questions, if the respondent doesn't know, probe.

Qs. 315-316: GENERAL INSTRUCTIONS

These questions on sexual intercourse may be embarrassing for some respondents; therefore, ask them in a matter-of-fact voice and do not make the respondent feel embarrassed by your own interviewing behaviour. A common reaction for people who are embarrassed is to giggle or laugh. If you laugh in return or act as if you are embarrassed too, it will make the respondent think that the questions are not serious. Make sure you maintain a serious attitude.

You must make sure that you have complete privacy. Check that there is no one around or listening before asking these questions.

Q. 315: EVER HAD INTERCOURSE

This question is asked only of women who have never been married and women who are married but *gauna* has not been performed. Ask the respondent if she has ever had sexual intercourse. If she has not, skip to Q. 317.

Q. 316: AGE AT FIRST INTERCOURSE

Q. 316 is for women who have been married as well as for women who answer YES to Q. 315. For women who have been married, read the introduction which is in brackets before reading the question. For women who were asked Q. 315, just ask the question that is not in brackets. If the respondent says she does not know how old she was when she first had intercourse, probe by relating it to how old she was when she first got married or had her first child. However, when doing this probing, be certain not to assume that the first time she had sex was at the time of her first marriage. If she says her first time was when she started living with her (first) husband, record it as such by recording '95'.

Check to make sure that the age at first intercourse and the age at first birth (calculated by subtracting the woman's year of birth from the year of birth of the woman's first child) are consistent. The age at first intercourse should not be later than her age at first birth. If her reported age at first intercourse (Q. 316) is older than her age at first birth, there is a mistake in the year of birth of her first child, her own year of birth, or her age at first intercourse. Check to see which information is wrong and correct it. If she has never had intercourse, record code '00'.

E. Section 3B: Contraception

This section collects information relating to the knowledge and use of various contraceptive methods which a couple can use to avoid or delay pregnancy. Questions about the use of methods of

contraception apply to all partners of respondents, whether or not the couple is currently living together or married. For example, if the respondent has been married more than once, it does not matter with which particular husband she may have used a method.

The topic of contraception and family planning may be considered a personal matter by a respondent, and she may feel embarrassed to talk about it. To overcome her embarrassment, you must show that you do not feel embarrassed or uncomfortable in any way. Ask these questions as if they were no different from any other questions in the questionnaire. If she is hesitant to answer any of these questions, reassure her that everything she says will be treated confidentially and that the same questions are being asked of women all over the country.

Q. 317: Contraceptive Table

The contraceptive table (Figure 4) is used to record the information that the respondent provides about her knowledge and use of specific contraceptive methods in response to Q. 317. This is how you should work through this table:

- 1) Read the introductory sentence at the top of the table.

Then, starting at the top of the list, ask “Have you ever heard of _____?” Record Code ‘1’ if she knows the method and ‘2’ if she does not know the method.

The respondent may not always understand what you are talking about when you describe a particular method. In such cases, repeat the description. If she still does not understand, you may need to explain the method in different words or in slightly greater detail.

FIGURE 4 CONTRACEPTIVE TABLE

SECTION 3B. CONTRACEPTION

317	<p>अब मैं आपसे परिवार नियोजन के बारे में बात करना चाहूँगी - ऐसे बहुत से तरीके या उपाय हैं जिन्हें हमारी गर्भधारण टालने या रोकने के लिए इस्तेमाल कर सकते हैं। क्या आपने कभी (METHOD) के बारे में सुना है?</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. Have you ever heard of (METHOD)?</p>	
01	<p>स्त्री मसबंदी - और अधिक बच्चों के जन्म को रोकने के लिए स्त्रीया ऑपरेशन करा सकती है। FEMALE STERILIZATION Women can have an operation to avoid having any more children.</p>	<p>YES 1 NO 2</p>
02	<p>पुरुष मसबंदी - और अधिक बच्चों के जन्म को रोकने के लिए पुरुष ऑपरेशन करा अधिक सकते हैं। MALE STERILIZATION Men can have an operation to avoid having any more children.</p>	<p>YES 1 NO 2</p>
03	<p>आइ यू डी या लूप - स्त्रीया डॉक्टर या नर्स से अपनी योनि में आइ यू डी या लूप लगवा सकती है। IUD OR PPIUD Women can have a loop or coil placed inside them by a doctor or a nurse.</p>	<p>YES 1 NO 2</p>
04	<p>गर्भनिरोधक इन्जेक्शन - स्त्रीया स्वास्थ्य प्रदायकर्ता (डॉक्टर,नर्स इत्यादि) से इन्जेक्शन लगवा सकती है जो उन्हें एक या अधिक महीनों के लिए गर्भवती होने से रोक सकता है। INJECTABLES Women can have an injection by a health provider that stops them from becoming pregnant for one or more months.</p>	<p>YES 1 NO 2</p>
05	<p>गर्भनिरोधक गोली - स्त्रीया गर्भधारण को टालने के लिए एक गोली प्रतिदिन या प्रत्येक सप्ताह ले सकती है। PILL Women can take a pill every day or every week to avoid becoming pregnant.</p>	<p>YES 1 NO 2</p>
06	<p>कंडोम या निरोध - पुरुष संभोग के पहले अपने लिंग पर रबर का आवरण लगा सकते हैं। CONDOM OR NIRODH Men can put a rubber sheath on their penis before sexual intercourse.</p>	<p>YES 1 NO 2</p>
07	<p>स्त्री कंडोम - स्त्री संभोग से पहले अपनी योनि में रबर का आवरण रख सकती है। FEMALE CONDOM Women can place a sheath in their vagina before sexual intercourse.</p>	<p>YES 1 NO 2</p>
08	<p>LACTATIONAL AMENORRHOEA METHOD (LAM)</p>	<p>YES 1 NO 2</p>
09	<p>सुरक्षित काल पद्धति - प्रत्येक महीने में जब स्त्री सैक्सियल काय से सक्रिय रहती है तब महीने के दिन विनों में उसके गर्भवती होने की आन्तरिक संभावना रहती है उन दिनों में संभोग न करके वह गर्भधारण को टाल सकती है। RHYTHM METHOD Every month that a woman is sexually active she can avoid pregnancy by not having sexual intercourse on the days of the month she is most likely to get pregnant.</p>	<p>YES 1 NO 2</p>
10	<p>अध्यापन यानि विवहावत - पुरुष बरनोत्कर्ष (वीर्य आने) के पहले सावधानी पूर्वक लिंग को बाहर निकाल लेता है। WITHDRAWAL Men can be careful and pull out before climax.</p>	<p>YES 1 NO 2</p>
11	<p>अपावकालीन गर्भनिरोधक - स्त्रीया गर्भधारण को टालने के लिए संभोग होने के बाद तीन दिन तक गर्भनिरोधक गोली ले सकती है। EMERGENCY CONTRACEPTION Women can take pills up to three days after sexual intercourse to avoid becoming pregnant.</p>	<p>YES 1 NO 2</p>
12	<p>क्या आपने किसी अन्य तरीके या साधनों के बारे में सुना है जिसका उपयोग स्त्रीया या पुरुष गर्भधारण को टालने के लिए कर सकते हैं?</p> <p>Have you heard of any other ways or methods that women or men can use to avoid pregnancy?</p>	<p>YES 1 NO 2</p> <p>(SPECIFY)</p>
318	CHECK 315:	<p>YES OR NOT ASKED <input type="checkbox"/> NO <input type="checkbox"/> → 320</p>

Description of Contraceptive Methods

In order to complete the contraceptive table accurately and completely, it is important that you have some knowledge of contraceptive methods yourself and that you are familiar with the names that people use to refer to each method. The following provides additional information on selected methods that are included in the contraceptive table that may be useful in completing the table:

FEMALE STERILIZATION. There are several types of operations a woman can have that will make her sterile, including a “tube tie” or the removal of the uterus (i.e., a hysterectomy) or ovaries. Operations to remove the womb or uterus may be performed for reasons other than to provide contraceptive protection, e.g., because the woman experienced a problem during delivery, the woman had recurrent spells of heavy bleeding, or cancer was found. Only when the operation was performed to enable the woman to stop having children should you record it as a sterilization.

MALE STERILIZATION. This is a comparatively minor operation done on men for contraceptive purposes. It is also called vasectomy. In recent years, the “no scalpel” vasectomy has become more common.

IUD OR PPIUD. Lippes Loop and Copper T are common types of IUDs available in India. An IUD (intra-uterine device) is a foreign body inserted in the uterus, which prevents a fertilized egg from being implanted in the uterus wall. A PPIUD is an IUD that is inserted postpartum, that is after giving birth. An IUD is designed to remain in the uterus for 2-3 years and needs to be inserted by a medical person. Another type available from private practitioners is Multilode (this is a Copper T with an additional amount of copper, providing a longer life). In some states, the IUD is known as 'Tambi'.

INJECTABLES. An injection of hormone that is released slowly into the bloodstream can be given regularly to women to prevent pregnancy. The most common type of injectable contraceptive is given every three months. This is known as *depomedroxyprogesterone acetate* (DMPA), Depo Provera, Depo, or *Megestron*[®]. Another injectable contraceptive, NET EN (also called *Noristerat*[®]) is given every two months.

PILL. This is a pill the woman takes every day or once a week for one type of pill. The pill taken every day is a combination of oestrogen and progesterone (hormones) which prevents the ovary from releasing an egg. These pills are also known as 'Mala D' and 'Mala N' in India. The pill taken once a week is a non-hormonal pill known as “Saheli.”

CONDOM OR NIRODH. Men can put a thin, rubber sheath on their penis before sexual intercourse.

FEMALE CONDOM. A thin, transparent rubber can be placed in the vagina before sex to avoid pregnancy.

LACTATIONAL AMENORRHEA METHOD (LAM). Women can postpone the return of menstruation after a birth (and therefore remain unlikely to become pregnant) by breastfeeding frequently. This method should not be described. A woman who uses LAM will know it by this name. LAM is a specially taught method that makes use of this principle is the lactational amenorrhea method. This method requires a woman to breastfeed frequently (without feeding the child anything else except water) and to know that the method can be used for up to six months after a birth as long as menstruation has not returned. The method also teaches women that if menstruation returns, the child becomes six months old, or the mother starts feeding her child anything other than breast milk or plain water, they should begin using another method of contraception if they want to avoid becoming pregnant.

RHYTHM METHOD. This is also called the safe period, periodic abstinence, or the calendar method. This method is based on the principle that by not having sexual relations on certain days of her monthly cycle, a woman can avoid becoming pregnant. Note that this is not the same as prolonged abstinence where the couple stops having sexual relations for months at a time to avoid pregnancy without regard to the woman’s monthly cycle. To ensure that the respondent understands, stress the phrase “on the days of the month she is

most likely to get pregnant.” Also, if a woman does not feel like having sex on particular days of her cycle, that does not mean that she is using the rhythm method.

WITHDRAWAL. Men can be careful and pull out before climax.

EMERGENCY CONTRACEPTION. Women can take pills up to three days after having sex to avoid getting pregnant. These pills are also called “morning-after pills.”

ANY OTHER METHOD(S). Women may mention methods that are not described in the table. These may include modern methods such as spermicides including foam, cream, jelly, foaming tablets, or suppositories that are used to kill sperm or make sperm unable to move toward the egg. They may also mention the diaphragm or cervical cap. Diaphragms and cervical caps are soft rubber cups that can be placed in the vagina to cover the cervix to block sperm from entering the uterus and tubes where sperm could meet an egg. Diaphragms and cervical caps should be used with spermicidal jelly or cream.

Women may also mention traditional or folk methods such as prolonged abstinence or herbs.

Qs. 319-321: EVER USE OF CONTRACEPTION

Ask if the respondent has ever in her lifetime used a contraceptive method in Q. 319. If she says yes, ask for all types used in Q. 321. Correct Q. 317 if the woman mentions using a method in Q. 321 that she had not heard of in Q. 317. **When using a paper questionnaire**, if the woman has never used any method, enter ‘0’ in all blank months in Column (1) in the calendar.

Q. 322: FILTERS FOR EMERGENCY CONTRACEPTION USE

Qs. 323 and 324: RECENT USE OF EMERGENCY CONTRACEPTION

Ask how many time in the past 12 months she used emergency contraception (Q. 323) and all the places she obtained these pills (Q. 324).

Q. 325: FILTERS FOR ONE OR MORE BIRTHS

Q. 326: LIVING CHILDREN WHEN FIRST USED FAMILY PLANNING

This question is asked only to women with children. The question refers to the number of living children the respondent already had the first time she used a method to avoid getting pregnant. If she started to use family planning when she did not have any living children, record ‘00.’

Qs. 327-328: FILTERS FOR FEMALE STERILIZATION, PREGNANCY STATUS, AND HYSTERECTOMY

These filters ensure that the questions that follow relating to the current use of contraception will not be asked of women who have been sterilized, women who are pregnant, or woman reporting that they have had a hysterectomy.

Qs. 330/330A: CURRENT USE OF CONTRACEPTION

These questions are some of the most important in the questionnaire. Depending on the method a respondent mentions, you may need to probe to determine that the method is being used currently. For example, coitus-related methods such as condoms, vaginal methods and withdrawal are used with each act of intercourse, so current users of these methods should have used them during the most recent acts of intercourse. Current users of the pill should be taking pills daily.

Other methods provide on-going protection without daily or regular action by the woman. Contraceptive injections may have been administered two to six months earlier and still provide protection, while implants provide protection for up to five years, or until removed. An IUD, once inserted, protects against pregnancy until it is removed or expelled.

If the woman reported in Q. 321 that she had been sterilized in order to avoid having another child, you will record FEMALE STERILIZATION as the current method without asking her which method she is currently using.

If the woman's current husband has been sterilized, you will record MALE STERILIZATION as the current method. If, however, she is no longer married to the man who had a vasectomy, this should **not** be noted as the current method.

If the woman mentions more than one method, record the code for all methods that are currently being used. If more than one method is recorded, follow the skip instruction for the highest method on the list and ask the subsequent questions about that method.

NOTE: Delaying first sex is not a contraceptive method. If, for example, a young woman answers YES to Q. 329 and then, in response to Q. 330, says the current method she is using is abstinence, this will not be counted as a method of contraception, and the respondent will be considered the same as a person who is not using a method of contraception. Instead, record NO in Q. 329 and skip to Q. 342.

Check to be sure that the response to Q. 330 is consistent with the responses to Q. 317. For example, the respondent may say that she is using the pill but reported in Q. 317 that she did not know the pill. If this happens, probe further and correct the responses in Q. 317 to Q. 330 as necessary.

Q. 331: WHERE STERILIZATION WAS OBTAINED

This question applies to either the respondent's or her husband's sterilization. Record the code that indicates the type of facility where the sterilization took place.

When choosing a code, you need to know whether the place is in the public health sector (run by the government) or in the private health sector.

When using a paper questionnaire, if you cannot determine whether the facility is public or private, write the name of the facility in the space provided, and inform your supervisor after you complete the interview. Since you have recorded the name of the facility, your supervisor will be able to find out whether it is public or private and will record the appropriate code.

Q. 332: FILTER FOR FEMALE STERILIZATION

Q. 333: INFORMED ABOUT CONSEQUENCES OF STERILIZATION

We want to know whether the woman was told before the sterilization operation that once sterilized she would not be able to have any (more) children.

Q. 334: OPINION ON CARE DURING AND AFTER THE STERILIZATION

Read the question in its entirety before recording the answer. We are interested in the woman's opinion about the services she received during or immediately after she received the sterilization operation.

Qs. 335-337: COST OF STERILIZATION

Q. 335 seeks information about how much, in rupees, it cost to have the sterilization performed. It does not matter who paid for the operation, just how much the operation itself cost. In determining the cost, the woman should take into account all charges including any fees that might have been paid for the consultation with the doctor as well as the cost of the operation. Transportation costs are not to be included. If the sterilization was performed as part of the respondent's delivery, do not write down the cost of the delivery and the sterilization; ask how much the sterilization alone cost.

Ask Q. 336 to determine if the woman received any compensation for the sterilization. If yes, ask how much (Q. 337).

Q. 338: REGRET ABOUT STERILIZATION

Ask the respondent if she regrets that she had the sterilization. If she is not sure, ask her how she feels most of the time about having been sterilized and record her answer.

Qs. 339/339A: DATE OF STERILIZATION OPERATION/START OF CURRENT METHOD

For respondents who have been sterilized or whose husbands have been sterilized, ask Q. 339. If the respondent does not remember the date, probe to help her remember. Relating the date to the age and date of birth of her youngest child may help. You must get a date, even if it is just the best estimate. Once you have recorded the date, continue to Q. 340.

For users of other family planning methods, ask when she started using the method most recently without stopping. For example, a woman started using the pill in June 2011. A few months later, she stopped taking the pill because she wanted to become pregnant. She gave birth to a child in January 2013 and started using the pill again in March 2013. When interviewed, she is still using the pill. In this case, record '03' for MONTH and '2013' for YEAR.

Q. 340: CHECK CONSISTENCY OF DATE OF CURRENT USE STARTED

Check to see whether the date is AFTER the date of birth of the last child or last pregnancy termination. If not, ask the question again and make it clear to the respondent that we mean the date that she started using the current method WITHOUT STOPPING for any reason including a pregnancy. For example, a woman cannot have used the pill continuously for three years if she had a baby last year.

Q. 341: ENTER CURRENT USE ON CALENDAR

When using a paper questionnaire, if the year in Q. 308/308A is 2010 or later, mark the box on the left and enter the code for the method currently used in the calendar in the month of interview and in each month back to the date she started using the method or was sterilized. If she has been using her current method for a long time, write the code in the current month and the beginning month, and join them with a squiggly line. Do not draw the squiggly line through months she did not use the method.

If the woman started using her current method in 2009 or earlier, mark the box on the right, and enter the code for the method currently used in the calendar in the month of interview and in each month back to January 2010. Then skip to Q. 349. Make sure that you use the method codes shown to the left of the calendar and not the codes shown in Qs. 330/330A, since the codes are different for most contraceptive methods.

When using CAPI, you will be prompted to enter this information.

Q. 342: CONTRACEPTIVE HISTORY

When using a paper questionnaire, Q. 342 asks both current and past users of contraception about their history of contraceptive use since January 2010. Begin by reading the introductory sentence, so that the respondent understands what information you are asking for.

The events that are already recorded in the calendar (birth dates, names, pregnancies, and pregnancy losses) are helpful reference points for you and the respondent. For each period of time in Column (1) that is still empty (no 'B,' 'P,' or 'T' or contraceptive method code), you need to enter a code that reflects the respondent's contraceptive history. To do this, you need to find out several pieces of information:

- 1) Was the respondent using a method of contraception in a period of time, and if so, what method was she using?
- 2) When did she start using that method?
- 3) For how long did she use that method continuously; when did she stop using that method?
- 4) What happened when she stopped using that method? Did she not use any method, did she start using a different method, or did she become pregnant?

For example, if the respondent has two births, Sanjana and Raja, you could ask a series of questions that would fill in the respondent's contraceptive history in the period of time between the births of Sanjana and Raja. The first question you could ask would be, **“Between the births of Sanjana and Raja, did you use any contraceptive method or not?”** (The respondent tells you that she used condoms.) You would then ask, **“How long after the birth of Sanjana did you begin using condoms?”** (She tells you the third month after the birth of Sanjana.) This gives you the starting month in which she began using condoms, but you also need to know for how long she used condoms continuously and when she stopped using them. So you could ask, **“For how long did you use condoms continuously?”** (She tells you ten months.) Now you know when she started using condoms and when she stopped. Record '5' for condom use in the third month after the birth of Sanjana and in the next nine months. Now, if there are 15 months between the birth of Sanjana and the time she became pregnant with Raja. You now need to find out what the respondent was doing between the time she stopped using the condom and became pregnant with Raja. Ask a question such as, **“After you stopped using the condom, and before you became pregnant with Raja, did you use any contraceptive method or not?”** (She tells you she did not use any method.)

Now you know:

- 1) She used a contraceptive method between Sanjana and Raja and which method she used
- 2) At what point she began using that method after the birth of Sanjana
- 3) For how long she used that method continuously and when she stopped using that method
- 4) She did not use another method after she stopped using the condom and before the birth of Raja.

This gives you the respondent's complete contraceptive history between the births of Sanjana and Raja.

You would continue in a similar way until you have filled in each empty month of Column (1) with a code. Enter the codes of the methods she used in each month of use and '0' in the months where she did not use a method. After you have recorded periods of use and nonuse, Column (1) should be completely filled, up through the month of interview. You will have accounted for every month since January 2010 by recording the appropriate codes for births (B), current pregnancies (P), lost pregnancies (T), use of contraception, or nonuse of contraception.

After completing Column (1), you must complete Column (3). For each of the times there is an interruption of contraceptive use in Column (1), you need to ask the respondent why she stopped using that method. Do this by asking, **“Why did you stop using the (METHOD)?”** Record the reason for

the interruption in Column (3) in the same month as the last month of use of that method recorded in Column (1).

For example, when a woman stops using condoms, in the next month she may:

- a) Be using a different method
- b) Not be using any method
- c) Be pregnant.

In cases in which a respondent tells you she used the method until she got pregnant, you will ask, “**Did you become pregnant while using (METHOD), did you stop to become pregnant, or did you stop for some other reason?**” If she responds that she became pregnant, probe to determine that she did in fact become pregnant while she was still using the method. Enter code ‘1’ in Column (3) if that was the case. However, it may happen that several months passed between the time that she stopped using the method and actually became pregnant. To determine the number of months, ask, “**How many months passed between the time you stopped using (METHOD) and you became pregnant with (NAME)?**” Enter ‘0’ in Column (1) for each month she was not using a method and in Column (3) record ‘2’ (wanted to become pregnant) in the month that she stopped using the condom.

When using CAPI, you will be prompted to fill out this information and relevant questions will appear that you must ask the respondent.

Q. 343: FILTER FOR CURRENT METHOD

Look back to Qs. 330/330A and record the same method here; this is the method currently being used. If more than one method code is recorded in Qs. 330/330A, record the code for the highest method in the list. If Qs. 330/330A was left blank because it was skipped, record ‘00’ for NO CODE RECORDED.

Qs. 344-346: TOLD ABOUT SIDE EFFECTS

Qs. 344-346 ask what information a current user has received about the side effects or problems associated with her current method. Q. 344 asks whether the user was told by a health care provider about potential side effects or problems at the time she obtained her current method. If there has been more than one episode of use of the method, make sure that the respondent knows that you are asking about the time that she started using the method during the **current** episode of use.

Q. 345 asks current users who report they were not told about side effects or problems associated with using the current method whether they were told by a health or family planning worker about these side effects or problems at any time, either during or prior to the current segment of use. Note that you would record “NO” if the respondent indicates she was told about side effects or problems by a friend or relative but not by a health care provider.

Record YES for Q. 346 if a current user, who was informed about the side effects or problems she might experience in using her current method, was ever advised about what to do if she experienced any side effects or problems in using the method.

Qs. 347-348: TOLD ABOUT OTHER METHODS

In these questions, a current user is asked whether she was told by a health or family planning provider about other methods of family planning either at the time she obtained her current method or at some other time.

Example: If a pill user says that a health worker told her about the injection, the pill, and the IUD at the time when she started to use the method, record ‘1’ in Q. 347.

Users who were not told about any other method at the time they started using their current method should be asked Q. 348 to find out if they ever received information about other family planning methods from a health care provider or family planning worker.

Q. 349: FILTER FOR CURRENT METHOD

Q. 350: SOURCE OF CURRENT METHOD

The question asks from what source the woman obtained her method at the time she started the current segment of use. For methods that require the user to obtain resupplies, the user may first obtain the method from one source and then rely on a different provider for resupply. For example, a woman using the pill may have first obtained the pill from a family planning clinic but then gone to a pharmacy for resupply. Be sure that the woman understands that you are asking about the last time she obtained this method.

If the respondent is using condoms with her husband, ask, “Where did you obtain the condoms when you began using them this time?” If she says her husband or someone else got the method for her, ask whether she knows where that person got it, and record the source. If the method required a prescription, this question pertains to where the prescription was filled.

When choosing a code, you need to know the type of place the method was obtained from, i.e., if the place is in the public health sector (run by the government) or in the private health sector.

When using a paper questionnaire, if the respondent does not know whether the place is public or private, record the name of the place, and inform your supervisor. Your supervisor will find out and record the type of source the facility is.

Note that all responses skip to Q. 354.

Q. 350A: FILTER FOR HYSTERECTOMY

Qs. 351-353: INFORMED OF METHODS AND ABILITY TO OBTAIN METHODS

For women who have never used a method, ask if they ever received information about family planning methods from a health care provider or family planning worker (Q. 351). Then ask if they know a place where they can get a method (Q. 352). If they know of a place, ask where that place is (those places are) in Q. 353.

F. Section 3C: Contacts with Community Health Workers

Q. 354: CONTACTS WITH ANM OR LADY HEALTH VISITOR

This question is asked to ascertain whether the respondent had any contact with an ANM (auxiliary nurse midwife) or Lady Health Visitor (LHV) in the last three months. If there was no contact with an ANM or LHV in the three months preceding the interview, record code ‘2’ and skip to Q. 356.

Q. 355: NUMBER OF CONTACTS WITH ANM OR LADY HEALTH VISITOR

If a respondent met with an ANM or Lady Health Visitor or both in the past three months, ask her how many times during this period they met at her home, at the *anganwadi* centre, and at a health facility or camp. Then ask the respondent if there was any other place she met with an ANM or Lady Health Visitor and find out how many times they met there in the past three months. A casual meeting with any of these health workers say in the market place, on the way to school, etc. should not be counted. Note that ‘00’ should be recorded for any row if she has not met with an ANM or LHV at that location in the last 3 months, but that all four rows cannot be ‘00’.

Qs. 356-357: CONTACTS WITH ANGANWADI, ASHA, OR OTHER COMMUNITY HEALTH WORKER

Question 356 is asked to ascertain whether the respondent met with an *anganwadi* worker, an ASHA (Accredited Social Health Activist) worker, or other community health worker in the last three months. It does not matter where the meeting took place. If there was no contact with any such worker in the past three months, skip to Q. 359.

For women who met with an *anganwadi* worker, ASHA, MPW, or other community health worker, ask Q. 357 to find out with whom of all the different types of health workers she met.

Q. 358: NUMBER OF MEETINGS WITH ANGANWADI, ASHA, OR OTHER COMMUNITY HEALTH WORKER

If a respondent met with an *anganwadi* or other community health worker in the past three months, ask her how many times during this period they met at her home, at the *anganwadi* centre, and at a health facility or camp. Then ask the respondent if there was any other place she met with an *anganwadi* or other community health worker and find out how many times they met there in the past three months.

Q. 359: FILTER FOR ANY MEETINGS IN THE LAST THREE MONTHS

Q. 360: SERVICES PROVIDED BY VARIOUS HEALTH WORKERS

If a respondent met with any health workers mentioned in Qs. 354 and 356 in the past three months, ask her to tell you what services were provided and what matters were discussed. If she mentions more than one service, record all her answers since this is a multiple-response question.

Q. 361: MOST RECENT MEETING WITH A HEALTH WORKER

The respondent could have met more than one health worker in the past three months. We want to know in this question, which of these workers she met with in her most recent contact.

Q. 362: FILTER FOR NO MEETINGS AT HEALTH FACILITIES OR CAMPS

Qs. 363-365: VISITS TO HEALTH FACILITIES OR CAMPS

Q. 363 is asked only of respondents who reported that they did not meet with any of the health workers mentioned in Qs. 355 and 358 at a health facility or camp. Ask the respondent if she has visited a health facility or camp for any reason in the past three months. Visits can include those made for herself or for her children.

In Q. 364, we are interested in the health facility visited most recently by the respondent for herself or for her children. Record her response to Q. 364 using the standard procedure given in Q. 353 to record the appropriate code or to write the name of a hospital, health centre or clinic if the respondent does not know if it is public or private.

Q. 365: SERVICES SOUGHT DURING MOST RECENT VISIT TO HEALTH FACILITY

Q. 365 refers to the most recent visit made by the respondent to a health facility. If she mentions more than one service, record all her answers since this is a multiple-response question.

G. Section 4: Pregnancy, Delivery, Postnatal Care, and Children's Nutrition

The objective of this section is to obtain information about health care related to childbearing including antenatal care, delivery care, and postnatal care for the woman and her newborn. This section also asks about recent foods consumed by children in order to assess their nutritional intake. The section includes questions about births that occurred in January 2010 or later. Thus, if a woman did not have a birth in this period, you will go on to the next section.

Q. 401: FILTER FOR BIRTHS IN JANUARY 2010 OR LATER

Qs. 402-404: COLUMN HEADINGS FOR BIRTHS IN THE LAST FIVE YEARS

When using a paper questionnaire, all births since January 1, 2010, will be entered in the table by you. You will need to check the date of births (found in Q. 215) for each child listed in the birth history to identify births the woman may have had during this period.

For each birth since January 2010, beginning with the last birth (which will be found in the last row that is filled in the birth history unless you had to renumber births), record the birth history line number and the child's name (found in Q. 212) in Qs. 403 and 404. Also mark in Q. 404 whether the child is alive or dead after checking for this in Q. 216. Then fill in the child's name at the top of the subsequent pages in Section 4.

Consider twins as separate births and list them in separate columns, taking care to keep their positions in this table consistent with their order in the birth history. Recall that if the last children in Q. 212 are twins and one twin is dead, the living twin should be recorded as the last birth.

Example: If the last births were twins, Priya who is now dead (Line 07 in Q. 212) and Jamil who is still living (Line 08 in Q. 212), Jamil should be recorded as the LAST BIRTH in this table and Priya as the NEXT-TO-LAST birth.

If the respondent has had more than three births in January 2010 or later, write SEE CONTINUATION SHEET at the top of Section 4. Take a fresh Woman's Questionnaire, fill in all the information on the cover page and write CONTINUATION on the top. Go to Section 4 in the second Woman's Questionnaire. Leave the first column of the second questionnaire blank. Change the heading of the second and third columns to 'THIRD-FROM-LAST BIRTH' and 'FOURTH-FROM-LAST BIRTH', and record the name(s) and birth history line number(s) of the additional birth(s). Then return to the original questionnaire to begin asking the questions for the last born child.

Ask all the relevant questions in Section 4 for the last-born child before asking question for the next-to-last birth, etc. When asking questions, be sure to insert the name of the child where indicated so there is no confusion about which child you are referring to.

When using CAPI, the births will be filled out automatically and you will be prompted for the relevant questions.

You will notice that the set of questions on prior births is more limited than the questions for the last birth. It is very important that you ask all of the appropriate questions for these births so you will need to follow the skip instructions carefully. You should not proceed to Section 5 until you have asked the appropriate questions for all births the woman had since January 2010, including any births you may have had to record in a second questionnaire.

Qs. 405-406: DESIRED TIMING OF PREGNANCY

These questions are asked to ascertain whether the respondent's children were wanted at the time she got pregnant or if unwanted, whether she wanted the baby later or not at all..

Q. 407: HOW LONG TO WAIT

Note that this question asks how long the respondent wanted to wait before becoming pregnant, not before giving birth. Record the answer in either months or years, and record the corresponding code. If the respondent gives a general answer such as "I would have liked to have waited until I was ready," ask her how many months or years she wanted to wait. Record the extra time that she said she would have preferred to wait before becoming pregnant.

Example: A woman became pregnant 18 months after her previous birth but she tells you she would have preferred a two-year (24-month) interval before becoming pregnant again. You would record 1 for MONTHS and record '06' in the adjacent boxes (24-18 = 6).

Qs. 408-408A: PREGNANCY KNOWLEDGE AND TEST KIT

In Q. 408 we want to know how many months pregnant the woman was when she discovered that she was pregnant. Then ask Q408A to determine if she used a pregnancy testing kit to confirm that she was pregnant.

Qs. 409-412: PREGNANCY REGISTRATION

If the respondent's pregnancy was registered, record code '1'. If the pregnancy was not registered, skip to Q. 413. For these questions, we are interested in registration with any other health professional or authority.

For those women whose pregnancy was registered, ask with whom they registered their pregnancy (Q. 411) and if she received a Mother and Child Protection Card (Q. 412).

Qs. 413-414: ANTENATAL CARE PROVIDER(S)

This question refers to any antenatal care given by a health care provider during her pregnancy. The care should have been specifically to check her pregnancy and not for other reasons. If the respondent did not receive antenatal care, skip to Q. 422. If the respondent answers YES, then ask her whom she saw (Q. 414). Since we are interested in all of the persons the woman saw, you must use the prompt (e.g., "Anyone else?") to make sure the woman informs you about all the persons from whom she received care for the pregnancy.

Q. 415: PLACE(S) WHERE ANTENATAL CARE RECEIVED

This question seeks information on where the woman received care for her pregnancy. Antenatal care is usually given at a health care facility but is sometimes provided in the pregnant woman's home.

Similar to Q. 414, we are interested in all of the places where the woman received antenatal care. Be sure to use the prompt (e.g., "Anywhere else?") and record all the places where she was seen for care.

As is the case with earlier questions about family planning sources, when choosing a code in Q. 415, you need to know whether the place is in the public health sector (run by the government) or in the private health sector. **When using a paper questionnaire**, if you cannot determine the type(s) of source(s), write the name(s) in the space provided and your supervisor will find out if it is public or private.

Q. 416: MONTHS PREGNANT AT FIRST ANTENATAL VISIT

Ask the respondent how many months into her pregnancy she was when she received her first antenatal care. If she does not remember, ask her how many periods she had missed at the time. Assume each missed period corresponds to a month and enter the number in the space provided. For example, if the respondent doesn't recall how many months pregnant she was when she first received antenatal care, but knows that she had missed three periods, record '03'.

Q. 417: FREQUENCY OF ANTENATAL CARE

Then ask her how many times in total she saw someone for antenatal care during her pregnancy. This refers to care related to her pregnancy and should not include seeing a doctor or nurse for other reasons.

Q. 418: TESTS PERFORMED DURING ANTENATAL CARE

We want to know whether each of the tests listed was ever performed on the respondent during any of the antenatal visits she had for the last pregnancy. It does not matter if they were performed only once or more than once, or performed in the same visit or spread over several visits. Ask about each test and record the response before asking about the next test.

BLOOD PRESSURE is measured with a medical instrument. A rubber cuff is wrapped around a person's upper arm and is inflated. While slowly releasing air from the cuff, the person measuring the blood pressure listens to the pulsing of the blood vessels with a stethoscope to determine the pressure. A URINE TEST can only have been performed if the health care provider asked the woman for a urine sample. A BLOOD SAMPLE may be taken from the woman's fingertip or from a vein (usually from a vein near the elbow or on the wrist). The blood sample is used to test for various conditions and infections, such as anaemia, parasite infestations or infectious diseases. An ABDOMINAL EXAM is generally done by feeling the abdomen or measuring it to monitor the pregnancy.

Qs. 419-420: PREGNANCY COMPLICATIONS

For Q. 419, find out whether the health care provider told the respondent during any of her antenatal visits about the problems related to pregnancy that are listed. Q. 420 asks whether the health care provider advised her about where to go if she experienced any pregnancy complications.

Q. 421: FATHER'S PRESENCE AT ANTENATAL CARE VISITS

We want to know if the father was present at any of the antenatal care visits.

Qs. 422-427: TETANUS TOXOID INJECTIONS

Neonatal tetanus is a disease that kills many babies. Another name for tetanus is lockjaw. If a local term exists for tetanus, it may be used in explaining the disease to the respondent. If a woman receives at least two tetanus vaccinations during any pregnancy, she is considered to be adequately immunized to protect her baby against neonatal tetanus. A child also is considered to be adequately protected if the mother received at least five injections with tetanus vaccine during her lifetime and the last booster was received within a ten-year period prior to the pregnancy.

Qs. 422-423 ask about whether the respondent received any tetanus injections during that pregnancy and, if so, how many times she was given the tetanus injection. The tetanus vaccine is usually given to the pregnant woman as an injection in the arm or the shoulder but can also be sometimes in her buttock.

Q. 424 A respondent who does not report receiving at least two injections with tetanus vaccine during the pregnancy must be asked several additional questions to assess whether she was adequately

immunized at the time of her pregnancy. For those who received 2 or more tetanus injections skip to Q. 428.

Qs. 425-426 inquire about whether she received any tetanus injections prior to the pregnancy (e.g., during an earlier pregnancy or during childhood) and, if so, the total number of tetanus injections she was given before the pregnancy. She will also be asked how many years ago the most recent tetanus injection was received

(Q. 427). For a woman who received a single tetanus injection during the pregnancy of her last birth, we are asking about the most recent tetanus injection that she received prior to the pregnancy of her last birth.

Example: Gauri was interviewed in December, 2013. She has two children, Sevati and Manoj. Manoj is her last birth. She says that she had one tetanus injection when she was pregnant with Manoj and two injections when she was pregnant with Sevati who was born in September 2010. She also is sure that she had all of the required childhood immunizations before entering school although she is not sure how many tetanus injections she had.

For Gauri, you should record YES in Q. 422, record '1' in Q. 423, and check 'OTHER' in Q. 424. You should record YES in Q. 425 since she had tetanus injections prior to the pregnancy.

Since Gauri is sure she had all required immunizations before entering school, you may assume that she had three immunizations during early childhood. Including the two injections when she was pregnant with Sevati, this means she had a total of five tetanus injections before she became pregnant with Manoj. Thus, you should record '5' in Q. 426. Prior to her pregnancy with Manoj, her most recent tetanus injection was in 2010, the year of Sevati's birth. Thus, in Q. 427, record '03' since the tetanus injection was given three years ago.

Qs. 428-429: IRON TABLETS/SYRUP

Anaemia is a common problem during pregnancy that can be overcome by additional intake of iron. Q. 428 asks whether the woman was given or bought any iron folic acid tablets or syrup during her pregnancy. Since some women may not know that they were given iron tablets, show the woman the sample tablets as you ask this question. Note that we are not asking whether or not she consumed the tablets/syrup she was given or bought; rather, we want to know whether she had the tablets/syrup in her possession during the pregnancy. We also are asking if she was given or bought the tablets, not if she already had them at home, so record NO in that instance and skip to Q. 430.

If the respondent was given or bought iron tablets/syrup (YES in Q. 428), ask her for how many days during her pregnancy she took the tablets/syrup. Record the response in the boxes. Remember to put a leading zero in front; 30 days would be '030'. If she was given or bought iron tablets but never took one, record '000'.

If she does not remember, probe for the approximate number of days, e.g., by asking how many months pregnant she was when she began taking the tablets and whether she took the tablets every day after that.

Q. 430: DRUG FOR INTESTINAL WORMS

Treatment of intestinal parasitic infections has an impact on the anaemia status of women during pregnancy. To see if the woman took any drug for intestinal worms during her pregnancy, we ask Q. 430.

Q. 431: MOSQUITO NET USE

Ask how often she slept under a mosquito net during her last pregnancy.

Q. 431A: VISION PROBLEMS DURING PREGNANCY

We want to know whether at any time during the pregnancy the respondent experienced problems related to her vision during the day. In Q. 431A, ask the respondent whether she suffered from problems with her vision during the day, for example, blurred vision. Do not include problems such as nearsightedness or farsightedness.

Q. 432: CONVULSIONS DURING PREGNANCY

For Q. 432, we want to know whether at any time during the pregnancy the respondent experienced convulsions that were not associated with a fever. Pre-eclampsia is a potentially fatal condition that may affect women during pregnancy. Women with pre-eclampsia may also develop convulsions, and this is called eclampsia. This problem is very serious, though not necessarily common. Convulsions are fit-like episodes in which people have uncontrolled muscular movement or muscular stiffness. The kinds of convulsions we are interested in are when a woman's muscles contract uncontrollably. During convulsions a woman's eyes can roll back and she may lose consciousness. People can also tremble when they have fever, but we are not asking about this kind of trembling, which is more like shivering when you are cold.

Q. 433: SWELLING DURING PREGNANCY

Q. 433 is asked to find out if the woman experienced any swelling of her legs, body, or face during her last pregnancy.

Qs. 434-435: SUPPLEMENTAL NUTRITION FROM *ANGANWADI* CENTRE

Anganwadi centres are supposed to provide supplementary nutrition to pregnant women. For Q. 434, ask the respondent if she received any supplementary nutrition, specifically from the *anganwadi* centre, during her last pregnancy. If she says that, yes, she did receive supplementary nutrition from the *anganwadi* centre, you will also ask Q. 435. For this question, we want to know if she was always able to get the supplemental nutrition from the centre when she wanted it.

Qs. 436-438: MEETINGS WITH HEALTH WORKERS LAST 3 MONTHS OF PREGNANCY

If a respondent met in the last three months of her pregnancy with an ANM, Lady Health Visitor (LHV), ASHA, *anganwadi* worker, or other community health worker, ask her where she met with them. If she did not meet with any of these types of health workers during the last three months of her pregnancy, record code '2' and skip to Q. 439.

Q. 438 is only asked of those women who report that they met with at least one of the types of health workers in Q. 436 during the last three months of her pregnancy. Ask the respondent whether she received advice at least once during any of these meetings about institutional delivery, cord care, breastfeeding, keeping the baby warm, and family planning or delaying her next child.

Q. 439: BREECH PRESENTATION

Normally, a baby's head is closest to the birth canal and the head would appear first during delivery. In a breech presentation, the buttock or feet will be closer to the birth canal.

Q. 440: PROLONGED LABOUR

Labour consists of dilations of the cervix and a series of rhythmical muscle contractions that help move the baby from the uterus through the birth canal and out of the mother. The definition of prolonged labour varies but essentially means that labour is moving too slowly. Ask the question as it is and record the response.

Q. 441: EXCESSIVE BLEEDING

This question is asking about the period during or immediately after delivery. Excessive bleeding means more than normal. Ask the question as it is and record the response.

Q. 442: SIZE OF BABY

Read the entire question before accepting an answer. This is the woman's own opinion about the size of her baby. Some respondents may give you the baby's birth weight instead of a size. Insist that you want to know whether she thinks the baby was VERY LARGE, LARGER THAN AVERAGE, AVERAGE, SMALLER THAN AVERAGE, or VERY SMALL. If the respondent herself is unable to tell you the baby's size at birth, do not record an answer based on the birth weight information; simply record '8' for DON'T KNOW. Please note that estimation of size of baby by comparing with other children is not allowed.

Qs. 443-444: WEIGHT AT BIRTH

These questions seek information on whether the baby was weighed at birth and, if so, the baby's weight. Notice that in Q. 432 there are two sets of boxes for recording the birth weight; the first is KILOGRAMS FROM CARD, and the second is KILOGRAMS FROM RECALL. KILOGRAMS FROM CARD refers to a written record of the birth weight on a document, such as the vaccination card, the antenatal card, or the birth certificate. KILOGRAMS FROM RECALL refers to the mother's verbal report of her child's birth weight, which she is reporting from memory.

When recording the birth weight, first record the appropriate code in front of the boxes; '1' for KILOGRAMS FROM CARD and '2' for KILOGRAMS FROM RECALL, and then fill in the birth weight. Always record the birth weight from the card when possible. When recording information from the card, check the date on the card or ask the mother to be sure that the weight recorded on the card was the child's weight at birth.

You will fill in the boxes for KILOGRAMS FROM RECALL only if there is no card or no birth weight was recorded on the card. If there is no weight available from a card and the respondent says she cannot remember the exact birth weight, ask her to give you her best estimate. Only record DON'T KNOW if she absolutely cannot remember even an approximate weight.

Q. 445: ASSISTANCE AT DELIVERY

Again, when asking the question, be sure to use the name of the child you are referring to, so that there is no confusion. If the respondent is not sure of the status of the person who assisted with the delivery, for example, if she does not know whether the person was a midwife or a traditional birth attendant, probe. The codes are letters of the alphabet to remind you to record codes for all the people she says assisted with the delivery.

Q. 446: PLACE OF BIRTH

The intent of this question is to identify births delivered in a health facility. If the woman gave birth in a health facility, ask whether the place is in the public (run by the government) or private health sector. **When using a paper questionnaire**, write the name of the facility in the space provided if the

respondent does not know whether the place is run by the government or is private. Inform your supervisor about the problem. The supervisor will identify the type of facility.

Q. 447-448A: TRANSPORTATION TO FACILITY FOR DELIVERY

Ask how the respondent travelled to the facility for her last birth (Q. 447) and ask who arranged the transportation (Q. 448) unless the woman travelled on foot. Ask for the cost of the transportation in Q. 448A.

Q. 448B-451: COST OF DELIVERY

In Q. 448B, ask how much money was spent on each item. Other costs should not include the transportation costs listed in Q. 448A. If the woman either paid no money or does not know the costs of each item in Q. 448B, ask for the total amount of money paid for this delivery (Q. 449). Finally, if she paid any money for this delivery, ask for the source of the cash in Q. 451.

Q. 452-455: FINANCIAL ASSISTANCE FOR DELIVERY COSTS

Ask if she received any financial assistance to pay for the cost of this delivery (Q. 452) and if yes, what was the source (Q. 453). For woman who received assistance from Janani Suraksha Yojana (JSY), ask how soon she received this money (Q. 454) and the amount (Q. 455).

Q. 456: STAY IN HEALTH FACILITY FOLLOWING DELIVERY

This question is intended to find out the length of a woman's stay in a health facility following a delivery. Note that we are not concerned with the total time she spent at the facility but the time she remained in the facility after giving birth.

In recording her response, first record the appropriate code for the unit of time the respondent mentions (i.e. '1' for HOURS, '2' for DAYS, or '3' for WEEKS) and then record the time she remained in the facility in the boxes next to that code.

Qs. 457-458: CAESAREAN SECTION

A caesarean section or C-section is a delivery of a baby through an incision in the woman's abdomen and womb, rather than through the birth canal. Such a delivery is necessary for some women due to pregnancy complications. Find out whether the baby was delivered by an operation (Q. 457) and if so, when this decision was made (Q. 458).

Qs. 459-462: POSTPARTUM CHECK FOR MOTHERS

Getting a postpartum check soon after the baby is born is crucial for the health of the mother. We are interested in knowing whether the respondent saw anyone for a postpartum check and, if so, who performed the check and how many hours, days or weeks after the birth the first check took place. In this set of questions, we are asking only about a health check for the mother. If someone checked on the health of the baby, but not the mother, that check would not be included here. Postnatal checks for the baby are covered in Qs. 470-473.

Q. 459 is directed to women who delivered in a health facility and inquires whether anyone checked on the woman's health before she was discharged. If NO, skip to Q. 462, which seeks information on whether the woman had a postpartum check from anyone after she was discharged from the health facility. You should mark YES to Q. 462 only if the check was related to her delivery and not if the care was for some other problem she had.

Qs. 463-464: DELIVERING IN A PLACE OTHER THAN A HEALTH FACILITY

Qs. 463 and 464 are asked of all women who delivered outside a health facility. For Q. 463, if the respondent reports more than one reason for not giving birth in a health facility, record all the reasons she mentions. Q. 464 is asked to ascertain details about the procedure followed during the woman's delivery. A disposable delivery kit (DDK) refers to a kit which contains at least a small bar of soap for washing hands, a plastic sheet, a clean string for tying the umbilical cord, and a new razor blade for cutting the cord. For part 'b', find out if the baby was immediately wiped dry and wrapped without being bathed. If the child was bathed before being dried and wrapped, record '2' for NO. For part 'c', we want to know whether a clean razor blade was used to cut the umbilical cord. Use of a clean blade can prevent the transmission of tetanus-causing spores and other pathogenic organisms via the umbilicus to the infant.

Qs. 465-469: POSTPARTUM CHECKUP FOR MOTHERS

Q. 465 is similar to Q. 462 but is asked of women who delivered outside a health facility. The question asks if the woman was seen by any health personnel, *anganwadi* worker, ASHA, or traditional birth attendant for a check of her health. If she says yes, ask how soon that first check occurred. Record NO if the woman saw a provider but the care was unrelated to the delivery.

Qs. 467-468 seek information on how many checks were done in the first 10 days after delivery and who conducted the first postpartum check. Qs. 467-468 refers to the first check after birth, so multiple answers are not allowed. If the woman reports that more than one person conducted the first postpartum check in Q. 468, record the code for the person that appears highest in the list.

Qs. 470-473: CHECK OF BABIES AFTER BIRTH

Q. 470 asks about whether the baby received a check from a health personnel, ASHA, or traditional birth attendant in the two months after the baby was born. Checks for the newborn include actions such as checking the baby's cord, assessing the baby's temperature, weighing the baby, observing breastfeeding, and counselling danger signs. For those babies who did have a check, additional questions are asked about the first check the baby had including: when this check took place (Q. 471), the person who did the check (Q. 472), and where the check took place (Q.473).

Q. 473 inquires about the place where the first check on the baby took place. Such care can be given at a health care facility or provided in the woman's home or another home. Again if you cannot identify the type of source (public or private), **when using a paper questionnaire**, write the name of the place and inform your supervisor who will assist in identifying the source.

Q. 474: POSTPARTUM COMPLICATIONS

Information is sought on two types of complications which can occur during the postpartum period, namely massive vaginal bleeding and very high fever. Massive vaginal bleeding is bleeding much more than what is considered normal. If the woman reports that she had very high fever, record '1' irrespective of the cause of the fever so long as it was within the first two months postpartum.

Qs. 475-477: MENSTRUAL PERIOD AFTER BIRTH

After a woman has given birth, there is a length of time when she will not have her monthly menstrual periods. Q. 475 asks about whether a woman's period has resumed following the last birth while Q. 476 inquires about the return of the woman's period for all other births.

Q. 477 is asked of women who say their period returned following the birth. Record the woman's answer in completed months. Remember to put a zero in the first box for responses of less than ten months.

Q. 478: FILTER (LAST BIRTH ONLY) FOR CURRENT PREGNANCY STATUS

Qs. 479-480: POSTPARTUM ABSTINENCE

Couples may decide to wait a certain length of time after the birth of a child before resuming sexual relations (postpartum abstinence). Qs. 479-480 are asked to determine for how long the woman abstained from sexual intercourse after the birth of her child. Again, record the woman's answer in completed months.

Q. 481: CHILD EVER BREASTFED

Breastfeeding is important for fertility and child health. For this question, it does not matter how long the respondent breastfed the child, only whether or not she ever gave the child the breast, even if the baby died very young.

Q. 482: WHEN BREASTFEEDING BEGAN

If the mother reports that the baby was put to the breast immediately after birth, record '000.' Otherwise, record the time in completed hours or days.

Examples: The woman said she began breastfeeding within an hour of the birth. Record '1' and record '00' hours. The woman said she began breastfeeding 30 hours after the birth. Record '2' (DAYS) and record '01'.

Qs. 483-484: PRELACTEAL FEEDING

These questions are asked to find out whether the baby was given any fluid other than breast milk before the mother's breast milk began to flow regularly. In Q. 484, record all applicable codes.

Q. 485: FILTER (LAST BIRTH ONLY) FOR LIVING CHILD

Q. 486: STILL BREASTFEEDING

Q. 486 is only asked if the child is still alive. Note that it does not matter whether she is giving the child other liquids or foods as well; we are interested in knowing whether the child is being breastfed at all.

Q. 487: LENGTH OF BREASTFEEDING

Q. 487 is only asked if the child is not currently breastfeeding. Record the answer in completed months.

Q. 488: FILTER FOR LIVING CHILD

Q. 489: BOTTLE WITH NIPPLE

The use of bottles with nipples can be unsanitary and can indicate early or inappropriate weaning. You should record 'YES' if the child was given anything in a bottle during the day or night before the interview.

Q. 490: FILTER FOR NEXT CHILD

At this point, go back to Q. 405 to ask questions in Section 4 for the child in the next column. If you have finished these questions for all births in the last five years, proceed to Q. 491.

Q. 491: FILTER FOR CHILD BORN IN JANUARY 2013 OR LATER AND LIVING WITH RESPONDENT

If the respondent has at least one child born in January 2013 or later and living with her, be sure to record the name of the youngest such child.

Q. 492: LIQUIDS AND FOODS GIVEN YESTERDAY

The purpose of this series of questions is to obtain a better picture of the diversity of the child's diet. Only women who have had at least one child born in January 2013 or later and living with her are eligible for the questions. If the respondent has more than one child born in January 2013 or later living with her, the questions relating to the child's diet will be asked for the youngest child.

Help the respondent to recall what the child ate the day before, as follows:

- Begin by reading the introductory portion of the question slowly, emphasizing that the question concerns what the child drank or ate **yesterday** during both the day and night. Then ask about each of the items in the order they appear in the question. Be careful to record the response (“YES,” “NO” OR “DON’T KNOW”) for an item before asking about the next item.
- For categories that have more than one item of food or drink, record ‘1’ for “YES” if any item in that category was given. For questions regarding consumption of milk (Q. 492d), infant formula (Q. 492e), and yogurt (Q. 492g), follow up by asking how many times the child consumed the item.
- As you are asking about the initial items in Q. 492, the mother may interrupt and list the foods and liquids that her child consumed. Begin with the foods or liquids she mentions that the child received and record a ‘1’ for each item. You may need to ask the woman to repeat the items to make sure that you have recorded all the food types correctly.
- Sometimes the mother may tell you that the child was given “vegetable soup” or “meat stew”. Since these typically include a variety of food types, it is important that you probe to find out the ingredients included in the soup, porridge or stew. For example, if the mother tells you her child had soup, ask what was in the soup and record all the ingredients. If the soup contained carrots, white potatoes, and beef, record YES in the category of “Pumpkin, carrots, squash or sweet potatoes that are yellow or orange inside” to record the carrots, YES in the category of “White potatoes, white yams, manioc, cassava, or any other foods made from roots” to record the white potatoes, and YES in the category of “Any meat, such as beef, pork, lamb, goat, chicken, or duck” to record the beef.
- The category “clear broth” refers only to clear water-based soups. Soups that include pieces should not be included here, but should be handled as described above.
- Once you have entered all of the foods or liquids that the child consumed, you must go back and ask about any categories which the woman did not mention. If the woman now mentions a food item the child ate yesterday (or had mentioned it before) which is not listed in any of the existing food groups, record ‘1’ in Q. 492f if it is a liquid and ‘1’ in Q. 492v if it is a solid or semi-solid food.

If the respondent tells you that her child was given only the items she has already mentioned (e.g., infant formula and juice), confirm that the child was not given anything else (e.g., by asking “Did (NAME) drink any other liquid at all?” and “Was (NAME) given any other solid or semi-solid food?”). If the mother confirms that the child was not given any other liquid or food, mark NO for all the other items in the list. Note that if the woman mentions breast milk, it is not necessary to record this information in

Q. 492 because if the child had breast milk yesterday, the mother would have already told us back in Q. 486 that she is still breastfeeding. Note also that Q. 492a (“Plain water?”) refers to water by itself with nothing added to it.

If the mother was not with the child on the day before you conduct the interview, she may not be able to answer these questions. If this situation occurs, ask if you can talk to the person who was responsible for the child’s care while the mother was away about what the child ate. It is also possible that the mother will consult other household members about what the child ate even if she was at home since the mother may not be the only one who fed the child yesterday. If at any time when you are asking Q. 492 you obtain information on liquids or foods the child was given from other household members, you should write down the names of these individuals and a description of the circumstances on the same page as the relevant question. Also put a note in the OBSERVATION section at the end of the interview.

Before going on to the next question, check that there is a response recorded for each item in Q. 492. Note: in some parts of the world, use of infant formula and commercially fortified baby cereal is widespread. In other areas, these products may be uncommon, and respondents may not recognize the terms. Definitions of each are provided below:

- Infant formula. Infant formula is a commercial product that can be used to provide all or part of the nutrients that infants need for growth and development. Formula may be a powder or a liquid concentrate, either of which must be mixed with water before it is given to an infant. Alternatively, formula can be packaged in a ready-to-use container that can be fed to an infant without adding water.
- Commercially fortified baby cereal. Commercially produced cereals specifically produced for feeding to infants or young children. Common infant cereal products available in India include Cerelac and Farex.

Q. 493: FILTER FOR CHILD ATE ANY FOOD

Q. 494: SOLID, SEMI-SOLID, OR SOFT FOOD

This question is only asked if none of the food groups in Q. 492 are reported by the respondent during the food group recall of the child. This question verifies whether or not the child really had no solid, semi-solid or soft food the previous day. If the respondent says YES to Q. 494, go back to Q. 492 and record the food(s) eaten.

- Solid, semi-solid, or soft foods include both dishes prepared for the entire family and special dishes prepared exclusively for infants and young children.
- Very thin, watery soups and gruels are classified as liquids not as solid, semi-solid, or soft foods.

Q. 495: NUMBER OF TIMES CHILD GIVEN SOLID, SEMI-SOLID, OR SOFT FOODS

In this question, we try to find out the total number of times that the child was given solid, semi-solid, or soft foods the day before the interview. Count snacks given to the child between regular meals separately. If the number is 7 or more, record ‘7’ in the box.

Example: The respondent reports her child was breastfed 8 times the previous day and fed porridge in the morning and evening. The child also ate a mashed banana during the afternoon. Record ‘3’ in Q. 495 since the child ate solid/semi-solid/soft foods 3 times the day before the interview. The number of times the child breastfed is not counted in response to Q. 495 because breast milk is not a solid, semi-solid or soft food.

H. Section 5: Child Immunizations and Health

Qs. 501-503: TABLE HEADING

There is an important difference between Sections 4 and 5. Section 4 obtains information for both living and dead children, while Section 5 obtains information only for living children. However, you will still need to complete the table headings for both living and dead children in Section 5.

Complete the table heading, following the same procedure as you did for Section 4. Check Qs. 212 and 216 and fill in the Birth History Number (Q. 502), child's name, and survival status (Q. 503) at the top of this page and the child's name at the top of each of the subsequent pages in the Child Health table. Make sure to start with the last birth, then the next to last, etc.

When using a paper questionnaire, if there are more than three births since January 2010, you will need to use the continuation questionnaire that you prepared earlier. Write SEE CONTINUATION SHEET at the top of Section 5. Check the cover page to make sure that you have the correct continuation questionnaire. Go to Section 5 in the continuation questionnaire. Leave the first column of the questionnaire blank. Change the heading of the second and third columns to 'THIRD-FROM-LAST BIRTH' and 'FOURTH-FROM-LAST BIRTH', and record the name, birth history number, and survival status of the additional birth(s). Then return to the original questionnaire to begin asking the questions for the last born child.

After completing Q. 503 for all births since January 2010, start with the LAST BIRTH in the first column and do one of three things: 1) if the child is alive, ask Q. 504; 2) if the child is dead, go to the next column for the birth recorded there; or 3) if there are no more births, go to Q. 547.

Q. 504: VITAMIN A SUPPLEMENTATION

Q. 504 asks if the child received a vitamin A dose within the six-month period before the survey. As a visual aid, show the woman common types of vitamin A ampoules, capsules, or syrups. Do not record 'YES' if the child received the last dose more than six months ago.

Q. 505: IRON DEFICIENCY SUPPLEMENTATION

Iron supplementation is believed to be one of the most effective methods of alleviating anaemia. Iron supplements for infants and young children are commonly given in the forms of tablets or pills, or liquids (syrups or drops). A packet containing tiny iron particles that may be sprinkled on a child's food is also available. When asking Q. 505, show the woman the iron supplement samples and be sure to include the time reference. Since iron supplementation of children may occur in weekly or daily form, Q. 505 asks if the child received iron supplementation in the past 7 days (1 week).

Q. 506: INTESTINAL WORMS

Worm control improves the nutritional status of children. It is possible with cheap and effective drugs that are safe in pre-school children. Q. 506 asks if the child took any drug for worms in the past 6 months.

Q. 507: VACCINATION CARD

You should have obtained documentation (birth certificates and vaccination cards) for eligible children at the beginning of the interview. If you have not already collected the vaccination card(s), ask the respondent to look for the card(s). In some cases, the respondent may hesitate to take time to look for the card(s), thinking that you are in a hurry. Since it is critical to obtain written documentation of the immunization history for all eligible children, be patient if the respondent needs to search for the card(s).

If the respondent shows you the card for a child, record YES, SEEN. If the respondent says the child has a vaccination card, but she is unable to show it to you because she has lost it, someone else has it, or it is not accessible to her during the interview, record YES, NOT SEEN for that child. If the respondent says she does not have a card for her child, record NO CARD. Each response has a different skip instruction, so be careful to follow the correct skip pattern.

Q. 508: EVER HAD VACCINATION CARD

If, in Q. 507 the woman tells you she does not have a vaccination card for her child, ask her in this question whether she ever had a card for that child. It is possible that she at one time did have a card, but no longer has it. Record the appropriate code and skip to Q. 512.

Q. 509: RECORDING VACCINATIONS

If you have a vaccination (health) card for the child, fill in the responses to Q. 509, taking the information directly from the card. When there is more than one eligible child, be certain to match the correct card with the child you are asking about.

Before copying dates from the card to Q. 509, examine the card carefully. The card may list the vaccinations in a different order than the questionnaire. Also Q. 509 requires dates to be recorded with the day first, then the month and then the year. Check the card carefully to see which way the dates are written because sometimes the month might come first, followed by the day and year. Be very careful to record dates correctly.

Besides recording vaccination dates on the card, some health facilities may also record the dates (appointments) on which the mother should bring her child for the next immunizations. Be very careful not to record a scheduled appointment date as a vaccination date. It is possible that an appointment date was given, but the child never received the vaccination. Only record dates that vaccinations were actually given, and not dates of appointments. Be patient and read the card thoroughly.

If the card shows only part of the date, record '98' for DON'T KNOW in the column for which the information is not given.

Example: If the date given was July 2012, you would record '98' for DAY, '07' for MONTH, and '2012' for YEAR.

If the card shows that a vaccination was given, but there is no date recorded, record '44' in the DAY column next to the vaccine and leave the month and year blank. Again, be careful to examine the card closely. For example, if a date is given for a DPT vaccination and there is simply a check to show that a polio vaccine was also given, record the date of the DPT injection on the polio line since the check probably indicates that the vaccinations were given on the same day. Some immunization cards have only a single line for DPT 1 and POLIO 1, DPT 2 and POLIO 2, etc. If there is a date on just one of these lines, record the same date for both the DPT and polio injections.

Example:

Priya's health card shows the following immunizations:

				LAST BIRTH							
				DAY		MONTH		YEAR			
BCG	May 20, 2010	BCG		2	0	0	5	2	0	1	0
Polio 0	May 20, 2010	POLIO 0 (POLIO GIVEN AT BIRTH)		2	0	0	5	2	0	1	0
Polio 1	August 25, 2010	POLIO 1		2	5	0	8	2	0	1	0
Polio 2	October 2010	POLIO 2		9	8	1	0	2	0	1	0
Polio 3	No date	POLIO 3									
DPT 1	August 25, 2010	DPT 1		2	5	0	8	2	0	1	0
DPT 2	October 2010	DPT 2		9	8	1	0	2	0	1	0
DPT 3	No date	DPT 3									
Hepatitis B 0	May 20, 2010	HEPATITIS B 0 (GIVEN AT BIRTH)		2	0	0	5	2	0	1	0
Hepatitis B 1		HEPATITIS B 1									
Hepatitis B 2		HEPATITIS B 2									
Hepatitis B 3		HEPATITIS B 3									
Measles	Given, no date	MEASLES		4	4						
Vitamin A	October 2010	VITAMIN A (LAST DOSE)		9	8	1	0	2	0	1	0
Vitamin A	April 2010	VITAMIN A (NEXT-TO-LAST DOSE)		9	8	0	4	2	0	1	0

Q. 510: FILTER FOR COMPLETE IMMUNIZATION

Q. 511: ANY VACCINES GIVEN BUT NOT RECORDED

Sometimes a child receives a vaccine but no record is made on the vaccination card. After copying the card, ask the respondent whether the child received any vaccinations that are not recorded on the card. This includes vaccination given in Pulse Polio campaigns.

If the mother reports that the child did receive a vaccination for which no date was recorded on the card, record YES in Q. 511. Then, go back to Q. 509, record '66' in the DAY column next to the vaccine received, and leave the month and year blank. In Q. 511, only record YES if the respondent lists one (or more than one) of the vaccinations that are listed in Q. 509, but are not recorded on the card as having been given.

The mother may tell you that the child did not receive any immunizations other than those recorded on the card. In this case, record '2' for NO in Q. 511. At the end of this question, skip to Q. 514 no matter what answer is recorded.

Q. 512: EVER HAD A VACCINATION (BUT NO CARD)

You will ask this question only if you did not see a vaccination card for this child. In that case, all of the information about vaccination of children will be collected from the mother, based on her memory about those vaccinations.

Qs. 513-513J: VACCINATIONS FOR CHILDREN WITH NO CARD

If you did not see a child's vaccination card and the respondent tells you that the child did receive at least one vaccination, you will ask about whether the child received each of the following vaccinations: BCG, polio, DPT, Hepatitis B, and measles/MMR.

Read the introductory question (Q. 513) and then ask Qs. 513A-J, following the appropriate skip patterns. Because there are many types of vaccines, we specify how each one is given so the mother

will know which vaccine we are asking about. Read the whole sentence before accepting the woman's response.

Notice that there are follow-up questions for the polio, DPT, and Hepatitis B vaccinations. For the polio vaccine, we ask whether the child received it, when the child first received it, and how many times the child received it. For the DPT and Hepatitis B vaccinations, we ask whether the child received the vaccination and how many times.

Qs. 514-515: SOURCE OF VACCINATIONS

For children who have received any vaccinations (either listed on the vaccination card or from the mother's recall), ask the respondent where the child received most of his/her vaccinations (Q. 515). If the child has received only one vaccination, ask where he/she received that vaccination. In either case, ask the respondent whether the place is in the public (run by the government) or private sector. If the place is run by a nongovernmental organization or trust, record code '31'. If most of the vaccinations were given in Pulse Polio campaigns, record code '20' for PULSE POLIO CAMPAIGN no matter where the vaccinations were actually given. **When using a paper questionnaire**, only if the respondent does not know whether the place is run by the government or is private, write the name of the facility in the space provided (if it is a hospital, health centre, or clinic), and inform your supervisor after you complete the interview.

Q. 516: DIARRHOEA IN LAST 2 WEEKS

Diarrhoea is a major cause of illness and death among young children in developing countries. If a respondent is not sure what we mean by diarrhoea, tell her it means "more than three runny stools per day." While reading this question, emphasize "in the last 2 weeks."

Q. 517: BLOODY DIARRHOEA

Record whether there was any blood in the stools. Blood in the stools is a symptom of dysentery, an infection caused by certain bacteria, parasites, and intestinal worms.

Qs. 518-519: DRINKING AND EATING DURING DIARRHOEA

The amount of fluids or food given while a child has diarrhoea may be different than normal. Read the entire question before accepting a response. We are interested in knowing the amount of fluids and/or food the child ate or drank. If a respondent says "less" probe to determine more specifically if she meant "much less" than usual or "somewhat less".

Qs. 520-521: ADVICE OR TREATMENT SOUGHT FOR DIARRHOEA

These questions ask whether advice was sought from someone else on how to treat this episode of diarrhoea, for example, advice from a health centre, a health worker, or a traditional healer. Record YES if anyone sought advice or treatment for the child's diarrhoea (not just the mother).

If advice or treatment was sought (Q. 520 is YES), ask Q. 521 and probe for all sources. Record the code for each facility or person contacted.

When using a paper questionnaire, if the respondent does not know whether a facility is public or private, write the name of the facility in the space provided, and inform your supervisor after you complete the interview.

Q. 522: FILTER FOR NUMBER OF PLACES ADVICE/TREATMENT FOR DIARRHOEA SOUGHT

Q. 523: FIRST PLACE ADVICE/TREATMENT FOR DIARRHOEA SOUGHT

For women citing more than one source in Q. 521, probe in Q. 523 for the first place where advice/treatment for diarrhoea was sought. If the woman mentions a source that is not recorded in Q. 521, first probe to be sure that advice was sought from the source and then add that source in Q. 521.

Q. 524: HOW SOON WAS ADVICE/TREATMENT FOR DIARRHOEA

This question is asked to record the timing when advice or treatment was first sought after start of diarrhoea. Women are asked how long (that is, how many days) she waited before seeking advice/treatment after the diarrhea started, since prompt treatment is critical. Record number of days after start of diarrhoea was advice/treatment sought for the first time. If on the same day, record '00'.

Qs. 525-526: TREATMENT OF DIARRHOEA

Women are asked if they gave a child with diarrhoea fluid made from a packet of oral rehydration salts (ORS) or a gruel made from rice (Q. 525). Use the local names for ORS packet and rice gruel if one exists. Read out each item and record the answer given after each item. Be sure to record a code for each item. Do not leave any item blank. Ask if the child was given zinc at any time during this episode of diarrhoea (Q. 526).

Qs. 527-528: TREATMENT FOR DIARRHOEA OTHER THAN SPECIAL FLUIDS

These questions ask the mother whether the child received any treatment for diarrhoea other than those mentioned in Qs. 525-526 for this episode of diarrhoea. If you know from Q. 525 that the child was given fluid from an ORS packet, then phrase the question by saying, "Was anything else given to treat the diarrhoea?" If nothing was given, ask "Was anything given to treat the diarrhoea?"

If you learn in Q. 527 that the child was given something to treat the episode of diarrhoea, ask Q. 528 to identify what the mother or anyone else may have given the child. After recording a treatment, ask the woman whether "anything else" was given, but do so without implying that something else should have been given.

Qs. 529-530: FEVER IN LAST 2 WEEKS

Fever is a symptom of both malaria and pneumonia, which are two of the principal causes of death for young children in many countries. Often children with fever receive treatment for malaria regardless of whether they have malaria or pneumonia. As a result, anti-malarial drug resistance has become a major problem. To stop it, health personnel must diagnose malaria in children, and provide treatment for malaria only to those children who are infected with the malaria parasite. Malaria is diagnosed by taking a few drops of blood from the patient and examining them for the presence of malaria parasites or malaria-specific proteins.

For Q. 529 record YES only if the fever occurred in the two weeks prior to the date of interview and then go on to Q. 530 about testing the child's blood. If the response to Q. 529 is No or Don't Know, skip to Q. 531.

Q. 531: COUGH IN LAST 2 WEEKS

Record YES only if the cough occurred in the two weeks prior to the date of interview.

Q. 532: CHILD BREATHED FASTER THAN USUAL/HAD DIFFICULTY BREATHING

This question is asked only if the child had a cough in the past two weeks. Short, rapid breathing or difficulty breathing are signs of pneumonia or other acute respiratory infections, which are a principal cause of death among children.

Q. 533: FAST/DIFFICULT BREATHING DUE TO CHEST PROBLEM/BLOCKED NOSE

The purpose of this question is to better distinguish between respiratory illness which is life threatening and an ordinary runny nose which is less serious.

Q. 534: FILTER FOR FEVER

Qs. 535-536: DRINKING AND EATING DURING FEVER/COUGH

The amount of fluids or food given while a child has fever/cough may be different from normal. If the child had a fever or a cough but not both, read the question with the appropriate illness at the end of the sentence. For example, if the child had both a fever and a cough, read the statement preceding Q. 535 as follows: "Now I would like to know how much (NAME) was given to drink (including breast milk) during the illness with a fever and a cough." Read the entire question before accepting a response. We are interested in knowing the amount of fluids and/or food the child ate or drank. If a respondent says 'less', probe to determine if it was "much less" than usual or "somewhat less".

Qs. 537-538: ADVICE OR TREATMENT FOR COUGH/FEVER SOUGHT

Record YES in Q. 537 if anyone sought advice or treatment for the child's fever or cough (e.g., the grandmother). If advice or treatment was sought, go on to ask Q. 538. Probe to determine whether more than one person or more than one place was consulted, and record all places mentioned.

If the respondent does not know whether the facility is public or private, write the name of the facility in the space provided. At the end of the interview, inform the team supervisor about the problem in classifying the source.

Q. 538: FILTER FOR NUMBER OF PLACES ADVICE OR TREATMENT FOR FEVER/COUGH SOUGHT

Q. 540: FIRST PLACE ADVICE OR TREATMENT FOR FEVER/COUGH SOUGHT

For respondents naming more than one source in Q. 538, probe in Q. 540 for the first place where advice/treatment for fever/cough was sought. If the woman mentions a source that is not recorded in Q. 538, first probe to be sure that advice or treatment was sought from the source and then add that source in Q. 538.

Q. 541: HOW SOON WAS ADVICE/TREATMENT SOUGHT FOR FEVER/COUGH

Women are asked how long (that is, how many days) she waited before seeking advice/treatment after the fever/cough started, since prompt treatment is critical.

Qs. 542-543: TREATMENT OF THE FEVER/COUGH

Ask the respondent whether the child who had fever/cough in the past two weeks has taken any drugs for the fever and, if so, what drugs the child received. Note that more than one drug may have been administered to the child during the illness.

If the child did not receive any drugs for the fever/cough, or if the respondent doesn't know, skip to Q. 546.

If the child received treatment, in Q. 542, mark all the drugs mentioned by the woman. If the woman does not know the name of the drug, ask her to show you the drugs. Record DON'T KNOW only if she cannot show you the drug or you cannot determine the type of drug given to the child.

Q. 544: FILTER FOR ANTIMALARIAL DRUGS GIVEN TO TREAT FEVER

Q. 545: WHEN AN ANTIMALARIAL DRUG WAS FIRST GIVEN

This question is asked only if the child was given any antimalarial drug. It is assumed that the child had a fever if an antimalarial drug was given. Find out how long after the fever started the child *first* took any of the antimalarial drugs. For example, if the child took chloroquine the day after the fever started and then took a combination with artemisinin the next day, record '2' for NEXT DAY.

Q. 546: INSTRUCTION TO ASK QUESTIONS 503-545 FOR NEXT CHILD

At this point, go back to Q. 503 and ask the series of questions for the birth in the next column. If there are no other births, proceed with Q. 553.

Q. 547: FILTER FOR NUMBER OF CHILDREN BORN IN 2010 OR LATER

Check Qs. 215 and 218 to find out how many children the respondent has who were born in 2010 or later and who are living with her. If there are no children born during this period who are living with the respondent, mark the box on the right and go to Q. 550. If she has one or more children born during this period who are living with her, mark the box on the left. Then proceed to ask Q. 548 for the youngest child born since January 2010 and living with the respondent.

Q. 548: DISPOSAL OF STOOLS

Correct disposal of stools is linked with lower risks of spreading diarrheal illnesses. Mothers are asked about what was done the last time their youngest child passed stools.

Q. 549: FILTER FOR CHILD OR CHILDREN HAVING RECEIVED ORS PACKETS

Q. 550: KNOWLEDGE OF ORS PACKETS

This question will be asked to determine whether respondents have heard of a special ORS packet or a pre-packaged ORS liquid to treat diarrhoea. It is asked of all women interviewed with the exception of women with children born in 2010 or later who were given an ORS packet or pre-packaged ORS liquid to treat a recent case of diarrhoea. When asking Q. 550, be sure to use any local name that is used for these packets.

Q. 551: FILTER FOR ANY LIVE BIRTH IN 2009 OR LATER

I. Section 5A: Utilization of ICDS Services

The *anganwadi* or Integrated Child Development Services (ICDS) centres have been set up by the government to help meet the needs of early childhood development and address the interrelated needs of adolescent girls and pregnant and breastfeeding mothers. The services provided for include services related to health (immunizations for children, health check-ups, referral services, and treatment of minor illnesses), nutrition (supplementary feeding, growth monitoring, and nutrition and health education), and early childhood care and preschool education. Accordingly, in this section information is sought on

the utilization of these services by respondents for each of their children who are currently 0-6 years old and during each of the associated pregnancies. This section is skipped if the woman has not had any live births in 2009 or later (see Q. 551).

Qs. 552-554: TABLE HEADING

Complete the table heading for all children born in January 2009 or later, following the same procedure as you did for Section 5. When using a paper questionnaire, check Qs. 212 and 216 and fill in the Line Number (Q. 553), child's name, and survival status (Q. 554) at the top of this page. Fill in the child's name at the top of the next page as well. Make sure to start with the last birth, then the next to last, etc., in the same order as the children are listed in Section 5. When using CAPI, this information will be filled out for you automatically. Note that children born in 2009 are also included in this section, whereas they were not included in Sections 4 and 5.

After completing Q. 554 for all births in January 2009 or later, start with the LAST BIRTH in the first column and do one of two things: 1) if the child is alive, ask Q. 555; 2) if the child is dead, go to Q. 562.

Q. 555: CHILD'S BENEFITS/SERVICES FROM THE ANGANWADI OR ICDS CENTRE

This question asks whether the child has received any benefits from the *anganwadi* or ICDS centre in the last 12 months, such as supplementary food, growth monitoring, immunizations, health check-ups, or education. If the child received any benefits (YES), continue with Q. 556. If the child has not received any benefits at all, skip to Q. 562.

Q. 556: FOOD FROM THE ANGANWADI CENTRE

We are interested in whether the child has received any food from the *anganwadi* centre in the last 12 months and if so, how often the food was received. Often children receive food when they attend preschool education at the centre. If the mother says that the child receives the food when he/she goes to the centre for pre-school, ask her how often that is. If the *anganwadi* provides take home supplies of food meant for daily consumption at weekly or monthly intervals, record the code for 'ALMOST DAILY, code '1'.

Qs. 557-558: HEALTH CHECK-UPS AND IMMUNIZATIONS THROUGH THE ANGANWADI CENTRE

Q. 557 asks how often the child had health check-ups at the *anganwadi* centre in the last 12 months. In Q. 558, we are interested in whether the child has received any immunizations through the *anganwadi* centre in the last 12 months. That may include immunizations given at the *anganwadi* centre or arranged by the *anganwadi* worker at another location.

Q. 559: EARLY CHILDHOOD CARE OR PRESCHOOL AT THE ANGANWADI CENTRE

Ask the respondent how often the child went to early childhood care or preschool at the *anganwadi* centre in the last 12 months. Note that the codes for this question are different from the other questions in this series. Record code '1' for REGULARLY, code '2' for OCCASIONALLY, and code '3' for NOT AT ALL.

Qs. 560-561: GROWTH MONITORING BY THE ANGANWADI CENTRE

Q. 560 asks how often the child was weighed by the *anganwadi* centre in the last 12 months. For children who were weighed by the *anganwadi* centre, ask Q. 561. This question asks whether the respondent ever received counseling from the *anganwadi*/ICDS worker or ANM after the child was weighed. Such counseling should especially be provided if the child is underweight.

Qs. 562-563: BENEFITS/SERVICES FROM THE ANGANWADI OR ICDS CENTRE WHEN PREGNANT

Q. 562 asks whether the respondent received any benefits from the *anganwadi* centre when she was pregnant with this child. If she received any benefits (YES), continue with Q. 563. If she did not receive any benefits at all, skip to Q. 564.

Q. 563 asks the woman if she received supplementary food, health check-ups, or health and nutrition education from the *anganwadi* centre when she was pregnant with this child. Be careful to record her responses to each of the three questions.

Qs. 564-565: BENEFITS/SERVICES FROM THE ANGANWADI OR ICDS CENTRE WHEN BREASTFEEDING

Q. 564 asks whether the respondent received any benefits from the *anganwadi* centre when she was breastfeeding this child. If she received any benefits (YES), continue with Q. 565. If she did not receive any benefits at all, skip to Q. 566. If she has already told you in Q. 481 that she never breastfed the child, record code '3' in Q. 564 and skip to Q. 566.

Q. 565 asks the woman if she received supplementary food, health check-ups, or health and nutrition education from the *anganwadi* centre when she was breastfeeding this child. Be careful to record her responses to each of the three questions.

Q. 565: INSTRUCTION TO ASK QUESTIONS 554-565 FOR NEXT CHILD

At this point, go back to Q. 554 for the birth in the next column and follow the skip instruction. If there are no other births, proceed to Section 6.

J. Section 6: Fertility Preferences

This section gathers information on desires for additional children, preferred birth intervals, attitudes toward family planning and family size, and unwanted pregnancies.

Q. 601: FILTER FOR NEVER MARRIED

Q. 602: FILTER CONCERNING STERILIZATION STATUS OF RESPONDENT/HUSBAND

Q. 602A: FILTER FOR HYSTERECTOMY

Q. 603: FILTER FOR PREGNANCY STATUS

Qs. 604-605: PREFERENCE FOR ADDITIONAL CHILDREN

If the respondent is currently pregnant, ask Q. 604. Note that we want to make sure that pregnant women do not think that we are asking them whether they want the child they are pregnant with now. For this reason, we begin this question by stating "Now I have some questions about the future..."

If she is not pregnant or is unsure if she is pregnant, ask Q. 605. Note that the wording of the question depends on whether or not she already has children. When using a paper questionnaire, choose the correct words. The CAPI will prompt you with the proper sentence. If the respondent is not pregnant and has no living children (check Q. 216), ask the question as follows: "Would you like to have a child or would you prefer not to have any children?" If she has one or more children, you ask instead, "Would you like to have another child or would you prefer not to have any more children?"

Q. 606: TIME TO WAIT

Q. 606 is to be asked of all women who say that they want to have another child. First check Q. 226 to see whether the respondent is pregnant and mark the appropriate box. If she is not pregnant or unsure, ask “How long would you like to wait from now before the birth of (a/another) child?” If she is pregnant, word the question differently by asking “After the birth of the child you are expecting now, how long would you like to wait before the birth of another child.” Note that the answer can be given in months or years. Record ‘1’ if the response is in months or ‘2’ if in years, and record the answer in the appropriate boxes. If she says she would like to have a baby right away, record SOON/NOW. If the woman says she cannot get pregnant, record ‘994.’ If the woman gives a different answer, record ‘996’ and write her response in the OTHER category.

Q. 607: FILTER FOR PREGNANCY STATUS

Q. 608: FILTER FOR USING A METHOD

When using a paper questionnaire, check Q. 329. If a YES is recorded, you will mark the box on the right in Q. 608 for CURRENTLY USING and skip to Q. 614. If a NO is recorded, you will mark the box in the middle for NOT CURRENTLY USING. If Q. 329 was not asked, you will mark the box on the left NOT ASKED.

Q. 609: FILTER FOR TIME TO WAIT

Q. 610: REASON FOR NOT USING A METHOD TO PREVENT PREGNANCY

Check the woman’s response in Q. 604 or 605, as appropriate. When using a paper questionnaire, if she says that she wants to have a/another child (Code ‘1’ is recorded), mark the box on the left and ask the question under that box. If she wants no (more) children (Code ‘2’ recorded), mark the box on the right and ask the question under that box. When using CAPI, the appropriate question will be displayed.

There are many reasons that a person may not be using contraception, so listen to your respondent carefully. Record as many reasons as the woman mentions. The following are some guides to use in deciding which code(s) to mark:

Code INFREQUENT SEX if the respondent says she is not sexually active enough to be using a method. NOT HAVING SEX would be the appropriate code if she says she is not sexually active at all.

MENOPAUSAL means she is no longer menstruating and therefore cannot get pregnant, and HYSTERECTOMY is an operation to remove her uterus.

Code CAN’T GET PREGNANT, if the respondent says she thinks she cannot get pregnant for reasons other than she is menopausal or has had a hysterectomy.

Code NOT MENSTRUATED SINCE LAST BIRTH if the respondent says her period has not returned since her last birth.

FATALISTIC/UP TO GOD means that the respondent feels that the pregnancy is predetermined by fate and she has no control over pregnancy.

RESPONDENT OPPOSED means that the respondent herself does not approve of family planning. If her husband or partner is opposed to family planning, record the code for HUSBAND OPPOSED. If she says she is not using because someone other than her husband or partner tells her they are opposed to her using family planning, code OTHERS OPPOSED.

RELIGIOUS PROHIBITION means that she feels her religion does not allow the use of family planning.

SIDE EFFECTS/HEALTH CONCERNS: Side effects are undesirable consequences of using a method that do not adversely affect the health of the user. For example, side effects may be spotting or bleeding with the pill. Health concerns include consequences of using a method the respondent thinks may affect her health. For example, the respondent may say she heard the pill may be linked to breast cancer.

INCONVENIENT TO USE would be if she considers the contraceptive methods to be too troublesome to use, such as being messy. This is inconvenient to use, but not inconvenient to get the method, since LACK OF ACCESS/TOO FAR is a separate category.

If the woman's main reason is not listed as a response, write her response on the OTHER line and record 'X.' If the woman does not know at all why she is not using contraception, record DON'T KNOW.

Q. 611: FILTER FOR USING A CONTRACEPTIVE METHOD

Q. 612: INTENT TO USE CONTRACEPTION IN NEXT 12 MONTHS

This question is for all women who are currently not using a method of contraception and women who were not asked about current contraceptive use because they were pregnant at the time of the interview. The purpose of this question is to see whether the respondent has any intention of using a method of family planning within the next 12 months.

Q. 613: INTENT TO USE CONTRACEPTION IN THE FUTURE

This question is similar to Q. 612. It is asked when the response to Q. 612 indicates that the respondent is not planning on using a method of family planning within the next 12 months or does not know if she will use a method in the next 12 months. The purpose is to see whether the respondent has any intention of using a method of family planning at any time in the future.

Q. 614: PREFERRED NUMBER OF CHILDREN

Check Q. 216 to see whether the woman has any children who are alive. Mark the box on the right if she has no living children, or mark the box on the left if she has at least one living child. Ask the question under the marked box. When using CAPI, the appropriate question text will be displayed.

If she already has living children, we ask her to imagine the time when she had no children and could choose exactly how many to have. We are not asking how many she would like to have by her current age (now), but rather, how many she would like over her entire life (including the future).

If she tells you a number, record it in the boxes by NUMBER, then proceed with Q. 615. If she gives an answer that is not a number, for example, "It's up to God," probe for a numeric response. If after probing, the woman will not state a number, write down her exact words in the OTHER category, and skip to Q. 616.

Q. 615: DESIRED SEX COMPOSITION OF CHILDREN

This question is asked of all women who gave a numerical response to Q. 614. Record the number of boys and girls preferred by the woman in the boxes provided under BOYS and GIRLS, respectively. If the woman says she does not mind what sex the child is, write the number of such children in the boxes under EITHER. If she gives some other answer, record '96' for OTHER and record her exact words in the space provided.

Example: If in Q. 614, a respondent says she would like to have six children, and in Q. 615 she would like to have two boys, two girls, and two more of either sex, you would record '02,' '02,' '02.'

If a respondent would like to have two children ('02' in Q. 614) and she wants two boys, you would record '02,' '00,' '00' in Q. 615.

If she would like to have three children and at least one of them should be a boy, record '01,' '00,' '02,' since she would be satisfied with either sex for the other two children

Finally, note that, if the woman gives a numeric response to this question, the sum of the numbers you record in the three sets of boxes must equal the total number in Q. 614. You must probe further if the numbers do not match.

Q. 616: HEARD FAMILY PLANNING MESSAGE?

We are interested in any information about family planning, whether it is a program concerned with giving information about family planning, an advertisement about family planning, or a speech in which family planning is mentioned. Read the introductory question and then each line; wait for her response and code it before moving on to the next line. There must be an answer coded for each line; do not leave any blank.

Qs. 617-618: FILTER FOR MARITAL STATUS AND USING METHOD

Q. 619: DECISION TO USE CONTRACEPTION

In this question, we want to know whether the woman participated in the decision to use contraception, which would indicate that she exercised her right to control and monitor her reproductive health. Read the entire question before accepting a response. Q. 619 is asked only of women in union who are currently using contraception. If the respondent says that someone other than her husband or partner or she made the decision, such as a doctor or a nurse, record '6'.

Q. 620: FILTER FOR STERILIZATION

Q. 620A: FILTER FOR HYSTERECTOMY

Q. 621: HUSBAND'S AND WIFE'S PREFERENCE FOR CHILDREN

This question asks for the woman's opinion of her husband's preference compared with her own. Read the entire question before accepting a response.

Q. 622: WHETHER A WIFE CAN REFUSE SEX

This question is asked of all women, regardless of whether or not they themselves are married. The question is based on the respondent's own opinion, not about herself, but about married women and men in general. Men and women are often raised to believe that a good wife does not refuse to have sex with her husband when he wants it.

Note that Q. 622 consists of three parts. Take care to record a separate response for each part of the question. In the first part, the respondent is asked whether she thinks that it is justified for a wife to refuse to have sex with her husband if she knows her husband has a sexually transmitted disease. In the second part, the respondent is asked whether she thinks it is justified for a wife to refuse to have sex with her husband if she knows that her husband has sex with other women. In the third part, we are

interested in whether the respondent thinks it is justified for a wife to refuse to have sex with her husband if she is tired or not in the mood.

K. Section 7: Other Health Issues

Q. 701: PROBLEM IN GETTING MEDICAL TREATMENT

In this question, we are trying to understand the hurdles women generally face in accessing health care for themselves. Make sure that the woman understands that this question refers to medical care for the respondent herself, since previous questions asked about treatment for her children.

Read out each item and record the answer given before asking about the next item. Do not leave any blank. The phrase “When you are sick” in this question does not refer to any one specific episode of illness but to the typical scenario given the respondent’s present circumstances. Consequently, if a woman says she cannot answer the question because she has not been sick, you must help her understand the question is hypothetical and relates to the type of problems she might experience if she were to be sick.

“Getting permission to go” means someone’s permission is necessary for her to go and get the care. It does not matter who this person is (e.g. father, husband, mother-in-law). Record ‘3’ for NO PROBLEM in the case where she does not need anyone’s permission, as well as the case where she says, for example, she needs her mother-in-law’s permission but that this is never a problem. “Getting money needed for treatment” includes money for actual treatment and/or for medicines. “Not wanting to go alone” refers to a situation where the woman will not go to get treatment alone because she herself does not want to or does not like to go alone.

Q. 702: NUMBER OF INJECTIONS HAD DURING THE 12 MONTHS PRIOR TO THE DAY OF THE INTERVIEW

Ask the respondent if she had an injection for any reason during the 12 months prior to the day of the interview. If yes, ask the follow-up question to find out how many injections she had. If the number of injections is higher than “90” or she had daily injections for three months and above, record “90”. In case the response is not numeric, probe to get an estimate. Follow the skip pattern correctly.

Q. 703: SYRINGE AND NEEDLE USED

Ask if the last injection was from a disposable syringe.

Q. 704: BLOOD TRANSFUSION

Ask if she has ever had a blood transfusion.

Qs. 705-708: SMOKING AND TOBACCO USE

In Q. 705, ask the respondent whether she currently smokes cigarettes. In Q. 706, record the number of cigarettes she smoked in the 24 hours prior to the interview. Remember to fill in the first box with ‘0’ for numbers less than 10. Similarly, ask Qs. 707-708 about *bidis*.

Qs. 709-710: TYPE OF TOBACCO

These two questions are designed to find out about the use of other types of tobacco besides cigarettes and *bidis* (e.g. chewing tobacco).

Qs. 711-714: SMOKING AND TOBACCO USE CESSATION

These questions are asked of current smokers and/or users of tobacco products as filtered by Q. 711. Ask if the respondent has tried to quit smoking and/or using tobacco in the past 12 months (Q. 712). Then ask if the respondent has visited a doctor in the past 12 months (Q. 713) and if so, where they advised to stop smoking and/or using tobacco (Q. 714).

Q. 715: SECOND-HAND SMOKE

Ask if she was around people who were smoking. Second-hand smoke is dangerous to one's health similar to smoking oneself.

Qs. 716-718: DRINKING ALCOHOL

In Q. 716, ask the respondent whether she currently drinks alcohol. Then record the frequency (Q. 717) and type of alcohol (Q. 718).

Qs. 719-722: TUBERCULOSIS

These questions obtain information on women's knowledge of tuberculosis (TB) and whether persons who have the illness are stigmatized. Be sure to probe in Q. 720 to find out all the transmission routes a woman may know. Be careful not to suggest responses when probing.

Q. 723: OTHER HEALTH PROBLEMS

This question asks whether the respondent has diabetes, asthma, thyroid disorders including goiter, heart disease, or cancer. Be careful to record answers for each of the five questions before moving on to Q. 724. Additional information about these conditions is provided below:

Asthma is a chronic lung condition involving repeated attacks of breathing difficulty. Symptoms include coughing, wheezing, shortness of breath, and chest tightness. The symptoms of asthma are sometimes confused with those associated with TB.

Diabetes is a chronic disease caused by a malfunction of the pancreas resulting in increased concentrations of glucose in the blood. The condition can damage many of the body's systems, in particular the blood vessels and nerves. Symptoms include excessive secretion of urine, thirst, weight loss, and tiredness.

The main characteristic of goiter is swelling in or disfigurement of the neck. The swollen area is usually painless. The condition is often brought on by a lack of iodine in the diet.

Heart disease is a problem with the heart's function or the blood vessels.

Cancer is a malignant growth or tumor resulting from the division of abnormal cells.

Qs. 724-725: HEALTH INSURANCE

Q. 724 seeks information about whether the respondent has any health insurance that helps to cover the cost of health care when she needs it. The health insurance may be through a mutual or community-based program, a national or state insurance scheme (e.g., Central Government Health Scheme or CGHS), a plan offered by an employer (either that of the respondent or of another family member) or a private policy purchased from a commercial provider. Record YES in Q. 724 if the respondent participates in any health insurance scheme and, in Q. 725, identify all of the types of insurance plans by which she is covered.

Qs. 726: FREQUENCY OF FOODS EATEN

Q. 726 seeks information about foods the respondent usually eats. Ask about each item and record the frequency with which she usually eats those items.

Qs. 727: MEDICATION EXAMINATIONS

Q. 727 asks about various medical exams. Ask each and record the answer.

Qs. 728: FILTER FOR STATE MODULE

Women in households selected for the state module will be asked additional questions in Sections 8-11. If the household is not selected for the state module, the interview will end here.

L. Section 8: Sexual Life

Q. 801: FILTER FOR EVER HAD SEX

The questions that follow require a high level of confidentiality. Make sure you have privacy with the respondent before you begin asking them.

Q. 802: GENERAL INSTRUCTIONS

The purpose of these questions about sexual intercourse is to determine the respondent's exposure to pregnancy, since fertility levels are directly related to the frequency of intercourse. Condom use also is of interest because it can help reduce the risk of transmission of HIV/AIDS and other sexually transmitted infections. Check for the presence of any other people before starting this section. Reassure the respondent that her answers are confidential and that she does not have to answer.

Q. 803: FILTER FOR WOMEN WHO ARE AGE 15-24

Check Q. 103. If the respondent is 15-24 years old, mark the box on the left and proceed with the next question. If the respondent is age 25-49, mark the box on the right and skip to Q. 805.

Q. 804: CONDOM USE DURING FIRST SEXUAL INTERCOURSE AMONG YOUTH

This question is of interest because if used consistently and correctly, condoms can reduce the risk of transmission of HIV and other sexually transmitted infections, as well as the risk of pregnancy.

Q. 805: LAST TIME HAD SEXUAL INTERCOURSE

Q. 805 applies to the respondent's last, or most recent, sexual partner. Fill in the respondent's answer in the space according to the units that she uses. The YEARS AGO row should be used only if the last intercourse was at least one year ago. In other words, there should never be a response '00' YEARS.

Example: If she says "three weeks ago," record '2' and write '03' in the boxes next to WEEKS AGO. If she says "four days ago," record '1' and write '04' next to DAYS AGO.

If the respondent appears to be rounding off her answer, probe for an exact answer. For example, if she says "about a week ago," ask, "Do you remember which day? Was it before or after the weekend?"

In some cases, you may have to convert a respondent's answer.

Example: If the respondent says, “last night,” record ‘1’ and write ‘00’ for DAYS AGO. If she has not yet resumed intercourse since she had her last child, check Q. 215 for the month and year of birth of her last child, and ask how long before the birth of that child she had sex the last time.

If the respondent had sex within the past year, continue with Q. 807. If the last time she had sex was 12 months or longer ago, skip to Q. 818.

Qs. 806-817: GENERAL INSTRUCTIONS

Where appropriate, these questions will be asked in turn about the respondent’s two most recent sexual partners in the 12 months before the survey interview. Complete all of the relevant questions for the most recent partner before asking the questions for the second-to-last partner, if any.

Q. 806: LAST TIME HAD SEXUAL INTERCOURSE

Q. 806 is completed the same way as Q. 805, only it applies to the respondent’s second-to-last sexual partner, if any.

Q. 807: CONDOM USED AT LAST INTERCOURSE

When asking about the last sexual partner, ask the question as follows: “The last time you had sexual intercourse ...” When asking about the second-to-last sexual partner, ask the question like this: “The last time you had sexual intercourse with this second person ...”

Q. 808: USE OF A CONDOM EACH TIME ONE HAD SEXUAL INTERCOURSE IN THE LAST 12 MONTHS

Ask the respondent whether she used a condom each time she had sexual intercourse with her partner. Make sure that she understands that you are talking about the times she had intercourse with the last (second-to-last) partner and not about whether she used a condom at any time she had intercourse during the last 12 months.

Qs. 809-815: RELATIONSHIP WITH LAST SEX PARTNER

In these questions, we want to know the relationship of the respondent with the person she last had sex with (Q. 809). Note that the response categories are stated in terms of her relationship to the man, not his relationship to her. It also refers to the relationship at the time they last had intercourse. If the woman responds “BOYFRIEND,” probe to see if the boyfriend was living with her and then record the appropriate code.

Example: A divorced woman indicates her last sex partner was her former husband. If they were married at the time they had intercourse, record ‘HUSBAND’. If they were already divorced and not living together at the time, record ‘OTHER’ and enter former husband in the space provided for specifying the relationship.

If the woman is the wife or cohabiting partner of this man, continue on to Q. 810 and 811, being sure to follow skip instructions. Otherwise skip directly to Q. 812, which asks about the first time the woman had a sexual relationship with this partner. For recording the duration of the relationship in Q. 812, first record the code according to the unit the respondent used, and then fill in the answer in the space provided. If the duration is less than 10, write ‘0’ in the first box. Again make sure the woman is clear about the partner for which the question is being asked.

The frequency of the sexual intercourse is recorded in Q. 813. For women who are age 15-24, ask the age of the partner in Q. 815.

Q. 816: SEX WITH ANYONE ELSE

This question finds out if the respondent had sex with anyone else in the past 12 months. Be sure to include the time reference in the question. If she did not have sex with a second person during the 12 months then skip to Q. 818. If the respondent indicates that she had sex with a person other than her last partner, go back and ask Qs. 806-815 and record her responses in the second column in the table.

Q. 817: NUMBER OF SEXUAL PARTNERS IN THE LAST 12 MONTHS

Q. 817 is asked of women who report having at least two sexual partners in the past 12 months. The question is concerned with the total number of different men the respondent has had sex with in the last 12 months, including the two men already mentioned. Since the respondent is asked this question only if she has had sexual intercourse with at least two men in the last 12 months, the answer should never be '00' or '01'.

Q. 818: NUMBER OF LIFETIME SEXUAL PARTNERS

Q. 818 asks about total number of lifetime sexual partners, including partners in the last 12 months. If the number of partners is greater than 95, record '95.'

Q. 819: PRESENCE OF OTHERS DURING INTERVIEW

Observe and record whether others are present during this section of the interview.

Qs. 820-821: KNOWLEDGE OF SOURCE FOR CONDOMS

Q. 820 asks about the respondent's knowledge of a source for condoms. You will be asking this question of both women who have used condoms and women who have not used condoms. If a respondent insists she has never used condoms and therefore cannot answer this question, explain that we simply want to know whether she is aware of a source for condoms. For example, if someone asked her for advice on where to obtain condoms, could she tell them where to go?

We are interested in knowing if the respondent knows more than one place to obtain a condom so be sure to ask, after recording the first source she names, about other places she may know about where the male condom is available.

Record all response(s) to Q. 821. When using a paper questionnaire, write the name of hospitals, health centres and clinics if the respondent does not know if they are public or private.

Q. 822: ABILITY TO GET CONDOMS

We want to know whether the respondent thinks she could get a condom herself if she wanted to. It is important again to make sure the respondent knows that the question is hypothetical; we are not asking if she plans to get a condom but whether, if she wanted to, she could herself go and get a condom.

M. Section 9: Husband's Background and Woman's Work

Q. 901: FILTER FOR MARITAL STATUS

Q. 902: HUSBAND'S AGE

If you have difficulty obtaining the husband's age, use the same methods to probe for his age as described in Qs. 105-106 for obtaining the respondent's age.

Qs. 903-904: HUSBAND'S EDUCATION

These questions are identical to Qs. 104-106, which were asked of the respondent. Again, note that in Q. 904 you record the highest standard completed. If a woman is currently divorced, separated, or deserted, then insert the word 'last' when asking Q. 903. The term 'school' means any kind of formal school, but does not include such things as Bible school or Koranic school or adult education classes. However, it does include technical or vocational training beyond the primary school level, such as long-term courses in mechanics, engineering, secretarial work, etc.

For Q. 904, record only the number of standards that the husband successfully completed.

Examples: If a woman's husband was attending standard 9 and left school before completing that year, record '08' in the boxes. Although standard 9 was the highest year he attended, he completed only standard 8. If a woman's husband attended only two weeks of standard 1 in primary school, record '00' in the boxes.

If a respondent says simply that her husband completed primary (or that he completed secondary), you must probe to find out the exact number of standards completed. For persons with education beyond the secondary school level, you will need to find out how many years the respondent's husband completed beyond secondary. You will then add the number of years completed beyond the secondary level to the number 12 to calculate the response to Q. 905. Note that in such cases we are using 12 years as the total number of years required to finish Higher Secondary. There is no need to ask respondents whose husbands have a post-secondary education how many standards he completed in school.

Example: If a woman says her husband stopped after completing two years of B.A., add 2 years to 12 years of school and enter '14' in the boxes.

Q. 905: HUSBAND'S CURRENT (OR MOST RECENT) TYPE OF WORK

First, check Q. 901. If a woman is currently married, mark the box on the left and ask the husband's occupation. If she is not currently married but was formerly married, mark the box on the right and ask about the most recent (last) husband's occupation.

Examples of occupations are clerk, secretary, barber, taxi driver, nurse, teacher, lawyer, salesman, rubber tapper, fisherman, rice farmer, carpenter, etc. We are not interested in the industry that he works in (e.g., agriculture, mining, or services) or where he works (in a bank, a retail clothing store, or a government office), but we need to know what his job is.

Example: If the respondent says her husband works in the Ministry of Planning, ask what he does there.

Write the answer in the respondent's own words. If you are not sure how to write the occupation, it is better to give more detail than less.

"Not currently working" is not an acceptable response. If he is unemployed, get a description of his most recent job. If he does more than one job, write down what he does most of the time. If he is not working because he is in school, write "student." When using a paper questionnaire, do not fill in the two code boxes for this question, since numerical codes will be assigned afterwards in the office.

Q. 906: FILTER FOR MARITAL STATUS

Qs. 907-913: EMPLOYMENT AND OCCUPATION

These questions are concerned with any work other than housework that the respondent herself does. Q. 910 is included because it often happens that women who sell things, or work on the family farm, will not consider what they do work, especially if they do not get paid for the work. Read the introductory sentences of Q. 910 so the respondent understands what we mean by “work.”

Q. 911 checks to determine if a woman normally works but was temporarily absent from work, i.e., she was on leave or was not working for some other reason during the seven-day period before the survey.

Q. 912 is directed to women who indicate they currently are not employed in a job or business and seeks information about whether the woman had done any work in the 12 months before the survey.

As in Q. 905, write the respondent’s occupation in her own words. Again, it is better to give more detail than less.

Q. 914: NATURE OF EMPLOYMENT

There are three categories here. Consider a woman who works in a shop as an example. If she works in a shop owned and operated by a nonfamily member, she works FOR SOMEONE ELSE. If her husband or father operates the shop and she works for him, she is working FOR FAMILY MEMBER. If she runs the shop with her husband or runs it on her own, she is SELF-EMPLOYED.

Q. 915: WORK ALL OR PART OF THE YEAR

Of interest here is the regularity with which a respondent is working. If she is working all year long, record THROUGHOUT THE YEAR even if she works only part-time. For example, if she works only during the sowing season, record ‘2’. If she works occasionally, record ‘3’ for ONCE IN A WHILE. If a respondent says that she works throughout the year but she takes one month leave every year, record ‘1’. Taking vacation or leave does *not* make a response of THROUGHOUT THE YEAR invalid.

Q. 916: TYPE OF PAYMENT

This question asks for the type of payment that the respondent receives for her work. Payment can come in two forms: in “cash” and in “kind.” For example, a woman who sells fruit in the market to people who pay money for it earns cash for her work. If the woman receives a portion of the fruit she takes to the market as payment, she receives “kind” for her work.

To answer Q. 814, you will need to determine if the woman receives payment in cash only, in kind only, both in cash and in kind, or whether she is not paid. If a respondent is a clerk and gets paid a regular salary, she earns CASH ONLY. If she is a domestic servant and she gets food and some cash, she is paid in CASH AND KIND. If she works as a domestic servant and she is not paid a salary but instead gets lodging and food only, she is paid IN KIND ONLY. If she is working on a farm owned by the family and receives no payment of money or other goods, then she is NOT PAID.

Qs. 917-918: TRAVEL AWAY FROM HOME

Both of these questions pertain to the previous 12 months. The travel we are referring to is travel outside the respondent’s community. In Q. 917 ask about trips that lasted one month or more. In Q. 918, ask about trips that lasted for six months or more. Note that if the respondent has not been away from home for more than one month, they will skip Q. 918.

Qs. 919-920: FILTERS FOR MARITAL STATUS AND CASH EARNINGS

Qs. 921-926: WOMAN'S CONTROL OVER AND USE OF CASH INCOME AND PARTICIPATION IN HOUSEHOLD DECISIONS

Q. 921 is a single response question that asks who usually decides how the money the respondent earns will be used. The word 'jointly' refers to the respondent's making the decisions jointly with her husband or partner (Code '3'). If the husband decides by himself, record '2.' If someone other than the respondent and her husband (e.g., another relative) makes the decision, record '6' for OTHER.

Q. 922 asks the respondent for her perception of the amount of money she earns in relation to her husband's earnings. If the respondent's husband does not bring in any money at all, record Code '4' and skip to Q. 924.

Q. 923 is similar to Q. 921 except that it is concerned with whether the respondent is involved in decisions about how her husband's earnings will be used. Again the question allows for only a single response with regard to who usually decides how the husband's earnings will be used. The response codes are identical to those described in Q. 817.

Qs. 924-926 address the roles of the woman and her husband in making various household decisions. Decision-making can be a complex process so the emphasis is again on who usually makes a specific decision. Choose the response code most appropriate after you hear the respondent's answer to each type of decision. Use Code '1' for RESPONDENT only if the woman says that she alone mainly makes the decision. When her husband or partner alone usually makes the decision, record '2.' If she and her husband usually consult about decisions, record '3.' If, for example, she says that her in-laws usually make the decisions about the item in question (e.g., what food to purchase), then record '4' for SOMEONE ELSE.

Q. 927: WHETHER RESPONDENT HAS OWN MONEY

Q. 927 asks whether the respondent has any money of her own that is completely under her control, meaning she can decide how to use the money alone, without consulting with her husband (if married) or anyone else. In this question, the amount of money does not matter. What is important is whether she has any money at all, however small the amount, which she can use as she wants without anyone's permission.

Q. 928: FREEDOM OF MOVEMENT

We want to know whether the respondent is free to go alone to places that she needs to go to. There are three parts to this question. Be sure to record responses for each part before going on to the next question. Note that this is not a question of whether the respondent likes to go alone or not, or whether she is capable of going alone or not; it is a question about whether she is usually allowed to go alone or not. If a response is not clear, probe to determine which code to record.

Note that the question about going to the health facility refers to going to the health facility for any reason such as to pick up medication for someone else, not just to get treatment for herself if she is ill. Thus if a respondent says that if she is ill no one will want her to go alone, repeat the question and explain that we are interested in knowing whether she would be allowed to go alone, only with someone else, or not at all if she is not herself ill. If the respondent says "My husband always goes with me to the health facility", ask her whether he would let her go alone if one day he could not accompany her. Record code '1' for ALONE only if she says that yes, he has no problem with her going alone. Code '2', WITH SOMEONE ELSE ONLY, should be used when she is not allowed to go without being accompanied by another person. If a respondent says, how can she go alone if she herself.

Q. 929: BANK ACCOUNT

The account can be joint or sole and it can be in any bank or other type of savings institution. We are interested in whether the respondent has at least one account.

Q. 930: MOBILE PHONE

Ask if the respondent has a mobile phone that she can use.

Qs. 931-932: OWNERSHIP OF HOME(S) AND/OR LAND

There is increasing evidence that ownership of property by women has positive consequences for women's empowerment, nutritional and health outcomes, and children's schooling. For these questions, 'ownership' implies that the house or land is legally registered in the woman's name or, since official property records do not always exist or are not maintained, the house or land is recognized as hers and cannot be sold without her signature or equivalent.

Q. 931 is concerned with whether the respondent owns a house either by herself or jointly with someone else. For this question, 'house' includes all dwelling types including apartments, duplexes, and houses that are semi-detached or detached, etc., as well as other types of dwellings that are specific to India. If she owns a house (either the one you are in at the time of the interview or any other house), and she is the only owner of the house (she does not share ownership with anyone), record **ALONE ONLY**. If she doesn't own a house on her own, but instead jointly owns one with someone else, record **JOINTLY ONLY**. If she owns a house alone and another house jointly with someone else, record **BOTH ALONE AND JOINTLY**. If she does not own a house either alone or jointly, record **DOES NOT OWN**.

Note: It does not matter if the house was bought with a loan and the loan is still being paid for; what matters is whether the respondent's name is on the ownership document or, in the case where there is no paperwork, the respondent believes she has exclusive or part ownership of the house, record as outlined above.

Q. 932 is concerned with whether the respondent owns land either by herself or jointly with someone else. The size, quality or purpose of the land is not relevant to this question; we are only asking about her ownership of any type or size of land. The system of coding the responses is identical to Q. 931.

Note: communally owned land is not owned by her, even if she is part of the community.

Q. 933-934: KNOWLEDGE OF PROGRAMMES FOR GIVING LOANS TO WOMEN FOR BUSINESSES

There are many different kinds of schemes that are set up to loan money to women to start their own business or do work to earn money. For example, micro-credit programmes give loans to rural women to buy a cow to start getting and selling milk, or to women to buy a sewing machine so that they can work as a tailor. We want to know if the respondent knows of any such programme (Q. 933) and if she has utilized them (Q. 934).

Q. 935: PRESENCE OF OTHERS

This is not a question to ask the respondent, but something that you answer yourself. Just look around and see who else is within listening distance while you are interviewing. If a supervisor observes the interview, be sure to include her or him as another female or male present. Do not leave any row blank.

Q. 936: ATTITUDES TOWARD BEATINGS

Read the opening question and then read each item separately. Wait for her answer before going on to the next item. If the respondent does not understand the question, you should read it out again. Be sure to read each item clearly. Sometimes respondents misunderstand the question and think you are asking about their personal experience. This question is about the respondent's opinion and not about what is happening in her relationship with her husband or partner. Be sure that the respondent has understood the question before accepting an answer.

N. Section 10: HIV/AIDS and Other Sexually Transmitted Infections

AIDS is an illness caused by HIV, a virus that weakens the immune system and leads to death through secondary infections, such as pneumonia. It is transmitted through sex or through contact with contaminated blood. This section asks questions concerning knowledge and behaviour related to HIV/AIDS and other diseases that are transmitted through sexual contact. Note: many of the questions in this section use the term “the AIDS virus” rather than HIV. Questions are intentionally phrased this way because some respondents may have heard of AIDS, but not HIV. Alternatively, some respondents may not be aware of, or may not fully understand, the relationship between HIV and AIDS. Interviewers, however, are taught during training to understand the difference between HIV and AIDS. Therefore, in this manual, we will use the terms AIDS and HIV as appropriate.

Qs. 1001-1002: HEARD OF AIDS AND HIV

These questions allow us to verify whether a respondent has heard of HIV/AIDS. If there is a local term for AIDS, use the local term in addition to the word “AIDS”.

Q. 1003: FILTER FOR KNOWLEDGE OF HIV/AIDS

Q. 1004: SOURCES OF INFORMATION ABOUT AIDS

These questions seek to obtain information about where women are hearing and learning about HIV/AIDS. Record all the sources of information mentioned by the respondent. If a respondent gives an answer that is not on the list, record 'X' for OTHER and write/type the source in the space provided.

Qs. 1005-1012: KNOWLEDGE OF WAYS TO AVOID/REDUCE CHANCES OF GETTING HIV/AIDS AND MISCONCEPTIONS ABOUT HIV/AIDS

Qs. 1005 and 1007 are asked to determine whether people know about behaviours advocated by public health programs to reduce the chance of becoming infected with HIV: being faithful to one partner and using condoms.

Qs. 1006 and 1010 are asked to measure how many people hold incorrect beliefs about the way HIV/AIDS is transmitted.

Q. 1008 is asking about HIV/AIDS transmission when receiving blood transfusions and Q. 1009 is concerned with injecting drugs. Note that Q. 1009 is not just sharing needles used for drugs.

After we've asked about specific behaviours, we ask the respondent if she knows any other ways of avoiding HIV/AIDS. In Q. 1012 we ask respondents who indicate they know other ways to mention the ways they know about. You are to record all the ways mentioned. If the respondent answers “practice safe sex”, ask what she means by safe sex, and record the answer appropriately. When a respondent gives an answer that is not on the list, record 'W' for OTHER and write the answer in the space provided. If the respondent provides two answers that are not on the list, you should use code 'W' for the first response and code 'X' for the second response.

Q. 1013: HEALTHY-LOOKING PERSON WITH HIV/AIDS

We want to know if a healthy-looking person could be infected with HIV.

Q. 1014: TRANSMISSION FROM MOTHER-TO-CHILD

This question asks whether a mother who is infected with HIV can pass on the virus to her baby in any of three ways: while she is pregnant with the baby, during delivery of the baby, or while breastfeeding her baby. Ask each item one at a time, and take care to mark the response next to the item about which you are asking.

Q. 1015: FILTER FOR KNOWLEDGE OF ROUTE OF TRANSMISSION

Q. 1016: DRUG REDUCING RISK OF MOTHER-TO-CHILD TRANSMISSION

This question is asked to respondents who know at least one way by which HIV can be passed on from a mother to her child. Ask the respondent if she knows of any “special drugs” that can reduce the risk of transmitting HIV from a mother to her baby. In many instances, respondents will know that drugs are available, but will not know their names. Hence, in this question ‘special’ refers to Western or modern medicines.

Q. 1017: MEDICINE FOR PEOPLE WITH AIDS

This question is asking only about medicine that would be provided by a doctor or nurse to help a person with HIV live longer. Home remedies the respondent may know about are not to be recorded here.

Qs. 1018-1019: FILTERS FOR LAST BIRTH SINCE JANUARY 2013 AND RECEIPT OF ANTENATAL CARE

Q. 1020: PRIVACY

The questions that follow require a high level of confidentiality. Make sure you have privacy with the respondent before you begin asking them.

Q. 1021: COMPONENTS OF ANTENATAL CARE

We want to know if the respondent was given information about each of the listed topics during any of her antenatal care visits. It does not matter whether the topic was discussed only once or more than once, or discussed in only one visit or more frequently. Ask about each topic and record the response before asking about the next one. In the third item we are asking whether a health provider gave her information about getting tested for HIV/AIDS; we are not asking whether or not she actually got tested. We will ask that in a later question.

Qs. 1022-1026: TESTING FOR HIV/AIDS DURING ANTENATAL CARE

First in Q. 1022 we ask whether the respondent was ever offered an HIV/AIDS test during her antenatal care visits, in other words, whether someone asked her if she wanted to be tested. This may have been at any of her antenatal visits during her last pregnancy. Then in Q. 1023 we ask her if she was tested for HIV/AIDS during an antenatal care visit for this pregnancy. We do not need to know the result of the test, simply whether or not she was tested. Notice that you are to ask if she was tested even if she said that the test was not offered.

Q. 1024: WHERE TEST WAS DONE

Ask the respondent where she was tested for HIV/AIDS. Record her response. When using a paper questionnaire, again, write the name of the source in the space provided if the respondent does not know if it is a private or public health sector. Advise the team supervisor who will try to identify the type of source.

Q. 1025: TOLD THE RESULTS OF THE TEST

Ask the respondent if she was told the results of her HIV/AIDS test. Sometimes people are tested for HIV/AIDS but are not told the results of the test, or do not go to get the result. Be clear to the respondent that you are not asking to know the results of the test, only whether she knows the result of the test.

Q. 1026: COUNSELLING AFTER TESTING

Counselling is an integral component of the HIV/AIDS test. Counselling should be provided no matter whether the test is positive or negative. Be clear to the respondent we are not asking for the result of the test. This question is asked to determine whether or not the respondent received counselling following testing.

Q. 1027: FILTER FOR PLACE OF BIRTH OF LAST BIRTH

Qs. 1028-1030: TESTING FOR THE HIV/AIDS PRIOR TO DELIVERY

For Q. 1028, stress that we are interested in knowing whether she was offered a test between the time she went for delivery but before the baby was born.

For Qs. 1029-1030, be clear to the respondent that we do not want to know the result of the test, only whether or not she has ever been tested and whether or not she got the results of the test.

Q. 1031: TESTED SINCE THE TEST DURING ANTENATAL CARE

For women who received an HIV test during antenatal care, we ask whether they have had another HIV test since the test they had during their pregnancy.

Q. 1032: HOW MANY MONTHS AGO THE MOST RECENT HIV TEST WAS DONE

If the respondent knows she was tested, but is not sure when it took place, probe to obtain an estimate of how many months ago it was. Note that all responses to this question skip to Q. 1039 because Qs. 1033-1036 would be repetitive and Qs. 1037-1038 are asked of women who have never been tested.

Q. 1033: EVER BEEN TESTED FOR HIV

Be clear to the respondent that we do not want to know the result of the test, only whether or not she has ever been tested.

Q. 1034: TIMING OF MOST RECENT HIV TEST

Ask the respondent when she was last tested for HIV. If the respondent knows she was tested, but is not sure when it took place, probe to obtain an estimate of how many months ago it was.

Q. 1035: RESULTS OF TEST

Ask the respondent if she was told the results of the test. Sometimes people are tested for the HIV but are not told whether or not they are infected, or do not go to get the result. Be clear to the respondent

that you are not asking to know the results of the test (whether or not she has the virus), only whether the respondent knows the result of her test. If the respondent has been tested more than once, we are asking whether the respondent knows the result from the last time she was tested.

Q. 1036: WHERE TEST WAS DONE

Ask the respondent where the test was done and follow the same procedure as in Q. 1024 in recording the source.

Qs. 1037-1038: KNOW WHERE TO GO TO GET TESTED

For those respondents who have never been tested for HIV we ask if they know of a place they can go to get tested. In this question, you need to probe and record all the places respondents know about for testing. Follow the procedures described in Q. 1036 in recording the source.

Qs. 1039-1046: ATTITUDES TOWARDS PEOPLE WITH HIV/AIDS

These questions are to ascertain the respondents' own personal opinions and attitudes towards people infected with HIV or with people who are sick with AIDS. To obtain this data, we present hypothetical (imaginary) situations to respondents and ask them to tell us how they would react to the situation. The questions address the following situations:

- Willingness to buy vegetables from a vendor with the AIDS virus: Would the respondent buy vegetables from someone in the market if she knew the seller was infected with the AIDS virus?
- Allowing children with HIV to attend school: Should children who are HIV positive be allowed to attend school with children who are HIV negative?
- Concern about keeping the status of a family member infected with HIV a secret or not: Would the respondent be willing to have other people in the community know if a member of her family was infected with HIV?
- Willingness to care for a family member ill with HIV in their own household: Would the respondent be willing to care for a relative who had HIV in her household? If the respondent says she would be willing but her husband would not let her, record YES because it is her attitude you are concerned with not her husband's.
- Attitude about a female and male teacher infected with HIV continuing to teach: What is the respondent's opinion about how each case should be handled?
- Interactions with HIV positive persons: Should people with HIV be treated in the same hospital with patients who are HIV negative? And, should HIV positive people be allowed to work in the same place as people without HIV?

Q. 1047: KNOWLEDGE OF OTHER SEXUALLY TRANSMITTED INFECTIONS

Ask the respondent whether she knows other infections that can be transmitted through sexual contact. She is not being asked to actually tell you what specific sexually transmitted infections (STIs) she knows about, but only that she has heard about infections other than AIDS that are transmitted through sexual contact.

Q. 1048: FILTER FOR EVER HAD SEXUAL INTERCOURSE

Q. 1049: FILTER FOR KNOWLEDGE OF STIs

Qs. 1050-1052: SEXUALLY TRANSMITTED INFECTIONS

We want to know if the respondent has had an STI (Q. 1050) or symptoms of an STI in the past 12 months. Symptoms of an STI include discharge from the vagina (Q. 1051) or sores or ulcers around the vagina (Q. 1052).

Q. 1053: FILTER FOR HAD INFECTION

This filter requires you to check Qs. 1050-1052 to determine if the respondent has had an STI or symptoms associated with such infections in the past 12 months.

Qs. 1054-1055: ADVICE OR TREATMENT SOUGHT FOR STI

Ask the respondent whether she sought advice or treatment the last time she had an infection and/or experienced one of the symptoms. If the respondent sought treatment, ask about the place or places where treatment or advice was sought using the same approach as Q. 1038. We are interested in all of the places from which she may have gotten assistance so be sure to probe to make sure the respondent has mentioned all of the sources from which she received advice or treatment.

O. Section 11: Household Relations

Q. 1101: FILTER FOR WOMAN'S ELIGIBILITY FOR INTERVIEW OF THIS SECTION

Q. 1102: FILTER FOR PRIVACY

It is very important to establish absolute privacy during this section. Check your physical surroundings for the presence of others. Check both the area you are sitting in and all areas within hearing distance. Be sure that there is privacy in the sense that there are no persons anywhere near you who will be able to hear and understand your questions. If there are children within hearing distance old enough to understand your questions, ask them politely to leave. Only small infants not capable of understanding can remain. Do not proceed with the interview until you have ensured privacy. The importance of these data cannot be overemphasized, and you must do everything you can to obtain privacy before the interview can continue. If you are unable to ensure privacy you will be forced to skip the section and miss out some very important information.

If, despite your best efforts, you are unable to obtain privacy, you must record code '2' and skip to Q. 1139. Fill out an explanation of what happened and end the interview.

If privacy has been obtained, record code '1' and proceed with the interview. Speak clearly and be very considerate of the feelings of the respondent. Keep your voice low throughout the interview.

When asking the questions in this section, you should avoid showing curiosity, surprise, or any other emotion, whether favorable or unfavorable. Be aware that these topics can be difficult for the respondent to address. She may be embarrassed or fearful of her husband/partner or others, or she may just feel that these matters are too private to discuss. It is your job to win her trust so that she feels comfortable reporting such personal information to you.

Q. 1103: INTRODUCTORY STATEMENT

The introductory sentences should be treated like an additional informed consent. The respondent should be reassured about the confidentiality of the information. If there is more than one eligible woman in the household, you should informally explain to this respondent that no one else in the household is being asked these questions and that no one else will know what has been discussed. After reading the introductory statement, answer any questions the respondent may have. Once the respondent has no more questions and/or does not object to your asking the questions, you should proceed with the interview.

Q. 1104: FILTER FOR MARITAL STATUS

Check Q. 301 for the respondent's marital status. If she is not currently married but has ever been married, mark the box in the center and ask Q. 1105-1115 in the past tense and referring to her last husband.

When using a paper questionnaire, if she has never been married or married but *gaura* not performed, mark the box on the right and skip to Q. 1118. When using CAPI, the appropriate question will be displayed.

Q. 1105: QUESTION ON MARITAL CONTROL BY THE HUSBAND

For each item, read the item and then pause, giving the respondent enough time to give her answer. Do not force her to respond if she is unwilling. Record her response before asking the next item. Remember to keep your voice calm and low.

Note that you have to phrase the questions according to the actual marital status of the respondent. For example, if a woman is formerly married, ask Q. 1105 like this: "...Please tell me if these apply to your relationship with your last husband. He was jealous or angry if you talked to other men?" If the respondent is currently married ask: "...Please tell me if these apply to your relationship with your husband. He is jealous or angry if you talk to other men?" Read each item, record the response and then go to the next item.

Qs. 1106-1107: EMOTIONAL AND PHYSICAL TREATMENT OF WOMEN BY THEIR HUSBAND

Again, it is necessary to ask the questions according to the actual marital status of the respondent. The questions have several different parts. Each part should be read out slowly and clearly so that the respondent hears the entire question before responding. After each question, pause and give the respondent sufficient time to answer. Answering these questions could be particularly difficult for the respondent; be patient.

Qs. 1106A-B: In these questions we are interested in knowing whether the respondent has suffered any form of emotional abuse by her current husband if she is currently married or her last husband if she is formerly married. As in earlier questions, first read the introductory statement then ask each item slowly and clearly. If the answer to an item is YES record code '1' and then ask question Q. 1106B to determine how often each type of incident occurred in the preceding 12 months.

The answer codes for Q. 1106B are OFTEN, SOMETIMES, and NOT IN THE LAST 12 MONTHS. Respondents may not always give you an answer in these terms. For example, a respondent may ask "What do you mean by 'often'?" In this case you should respond with "Whatever you yourself consider to be often." If she gives you a quantitative answer such as "It happened once or twice last year," then use the following general rule of thumb: If it occurred 5 or more times, code it as OFTEN. If it occurred 1-4 times, code it as SOMETIMES.

In Q. 1106A(a), we are trying to determine whether or not the respondent has felt humiliated because of something her husband said or did in front of others. The focus is on her feeling humiliated, not on what the husband said or did to humiliate her. For example if a respondent says "He likes to scold me in front of guests and I feel really embarrassed and ashamed," record code '1'.

In Q. 1106A(b) we want to know whether or not the husband has done something that made the respondent feel afraid for either herself or someone she cares about (such as her children, her mother, her friends, etc.). The type of harm threatened is not important here; rather the respondent's own perception that there was a threat is important. If the respondent says YES, record code '1' and ask question Q. 1106B.

In Q. 1106A(c), we want to know whether her husband makes her feel bad about herself by insulting her or by any other means. Examples include making her feel that she is no good at anything she does, she does not know how to behave, etc. Again, we are not interested in what he does or says, but whether the end result is that the respondent feels that she herself is just not good enough. If the respondent says YES, record code '1' and ask question Q. 1106B.

Qs. 1107A-B: These questions address physical and sexual violence perpetrated by the husband. Respondents may find these questions painful, and some respondents may get emotional or upset. If a respondent does lose her composure, be sympathetic and kind. Give the respondent a chance to recover before proceeding. Do not force the respondent to answer; at the same time, keep in mind that, no matter how painful, most respondents are willing to share this information if you are patient, nonjudgmental, and empathetic. As in Q. 1106, record code '1' for an affirmative response to an item and ask Q. 1107B to determine frequency in the past 12 months, before proceeding to the next item.

Most items in Q. 1107A are self-explanatory. Respondents might not see the distinction between items (h), (i), and (j). Item (h) asks about the use of physical force to have sexual intercourse, whereas, items (i) and (j) ask about the use of physical force (item i) and other non-physical means (item j) to force her to perform sexual acts she did not want to. We are not trying to find out what the sexual acts are: just whether the respondent was forced to do something sexual that she did not want to do. Remember that if a respondent says YES to an item on Q. 1107A, she is asked Q. 1107B.

Q. 1108: FILTER FOR ANY PHYSICAL OR SEXUAL VIOLENCE

Q. 1109: TIME OF FIRST OCCURRENCE

This question allows us to determine when the physical and/or sexual violence by the husband first began in relation to the start of the relationship. Note that we want to know the timing of the first occurrence of abuse. If one or more items in Q. 1107A have been coded '1', then we want information on the first time that any of the items coded YES happened. For example, if the respondent has said yes to being slapped (Q. 1107A(c)) and to being attacked with a knife (Q. 1107A(g)), then we want to know when it was that she was first slapped or attacked, whichever type of abuse happened first. If the response given is less than one year after they started living together, record '00', otherwise, record the answer in completed number of years. For example, if the respondent says "One and a half years after marriage," record '01' in the boxes. If the first act of violence occurred before the couple got married/began living together, record code '95'.

Q. 1110: INJURIES

We are interested in knowing whether the respondent has been physically hurt as a result of some deliberate act by her husband. Anything that was a clear accident is not being counted. In Q. 1110(a), cuts refer to injuries in which the skin is broken and bruises and aches to injuries in which the skin has not been broken. Q. 1110(b) refers to severe burns. Q. 1110(c) refers to more serious injuries to the eyes, actual sprains, bones dislocated but not completely broken, and minor burns. Finally, Q. 1110(d) refers to wounds which are not just small cuts but which are much more serious or broken bones and other more serious injuries.

Qs. 1111-1112: WOMAN'S BEHAVIOR TOWARD HUSBAND

Q. 1111 seeks to determine whether the respondent herself is ever an instigator of domestic violence. Read the question slowly so that the respondent hears all parts. This question is referring to any act by the respondent that would physically hurt the husband. However, it is asking about physical abuse by the respondent that took place when the husband was not already in the process of abusing her. All acts such as those asked about specifically in Q. 1107 are included even though we are not listing them again separately. If the respondent says that she has never hit her husband, record code '2' for NO and skip

to Q. 1113. Also record code '2' if the respondent says that she hit her husband but only after he had begun to beat her. If the respondent says "I hit him in self-defense," probe to find out whether he was already beating her when she hit him or whether she hit him first. If she has never ever hit him first, record code '2'; if she has hit him first whether in self-defense or not, record code '1'.

Q. 1112 is only for women who have said that they have tried to physically hurt their husband when he was not hitting them. We are interested in knowing the frequency with which the respondent has done these things to her husband/partner during the last year. The response should NOT include any time that the wife hit or beat the husband/partner when he was already beating or physically hurting her. Also see instructions for Q. 1106B for what to code as OFTEN and SOMETIMES.

Qs. 1113-1114: HUSBAND'S DRINKING

In Q. 1113, we are interested in knowing whether or not the husband drinks alcoholic beverages. If the husband drinks alcohol, the response should be YES regardless of the type of alcoholic beverage or the frequency of consumption. Q. 1114 is only asked from respondents whose husband drinks alcoholic beverages. In this question we are interested not in the frequency of drinking but of getting drunk—whatever it is that the respondent understands by 'drunk'. If she asks you what you mean by being 'drunk', explain that a person is considered 'drunk' if he has had so much alcohol that he is not in complete control of himself.

Q. 1115: FEAR OF PARTNER

This question is asked of all ever-married women, whether or not they have reported abuse or drinking by their current or last husband. It is again referring to the current husband for women who are currently married and the last (most recent) husband for formerly married women. The question is self-explanatory and the respondent will have to choose between the three answer codes: MOST OF THE TIME AFRAID, SOMETIMES AFRAID or NEVER AFRAID. Again we are not interested in why she is/was afraid, but only whether she is/was afraid of her husband.

Q. 1116: FILTER FOR MARRIED MORE THAN ONCE

Qs. 1117A-B: PHYSICAL ABUSE BY PREVIOUS HUSBAND

Q. 1117A asks the respondent if she has undergone physical or sexual abuse from a previous husband. For currently married women the previous husband is any husband other than her current one. For formerly married women, the previous husband is any husband other than her last (most recent) husband.

If the respondent reports abuse, record code '1' and proceed to Q. 1117B. If she does not report abuse, record code '2'. Q. 1117B asks the respondent how long ago the abuse occurred. Record the appropriate code. Remember that these questions only refer to a previous husband.

Q. 1118: HISTORY OF ABUSE

This question is asked of all women, whether or not they have reported abuse by their current or last husband and whether or not they have ever been married. Check Q. 301 for marital status. Ask the question corresponding to the respondent's marital status.

Ever-married women: Ask the version of Q. 1118 which is on the right. All ever-married women have already been asked about husband abuse in earlier questions. In this question, they are being asked about their experience of physical abuse since they were age 15 by any person other than their current or any previous husband. If the woman has been married only once, read the question like this "From the time you were 15 years old, has anyone other than your husband..." and if she is formerly married or has been married more than once, read the question like this: "From the time you were 15 years old, has

anyone other than any husband...” For example, an ever-married woman could have been abused by one of her parents or her in-laws or a teacher.

Women who have never been married or lived with a man: Ask the version of Q. 1118 which is on the left. Note that this is the first time that these women are being asked about any type of abuse. Be sure that the respondent understands the question and give her sufficient time to answer.

For both sets of women, read the question slowly, pausing briefly after each type of violent act mentioned. Be sure that married women understand that the question excludes violence by a husband.

Q. 1119: ABUSER INFORMATION

This question seeks to find out who, other than the respondent’s current/last husband, has physically hurt the respondent. Record all those persons the respondent mentions. If she mentions someone who has not been listed, record code X and specify who it is. Note that more than one answer is acceptable.

Q. 1120: RECENT ABUSE

This question seeks to find out how often the person(s) whose code is recorded in Q. 1119 has physically hurt, slapped, or kicked the respondent in the last year. If more than one code is recorded in Q. 1119, then you must find out the frequency with which this occurred in the past year, irrespective of which of the persons mentioned was doing it. So if a respondent said that both her step-mother and step-father beat her, find out whether, in total, she was beaten often, sometimes, or never in the past year. Record the appropriate code.

Q. 1121: FILTER FOR EVER BEEN PREGNANT

Qs. 1122-1123: ABUSE DURING PREGNANCY

Qs. 1122-1123 are asked only of women who have ever been pregnant or are currently pregnant. Even if women have already reported violence by a husband or by anyone else, we want to know if any violence has occurred during any pregnancy, current or past. For women who have been pregnant more than once, it does not matter whether violence occurred in only one or more than one pregnancy. Code ‘1’ should be recorded if violence occurred even in one pregnancy.

Q. 1123 asks about the perpetrators of the violence during pregnancy. Multiple responses may be recorded since more than one person may have abused the respondent during one or more pregnancies. Make sure to probe for additional responses. Also, note that unlike in Q. 1119, in this question a current or former husband could be the perpetrator.

Q. 1124: FILTER FOR EVER MARRIED

Q. 1125-1130: HISTORY OF FORCED SEX AND SEXUAL ACTS

These questions are trying to find out whether the respondent has a history of forced sexual intercourse or sexual acts. No definition of force is being given here—force can include physical force, emotional force or anything else that the respondent considers as force, such as threats to her or her children, etc. What is important is that the respondent believes that she was being forced to have sex or perform sexual acts when she did not want to.

Q. 1125 and Q. 1126 are essentially the same question but are worded somewhat differently by marital status of the respondent. These questions are very important but difficult. There are three different things that you have to keep in mind when asking either of these questions:

1. The questions are asking not only about sexual intercourse, but also about being forced to do anything sexual. Sexual violence does not always take the form of sexual intercourse. Thus, a woman who has said she has never had sexual intercourse may have been forced to perform other sexual acts against her will which would also be considered sexual violence.
2. The questions are also trying to capture sexual violence that may have occurred when the respondent was a child and not just in the recent past. Childhood sexual abuse is very difficult to capture and respondents sometimes find it difficult to talk about.
3. The term ‘forced in any way’ is included with the idea that, especially in childhood abuse, the force can take many different forms. For example, it may be in the form of emotional blackmail where the abusing adult may be using the threat of withdrawing their love from the child.
4. Finally, if the respondent seems nervous or looks worried, you must assure her again about the confidentiality of the information she is giving you. Tell her again that anything she says will not be told to anyone and no one will know that she was asked these questions.

When asking these questions, remember to word the question correctly for ever-married women.

Q. 1125 is asked of ever married women: Ever married women have already been asked about spousal sexual abuse in earlier questions. Here, they are being asked about sexual abuse by any person other than their current or previous husband. They are being asked to report their experience of any kind of sexual abuse ever in their lifetime, including both childhood and adulthood.

Q. 1126 is asked of never married women: Read the questions slowly with the right phrases emphasized. They are being asked to report their experience of any kind of sexual abuse ever in their lifetime, including both childhood and adulthood.

In Q. 1127, all respondents who report ever having been forced to perform sexual acts are asked who the person was who was forcing them at the time that the sexual violence first occurred. That is why this question does not allow multiple answers. Even if the respondent has been sexually abused by more than one person, we are asking her about the first time this happened and who the person was who was abusing her that first time. For ever married women, remember that the question is asking women about sexual abuse by men who are not their current or former husband. Note that current and former husband are permitted as answer codes because some women may say that the person who first abused them became their husband after the abuse, but was not their husband/partner at the time of the abuse. However, before you record either ‘01’ or ‘02’, be sure to remind the respondent that you are asking about the relationship at the time of the first abuse. If she still says that the person became her husband later then record ‘01’ if the person is her current husband and ‘02’ if the person was a former husband.

In Q. 1128, check Q. 301 for the respondent’s marital status. Ask the appropriate version of the question according to whether the respondent has ever been married or not. Again, remember to ask the question correctly for ever married women. Note that answers skip to Q. 1130.

Filter Q. 1129 is for ever married women who said NO or refused to answer Q. 1125. For these women, the filter asks you to check back to Q. 1107A items (h), (i), and (j) and Q. 1117A item (b). If any of these items is a YES, then ask Q. 1130. If each of them is a NO, then skip to Q. 1131.

Q. 1130 has two different forms depending on marital status. Hence first check Q. 301 for the respondent’s marital status. If the respondent has ever been married, then ask the question on the left; if the respondent has never been married, then ask the one on the right. This question is asking about the respondent’s age at the time of the first occurrence of sexual abuse, who-so-ever the first abuser was. Remember to record the age in completed years.

Q. 1131: FILTER FOR ANY ABUSE

Qs. 1132-1134: HELP SEEKING

Only women who have reported any kind of physical or sexual abuse are asked these questions. If the respondent has not experienced any kind of abuse, that is, there is not even one YES in any of the relevant questions, then skip to Q. 1137. If there is at least one question that is coded YES, then ask these questions.

Q. 1132 refers to any kind of help that the respondent may have sought for the abuse. She could have asked her own family or gone to the police, for example. The nature of the help being sought is not important, but only whether she ever sought help. If she did seek help, code all the persons/types of people or organizations she sought help from in Q. 1133.

Note that in Q. 1133, multiple responses may be recorded. Make sure to probe for more responses. All women who are asked Q. 1133 skip to Q. 1135.

Q. 1134 should be asked only of women who reported that they did not seek help for the abuse from anyone. With this question, we want to know if they have at least told someone about the abuse.

Q. 1135: FILTER FOR MEDICAL HELP SOUGHT

Q. 1136: SOURCE OF MEDICAL HELP

Ask where all she sought medical help.

Q. 1137: RESPONDENT'S FATHER AND MOTHER

In this question we are interested in knowing whether the respondent's mother ever experienced spousal violence. All women are asked this question even if they have not experienced violence themselves. Record code '8' if the respondent really does not know if her father beat her mother.

Q. 1138: INTERRUPTIONS

Please provide information on the extent of privacy maintained during the interview. This is not a question for the respondent, but something you answer yourself. Record a code in each line to indicate whether or not the interview was interrupted by the respondent's husband, another male adult, or a female adult. We are interested here in knowing which persons interrupted the interview and how frequently. If the husband walked through the room once and later came in to ask the respondent a question, record code '2' for YES, MORE THAN ONCE. Such interruptions may influence the respondent's answers. Remember, in no circumstances should you have continued the interview unless there was no one who could have heard.

Q. 1139: COMMENTS/EXPLANATION

If the interview could not be completed use this space to give a complete explanation. You must explain why you were unable to obtain privacy. If you were able to complete the interview, give any information in this space that might help to interpret the results. Also note any factors that may have influenced the respondent's answers.

Remember to thank the respondent for her cooperation and reassure her of the confidentiality of her responses. At this point, check your questionnaire carefully.

If the respondent has asked about sources of help or referrals, this is the time when you should provide this information to her as you have been trained to do.

Q. 1140: TIME INTERVIEW ENDED

If there was an extended break during the interview time; for example, the respondent excused herself to care for a sick child and returned to complete the interview 45 minutes later, make a note to report how long a break was taken.

Be sure to thank the respondent for her cooperation. When using a paper questionnaire, at this point, check your questionnaire carefully. Before leaving the house, make sure you have followed the skip patterns correctly and that your marks are legible. Also, inform the respondent that a health technician will be coming to her household to weigh and measure the height of the respondent (and her young children) and conduct a test for anaemia, blood pressure, blood glucose, and if selected, HIV. If she has any simple, general questions about these measurements, you can answer them, but tell her that the health technician will explain the measurements in more detail and will answer all of her questions.

P. Interviewer's Observations

After you have checked over your questionnaire and thanked the respondent, note any comments on the last page. You may make comments about the woman you interviewed, about specific questions on the questionnaire, or about any other aspects of the interview. If anything about the interview was unusual or should be brought to the attention of the supervisor, note it here. Even if the interview was straightforward, a few comments on each interview will be helpful in editing and processing the questionnaires. For example, if a respondent attended school in a different country, one with a different system for dividing grades into primary and secondary, note that here. If you were unable to complete the interview for any reason, or if answers that were not precoded require further explanation, use this space. All these comments are helpful to the supervisor and data processing staff in interpreting the information in the questionnaire.

Q. Calendar

GENERAL DESCRIPTION OF THE CALENDAR

The paper calendar is located at the end of the Woman's Questionnaire. It is called a "calendar" because it is where you will record information about the timing of recent events in the respondent's life. The calendar is "recent" in that only events occurring in the year of the survey plus the five full calendar years preceding the current year are included.

From the top of the page to the bottom, the paper calendar includes 72 boxes (each box representing one month of time) divided into six sections (each representing one year or 12 months of time) in which to record information about the woman's experiences with childbearing and contraceptive use. From left to right, there are two columns:

- Column (1): Births, pregnancies, and contraceptive use
- Column (2): Ultrasound conducted during pregnancy
- Column (3): Reason for discontinuing contraceptive use

Earlier in the manual, procedures for completing the calendar were described briefly. In this section, we discuss in much more detail the methods by which you are going to fill in the calendar using a paper questionnaire. But before we proceed, a couple of points need to be understood:

- 1) You may at this point ask, "What and where are the questions that I am supposed to ask that will allow me to complete the calendar on a paper questionnaire?" First, the calendar is completed at the same time that the Woman's Questionnaire is completed. Much of the information you need to complete the calendar is drawn directly from the responses to questions in Sections 2 (Reproduction) and 3 (Contraception). **When using a paper**

questionnaire, these questions have a large ‘C’ in them to help you identify questions related to the calendar. When using CAPI, this information will be entered in the electronic calendar as you proceed.

Second, the calendar will give you a visual “snapshot” of the woman’s last five or six years of life that will help you to ask probing questions as necessary to improve the accuracy of the information. The calendar is built in a series of steps. At each step, you can and should determine whether or not a woman’s response is consistent with previous responses and where to place the event in relation to other events. For example, if there have been 12 months between the birth of Baby A and the beginning of the pregnancy resulting in Baby B, you can easily see in the calendar that these 12 months need to be accounted for in terms of use or nonuse of a contraceptive method.

There are many ways to get this information, and the calendar allows you to be innovative in obtaining the responses you need to completely fill in the calendar with the correct codes. Simply bear in mind that there may well be more than one correct way to “build” the calendar.

- 2) Whereas interviewing procedures may be flexible, the method of recording information on the calendar is not. Only certain codes (shown to the left of the calendar) are acceptable for use in the calendar. You need to translate the woman’s responses to codes. Only one code may appear in each box.

Column (1): BIRTHS, PREGNANCIES, AND CONTRACEPTIVE USE

The calendar provides a record of the timing of all live births, pregnancies and periods of contraceptive use. **Every month in column (1) of the calendar up to the month of interview must be accounted for, i.e., filled in with a code.**

When using a paper questionnaire, the following describes the codes used in recording information in the calendar:

Q. 225: Pregnancies ending in live births. The first entry in the calendar will be made after you have completed and checked the responses in the birth history (Qs. 211-221). As Q. 225 instructs, for each live birth in January 2010 or later (Q. 215), you will place a ‘B’ in the month of birth and a ‘P’ in each of the preceding months according to the duration of the pregnancy. The number of months in which ‘P’s are recorded prior to the month ‘B’ must be one less than the total number of months the woman reports she was pregnant.

Paper Example: A respondent gave birth in September 2010. She reported that the baby was full-term. For this birth, enter a ‘B’ in September 2010 and ‘P’s in the eight months prior to September, i.e., in the months January through August 2010.

Q. 226 and 227: Current pregnancy. For women who are currently pregnant, place a ‘P’ in the month of interview and in each preceding month of pregnancy. The number of ‘P’s in the calendar should equal the number of completed months of pregnancy given in Q. 227.

Qs. 229-234: Pregnancies ending in a nonlive birth. For all pregnancies that ended in a non-live birth (Qs. 229-234), place a ‘T’ in the month of pregnancy termination and a ‘P’ in each month of pregnancy.

Paper Example: A respondent reports she had a miscarriage in the fourth month of pregnancy (i.e., after three completed months) in June 2008. Place one ‘T’ in June 2008 and one ‘P’ in each of the two preceding months.

Qs. 321-322: **Contraceptive use.** For contraceptive use in January 2010 or later, write the code for each method used in the months it was used. If more than one method is used at the same time, record the method that appears highest on the list of method codes. If a method was used for an extensive period (at least four months), enter the code in the first and last months of use and connect them with a squiggly line. As a last step, months without any method use (.....and no pregnancy or pregnancy termination) should be coded '0' indicating that no method was used.

If a respondent tells you that she switched from one contraceptive method to another in the middle of a month, record the method that she used in the beginning of the month in the cell for that month. Record the new method in the following month.

Paper Example: A respondent said she used the pill until the middle of May, 2010 when she had an IUD inserted. Record '3' for pill in May 2010 and '4' for IUD in June 2010.

If a respondent used a method at the beginning of a month, and stopped so she was not using any method at the end of the month, record the code for the method she was using in the box corresponding to the month she stopped. Record '0' for "no method" in the following month.

In general, when a respondent has switched or discontinued contraceptive use within a month, in the calendar you will record what she was using at the beginning of that month. One exception to this rule is in the month of the interview. Before getting to Q. 311 on history of contraceptive use, you will already have filled in the calendar in Q. 304 for current contraceptive use. For the month of interview, you will have recorded what the respondent is using as of the day of the interview, even if it is different from what she was using at the beginning of the month of interview.

Column (2): ULTRASOUND CONDUCTED DURING PREGNANCY

If ultrasound test was conducted for this pregnancy then record "Y" in the row corresponding to the month and year when it was done else record "N".

Column (3): REASON FOR DISCONTINUING CONTRACEPTIVE USE

For every discontinuation of a method, the reason for discontinuation is recorded in Column (3) in the last month the method was used. For example, if Column (1) indicates discontinuation of pill use in April 2012, then you should identify and record the reason for the discontinuation in Column (3) in the same month, April 2012.

Points to Remember

- Only one code is entered in any one box (month) of the calendar.
- In column (1), all months should be filled in.
- In column (2), record "Y" if ultrasound was conducted and if not record "N"
- Column (3) records a reason for each interruption of method use that occurs in Column (1). The code is entered in the last month of use.
- Each squiggly line must have both endpoints defined by the same code.
- To label the births, write the child's name to the left of the 'B.' This will make your work easier and more accurate because birth dates serve as your best reference points.

ILLUSTRATIVE CASES

In this section, we provide several examples that illustrate how to complete the calendar when using a paper questionnaire. Up to six steps may be necessary:

- 1) Transfer the dates of live births from the birth history to the calendar
- 2) Record the months of pregnancy (P) for any pregnancies terminating in live births (B) and non-live births (T)
- 3) Record the months of contraceptive use and nonuse.
- 4) For each pregnancy record “Y” if ultrasound was conducted and if not record “N”.
- 5) Record the reason for discontinuation of contraceptive use.

For each example, we assume that the respondent knows the dates of birth of her children and also the dates during which she used contraception. During actual fieldwork, you may need to probe to correct errors in the reporting of this information.

**[CALENDAR EXAMPLES TO BE ON FACING PAGES - TEXT ON EVEN PAGE NUMBER
AND CALENDAR ON ODD PAGE NUMBER]**

Case #1

Scenario: The respondent was interviewed in June 2014. She had two births since January 2010. The first was Ravi, born full term in September 2011, and the second was Ajay, born one month early in February 2014. The dates of birth of the children are obtained from Q. 215 in the birth history. The woman did not have any other pregnancies, has never used contraception, and did not have an ultrasound during any of her pregnancies.

STEP 1

The first step is to record the birth dates for Ravi and Ajay. A 'B' is recorded in the month of birth of each of the children and the child's name is written to the left of the 'B' in Column (1) in the month corresponding to the child's birth date.

Step 1

WOMAN'S RESPONSE		NUMBER OF MONTHS	ENTRY IN COLUMN (1) IN CALENDAR	
EVENT	DATE		MONTHS	CODE
Ravi	18 September 2011	1	SEP 2011	B
Ajay	25 February 2014	1	FEB 2014	B

STEP 2

The second step involves entering a 'P' in each of the months of pregnancy prior to the month in which each live birth occurred. For Ravi, 'P's would be entered January 2011 to August 2011 (8 months), while for Ajay it is 7 months from July 2013 to January 2014 (before the month of birth).

Step 2

WOMAN'S RESPONSE		NUMBER OF MONTHS	ENTRY IN COLUMN (1) IN CALENDAR	
EVENT	DATE		MONTHS	CODE
Pregnant	January-September 2011	8	JAN-AUG 2011	P
Ravi	18 September 2011	1	SEP 2011	B
Pregnant	July 2013-February 2014	7	JUL 2013-JAN 2014	P
Ajay	25 February 2014	1	FEB 2014	B

STEP 3

The respondent did not use contraception during the calendar period. Thus, in the calendar, you will fill in the rest of the boxes with '0's to show the periods of non-use.

Step 3

WOMAN'S RESPONSE		NUMBER OF MONTHS	ENTRY IN COLUMN (1) IN CALENDAR	
EVENT	DATE		MONTHS	CODE
Nonuse	January -December 2010	12	JAN-DEC 2010	0
Pregnant	January-September 2011	8	JAN-AUG 2011	P
Ravi	18 September 2011	1	SEP 2011	B
Nonuse	October 2011-June 2013	22	OCT 2011-JUN 2013	0
Pregnant	July 2013-February 2014	7	JUL 2013-JAN 2014	P
Ajay	25 February 2014	1	FEB 2014	B
Nonuse	March 2014-June 2014	3	MAR 2014-JUN 2014	0

Calendar Entries for CASE #1

INSTRUCTIONS:

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

INFORMATION TO BE CODED FOR EACH COLUMN

COL. 1: BIRTHS, PREGNANCIES, CONTRACEPTIVE USE

- B BIRTHS
- P PREGNANCIES
- A ABORTIONS
- M MISCARRIAGES
- S STILLBIRTHS
- T TERMINATIONS

- 0 NO METHOD
- 1 FEMALE STERILIZATION
- 2 MALE STERILIZATION
- 3 IUD/PPIUD
- 4 INJECTABLES
- 5 PILL
- 6 CONDOM/NIRODH
- 7 FEMALE CONDOM
- 8 DIAPHRAGM
- F FOAM OR JELLY
- L LACTATIONAL AMENORRHOEA METHOD
- R RHYTHM METHOD
- W WITHDRAWAL

- X OTHER MODERN METHODS
- Y OTHER TRADITIONAL METHODS

Ajay

COL. 2: ULTRASOUND CONDUCTED DURING PREGNANCY

- Y YES
- N NO

COL. 3: DISCONTINUATION OF CONTRACEPTIVE USE

- 0 INFREQUENT SEX/HUSBAND AWAY
- 1 METHOD FAILED/BECAME PREGNANT WHILE USING
- 2 WANTED TO BECOME PREGNANT
- 3 HUSBAND DISAPPROVED
- 4 WANTED MORE EFFECTIVE METHOD
- 5 FEAR OF SIDE EFFECTS/ HEALTH CONCERNS
- 6 LACK OF ACCESS/TOO FAR
- 7 COSTS TOO MUCH
- 8 INCONVENIENT TO USE
- 9 FATALISTIC/ UP TO GOD
- F DIFFICULT TO GET PREGNANT/MENOPAUSAL
- A MARITAL DISSOLUTION/SEPARATION
- D LACK OF SEXUAL SATISFACTION
- L CREATED MENSTRUAL PROBLEM
- M GAINED WEIGHT
- G DID NOT LIKE METHOD
- N LACK OF PRIVACY FOR USE

- X OTHER (SPECIFY)
- Z DON'T KNOW

Ravi

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

CASE #2

Scenario: The respondent was interviewed in October 2015. During the period covered by the calendar, she had one birth (Ram), occurring in September 2013 in the 9th month of pregnancy, and one other pregnancy that miscarried after three months of her pregnancy in July 2011. She had an ultrasound during both pregnancies. The miscarriage occurred accidentally while her husband and she were using the condom. They used the condom from the time they married in November 2002 until she became pregnant.

Immediately after the pregnancy, she began using the pill. She deliberately interrupted use of the pill because she wanted a child. She became pregnant with Ram after five months of trying. She is currently using the pill, which she began using five months after the birth of Ram.

Calendar Entries for CASE #2

INSTRUCTIONS:

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

INFORMATION TO BE CODED FOR EACH COLUMN

COL. 1: BIRTHS, PREGNANCIES, CONTRACEPTIVE USE

- B BIRTHS
- P PREGNANCIES
- A ABORTIONS
- M MISCARRIAGES
- S STILLBIRTHS
- T TERMINATIONS

- 0 NO METHOD
- 1 FEMALE STERILIZATION
- 2 MALE STERILIZATION
- 3 IUD/PPIUD
- 4 INJECTABLES
- 5 PILL
- 6 CONDOM/NIRODH
- 7 FEMALE CONDOM
- 8 DIAPHRAGM
- F FOAM OR JELLY
- L LACTATIONAL AMENORRHOEA METHOD
- R RHYTHM METHOD
- W WITHDRAWAL

- X OTHER MODERN METHODS
- Y OTHER TRADITIONAL METHODS

COL. 2: ULTRASOUND CONDUCTED DURING PREGNANCY

- Y YES
- N NO

COL. 3: DISCONTINUATION OF CONTRACEPTIVE USE

- 0 INFREQUENT SEX/HUSBAND AWAY
- 1 METHOD FAILED/BECAME PREGNANT WHILE USING
- 2 WANTED TO BECOME PREGNANT
- 3 HUSBAND DISAPPROVED
- 4 WANTED MORE EFFECTIVE METHOD
- 5 FEAR OF SIDE EFFECTS/ HEALTH CONCERNS
- 6 LACK OF ACCESS/TOO FAR
- 7 COSTS TOO MUCH
- 8 INCONVENIENT TO USE
- 9 FATALISTIC/ UP TO GOD
- F DIFFICULT TO GET PREGNANT/MENOPAUSAL
- A MARITAL DISSOLUTION/SEPARATION
- D LACK OF SEXUAL SATISFACTION
- L CREATED MENSTRUAL PROBLEM
- M GAINED WEIGHT
- G DID NOT LIKE METHOD
- N LACK OF PRIVACY FOR USE

- X OTHER _____ (SPECIFY)
- Z DON'T KNOW

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

CASE #3

The respondent was interviewed in October 2015. The woman's only birth in this period (Sita) occurred in March 2014 after an accidental pregnancy while using withdrawal, a method she had been using for one year. She did not have an ultrasound for this pregnancy. The pregnancy lasted nine months. She is currently pregnant, having failed with the use of withdrawal two months earlier. She has not yet had an ultrasound. She and her husband had been using withdrawal since Sita was born. She also had a stillbirth in December 2011 in the fourth month of pregnancy. She had an ultrasound before the stillbirth. That pregnancy began several months after her marriage, while no method was being used. After that stillbirth, she did not use any method for six months before beginning to use withdrawal.

Calendar Entries for CASE #3

INSTRUCTIONS:

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

INFORMATION TO BE CODED FOR EACH COLUMN

COL. 1: BIRTHS, PREGNANCIES, CONTRACEPTIVE USE

- B BIRTHS
- P PREGNANCIES
- A ABORTIONS
- M MISCARRIAGES
- S STILLBIRTHS
- T TERMINATIONS

- 0 NO METHOD
- 1 FEMALE STERILIZATION
- 2 MALE STERILIZATION
- 3 IUD/PPIUD
- 4 INJECTABLES
- 5 PILL
- 6 CONDOM/NIRODH
- 7 FEMALE CONDOM
- 8 DIAPHRAGM
- F FOAM OR JELLY
- L LACTATIONAL AMENORRHOEA METHOD
- R RHYTHM METHOD
- W WITHDRAWAL

- X OTHER MODERN METHODS
- Y OTHER TRADITIONAL METHODS

Sita

COL. 2: ULTRASOUND CONDUCTED DURING PREGNANCY

- Y YES
- N NO

COL. 3: DISCONTINUATION OF CONTRACEPTIVE USE

- 0 INFREQUENT SEX/HUSBAND AWAY
- 1 METHOD FAILED/BECAME PREGNANT WHILE USING
- 2 WANTED TO BECOME PREGNANT
- 3 HUSBAND DISAPPROVED
- 4 WANTED MORE EFFECTIVE METHOD
- 5 FEAR OF SIDE EFFECTS/ HEALTH CONCERNS
- 6 LACK OF ACCESS/TOO FAR
- 7 COSTS TOO MUCH
- 8 INCONVENIENT TO USE
- 9 FATALISTIC/ UP TO GOD
- F DIFFICULT TO GET PREGNANT/MENOPAUSAL
- A MARITAL DISSOLUTION/SEPARATION
- D LACK OF SEXUAL SATISFACTION
- L CREATED MENSTRUAL PROBLEM
- M GAINED WEIGHT
- G DID NOT LIKE METHOD
- N LACK OF PRIVACY FOR USE

- X OTHER (SPECIFY)
- Z DON'T KNOW

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

CASE #4

The respondent was interviewed in October 2015. She reported two births in the reference period, Seema in July 2013 and Suraj in November 2010. The pregnancy with Seema lasted nine months, and the pregnancy with Suraj lasted eight months. At the time of Seema's birth, the respondent was surgically sterilized in a government hospital. Seema was conceived after four months of trying to become pregnant. Before this she had used the pill, which she had started using three months after the birth of Suraj. Before becoming pregnant with Suraj, she neither had a nonlive birth nor used a contraceptive method. She had an ultrasound during her pregnancy with Seema but not when she was pregnant with Suraj.

Calendar Entries for CASE #4

INSTRUCTIONS:

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

INFORMATION TO BE CODED FOR EACH COLUMN

COL. 1: BIRTHS, PREGNANCIES, CONTRACEPTIVE USE

B BIRTHS
P PREGNANCIES
A ABORTIONS
M MISCARRIAGES
S STILLBIRTHS
T TERMINATIONS

0 NO METHOD
1 FEMALE STERILIZATION
2 MALE STERILIZATION
3 IUD/PPIUD
4 INJECTABLES
5 PILL
6 CONDOM/NIRODH
7 FEMALE CONDOM
8 DIAPHRAGM
F FOAM OR JELLY
L LACTATIONAL AMENORRHOEA METHOD
R RHYTHM METHOD
W WITHDRAWAL

X OTHER MODERN METHODS
Y OTHER TRADITIONAL METHODS

Seema

COL. 2: ULTRASOUND CONDUCTED DURING PREGNANCY

Y YES
N NO

COL. 3: DISCONTINUATION OF CONTRACEPTIVE USE

0 INFREQUENT SEX/HUSBAND AWAY
1 METHOD FAILED/BECAME PREGNANT WHILE USING
2 WANTED TO BECOME PREGNANT
3 HUSBAND DISAPPROVED
4 WANTED MORE EFFECTIVE METHOD
5 FEAR OF SIDE EFFECTS/ HEALTH CONCERNS
6 LACK OF ACCESS/TOO FAR
7 COSTS TOO MUCH
8 INCONVENIENT TO USE
9 FATALISTIC/ UP TO GOD
F DIFFICULT TO GET PREGNANT/MENOPAUSAL
A MARITAL DISSOLUTION/SEPARATION
D LACK OF SEXUAL SATISFACTION
L CREATED MENSTRUAL PROBLEM
M GAINED WEIGHT
G DID NOT LIKE METHOD
N LACK OF PRIVACY FOR USE

X OTHER (SPECIFY) _____
Z DON'T KNOW

Suraj

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

CASE #5

This respondent was interviewed in October 2015. She had two births since January 2010; the first resulted in twins but only one was born alive (Riya), while the other was a stillbirth. Riya was born in June 2010. Her younger brother, Vijay, was born in February 2012 in the eighth month of pregnancy. She did not have an ultrasound during any of these pregnancies. Note that since the first of these pregnancies began before January 2010, only five P's are indicated in the calendar. Also note that the stillbirth is not recorded as a pregnancy termination, because it involved a pregnancy that resulted in a live birth (Riya), and you may place only one code in a box.

Her first contraceptive use during the period (the pill) began nine months after the last birth. She used the pill for six months and then switched to IUD the next month because she wanted a more effective method. She used the IUD until September 2014, when she separated from her husband. She has not used any contraception since.

Calendar Entries for CASE #5

INSTRUCTIONS:

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

INFORMATION TO BE CODED FOR EACH COLUMN

COL. 1: BIRTHS, PREGNANCIES, CONTRACEPTIVE USE

- B BIRTHS
- P PREGNANCIES
- A ABORTIONS
- M MISCARRIAGES
- S STILLBIRTHS
- T TERMINATIONS

- 0 NO METHOD
- 1 FEMALE STERILIZATION
- 2 MALE STERILIZATION
- 3 IUD/PPIUD
- 4 INJECTABLES
- 5 PILL
- 6 CONDOM/NIRODH
- 7 FEMALE CONDOM
- 8 DIAPHRAGM
- F FOAM OR JELLY
- L LACTATIONAL AMENORRHOEA METHOD
- R RHYTHM METHOD
- W WITHDRAWAL

- X OTHER MODERN METHODS
- Y OTHER TRADITIONAL METHODS

COL. 2: ULTRASOUND CONDUCTED DURING PREGNANCY

- Y YES
- N NO

COL. 3: DISCONTINUATION OF CONTRACEPTIVE USE

- 0 INFREQUENT SEX/HUSBAND AWAY
- 1 METHOD FAILED/BECAME PREGNANT WHILE USING
- 2 WANTED TO BECOME PREGNANT
- 3 HUSBAND DISAPPROVED
- 4 WANTED MORE EFFECTIVE METHOD
- 5 FEAR OF SIDE EFFECTS/ HEALTH CONCERNS
- 6 LACK OF ACCESS/TOO FAR
- 7 COSTS TOO MUCH
- 8 INCONVENIENT TO USE
- 9 FATALISTIC/ UP TO GOD
- F DIFFICULT TO GET PREGNANT/MENOPAUSAL
- A MARITAL DISSOLUTION/SEPARATION
- D LACK OF SEXUAL SATISFACTION
- L CREATED MENSTRUAL PROBLEM
- M GAINED WEIGHT
- G DID NOT LIKE METHOD
- N LACK OF PRIVACY FOR USE

- X OTHER (SPECIFY)
- Z DON'T KNOW

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

Vijay

Riya

CASE #6

The respondent was interviewed in October 2015 and was in her fourth month of pregnancy at the time of the interview (had completed three months of pregnancy). She had an ultrasound during her first trimester. Her most recent birth occurred in November 2013 (Payel) after nine months of pregnancy during which she had no ultrasound. She had no other pregnancy prior to Payel. She first began using the diaphragm the month after Payel was born. She stopped using the diaphragm after she became pregnant while using this method.

Calendar entries for CASE #6

INSTRUCTIONS:

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

INFORMATION TO BE CODED FOR EACH COLUMN

COL. 1: BIRTHS, PREGNANCIES, CONTRACEPTIVE USE

- B BIRTHS
- P PREGNANCIES
- A ABORTIONS
- M MISCARRIAGES
- S STILLBIRTHS
- T TERMINATIONS

- 0 NO METHOD
- 1 FEMALE STERILIZATION
- 2 MALE STERILIZATION
- 3 IUD/PPIUD
- 4 INJECTABLES
- 5 PILL
- 6 CONDOM/NIRODH
- 7 FEMALE CONDOM
- 8 DIAPHRAGM
- F FOAM OR JELLY
- L LACTATIONAL AMENORRHOEA METHOD
- R RHYTHM METHOD
- W WITHDRAWAL

- X OTHER MODERN METHODS
- Y OTHER TRADITIONAL METHODS

Payel

COL. 2: ULTRASOUND CONDUCTED DURING PREGNANCY

- Y YES
- N NO

COL. 3: DISCONTINUATION OF CONTRACEPTIVE USE

- 0 INFREQUENT SEX/HUSBAND AWAY
- 1 METHOD FAILED/BECAME PREGNANT WHILE USING
- 2 WANTED TO BECOME PREGNANT
- 3 HUSBAND DISAPPROVED
- 4 WANTED MORE EFFECTIVE METHOD
- 5 FEAR OF SIDE EFFECTS/ HEALTH CONCERNS
- 6 LACK OF ACCESS/TOO FAR
- 7 COSTS TOO MUCH
- 8 INCONVENIENT TO USE
- 9 FATALISTIC/ UP TO GOD
- F DIFFICULT TO GET PREGNANT/MENOPAUSAL
- A MARITAL DISSOLUTION/SEPARATION
- D LACK OF SEXUAL SATISFACTION
- L CREATED MENSTRUAL PROBLEM
- M GAINED WEIGHT
- G DID NOT LIKE METHOD
- N LACK OF PRIVACY FOR USE

- X OTHER (SPECIFY)
- Z DON'T KNOW

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

CASE #7

The respondent was interviewed in October 2015. She has had only one pregnancy (and no births) since January 2010. The pregnancy lasted for three months between November 2013 and January 2014 and ended in an abortion. She had an ultrasound during this pregnancy.

The respondent first used contraception at the start of her first marriage in March 2011. She and her husband used the condom for a couple of years except for the six-month period beginning August 2012, when her husband disapproved. She and her husband resumed using the condom in February 2013 and continued use until she accidentally became pregnant in November 2013. The respondent got sterilized in a government hospital immediately after this pregnancy.

Calendar entries for CASE #7

INSTRUCTIONS:

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

INFORMATION TO BE CODED FOR EACH COLUMN

COL. 1: BIRTHS, PREGNANCIES, CONTRACEPTIVE USE

- B BIRTHS
- P PREGNANCIES
- A ABORTIONS
- M MISCARRIAGES
- S STILLBIRTHS
- T TERMINATIONS

- 0 NO METHOD
- 1 FEMALE STERILIZATION
- 2 MALE STERILIZATION
- 3 IUD/PPIUD
- 4 INJECTABLES
- 5 PILL
- 6 CONDOM/NIRODH
- 7 FEMALE CONDOM
- 8 DIAPHRAGM
- F FOAM OR JELLY
- L LACTATIONAL AMENORRHOEA METHOD
- R RHYTHM METHOD
- W WITHDRAWAL

- X OTHER MODERN METHODS
- Y OTHER TRADITIONAL METHODS

COL. 2: ULTRASOUND CONDUCTED DURING PREGNANCY

- Y YES
- N NO

COL. 3: DISCONTINUATION OF CONTRACEPTIVE USE

- 0 INFREQUENT SEX/HUSBAND AWAY
- 1 METHOD FAILED/BECAME PREGNANT WHILE USING
- 2 WANTED TO BECOME PREGNANT
- 3 HUSBAND DISAPPROVED
- 4 WANTED MORE EFFECTIVE METHOD
- 5 FEAR OF SIDE EFFECTS/ HEALTH CONCERNS
- 6 LACK OF ACCESS/TOO FAR
- 7 COSTS TOO MUCH
- 8 INCONVENIENT TO USE
- 9 FATALISTIC/ UP TO GOD
- F DIFFICULT TO GET PREGNANT/MENOPAUSAL
- A MARITAL DISSOLUTION/SEPARATION
- D LACK OF SEXUAL SATISFACTION
- L CREATED MENSTRUAL PROBLEM
- M GAINED WEIGHT
- G DID NOT LIKE METHOD
- N LACK OF PRIVACY FOR USE

- X OTHER (SPECIFY)
- Z DON'T KNOW

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

VIII. MAN'S QUESTIONNAIRE

The Man's Questionnaire consists of a cover page and eight sections as follows:

Section 1:	Respondent's Background
Section 2A:	Reproduction
Section 2B:	Marriage and Cohabitation
Section 3:	Contraception and Male Involvement
Section 4:	Fertility Preferences
Section 5:	Sexual Life
Section 6:	Other Health Issues
Section 7:	Attitudes Towards Gender Roles
Section 8:	HIV/AIDS and Other Sexually Transmitted Infections

Most of the questions in the Man's Questionnaire are similar to those we have already discussed in the Woman's Questionnaire, but are written to reflect that the respondent is male. However, in most cases, the question numbers are different and often the questions appear in a different order. For example, although the HIV/AIDS questions are almost identical, they are in Section 10 in the Woman's Questionnaire and Section 8 in the Man's Questionnaire.

Figure 5 lists questions numbers from the Man's Questionnaire and the corresponding question numbers from the Woman's questionnaire.

- This manual does not repeat instructions for questions in the Man's Questionnaire that have already been covered in Section VI on the Woman's Questionnaire. Using this table, you can refer to the instructions in that section for the corresponding questions.
- Occasionally, a question in the Man's Questionnaire will be similar to, but not exactly the same as a question in the Woman's Questionnaire. In these cases, the table shows the question number from the Woman's Questionnaire in parentheses.
- The table does not include the question numbers of questions that are unique to the Man's Questionnaire. Instructions on administering these questions can be found in the following sections.

FIGURE 5. QUESTION NUMBERS FOR CORRESPONDING QUESTIONS IN THE WOMAN'S AND MAN'S QUESTIONNAIRES

Question Number		Question Number	
Man's Questionnaire	Woman's Questionnaire	Man's Questionnaire	Woman's Questionnaire
101-104	101-104	(331)	438
105-106	917-918	332	463
107-118	105-116	(333)	519
120-123	911-913	(402)	226
124-125	915-916	404	604
(201-209)	201-209	406-407	605-606
213	301	408-409	614-615
(214-215)	305-306	501A	802
218-219	302-303	502-515	804-817
223-224	308-309	522	818
226-229	313-316	534-536	820-822
301	301	601-626	702-726
302-303	319-321	(627)	727c
305	331	702-703	924-925
306	339	704-705	931-932
307-309	335-338	706	936
311	616	714	922
312-313	258-259	715	921
317-318	352-353	716	1137
319-321	363-365	801-817	1001-1017
(324)	413	819-832	1033-1046
(325)	421	834-837	1047-1050
327-328	419-420	(838-842)	1051-1055

A. Section 1: Respondent's Background

Almost all of Section 1 is the same for male and female respondents. As a reminder, accurate recording of the respondent's age is important. Refer to Section VII. B of this manual for detailed instructions about Qs. 104-105 on the age of the respondent.

B. Section 2A: Reproduction

Qs. 201-208: CHILDREN

Q. 201 is phrased slightly differently for men. As with women, we are interested in the biological children a man has had. Because many children live away from their fathers, the question prompts men to think about children who are their biological children but may not be legally theirs or have their last name. In light of this, Q. 208 specifically asks about children that are biologically the man's but may not be legally his own. Qs. 202-207 are the same for men and women.

Q. 210: FILTER FOR ANY CHILDREN

Q. 211: AGE AT FIRST FATHERHOOD

Q. 211 asks the respondent to give his age when his first child was born. If he doesn't know, probe. You could ask how old he was when he got married, and then ask how long before or after getting married his first child was born.

Q. 212: AGE OF YOUNGEST LIVING CHILD

Record the age of the man's youngest living child. If no living children then record '95'.

C. Section 2B: Marriage and Cohabitation

Q. 214: OTHER WIVES

In this question, we are interested whether the respondent has other wives. This does not include 'girlfriends' unless the husband is living together with the girlfriend as if married.

Q. 215: NUMBER OF WIVES

We are interested in the total number of wives the respondent has. Since the number has been assigned two boxes, remember to fill the first box with '0' for numbers less than 10.

Qs. 216-217: IDENTIFYING THE WIFE/WIVES OF THE RESPONDENT

Record the name(s) of the respondent's wife/wives and, **when using a paper questionnaire**, record the line number from the Household Schedule in the boxes provided. The number of names in Q. 216 should be equal to the number of wives in Q. 215. If a wife is not listed in the Household Schedule, record line number as '00' in the boxes next to her name. This can happen if you are interviewing a man who is visiting a household, but his wife stayed at home or if he is interviewed at his home but his wife lives in a different household. For Q. 217, ask the man his wife's/wives' age(s).

D. Section 3: Contraception and Male Involvement

Q. 301: Contraceptive Table

The format of Q. 301 and the order of administering the questions are the same in both the Woman's and Man's Questionnaires.

Q. 314: ATTITUDES TOWARDS CONTRACEPTION

This question includes two statements that assess the respondent's attitudes towards taking responsibility for contraception and about the effect of contraception on women's behaviour. Be sure to record a response for each of the two questions. The word "promiscuous" means that someone has sexual relations with many people.

Q. 333: KNOWLEDGE OF CARE FOR CHILDREN WITH DIARRHOEA

This question asks the respondent about the amount of liquid that should be given to a child with diarrhoea. Note that this question is asking for the respondent's opinion, not what he and/or his wife/partner actually give their children when they have diarrhoea.

E. Section 4: Fertility Preferences

All of the questions in Section 4 are the same as those in Section 6 of the Woman's Questionnaire.

F. Section 5: Sexual Life

Qs. 516-521: QUESTIONS ABOUT COMMERCIAL SEX

These questions ask specifically about commercial sex and condom use during commercial sex in the past 12 months. Qs. 516-517 are checks to identify those respondents who reported that at least one of their last three sexual partners in the last 12 months was a sex worker. Check Q. 507 to identify the sexual partner or partners who were sex workers, then check Q. 505 in the same column to see if the respondent used a condom the last time he had sex with that partner.

Example: A man's last sexual partner (Column 1) was a sex worker. He used a condom the last time he had sex with her. His second-to-last sexual partner was his wife. His third-to-last sexual partner was another sex worker. He did not use a condom the last time he had sex with her. Tick the box for 'OTHER' and skip to Q. 522.

Qs. 518-519 are asked of respondents who did not report that any of their last three sexual partners in the last 12 months was a sex worker. Some men may omit sex workers from their sexual history due to shame or embarrassment. In addition, a man may have visited a sex worker in the last 12 months, but she was not one of his most recent three sexual partners and was therefore not reported in the sexual history or a man may have visited a sex worker but not in the past 12 months.

Qs. 520-521 both ask about condom use with prostitutes. Paid sex is considered a high-risk sexual behaviour. Individuals who pay for sex may be at greater risk of becoming infected with HIV or another STI. Using a condom every time one pays for sex reduces the chances of infection. Q. 520 asks about use of a condom the last time the respondent paid for sex while Q. 521 seeks to find out if the respondent used a condom every time he paid for sex in the last 12 months.

Qs. 524: CONDOM BRAND

Record the brand of condom used at the last sexual encounter.

Q. 525-527: SOURCE, NUMBER, COST, AND SOURCE OF CONDOMS

This question asks the respondent to say where he got the condoms the last time he obtained them, the number of condoms obtained, the cost, and the source.

Q. 529: REASON FOR USING A CONDOM

Ask if he used a condom to avoid pregnancy, STIs, or for any other reason. Record all reasons mentioned.

G. Section 6: Other Health Issues

All of the questions in Section 6 are the same as those in Section 7 of the Woman's Questionnaire.

H. Section 7: Attitudes Towards Gender Roles

Q. 709: JUSTIFIED BEHAVIOUR

These questions ask for the man's opinion on specific situation that may arise. You are not asking if he does these things to his wife.

I. Section 8: HIV/AIDS and Other Sexually Transmitted Infections

This section asks a group of questions on knowledge of and behaviour related to HIV and other diseases that are transmitted through sexual contact. This series of questions is almost identical to Section 10 of the Woman's Questionnaire. The Woman's Questionnaire includes questions on antenatal care, which are omitted for men. In addition, Qs. 838-839 on symptoms of STIs use different wording to apply to men rather than women.

Q. 833: CIRCUMCISION

Circumcision involves the surgical removal of the foreskin of the penis. Circumcision may be performed for religious, medical, or cultural reasons and can be carried out at birth, during adolescence, or at other times during a man's life.

END OF INTERVIEWER'S MANUAL