

# **International Institute for Population Sciences**

District Level Household and Facility Survey (DLHS-4)

**Computer Assisted Personal Interviewing (CAPI) Agency**

**Bid Document**

Invitation for Proposal for Selection of Field Agencies  
for conducting District Level Household and Facility Survey (DLHS-4)



**International Institute for Population Sciences**

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## Invitation for Proposal for Selection of Computer Assisted Personal Interviewing (CAPI) Agency for DLHS - 4

### I. INTRODUCTION:

#### a. Background of the Survey

Three rounds of District Level Household and Facility Surveys (DLHS) have been undertaken in the past (Round- I in 1998-99, Round-II in 2002-04, and Round-III in 2007-08) with the main objective to provide reproductive and child health database at district level in India. The data from these surveys have been useful in setting the benchmarks and examining the progress the country has made after the implementation of RCH programme. These surveys were useful for the central and state governments in evaluation, monitoring and planning strategies. In view of the completion of six years of National Rural Health Mission (2005-12), there is a felt need to focus on the achievements and improvements so far. It is, therefore, proposed to conduct DLHS-4 during 2011-2012.

#### b. The DLHS-4 survey questionnaires

Sr. No.	Type of Questionnaire	Contents of the questionnaire
1	Household	<p><b>Information on:</b></p> <ul style="list-style-type: none"> <li>• All members of the household</li> <li>• Socio-economic characteristics,</li> <li>• Assets possessed</li> <li>• Number of marriages and deaths</li> <li>• Information on morbidity of each individual</li> <li>• CAB.</li> </ul>
2	Ever married women (15 to 49 years)	<p><b>Maternal and Child Care</b></p> <ul style="list-style-type: none"> <li>• Timing of Registration for antenatal check up.</li> <li>• Coverage of women for different required services during pregnancy.</li> <li>• Institutional deliveries and home deliveries attended by skilled attendant.</li> <li>• JSY beneficiaries</li> <li>• Post-natal care for mother.</li> <li>• Quality of care during pregnancy and during post-natal care.</li> <li>• Vaccination coverage of children.</li> <li>• New born Care.</li> </ul>

		<ul style="list-style-type: none"> <li>Differentials in utilization of MCH services at state level by education, religion, caste and wealth quintile.</li> </ul> <p><b>Contraceptive Prevalence and Unmet Need</b></p> <ul style="list-style-type: none"> <li>Uses of various methods of contraception by currently married women aged 15-49</li> <li>Public-private shares in the provision of contraceptive services</li> <li>Quality of services in terms of information provided before use, follow up after acceptance and contraceptive morbidity</li> <li>Extent of unmet need for contraception</li> </ul> <p><b>Reproductive Morbidity</b></p> <ul style="list-style-type: none"> <li>Extent of awareness and correct knowledge about RTI/STI among ever married women aged 15-49.</li> <li>Source of information regarding HIV/AIDS.</li> </ul>
3.	Village Questionnaire	<p><b>The information on:</b></p> <ul style="list-style-type: none"> <li>Availability of health &amp; education.</li> <li>Other facilities in the village</li> <li>Accessibility of these facilities throughout the year.</li> </ul>
4.	Facility	<p><b>Detailed enquiries would be made about the physical infrastructure at Sub Centre, PHC, CHC, Sub-Divisional Hospital and District Hospital</b></p>
i	Sub Centre	<ul style="list-style-type: none"> <li>Supply of critical materials/inputs under RCH project.</li> <li>Manpower availability</li> <li>Availability and utilization of services</li> </ul>
ii	Primary Health Centre (PHC)	
iii	Community Health Centre (CHC)	
iv	Sub Divisional Hospital (SDH)	
v	District Hospital	

## II. Sampling Design

### a. Geographical Coverage

District Level Household and Facility Survey -4 (DLHS-4) has household survey and facility survey components. Both these components of DLHS-4 shall be implemented in the districts of all states and union territories other than nine states of Uttar Pradesh, Uttarakhand, Madhya Pradesh, Chhattisgarh, Bihar, Jharkhand, Orissa, Rajasthan and Assam covered in Annual Health Survey (AHS).

**The following states are to be covered under DLHS-4**

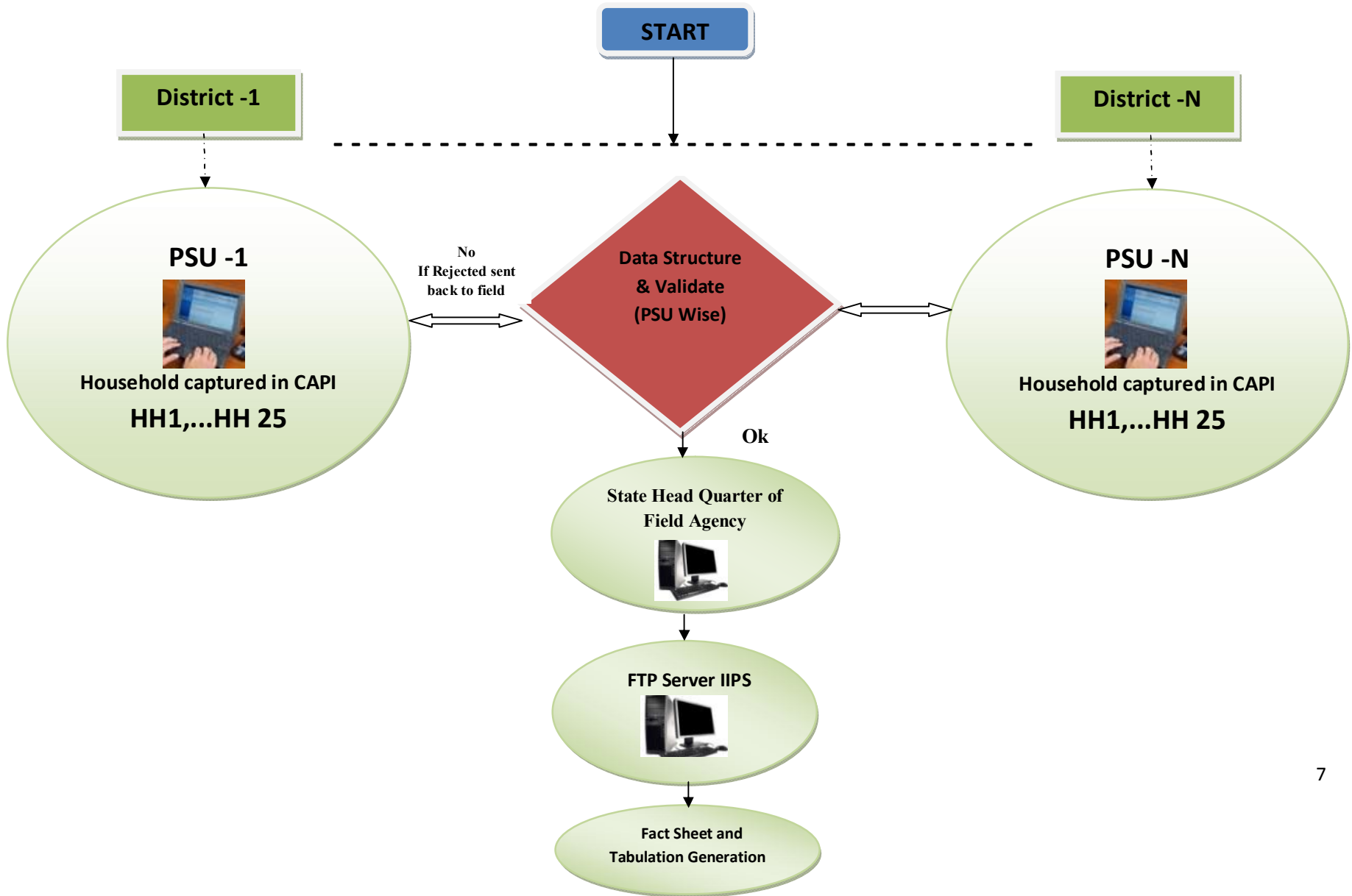
<b>States/UTs (For Household and Facility Survey)</b>
1. Jammu & Kashmir, 2. Himachal Pradesh, 3. Punjab, 4. Chandigarh, 5. Haryana, 6. Delhi, 7. West Bengal, 8. Gujarat, 9. Daman & Diu, 10. Dadra & Nagar Haveli, 11. Maharashtra, 12. Andhra Pradesh, 13. Karnataka, 14. Goa, 15. Lakshadweep, 16. Kerala, 17. Tamil Nadu, 18. Puducherry, 19. Andaman & Nicobar Islands, 20. Arunachal Pradesh, 21. Manipur, 22. Mizoram, 23. Meghalaya, 24. Nagaland, 25. Tripura, 26. Sikkim
<b>Total States &amp; UTs= 26</b>

The Annexure II gives state-wise details of sample size of households

**Key Events and Dates**

1	Tender Inviting Authority	International Institute for Population Sciences, Govandi Station Road, Deonar, Mumbai-400 088
2	Job Requirement	Appointment of Selection of Computer Assisted Personal Interviewing (CAPI) Agency for DLHS - 4
3	Last date for receiving quarries	13 <sup>th</sup> October 2011
4	Pre-Bid Meeting	2.30 PM to 5.00PM on 13 <sup>th</sup> October 2011
5	Last Date for submission of bid	5 PM on 31 <sup>st</sup> October 2011
6	Opening of technical bids	7 <sup>th</sup> November 2011 at IIPS, Mumbai.
7	Opening of financial bid based on technical bid evaluation	15 <sup>th</sup> November 2011 at IIPS, Mumbai.
8	Pre-contract/ Negotiation discussion (If necessary)	20 <sup>th</sup> November 2011

# Flow Chart for Data Cycle



## **PRE-QUALIFICATION/ELIGIBILITY CRITERIA**

The pre-qualification/eligibility criteria for the CAPI Agency have been provided in the table below:

1. The Respondent must be a company incorporated under the Indian Companies Act, 1956 or a Public Sector Undertakings or a Government concern with registration under C.S.T. and B.S.T.
2. The Respondent should have been in existence and have experience for a minimum of five years in successful development, customization and implementation of IT systems, solutions and software developer agencies who have experience in large-scale demographic, health and social surveys .Agencies having experience in large scale demographic and health surveys like DHS,NFHS and DLHS will be given preference .
3. Product / application developments in the financial service domain should be one of its core activities. Average annual turnover over the last 3 financial years should have been Rs. 5 ` Million or more from design, development and delivery of software of similar nature and not merely as reseller.
4. The Respondent should be making profit for last consecutive three years. The Respondent must warrant that it is financially solvent, i.e., it is able to meet all its debts as and when they fall due.
5. The Respondent should not have been blacklisted by any Govt./PSU/Reputed Listed Company for corrupt or fraudulent practices or non delivery or non performance in the past years.
6. The Respondent must warrant that there is no legal action being taken against it for any cause in any legal jurisdiction. If such an action exists and the Respondent considers that



it does not affect its ability to deliver the requirements, it shall provide details of the action(s).

7. It is mandatory that the software development respondent should be a reputed IT solution vendor possessing at least ISO 9001:2000 or SEI CMM Level The companies / products having quality certification/ any other certification for processes / services will be preferred.
8. The respondent should preferably have successfully designed developed /customized and implemented solution for similar requirements in the past.
9. The Respondent must demonstrate that it has been engaged in the provision of similar services for other large national /international surveys for institutions. Experience in development, commissioning and maintenance of complete solutions in data management system for all modes as well as support the survey control utilities transaction processing and information systems in MYSQL, ASCII etc are required.
10. The Computer Assisted Personal Interviewing (CAPI) Agency should have minimum of 20 professionally qualified technical persons working on software development. The Respondent must warrant that key project personnel to be employed in this project have been sufficiently involved in similar past developments, cited by the Respondent.
11. The Respondent should have a software development or support office at Mumbai or agree to open its software development /support office at Mumbai and shall station a team exclusively dedicated for this development/ support till the software development for DLHS -4 is signed off.
12. The Respondent should have a fully functional service/support centre and qualified engineers to provide quality service support at Mumbai.

13. The project cannot be sub-contracted to any other firm by the firm whom it might be awarded.
14. The Respondent shall have a documented project management methodology with which they shall have conducted at least two prior major projects. Respondent shall provide a copy of their methodology.
15. Without prejudice, an agency may be disqualified and its bid dropped from further consideration for any of the reasons listed below: a. Material misrepresentation by such agency in the bid or otherwise. b. Failure by such agency to provide the information required in the bid. c. The agency not satisfying the qualification criteria specified in the above sections. d. Trying to influence the decision of the Corporation by adoption of any unethical means / practice.
16. To avoid the conflicts of interest, those agencies which will be submitting for main household survey (Field work for DLHS-4) are not eligible to submit the bid for CAPI operation under DLHS-4.

## **Roles and Responsibilities of Computer Assisted Personal Interviewing**

### **Agency (CAPI)**

The DLHS-4 is being sponsored by the Ministry of Health and Family Welfare, Government of India and will be conducted during 2011 -12. The total sample size of the survey will be around 4,28,000 urban and rural households spread over 321 districts in 26 states and union territories. All ever-married (15 -49 years) women in the sampled households will be interviewed. The data will be collected through Mini Laptops of 2GB RAM and having Windows Operating System.

The specific roles and responsibilities assigned to CAPI Agency are as follows:

1. The principal responsibility of the CAPI Agency is to develop a Computer Assisted Personal Interviewing (CAPI) Software for DLHS-4 survey. It will be used in offline purpose, and need to develop an application software on front line and data base in backline.

2. The involvement of CAPI Agency will start from the time of signing the contract with IIPS and continue till the state fact sheet have been finalized.
3. The entire architecture and design should conform to Open Systems Standards. Solutions should use open source components to the maximum extent possible for application portability keeping proprietary solutions to the bare minimum. The software may be based on component model and fuzzy logic to deliver optimum and authentic "clubbing". The software should be capable of being implemented in offline mode. It is preferable if the Respondent already has components developed which can be customized for developing the overall solution.
4. The software may have logic, data and presentation independence. The source of data may be local repository (off line) for preparation of claim lists or Central Repository (on line) for remote uploading of the lists to the PSU / updating the disbursement status by the State level. The liquidators will be connected to a secured web server over ISDN and the central server will be capable of pulling data to the core processing. The software may enable such data exchange with a central data server in a secure manner. Any component required at the Central Data Server for enabling the data exchange / pulling data would also be required to be developed.

5. The logic part should be parameterized to the lowest level. The system should have necessary authentication features for different levels of user access.
6. The display (presentation) screens should have the capability to be displayed in desired languages (Indian regional languages 22). To start with the language would be English and the CAPI Agency may have to demonstrate the extensibility of the software to have the display screens in regional languages Annexure - I.
7. The application would have to be user friendly and highly configurable. Appropriate modules should have auto installer, update management capability etc. It may provide for online help for all features, printing the and field check tables reporting capability apart from data security and Back up / recovery capability.
8. It should be developed in such a way that whole data structure and data itself can be exported to software like SPSS, STATA and SAS.
9. CAPI Agency should describe its source code, and explain how IIPS would gain access to the source codes in the event of possible modifications in the software during the field work.
10. The CAPI application should provide consistent, accurate and error free data that have been validated and cleaned at the point of data collection.
11. The application should enable the user (specified) who can monitor progress and quality of the data being collected, and send real-time amendments or updates to the field supervisor.
12. The application should validate - all option that will re-check the whole interview and identify any remaining errors or warnings functions to should be used by both the interviewer and anyone performing quality control functions to easily identify the PSU.
13. CAPI Agency should support and guidance during the critical project phases such as the piloting phases which ensures and 'on-hand' resource for the key project dates who can troubleshoot and assist project team as required.
14. Separate application to web base query system should develop for facility.

## **Comprehensive Training**

- The bidder is also expected to categorize and conduct the training program for System administrator, Maintenance personnel (IIPS IT & Data Management Team) and the users. The training must also cover the requisite know-how so as to enable the officials of the improvements in the total solution (customized CAPI application software) by themselves.
- The training schedule must be finalised in consultation with the IIPS, and will form a part of the tender. The IIPS will be responsible for identifying the appropriate personnel for all the training requirements.
- The bidder will take all steps necessary to ensure a high quality of the training. In case the IIPS finds the quality of the training to be prior, the bidder will have to repeat such training as per the IIPS requirements at no extra cost to the age4ncy. For the purpose of Quality of Training , certain criteria will be deemed as per mutual agreement between the CAPI Agency and the IIPS, and finalised in the tender.
- The bidder will also be required to deliver appropriate training modules in documentation formats which will be used to train and familiarize the Field Agency to use the application for generation of the claim list.
- Pre-Acceptance and Acceptance Testing
- Data Migration from the existing soft files. The CAPI Agency will be responsible for porting the relevant data pertaining to the existing claims processing package for use by the new software.

## **Transition Support**

- During the acceptance test to be conducted survey on the CAPI software, the Supplier must provide expert personnel at Mumbai on a full time basis, process in addition to such other personnel as may be deployed at the site by the Supplier for performance of the contract. These personnel will be responsible for all transition supports, necessary to complete the acceptance test on the software. The details of the transition support will be specified in the purchase contract.
- The bidder needs to carry out the necessary development at their premises in Mumbai. The CAPI Agency will be responsible for preparation of test cases and test data for User Acceptance in consultation with the users . Bidder will set up the User Acceptance environment and provide full support to the users to carry out data collection process effectively.

## Deliverables

- Conceptual document
- Function and Program specifications / System Access Control
- Technical Documentation for the application software - high-level design (system specifications) and low-level design for each module
- Configuration and deployment document
- Operations Manual and User Manual
- Training Manual
- System Backup and Recovery procedures (b) Source Code (c) Executable Code (d) Libraries and Utilities (e) Other requirements specified elsewhere in this document

## Project Schedule

States	Activities	No of working Days
Stage 1	Business Process and submission of concept paper which shall include the prescriptions for CAPI software to be used. Data management process cycle for DLHS-4 by IIPS.	Two weeks
Stage 2	Development of the CAPI software	Four Weeks
Stage 3	Testing the CAPI software and Modify the CAPI software as per requirements	One week
Stage 4	Install CAPI software in Mini Laptop	One Week
Stage 5	Technical support for scaling up the project to cover the entire survey PSU	Depends upon the work
Stage 6	Generate State Fact sheet and tabulation	

## Technical Evaluation

IIPS will evaluate the bids, all the bids against pre specified technical criteria. In addition technical and financial parameters will be given weighted to 70 and 30 percent respectively.

**Note:** Person signing the tender or any other document forming part of the Contract on behalf of the firm shall be deemed to warranty that he / she has the authority to bind the firm for all purposes/conditions/clauses of the contract/tender and if in Any state it is

found that the person so signing had no authority to do so, the Institute may cancel the tender/order placed

The tenderers must confirm in their bid acceptance in full of the terms and conditions in this enquiry. Any non-acceptance or deviations from the terms and conditions must be clearly mentioned. However, tenderers must note carefully that any conditional offer or any deviation from the terms and conditions of this enquiry may render the tender liable for rejection.

The Institute reserves the right to accept or reject in whole or in part any or all the Tenders without assigning any reasons, thereof. No enquiries shall be entertained in this matter.

University authority reserves the right to relax the aforesaid conditions of criteria.

The successful company will be required to furnish a performance guarantee bond in the shape of Bank Guarantee for an amount equivalent to 10% of the Quoted value towards execution of supply order and ensuring timely Supplies/satisfactory installation and handing over the solution in good working Conditions within stipulated period and for carrying out after sales services during Warranty/guarantee period. The Bank guarantee will be submitted within a period of 15 days after the placement of the supply order failing which the order will be liable to be cancelled.

Late receipt of tenders will not be considered. **International Institute for Population Sciences, Mumbai** will not be responsible for any postal delay.

### **XIII. SUBMISSION OF PROPOSALS**

Hard copy of the Technical and Financial proposals should be sent in two separate envelopes placed in one large envelope marked as-

**BID FOR DLHS-4**, and addressed to

The Director,  
International Institute for Population Sciences,  
POST BOX NO. 8307  
Govandi Station Road, Deonar, Mumbai-400 088  
Tel: 91+22+25563254/55  
Fax:91+22+2556 3257

**The last date for submission of complete proposal with all supporting documents (by hand or by post) is 31st October 2011. Any proposal received after the prescribed time will not be entertained. IIPS will not be responsible for any loss or postal delay.**

## ANNEXURE I

01. Assamese/Asomiya
02. Bengali/Bangla
03. Bodo
04. Dogri
05. Gujarati
06. Hindi
07. Kannada
08. Kashmiri
09. Konkani
10. Maithili
11. Malayalam
12. Manipuri (also Meitei or Meithei)
13. Marathi
14. Nepali
15. Oriya
16. Punjabi
17. Sanskrit
18. Santhali
19. Sindhi
20. Tamil
21. Telugu
22. Urdu



## ANNEXURE II

### State-wise sample allocations of PSUs

States	Number of PSUs per districts				Total no. of districts
	40	50	60	70	
Jammu & Kashmir		14			14
Himachal Pradesh	12				12
Punjab		5	5	10	20
Chandigarh		1			1
Haryana		7	5	8	20
Delhi		9			9
West Bengal		15	3	1	19
Gujarat		13	2	10	25
Daman & Diu		1		1	2
Dadra & Nagar Haveli		0		1	1
Maharashtra		17	7	11	35
Andhra Pradesh		12	2	9	23
Karnataka		9	5	13	27
Goa		2			2
Lakshadweep		1			1
Kerala		9	2	3	14
Tamil Nadu		18	6	6	30
Pondicherry		4			4
Andaman & Nicobar Islands	3				3
<b>No. of Districts</b>	<b>15</b>	<b>137</b>	<b>37</b>	<b>73</b>	<b>262</b>
<b>No. of PSUs</b>	<b>600</b>	<b>6,850</b>	<b>2,220</b>	<b>5,110</b>	<b>14,780</b>
<b>North Eastern States</b>					
Sikkim	4				4
Arunachal Pradesh	16				16
Manipur	9				9
Mizoram	8				8
Tripura	4				4
Meghalaya	7				7
Nagaland	11				11
<b>No. of Districts</b>	<b>59</b>				<b>59</b>
<b>No. of PSUs</b>	<b>2,360</b>				<b>17,140</b>
<b>Total Number of Households</b>					<b>4,28,500</b>

**Format A: Draft No-Conviction Certificate**

[On the letterhead of the organisation]

No-Conviction Certificate

This is to certify that (Name of the organisation), having registered office at (Address of the registered office) has never been blacklisted or restricted to apply for any such activities by any Central/State Government Department or Court of law anywhere in the country.

Signature:

Name of the Authorised Signatory:

Designation:

Contact details (including E-mail):

Date:

Place:

**ANNEXURE III**

**QUESTIONNAIRE ATTACHED**

**DISTRICT LEVEL HOUSEHOLD AND FACILITY SURVEY (DLHS - 4)**  
**HOUSEHOLD QUESTIONNAIRE**

**CONFIDENTIAL**  
 (for research  
 purpose only)

<b>IDENTIFICATION</b>																
<p><b>A. STATE</b> _____</p> <p><b>DISTRICT</b> _____</p> <p><b>TEHSIL/TALUK/COMMUNITY DEVELOPMENT BLOCK/MANDAL</b> _____</p> <p><b>TYPE OF LOCALITY :</b>                      <b>RURAL</b> . . . . .1                      <b>URBAN</b> . . . . .2</p> <p><b>PSU (VILLAGE/URBAN WARD)</b> _____</p> <p>PSU POPULATION AS PER 2001 CENSUS/2007 NSSO FRAME _____</p> <p>NO. OF SEGMENT CREATED IN VILLAGE / IN SELECTED UFS _____</p> <p>NO OF SEGMENT(s) / UFS SELECTED _____</p> <p>NAME OF HEAD OF THE HOUSEHOLD _____</p> <p>ADDRESS _____</p> <p>_____</p> <p>SERIAL NUMBER OF THE VILLAGE QUESTIONNAIRE . . . . .</p> <p>SERIAL NUMBER OF THE HOUSEHOLD QUESTIONNAIRE . . . . .</p>	<div style="border: 1px solid black; width: 100%; height: 100%; position: relative;"> <!-- Grid for State/District/Block --> <div style="position: absolute; top: 5px; right: 5px; width: 80%; height: 80%; border: 1px solid black;"></div> <!-- Grid for PSU Population --> <div style="position: absolute; top: 35%; left: 5%; width: 40%; height: 10px; border: 1px solid black;"></div> <!-- Grid for Serial Numbers --> <div style="position: absolute; top: 50%; left: 5%; width: 80%; height: 40px; border: 1px solid black;"></div> </div>															
<b>B.RESULT STATUS OF THE HOUSEHOLD QUESTIONNAIRE</b>																
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">COMPLETED . . . . . 01</td> <td style="width: 20%;">DWELLING VACANT/ADDRESS</td> <td style="width: 40%;"></td> </tr> <tr> <td>PARTLY COMPLETED . . . . . 02</td> <td>NOT A DWELLING . . . . . 06</td> <td></td> </tr> <tr> <td>HOUSEHOLD PRESENT BUT NO COMPETENT RESP. AT HOME . . . . . 03</td> <td>DWELLING DESTROYED . . . . . 07</td> <td></td> </tr> <tr> <td>HOUSEHOLD ABSENT . . . . . 04</td> <td>DWELLING NOT FOUND . . . . . 08</td> <td></td> </tr> <tr> <td>REFUSED . . . . . 05</td> <td>OTHER _____</td> <td style="text-align: right; vertical-align: bottom;">96</td> </tr> </table> <p align="right"><b>(SPECIFY)</b></p>	COMPLETED . . . . . 01	DWELLING VACANT/ADDRESS		PARTLY COMPLETED . . . . . 02	NOT A DWELLING . . . . . 06		HOUSEHOLD PRESENT BUT NO COMPETENT RESP. AT HOME . . . . . 03	DWELLING DESTROYED . . . . . 07		HOUSEHOLD ABSENT . . . . . 04	DWELLING NOT FOUND . . . . . 08		REFUSED . . . . . 05	OTHER _____	96	<div style="border: 1px solid black; width: 100%; height: 40px;"></div>
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DATE	MONTH	YEAR														
<b>C. LINE NUMBER OF RESPONDENT IN HOUSEHOLD SCHEDULE</b>																
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NUMBER OF VISITS MADE																
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## 1. INTRODUCTION AND INFORMED CONSENT

ANSWER ANY QUESTIONS AND ADDRESS RESPONDENT'S CONCERNS.

GIVE CARD WITH CONTACT INFORMATION.

Namaste, My name is ----- and I am working with (NAME OF ORGANISATION) We are conducting a District Level Household Survey about the health of women, men and children including information on household membership, living condition and use of health facilities. We would very much appreciate the participation of your household in this survey. I would like to ask you some questions about your household. The survey usually takes about 20 minutes to complete.

Whatever information you provide will be kept strictly confidential.

Participation in this survey is voluntary and you can choose not to answer any question or all of the questions. However, we hope that you will participate in this survey since your participation is important.

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

ANSWER ANY QUESTIONS AND ADDRESS RESPONDENT'S CONCERNS.

In case you need more information about the survey, you may contact these persons.

GIVE CARD WITH CONTACT INFORMATION.

May I begin the interview now?

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

BEGIN INTERVIEW

Q01: RECORD THE TIME: HOUR

MINUTES

**HOUSEHOLD SCHEDULE (Respondent may consult to other family member of the household to give correct information about each member)**

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

Line No.	Name (Start with Head of the Household)	Sex Male=1 Female=2 Other=3	Whether Usual Resident Yes=1 No=2	Relationship to Head (code)	Date of birth							Age (In completed years)	Marital Status (code) (For age 10 and more years)	For age group 6-17 years		Highest educational qualification attained (aged 7 years and above) (code)	Completed Years of schooling	Occupation /Activity Status (for age 5 years. and above)		
					D	D	M	M	Y	Y	Y			Y	Whether currently attending school Yes =1 No: attended before =2 Never attended = 3				If in Q10 no/never attended any school, main reason thereof (code)	
Q02	Q03	Q04	Q05	Q06	Q07							Q08	Q09	Q10	Q11	Q12	Q13	Q14		
01				01																
																				(SPECIFY)

CODE FOR Q6	
Item	Code
Head	1
Wife or Husband	2
Son or Daughter	3
Son-in-law or Daughter-in-law	4
Grandchild	5
Parent	6
Parent-in-law	7
Brother or Sister	8
Brother-in-law or Sister-in-law	9
Niece or Nephew	10
Other relatives	11
Adopted/foster child	12
Not related	13

CODE FOR Q9	
Item	Code
Never married	1
Married but, guana not performed	2
Married and guana performed	3
Remarried	4
Widow / widower	5
Divorced	6
Seprated	7
Not Started	8

CODE FOR Q11	
Item	Code
School too far	01
Further education not considered necessary	02
Required for work in Household Activities/ Farm/ Family Business	03
Required for outside work	04
Not interested in studies	05
Cost too much	06
Repeated failures	07
Got married	08
Other	96

CODE FOR Q12	
Item	Code
Literate without formal education	01
<b>Literate with formal education</b>	
Below Primary	02
Primary	03
Middle	04
Secondray / Meatrics class-x	05
Hr. Secondry/ Sr. Secondry/ pre University (class xii)	06
Graduate / B.BA/ equivalent / B.Tech	07
Post graduate / M.B.A/ MCA equivalent or higher	08
Technical Diploma	09
Non-teechnical diploma or certificate not equilant to degree	10
Other	96
Illiterate	00

**MORBIDITY DETAILS:** (Respondent may consult to other family member of the household to give correct information about each member)

Line No.	(Start with Head of the HH)	AGE IF (LESS THAN 5 YEARS)		Whether having any form of Disability as on date of survey? (Code)	IF ANY INJURY (During last 1 Year)	ACUTE ILLNESS (DURING LAST 15 DAYS)		CHRONIC ILLNESS (DURING LAST 1 YEAR)					(PERSONAL HABITS FOR AGE 15 YEARS AND ABOVE) DOES THE MEMBER OF THE HOUSEHOLD			
		Has (NAME),s Birth ever been registered with the civil authority? Y=1 N=2, DK=8	IF YES Does (NAME) Have a birth certificate? Yes =1 No = 2		What type of treatment has (Name) taken for injury during last 1 year? (Code)	What was the type of illness? (Code)	What was the main source of treatment ? (Code)	What was the main symptom(s) pertaining to illness persisting for more than 1 month ? (Code)	Whether sought medical care ? (Code) (Applicable for codes 01 to 9 & 96 in Q.21)	What was diagnosed ? (code)	What was the main source of diagnosis ? (code)	Not to be asked if code '00' in Q 24	If code 1 or 2 in Q25 What was source of treatment? (code)	Chew (code)	Smoke (Code)	Consume alcohol (code)
Q02	Q03	Q15	Q16	Q17	Q18	Q19	Q20	Q21	Q22	Q23	Q24	Q25	Q26	Q27	Q28	Q29
01																

CODE FOR Q17	
Item	Code
Mental	1
Visual	2
Hearing	3
Speech	4
Locomotor	5
Multiple	6
No disability	0

CODE FOR Q18	
Item	Code
Treated in intensive care unit for any time	1
Treated as in- patient with stay >2 weeks	2
Treated as in patient with stay 1 to 2 weeks	3
Treated as in patient with stay <1 weeks	4
Treated as out patient	5
Treated as traditional healers	6
Treated at home	7
No injury	0

CODE FOR Q19	
Item	code
Diarrhoea	01
Dysentery	02
Acute Respiratory Tract Infection	03
Jaundice with fever	04
Fever with chills/rigors malaria etc	05
Fever of short duration with rashes	06
Other types of fever	07
Reproductive tract infection ( RTI)	08
Other	96
No illness	00

CODE FOR Q20,Q24,Q26	
Item	code
<b>GOVERNMENT</b>	
Sub centre	01
PHC	02
CHC	03
UHC/UHP/ UFWC	04
Dispensary/ clinic	05
Hospital	06
AYUSH Hospital/clinic	07
<b>PRIVATE</b>	
Dispensary/ clinic	08
Hospital	09
AYUSH Hospital/ clinic	10
NGO at trust hospital /clinic	11
DOTS Centre	12
At home	13
Other	96
No treatment	00

CODE FOR Q21	
Item	code
Disease of Respiratory system	01
Disease of Cardiovascular system	02
Disease of Central nervous system	03
Disease of musculoskeletal System	04
Disease of gastrointestinal system	05
Disease of genitourinary system	06
Skin diseases	07
Goitre	08
Elephantiasis	09
Asymptomatic	10
Other	96

CODE FOR Q22		
	Item	Code
YES	Details of Diagnosis/ treatment not available	1
	Details of Diagnosis/ Treatment available	2
NO		3

CODE FOR Q23	
Item	Code
Diabetes	1
Hypertension	2
Chronic Heart Disease	3
Myocardial infection/ heart attack	4
Stroke cerebro vascular accident	5
Epilepsy	6
Asthma/ Chronic respiratory Failure	7
Goitre / Thyroid disorder	8
Tuberculosis	9
Leprosy	10
Cancer . Respiratory System	11
Cancer- Gastrointestinal system	12
Cancer- Genitourinary System	13
Cancer . Breast	14
Renal Stone	15
Chronic Renal Failure	16
Gall Stone/ Cholecystitis	17
Chronic Liver Failure	18
Rheumatoid Arthritis	19
Chronic skin Disease/ Psoriasis	20
Others hernia Hydrocele, Peptic ulcer, etc	21
Not Diagnosed	22

CODE FOR Q25	
Item	Code
Not regularly	1
Regularly	2
No	3

CODE FOR Q27	
Item	code
Pan with Tobacco	1
Pan without tobacco	2
Gutka/Pan masala with Tobacco	3
Gutka/Pan masala without tobacco	4
Tobacco only	5
Ex-chewer	6
Never chewed	7
Not known	8

CODE FOR Q28	
Item	code
Usual smoker	1
Occasional smoker	2
Ex-Smoker	3
Never Smoked	4
Not Known	8

CODE FOR Q29	
Item	code
Usual Drinker	1
Occasional Drinker	2
Ex-Drinker	3
Never Drunk	4
Not Known	8



Q. No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
Q30	What is the religion of the head of the household?	HINDU..... 01 MUSLIM..... 02 CHRISTIAN..... 03 SIKH..... 04 BUDDHIST/NEO-BUDDHIST..... 05 JAIN..... 06 JEWISH..... 07 PARSI/ZOROASTRIAN..... 08 NO RELIGION..... 09 OTHER _____ 96 (SPECIFY)	
Q31A	What is the caste or tribe of the head of the household?	CASTE _____ 1 (SPECIFY) TRIBE _____ 2 (SPECIFY) NO CASTE/TRIBE..... 3 DONT KNOW..... 8	→ Q32
Q31B	Is this a scheduled caste, a scheduled tribe, other backward class, or none of them? (IF RESPONDENT NOT REPLIED, CHECK THE LIST OF CASTES/TRIBES AND CODE)	SCHEDULED CASTE..... 1 SCHEDULED TRIBE..... 2 OTHER BACKWARD CLASS..... 3 NONE OF THEM/ OTHER..... 6	
Q32	What is the main source of drinking water for members of your household?	PIPED WATER INTO DWELLING / YARD / PLOT.. 01 PUBLIC TAP / STANDPIPE..... 02 HAND PUMP..... 03 TUBE WELL OR BOREHOLE..... 04 PROTECTED DUG WELL..... 05 UNPROTECTED DUG WELL..... 06 PROTECTED SPRING..... 07 UNPROTECTE SPRING..... 08 RAINWATER COLLECTION..... 09 TANKER / TRUCK..... 10 CART WITH SMALL TANK / DRUM..... 11 SURFACE WATER (RIVER, DAM, LAKE, POND, STREAM, CANAL, IRRIGATIONCANAL)..... 12 PACKAGED / BOTTLED WATER..... 13 OTHER SOURCE..... 96	
Q 33	Do you treat your water in any way to make it safer to drink?	YES... 0 0 0 0 0 0 0 0 0 ..... 0 0 0 ..... 1 NO..... 0 0 0 0 0 ..... 0 0 0 ..... 2 DO NOT KNOW..... 8	→ Q 35
Q 34	What do you usually do to the water to make it safer to drink? Anything else? (RECORD ALL MENTIONED)	YES NO A. BOIL 0 0 0 0 0 0 ..... 0 0 0 0 0 0 . 1 2 B. USE ALUM..... 0 1 2 C. ADD BLEACH/CHLORINETABLETS 0 .. 0 0 1 2 D. STRAIN THROUGH A CLOTH..... 1 2 E. USE WATER FILTER (CERAMIC/ SAND/COMPOSITE) ETC 0 ..... 1 2 F. USE ELECTRONIC PURIFIER..... 1 2 G. LET IT STAND AND SETTLE..... 1 2 H. OTHER _____ 1 2 (SPECIFY) I. DON'T KNOW 0 0 0 0 0 0 0 ..... 1 2	
Q 35	What kind of toilet facility do members of your household mainly use?	<b>FLUSH OR POUR FLUSH TOILET</b> FLUSH TO PIPED SEWER SYSTEM 0 ..... 11 FLUSH TO SEPTIC TANK..... 12 FLUSH TO PIT LATRINE..... 13 FLUSH TO SOMEWHERE ELSE..... 14 FLUSH, DONT KNOW WHERE..... 15 <b>PIT LATRINE</b> PIT VENTILATED IMPROVED (VIP) BIO-GAS LATRINE..... 21 PIT LATRINE WITH SLAB..... 22 PIT LATRINE WITHOUT SLAB/OPEN PIT..... 23 TWIN PIT/COMPOSTING TOILET..... 31 DRY/SERVICE LATRINE..... 41 NO FACILITY/USES OPEN SPACE OR FIELD/ JUNGLE..... 51 OTHER _____ 96 (SPECIFY)	→ Q37

Q. No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
Q 36	Do you share this toilet facility with other households?	YES-COMMUNITY TOILET..... 1 YES-SHARED TOILET..... 2 NO 0 .. 3	
Q 37	If infants in the household, how is their faecal matter disposed?	PUT INTO TOILET OR LATRINE..... 01 LEFT IN THE OPEN..... 02 PUT INTO DRAIN OR DITCH..... 03 THROWN INTO GARBAGE..... 04 BURIED..... 05 RINSED..... 06 OTHER..... 96 (SPECIFY) DONT KNOW..... 98	
Q 38	How do you dispose either bath water or kitchen water?	LET OUT INTO DRAIN / SEWER ..... 1 OPEN DRAIN..... 2 CLOSE DRAIN..... 3 REUSE FOR OTHER DOMESTIC PURPOSE..... 4 REUSE FOR GARDEN / FARMING..... 5 OTHER..... 0 6	
Q 39	What type of fuel does your household mainly use for cooking?	FIREWOOD..... 01 CROP RESIDUE..... 02 COW DUNG CAKE..... 03 COAL/LIGNITE/CHARCOAL..... 04 KEROSENE..... 05 LPG/PNG..... 06 ELECTRICITY..... 07 BIOGAS..... 08 NO COOKING..... 09 OTHER..... 96	
Q 40	Type of structure of house where the household is living? <b>(RECORD BY OBSERVATION)</b>	PUCCA ..... 1 SEMI-PUCCA..... 2 KACHHA ..... 3 OTHER..... 6	
Q 41	How many dwelling rooms are exclusively in possession of the household	ROOMS 0 0 0 0 0 0 0 ..... <input type="text"/>	
Q 42	How many rooms in this household are used for sleeping?	NUMBER OF ROOMS 0 0 ..... <input type="text"/>	
Q 43	What is the main source of lighting?	ELECTRICITY..... 1 KEROSENE..... 2 SOLAR..... 3 OTHER OILS..... 4 OTHER..... 6 NO LIGHTING..... 0	
Q 44	Do you have a separate room, which is used as kitchen?	<b>COOKING INSIDE HOUSE</b> HAS KITCHEN..... 1 DOES NOT HAVE KITCHEN..... 2 <b>COOKING OUTSIDE HOUSE</b> HAS KITCHEN..... 3 DOES NOT HAVE KITCHEN..... 4 NO COOKING..... 5	
Q 45	Ownership status of the house where the Household is living.	OWNED..... 1 RENTED..... 2 OTHER..... 6	

Q. No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO												
Q 46	Does your household have:  A radio or transistor A television A computer / laptop without internet A computer / laptop with internet A telephone only A mobile phone only Both telephone & mobile phone A washing machine A refrigerator A sewing machine A watch or clock A bicycle A motorcycle or scooter or moped A car / jeep / van A tractor A water pump / tube well A car driven by animal A cart driven by machine Other cart Cooler	<p style="text-align: right;">YES NO</p> A RADIO OR TRANSISTOR..... 1 2 A TELEVISION..... 1 2 A COMPUTER / LAPTOP WITHOUT INTERNET..... 1 2 A COMPUTER / LAPTOP WITH INTERNET..... 1 2 A TELEPHONE ONLY..... 1 2 A MOBILE PHONE ONLY..... 1 2 BOTH TELEPHONE & MOBILE PHONE..... 1 2 A WASHING MACHINE..... 1 2 A REFRIGERATOR..... 1 2 A SEWING MACHINE..... 1 2 A WATCH OR CLOCK..... 1 2 A BICYCLE..... 1 2 A MOTORCYCLE OR SCOOTER OR MOPED..... 1 2 A CAR / JEEP / VAN..... 1 2 A TRACTOR..... 1 2 A WATER PUMP / TUBE WELL..... 1 2 A CAR DRIVEN BY ANIMAL..... 1 2 A CART DRIVEN BY MACHINE..... 1 2 OTHER CART..... 1 2 COOLER..... 1 2													
Q 47	A: Does this household own any land?  B: How much agriculture land does this household own?	YES..... 1 NO..... 2 <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>ITEM</th> <th>LOCAL UNIT (BIGHAS/ GUNTHAS)</th> <th>ACRES</th> </tr> </thead> <tbody> <tr> <td>TOTAL LAND</td> <td></td> <td></td> </tr> <tr> <td>TOTAL AGRICULTURAL LAND</td> <td></td> <td></td> </tr> <tr> <td>TOTAL IRRIGATED LAND</td> <td></td> <td></td> </tr> </tbody> </table>	ITEM	LOCAL UNIT (BIGHAS/ GUNTHAS)	ACRES	TOTAL LAND			TOTAL AGRICULTURAL LAND			TOTAL IRRIGATED LAND			
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Q 48	Does this household have a Below Poverty Line (BPL) card?  <b>(CARD COLOUR STATE-SPECIFIC)</b>	YES..... 1 NO..... 2 DONOT KNOW..... 8													
Q 49	Is any usual member of this household covered by a health scheme or health insurance?	YES..... 1 NO..... 2 DONOT KNOW..... 8	→ Q51												
Q 50	What type of health cover/ health scheme/ health insurance?  Any other type?  <b>(RECORD ALL MENTIONED)</b>	<p style="text-align: right;">YES NO</p> A. EMPLOYEES STATE INSURANCE SCHEME (ESIS)..... 1 2 B. RASHTRIYA SWASTHYA BEEMA YOJANA(RSBY)..... 1 2 C. CENTRAL/STATE GOVERNMENT HEALTH SCHEME OTHER THAN RSBY..... 1 2 D. MEDICAL REIMBURSEMENT FROM EMPLOYER..... 1 2 E. COMMUNITY HEALTH INSURANCE POGRAMME..... 1 2 F. MEDICLAIM..... 1 2 G. OTHER PRIVATELY PURCHASED..... 1 2 H. OTHER..... 1 2 (SPECIFY)													

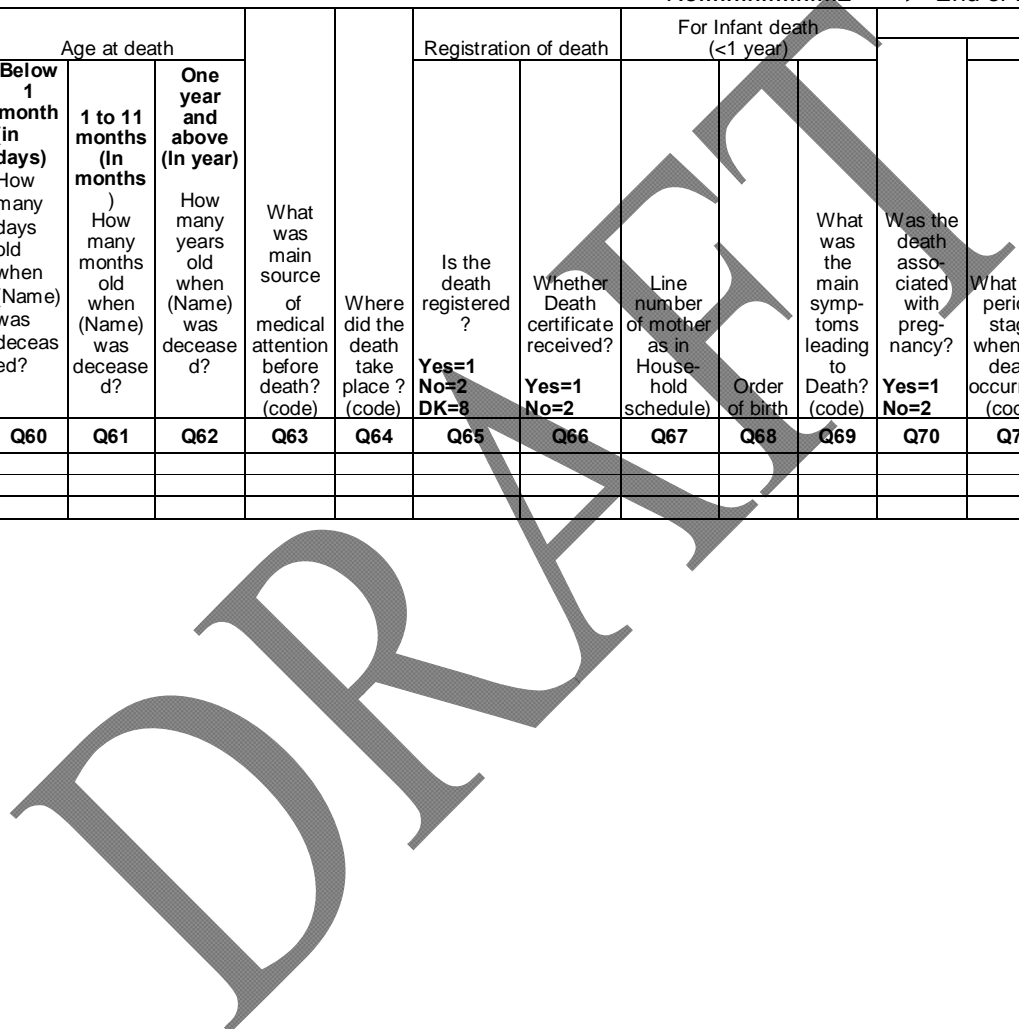
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Q 51.	When members of your household get sick, where do they mainly go for treatment?	<p><b>GOVERNMENT</b></p> <p>SUB-CENTER ..... 01</p> <p>PHC..... 02</p> <p>CHC ..... 03</p> <p>UHC/UHP/UFWC..... 04</p> <p>DISPENSARY/CLINIC..... 05</p> <p>HOSPITAL..... 06</p> <p>AYUSH HOSPITAL/CLINIC..... 07</p> <p><b>PRIVATE</b></p> <p>DISPENSARY/CLINIC ..... 08</p> <p>HOSPITAL..... 09</p> <p>AYUSH HOSPITAL/CLINIC..... 10</p> <p>NGO OR TRUST HOSP/CLINIC..... 11</p> <p>AT HOME..... 12</p> <p>CHEMIST / PHARMACY ..... 13</p> <p><b>OTHER</b></p> <p>NON MEDICAL SHOP..... 14</p> <p>HOME TREATMENT..... 15</p> <p>OTHER..... 96</p> <p>NO MEDICAL ATTENTION..... 00</p>	<p>→ Q53</p>																																																																																																																																																									
Q 52.	<p>Why don't members of your household generally go to a government facility when they are sick?</p> <p>Any other reason?</p> <p><b>(RECORD ALL MENTIONED)</b></p>	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>A. NO ADEQUATE INFRASTRUCTURE</td> <td>1</td> <td>2</td> </tr> <tr> <td>B. NO FACILITY</td> <td>1</td> <td>2</td> </tr> <tr> <td>C. NOT AWARE ABOUT ANY FACILITY</td> <td>1</td> <td>2</td> </tr> <tr> <td>D. DOCTOR NOT AVAILABLE</td> <td>1</td> <td>2</td> </tr> <tr> <td>E. FACILITY TIMING NOT CONVENIENT</td> <td>1</td> <td>2</td> </tr> <tr> <td>F. HEALTH PERSONNEL OFTEN ABSENT</td> <td>1</td> <td>2</td> </tr> <tr> <td>G. WAITING TIME TOO LONG</td> <td>1</td> <td>2</td> </tr> <tr> <td>H. POOR QUALITY OF CARE</td> <td>1</td> <td>2</td> </tr> <tr> <td>I. DRUG NOT AVAILABLE</td> <td>1</td> <td>2</td> </tr> <tr> <td>J. NO TRUST ON GOVT. FACILITY</td> <td>1</td> <td>2</td> </tr> <tr> <td>K. OTHER _____</td> <td>1</td> <td>2</td> </tr> <tr> <td>(SPECIFY)</td> <td></td> <td></td> </tr> </tbody> </table>		YES	NO	A. NO ADEQUATE INFRASTRUCTURE	1	2	B. NO FACILITY	1	2	C. NOT AWARE ABOUT ANY FACILITY	1	2	D. DOCTOR NOT AVAILABLE	1	2	E. FACILITY TIMING NOT CONVENIENT	1	2	F. HEALTH PERSONNEL OFTEN ABSENT	1	2	G. WAITING TIME TOO LONG	1	2	H. POOR QUALITY OF CARE	1	2	I. DRUG NOT AVAILABLE	1	2	J. NO TRUST ON GOVT. FACILITY	1	2	K. OTHER _____	1	2	(SPECIFY)																																																																																																																					
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Q 53.	Was there any marriage performed for usual residents of this household since January 1, 2008?	<p>YES..... 1</p> <p>NO..... 2</p>	→ Q55																																																																																																																																																									
Q 54.	<p>(A) How many marriages were there? <b>(SPECIFY FOR BOYS AND GIRLS)</b></p> <p>(B) What was the age of that person at the time of his/her marriage?</p> <p>(C) Date of marriage</p>	<p>A. BOYS <input type="text"/> GIRLS <input type="text"/> TOTAL <input type="text"/></p> <table border="0"> <thead> <tr> <th></th> <th>Q54B</th> <th>Q54C</th> <th>Q54B</th> <th>Q54C</th> </tr> </thead> <tbody> <tr> <td>Boy</td> <td><input type="text"/></td> <td><table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table></td> <td><input type="text"/></td> <td><table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table></td> </tr> <tr> <td></td> <td><input type="text"/></td> <td><table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table></td> <td><input type="text"/></td> <td><table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table></td> </tr> <tr> <td>Girl</td> <td><input type="text"/></td> <td><table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table></td> <td><input type="text"/></td> <td><table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table></td> </tr> <tr> <td></td> <td><input type="text"/></td> <td><table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table></td> <td><input type="text"/></td> <td><table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table></td> </tr> </tbody> </table>		Q54B	Q54C	Q54B	Q54C	Boy	<input type="text"/>	<table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>	D	D	M	M	Y	Y	Y	Y									<input type="text"/>	<table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>	D	D	M	M	Y	Y	Y	Y										<input type="text"/>	<table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>	D	D	M	M	Y	Y	Y	Y									<input type="text"/>	<table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>	D	D	M	M	Y	Y	Y	Y									Girl	<input type="text"/>	<table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>	D	D	M	M	Y	Y	Y	Y									<input type="text"/>	<table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>	D	D	M	M	Y	Y	Y	Y										<input type="text"/>	<table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>	D	D	M	M	Y	Y	Y	Y									<input type="text"/>	<table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>	D	D	M	M	Y	Y	Y	Y									
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**MORTALITY DETAILS:**

(Respondent may consult to other family members of the household to give correct information of each deceased in the household)

Q.55 Did any usual resident of this household including children died since January 1, 2007? Yes.....1 No.....2 Q55a. Number of death   
 → End of Household Questionnaire

Serial No.	Name of the deceased	Sex of deceased Male=1 Female=2	Date of death							Age at death			What was main source of medical attention before death? (code)	Where did the death take place? (code)	Registration of death		For Infant death (<1 year)		For female deceased aged 15-49								
			D	D	M	M	Y	Y	Y	Y	Below 1 month (in days) How many days old when (Name) was deceased?	1 to 11 months (In months) How many months old when (Name) was deceased?			One year and above (In year) How many years old when (Name) was deceased?	Is the death registered? Yes=1 No=2 DK=8	Whether Death certificate received? Yes=1 No=2	Line number of mother as in Household schedule	Order of birth	What was the main symptoms leading to Death? (code)	Was the death associated with pregnancy? Yes=1 No=2	What was period/ stage when the death occurred? (code)	Q72	What were the top two factors contributing to the death in order of priority? (code) P1 P2		Q74	Q75
Q56	Q57	Q58	Q59							Q60	Q61	Q62	Q63	Q64	Q65	Q66	Q67	Q68	Q69	Q70	Q71	Q72	Q73	Q74	Q75	Q76	



CODE FOR Q63	
Item	Code
<b>GOVERNMENT</b>	
Sub center	01
PHC	02
CHC	03
UHC/UHP/UFWC	04
Dispensary/clinic	05
Hospital	06
AYUSH Hospital/ clinic	07
<b>PRIVATE</b>	
Dispensary/clinic	08
Hospital	09
AYUSH Hospital/ clinic	10
NGO or Trust Hosp/ clinic	11
At Home	12
Others	96
No Medical Attention	00

CODE FOR Q64	
Item	Code
At Home	1
In- transit	2
In health facility	3
Other places	6

CODE FOR Q69	
Item	Code
Asphyxia	01
Hypothermia	02
infections	03
Birth injuries	04
Convulsions soon after birth	05
Jaundice	06
Bleeding from umbilicus & elsewhere	07
Congenital/ birth defects	08
Preterm/ low birth weight baby not thriving	09
Respiratory infection	10
Diarrhoea/dysentery	11
Fever with rash	12
Fever with convulsions	13
Fever with jaundice	14
Others	96
Neonatal mortality (0-28 days) : Codes 1-9 & 14	
Post neonatal mortality (29-365 days). Codes ) 8-14	

CODE FOR Q71	
Item	code
During Ante Natal period	1
During Delivery	2
During Abortion	3
<b>POST DELIVERY</b>	
Within 42 days of delivery	4
After 42 days of delivery	5
<b>POST ABORTION</b>	
Within 42 days of abortion	6
After 42 days of abortion	7

CODE FOR Q73	
Item	code
Delay in receiving health care at facility	01
Inadequate care at health facility	02
Lack of transport in shifting to facility	03
Lack of funds	04
Seriousness of the condition not realized	05
Seriousness of the condition realized but decision not made by family members	06
Others	96

CODE FOR Q75	
Item	Code
<2 Hours	1
2Hours to<24 hours	2
24 hours to 2 days	3
2 days to <7 days	4
7 days to <14 days	5
14 days or more	6

CODE FOR Q74	
Item	code
PV Excess bleeding	01
Sepsis	02
Pregnancy induced hypertension (PIH)	03
Prolonged labour/ obstructed labour	04
Injury to uterus other organs	05
Anemia	06
Jaundice	07
Malaria	08
Other medical conditions not related to pregnancy	96
Other conditions not related to pregnancy	00

CODE FOR Q76	
Item	Code
*if distance is less than 1 KM record	0

NOTE: Sometimes our seniors/supervisor may come to you for clarification of some question, so please cooperate with them.

**THANK YOU FOR GIVING YOUR PRECIOUS TIME**

D. RESULT STATUS OF THE WOMAN'S QUESTIONNAIRE							F1. TOTAL PERSONS IN HOUSEHOLD		
	1	2	3	4	5	6	7	<input type="text"/>	
D1. LINE NUMBER OF ELIGIBLE EVER MARRIED WOMAN	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	F2. TOTAL MALE	
D2. RESULT STATUS OF ELIGIBLE EVER MARRIED WOMAN'S QUESTIONNAIRE* (INTERVIEWED)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
<b>*CODING CATEGORIES</b> COMPLETED..... <input type="text"/> <input type="text"/> <input type="text"/> ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ..1 PARTLY COMPLETED <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ..4 NOT AT HOME ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .....2 OTHER _____ 6 REFUSED <input type="text"/> .....3 (SPECIFY)							F3. TOTAL FEMALE		
E1. ELIGIBLE EVER MARRIED WOMEN:	TOTAL	<input type="text"/>	E2. INTERVIEWED	<input type="text"/>					
G. TOTAL NUMBER OF CAB TESTED RESPONDENT							<input type="text"/>	<input type="text"/>	
NAME OF THE INVESTIGATOR / DATE			CODE	<input type="text"/>	<input type="text"/>	<input type="text"/>			

DRAFT

**INFORMED CONSENT FOR ANAEMIA / DIABETES TESTING**

As part of this survey, we are studying anemia among women, men in all age groups and children 6 months and above.

You may be assured that Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease.

This information will assist the government to develop programmes to prevent and treat anemia. We request that (you and (NAME OF RESPONDENT'S CHILD (REN)/CHILD (REN) IN RESPONDENT'S CARE) born in JANUARY 2007 or later)

participate in the anemia testing by giving a few drops of blood from a finger. The test uses disposable sterile instruments that are clean and completely safe.

The blood will be tested in new equipments at the center. The results will be kept confidential.

From the same finger prick we will take another one drop of blood for diabetes testing. The report of diabetes will be given to you within few minutes.

Would you like to ask anything, now?

ANSWER ANY QUESTIONS AND ADDRESS RESPONDENT'S/GUARDIAN'S CONCERNS.

May I now request that (you and NAME OF RESPONDENT'S CHILD (REN)/CHILD (REN) IN RESPONDENT'S CARE) participate in the anemia testing?

However, if you decide not to have the test(s) done, it is your right and we will respect your decision. Now please tell me if you agree to have the test done.

GO TO COLUMN 86, WRITE THE APPROPRIATE CODE,  
IF RESPONDENT IS AGE IS 6 MONTH AND BELOW 18 YEARS AND NEVER MARRIED, ASK PARENT/GUARDIAN:

Now, will you tell me if you accept that (NAME OF YOUTH(S)) participate in the anemia testing?

GO TO COLUMN 87 AND WRITE THE LINE NUMBER OF THE PARENT/GUARDIAN. ASK FOR THEIR CONSENT.

IF THE PARENT/GUARDIAN REFUSES, WRITE CODE IN COLUMN 88.

IF THE PARENT/GUARDIAN AGREES, READ THE PRECEDING PARAGRAPHS TO THE YOUTH FOR HIS/HER CONSENT.



**CLINICAL, ANTHROPOMETRIC AND BIOCHEMICAL (CAB) TESTS SCHEDULE**

Parent/ Guardian agrees, read the preceding paragraphs to the youth for his/her consent; record the appropriate code in column 87, and write code 1 for Granted only if Both the Parent /Guardian and the youth agrees to the testing.

					FOR MEMBERS ONE MONTH AND ABOVE						For members SIX month & above
Line No. from HHS (Q2)	Sex M = 1 F = 2	Age (on the date of survey) from HHS (Q8)		(FOR AGE ≥10 YEARS)		Weight (Kilograms)	Measured=1 Not Present=2 Refused=3 Other=6	Length/ Height L = 1 H = 2	Height/ Length (Centimetres)	RESULT Measured=1 Not Present=2 Refused=3 Other=6	Code No. of parent/ responsible adult. Record 00 if not listed in Household Schedule.
		D=1 M=2 Y=3 (Code)	AGE	MARITAL STATUS Married=1 Unmarried=2	PREGNANCY STATUS Pregnant=1 Lactating=2 Non-Pregnant=3 Non-Lactating=4						
77	78		79	80	81	82	83	84	85	86	87
<input type="text"/>	<input type="text"/>	<input type="text"/>	AGE <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	AGE <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	AGE <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>	AGE <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Note: 1.Childrens 1 month and above completed 5 months = only Height and weight  
 2. Children 6 month and above completed 17 years = Only Height, weight and Anemia  
 3. Eighteen years and above = Height, Weight, Anemia, Diabetes and Blood pressure.

A. In column 80 if respondent is unmarried then ask parent/guardian for consent.  
 B. In column 81 if respondent is pregnant then go to column 88

Code for column 79	CODE	Age
If less than one month	1 (Days)- D	In completed days
If age one month to 11 months	2 (Months)- M	In completed months
If age 1 year and above	3 (Years)-Y	In Completed years

Read Consent statement for Anaemia/Diabetes testing to women parent/ Responsible Adult Granted= 1 Refused=2 (code)	Haemoglobin Result ( For all members 6 months & above) Measured=1 Not Present=2 Refused=3 Other=6	Bar code number	Blood Pressure measurement( For all members aged 18 years and above)				RESULT Measured=1 Not Present=2 Refused=3 Other=6	Fasting Blood Sugar level ( For all members aged 18 years and above)	RESULT Measured=1 Not Present=2 Refused=3 Other=6
			Readings	Systolic	Diastolic	Pulse rate			
88	89	90		91	92	93	94	95	96
<input type="checkbox"/>	<input type="checkbox"/>		1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
			2	<input type="text"/>	<input type="text"/>	<input type="text"/>			
<input type="checkbox"/>	<input type="checkbox"/>		1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
			2	<input type="text"/>	<input type="text"/>	<input type="text"/>			
<input type="checkbox"/>	<input type="checkbox"/>		1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
			2	<input type="text"/>	<input type="text"/>	<input type="text"/>			
<input type="checkbox"/>	<input type="checkbox"/>		1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
			2	<input type="text"/>	<input type="text"/>	<input type="text"/>			
<input type="checkbox"/>	<input type="checkbox"/>		1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
			2	<input type="text"/>	<input type="text"/>	<input type="text"/>			

<b>97: SALT TEST</b>  Ask respondent for a Teaspoonful of cooking salt currently used and Test Salt for iodine.  RECORD PPM ( parts per million )	<b>CODE</b> Less than 15 PPM.....1 More Than 15 PPM.....2 NO Salt In Household.....3 Salt Not tested .....6 ( Specify Reason ) 00 PPM (No Iodine).....0
	RESULT OF SALT TEST..... <input type="text"/>

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

**CONFIDENTIAL**  
(for research  
purpose only)

IDENTIFICATION								
<b>A. STATE</b> _____ <b>DISTRICT</b> _____ <b>TEHSIL/TALUK/COMMUNITY DEVELOPMENT BLOCK/MANDAL</b> _____ <b>TYPE OF LOCALITY</b> <b>RURAL.</b> 0 0 0 0 .0 .1 <b>URBAN</b> 0 0 0 0 ...2 <b>PSU (VILLAGE/URBAN WARD)</b> _____ <b>PSU POPULATION AS PER 2001 CENSUS</b> _____  <b>NO. OF SEGMENT CREATED IN VILLAGE / UFS IN SELECTED WARD</b> _____ <b>NO OF SEGMENT/ UFS SELECTED</b> _____  <b>HEAD OF THE HOUSEHOLD</b> <b>NAME</b> _____ <b>ADDRESS</b> _____ _____  <b>NAME AND LINE NUMBER OF THE ELIGIBLE WOMAN</b> _____  <b>SERIAL NUMBER OF THE VILLAGE QUESTIONNAIRE</b> 0 0 0 0 ..0 0 0 0 0 0 0 0 0 0 . <b>SERIAL NUMBER OF THE HOUSEHOLD QUESTIONNAIRE.</b> 0 0 0 ..0 0 0 0 0 0 0 0 0 0 .. <b>SERIAL NUMBER OF EVER MARRIED WOMAN'S QUESTIONNAIRE</b> 0 0 0 0 0 0 0 .0 0 0 .		<div style="border: 1px solid black; width: 100px; height: 100px; margin: 0 auto;"></div>						
<b>B. RESULT STATUS</b> <b>COMPLETED</b> .....0 0 0 .....0 0 0 0 0 0 .0 .1 <b>PARTLY COMPLETED.</b> 0 0 0 0 .4 <b>NOT AT HOME</b> .....0 0 0 0 0 0 0 0 0 .0 2 <b>OTHER</b> _____ 6 <b>REFUSED</b> 0 0 0 0 .....0 0 0 0 0 0 .0 0 3 <b>(SPECIFY)</b>		<div style="border: 1px solid black; width: 40px; height: 40px; margin: 0 auto;"></div>						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">DATE</td> <td style="width: 33%; text-align: center;">MONTH</td> <td style="width: 33%; text-align: center;">YEAR</td> </tr> <tr> <td>INTERVIEW DATE</td> <td></td> <td></td> </tr> </table>	DATE	MONTH	YEAR	INTERVIEW DATE				
DATE	MONTH	YEAR						
INTERVIEW DATE								
<b>NUMBER OF VISITS MADE</b> _____		<div style="border: 1px solid black; width: 40px; height: 40px; margin: 0 auto;"></div>						
_____ <b>NAME OF THE INVESTIGATOR</b>	<b>CODE</b> <div style="border: 1px solid black; display: inline-block; width: 40px; height: 20px; vertical-align: middle;"></div>	_____ <b>SIGNATURE OF THE INVESTIGATOR</b>						

## INTRODUCTION AND INFORMED CONSENT

ANSWER ANY QUESTIONS AND ADDRESS RESPONDENTS CONCERNS.

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

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

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

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

May I begin the interview now?

Signature of interviewer \_\_\_\_\_

Date \_\_\_\_\_

RESPONDENT AGREES TO BE INTERVIEWED 6 1  
BEGIN INTERVIEW

RESPONDENT DOES NOT AGREE TO BE INTERVIEWED 6 2 → END

↓  
START/BEGAN

DRAFT

**SECTION-I  
WOMAN'S CHARACTERISTICS**

Q NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO																
Q101	RECORD THE TIME	<table border="1"> <tr> <td align="center">HOUR</td> <td align="center">MINUTES</td> </tr> <tr> <td align="center">□ □</td> <td align="center">□ □</td> </tr> </table>	HOUR	MINUTES	□ □	□ □													
HOUR	MINUTES																		
□ □	□ □																		
Q102	LINE NUMBER OF THE WOMAN IN HOUSEHOLD QUESTIONNAIRE	□ □																	
Q103	LINE NUMBER OF THE HUSBAND IN HOUSEHOLD QUESTIONNAIRE IF HE IS NOT LISTED IN THE HOUSEHOLD RECORD '00'	□ □																	
Q104	How old are you?	AGE IN COMPLETED <table border="1"> <tr> <td align="center">□ □</td> </tr> </table> YEARS δ δ .....	□ □																
□ □																			
Q105	What is your date of birth?	<table border="1"> <tr> <td align="center">D</td> <td align="center">D</td> <td align="center">M</td> <td align="center">M</td> <td align="center">Y</td> <td align="center">Y</td> <td align="center">Y</td> <td align="center">Y</td> </tr> <tr> <td align="center">□</td> <td align="center">□</td> <td align="center">□</td> <td align="center">□</td> <td align="center">□</td> <td align="center">□</td> <td align="center">□</td> <td align="center">□</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y	□	□	□	□	□	□	□	□	
D	D	M	M	Y	Y	Y	Y												
□	□	□	□	□	□	□	□												
Q106	What is your current marital status?	CURRENTLY MARRIED δ .....1 MARRIED BUT GAUNA NOT/PERFORMED.2 SEPARATED.....3 DESERTED.....4 DIVORCED.....5 WIDOWED.....6	→ Q113B → Q113C																
Q107	What was your age when you got married first?	AGE IN COMPLETED <table border="1"> <tr> <td align="center">□ □</td> </tr> </table> YEARS δ δ δ .....	□ □																
□ □																			
Q108	What was your date of marriage?	<table border="1"> <tr> <td align="center">D</td> <td align="center">D</td> <td align="center">M</td> <td align="center">M</td> <td align="center">Y</td> <td align="center">Y</td> <td align="center">Y</td> <td align="center">Y</td> </tr> <tr> <td align="center">□</td> <td align="center">□</td> <td align="center">□</td> <td align="center">□</td> <td align="center">□</td> <td align="center">□</td> <td align="center">□</td> <td align="center">□</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y	□	□	□	□	□	□	□	□	
D	D	M	M	Y	Y	Y	Y												
□	□	□	□	□	□	□	□												
Q109	How old were you when you started living with your husband?	AGE IN COMPLETED <table border="1"> <tr> <td align="center">□ □</td> </tr> </table> YEARS δ δ δ δ .....	□ □																
□ □																			
Q 110	How old is your husband?	AGE IN COMPLETED YEARSδ <table border="1"> <tr> <td align="center">□ □</td> </tr> </table> DO NOT KNOW.....98	□ □																
□ □																			
Q111	<b>CHECK Q106:</b> CURRENTLY MARRIED <input type="checkbox"/>	<b>MARRIED BUT GAUNA NOT PERFORMED</b> <input type="checkbox"/>	→ Q114																
Q112	Are you living with your husband now, or is he staying elsewhere?	LIVING WITH HUSBAND .....1 STAYING ELSEWHERE .....2	→ Q114 → Q113A																

Q NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
Q113	<p><b>A. CURRENTLY MARRIED</b>  <input type="checkbox"/>            Since how long have you and your husband not been living together?            IF LESS THAN 1 MONTH RECORD DAYS            IF LESS THAN 1 YEAR RECORD MONTHS            OTHERWISE RECORD COMPLETED YEARS</p> <p><b>B. SEPARATED / DESERTED/ DIVORCED</b>  <input type="checkbox"/>            Since how long you have not been living with your husband?            IF LESS THAN 1 MONTH RECORD DAYS            IF LESS THAN 1 YEAR RECORD MONTHS            OTHERWISE RECORD COMPLETED YEARS</p> <p><b>C. WIDOWED</b>  <input type="checkbox"/>            When did your husband die?            IF LESS THAN 1 MONTH RECORD DAYS            IF LESS THAN 1 YEAR RECORD MONTHS            OTHERWISE RECORD COMPLETED YEARS</p>	DAYS 0 0 0 .....0 .....0 0 <input type="text" value="1"/> <input type="text" value=""/> MONTHS...0 .....0 0 ..... <input type="text" value="2"/> <input type="text" value=""/> YEARS 0 0 0 0 0 0 ..... <input type="text" value="3"/> <input type="text" value=""/>	
Q114	Have/had your husband ever attended school?	YES.....1 NO .....2 DO NOT KNOW.....8	→ Q116
Q115	What is/was the highest standard he completed?	STANDARD 0 0 0 0 0 0 0 . <input type="text" value=""/> DO NOT KNOW.....98	
Q116	Have you ever attended school?	YES.....1 NO.....2	
Q117	What is the highest standard you have passed?	LITERATE WITHOUT FORMAL EDUCATION .....01 <b>LITERATE WITH FORMAL EDUCATION</b> BELOW PRIMARY .....02 PRIMARY .....03 MIDDLE.....04 SECONDRAY / MEATRICS CLASS-X.....05 HR. SECONDRY/ SR. SECONDRY/ PRE UNIVERSITY (CLASS XII).....06 GRADUATE / BBA/ EQUIVALENT / B.TECH.....07 POST GRADUATE / M.B.A/ MCA EQUIVALENT OR HIGHER .....08 TECHNICAL DIPLOMA .....09 NON-TECHNICAL DIPLOMA OR CERTIFICATE NOT EQUILANT TO DEGREE .....10 OTHER.. .....96 ILLITERATE .....00	
Q118	Have you done any work in the last 12 months?	YES.....1 NO.....2	→ Q120
Q119	What is/was your occupation/activity status, that is, what kind of work you mainly do?  (WRITE ACTUAL OCCUPATION. SUPERVISORFROM LIST.)	<input type="text"/> <input type="text"/> <input type="text"/>	
Q119A	<b>CHECK Q106</b> <b>ALL OTHER WOMEN</b> <input type="checkbox"/> <b>MARRIED BUT GAUNA NOT PERFORMED</b> <input type="checkbox"/>		→ Q261

Q NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
Q120	<b>NOW I WOULD LIKE TO ASK ABOUT ALL THE PREGANCIAS THAT YOU HAVE HAD TILL NOW</b>  Have you ever given live birth? <b>(INCLUDE ONLY BIOLOGICAL CHILDREN. CONSIDERED CHILDREN OF SURROGATE MOTHER, AS BIOLOGICAL CHILDREN)</b>	YES .....1 NO .....2	→ Q128
Q121	How old were you at the time when your first child was born?	AGE IN COMPLETED YEARS ..... <input type="text"/> <input type="text"/>	
Q122	Do you have any sons or daughters whom you have given birth to and are now living with you?	YES .....1 NO .....2	→ Q124
Q123	How many sons live with you?  And how many daughters live with you?	SONS AT HOME..... <input type="text"/> <input type="text"/>  DAUGHTERS AT HOME..... <input type="text"/> <input type="text"/> <b>IF NONE, RECORD '00'</b>	
Q124	Do you have any sons or daughters to whom you have given birth to and are alive but do not live with you?	YES .....1 NO .....2	→ Q126
Q125	How many sons are alive but do not live with you?  And how many daughters are alive but do not live with you?	SONS ELSEWHERE..... <input type="text"/> <input type="text"/> DAUGHTERS ELSEWHERE..... <input type="text"/> <input type="text"/> <b>IF NONE, RECORD '00'</b>	
Q126	Have you ever given birth to a boy or a girl who was born alive but later died?  <b>(IF NO, PROBE: ANY BABY WHO CRIED OR SHOWED SIGNS OF LIFE BUT DID NOT SURVIVE?)</b>	YES .....1 NO .....2	→ Q128
Q127	How many boys have died?  And how many girls have died?	BOYS DEAD..... <input type="text"/> <input type="text"/> GIRLS DEAD..... <input type="text"/> <input type="text"/> <b>IF NONE, RECORD '00'</b>	
Q128	Did you have any pregnancy, which terminated in <b>still birth</b> ? If yes, how many?	NO.....0 YES, NUMBER..... <input type="text"/>	
Q129	Did any of your pregnancy terminate in <b>spontaneous or induced</b> abortion? If yes, how many?	NO.....0 SPONTANEOUS ABORTION..... <input type="text"/> INDUCED ABORTION..... <input type="text"/>	→ Q136
Q130	How many months pregnant were you when you had last induced abortion?	MONTHS..... <input type="text"/> <b>IF LESS THAN '1' MONTH RECORD ..... '0'</b>	
Q131	At any time before (last) induced abortion did you have an <b>ultrasound test</b> ?	YES .....1 NO .....2	
Q132	Who advised you for the (last) <b>induced abortion</b> ?  <b>(RECORD ALL MENTIONED)</b>	YES NO A. DOCTOR.....1 2 B. ANM/NURSE/LHV.....1 2 C. MALE HEALTH WORKER.....1 2 D. ASHA.....1 2 E. DAI.....1 2 F. HUSBAND.....1 2 G. MOTHER-IN-LAW.....1 2 H. MOTHER.....1 2 I. RELATIVES.....1 2 J. SELF.....1 2 K. OTHER.....1 2 <b>(SPECIFY)</b>	

Q NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
Q133	Where was the last induced abortion performed/completed?	<b>GOVERNMENT</b> SUB-CENTRE .....01 PHC .....02 CHC.....03 UHC/UHP/JFWC.....04 DISPENSARY/ CLINIC.....05 HOSPITAL ..... 06 AYUSH Hospital/ CLINIC.....07  <b>PRIVATE</b> DISPENSARY/ CLINIC.....08 HOSPITAL.....09 AYUSH Hospital/ CLINIC.....10 NGO/TRUST HOSP./CLINIC.....11 <b>HOME</b> SELF ð .....12 ELSEWHERE.....13 OTHER .....96 (SPECIFY)	
Q134	Who performed/completed the abortion?	DOCTORð ð ð ð ð ð ð ð ð ð ð .....ð 01 NURSE / ANM / LHVð ð ð ð ð ð ð ð ð .....02 TRAINED DAIð ð ð ð ð ð ð ð ð ð ð .....03 UNTRAINED DAI ð ð ð ð ð ð ð ð ð ð .....04 FAMILY MEMBERS/RELATIVE/ FRIENDS ð .....05 NONE/SELFD ð ð ð ð ð ð ð ð ð ð .....06 OTHERð ð ð ð ð ð ð ð ð ð ð .....96	
Q135	What was the reason for abortion?	UNPLANNED PREGNANCYð ð ð .....ð 01 DUE TO CONTRACEPTIVE FAILURE.....02 COMPLICATION(S) IN PREGNANCY.....03 HEALTH DID NOT PERMITð ð ð ð .....04 FEMALE FOETUS ð ð ð ð ð ð ð ð .....05 ECONOMIC REASON ð ð ð ð ð ð .....06 LAST CHILD TOO YOUNGð ð ð ð ð .....07 FOETUS HAD CONGENITAL ABNORMALITYð .....08 OTHERð ð ð ð ð ð ð ð ð ð ð .....96	
Q136	<b>SUM ANSWERS TO Q123, Q125 AND Q127 ENTER TOTAL (IF NONE, RECORD '00')</b>	TOTAL LIVE BIRTHSð ð ..... <input type="text"/>	
Q137	<b>SUM ANSWERS TO Q123, Q125, Q127, Q128 and Q129 (IF NONE, RECORD '00')</b>	TOTAL PREGNANCIESð ð .. <input type="text"/>	
Q138A	<b>CHECK Q136 AND Q137:</b> Just to make sure that I have recorded correctly: you have had in TOTAL _____ births during your life. Is that correct? YES <input type="checkbox"/> NO <input type="checkbox"/> <b>PROBE AND CORRECT AS NECESSARY Q123, Q125, Q127, Q128, Q129, Q136 AND Q137</b>		
Q138B	<b>CHECK Q106</b> SEPARATED/ DESERTED/ DIVORCED/ WIDOW <input type="checkbox"/> <b>CURRENTLY MARRIED</b> <input type="checkbox"/> <b>GAUNA NOT PERFORMED</b> <input type="checkbox"/> ↓ ↓ ↓ <b>CHECK Q113</b> <b>GO TO Q139</b> <b>GO TO Q261</b> 0 - 4 YEARS MORE THAN 4 YEARS ↓ ↓ <b>GO TO Q139</b> <b>GO TO Q261</b>		



Q139: Now I would like to ask you, about the number of times you were pregnant which resulted in live births, still births or abortions since January 1, 2007?

RECORD TOTAL NO. OF PREGNANCIES -----  If '0' GO TO Q261

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

Q140	Q140A	Q141	Q142	Q143	Q143A	Q144	Q145	Q146
Line number /Pregnancy number	Did you undergo Pregnancy confirmation test ?	What was the outcome of pregnancy? LIVE BIRTH STILL BIRTH INDUCED SPONTANEOUS	What name was given to your baby?	Was (his/her) a single or multiple births?	What is his/her birth order? <b>(ONLY FOR LIVE BIRTH)</b>	Is (NAME) a boy or a girl?	In which month and year you had live birth/ still birth/abortion? <b>Probe:</b> (In case of live birth, what is his/her birth date?)	What was your age at the time of (Name)'s birth/still birth/abortion?
(1) Last pregnancy	Yes = 1 No = 2	LIVE BIRTH 1 STILL BIRTH 2 → Q143 INDUCED 3 → Q144 SPONT 4 → Q145	_____ (NAME)	SINGLE 1 MULTIPLE 2	<input type="text"/> <input type="text"/>	BOY = 1 GIRL = 2 DK = 8	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	AGE IN YEARS MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
(2) Previous last pregnancy	Yes = 1 No = 2	LIVE BIRTH 1 STILL BIRTH 2 → Q143 INDUCED 3 → Q144 SPONT 4 → Q145	_____ (NAME)	SINGLE 1 MULTIPLE 2	<input type="text"/> <input type="text"/>	BOY = 1 GIRL = 2 DK = 8	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	AGE IN YEARS MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
(3) Second from last pregnancy	Yes = 1 No = 2	LIVE BIRTH 1 STILL BIRTH 2 → Q143 INDUCED 3 → Q144 SPONT 4 → Q145	_____ (NAME)	SINGLE 1 MULTIPLE 2	<input type="text"/> <input type="text"/>	BOY = 1 GIRL = 2 DK = 8	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	AGE IN YEARS MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
(4) Third from last pregnancy	Yes = 1 No = 2	LIVE BIRTH 1 STILL BIRTH 2 → Q143 INDUCED 3 → Q144 SPONT 4 → Q145	_____ (NAME)	SINGLE 1 MULTIPLE 2	<input type="text"/> <input type="text"/>	BOY = 1 GIRL = 2 DK = 8	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	AGE IN YEARS MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Q147 Did you receive any ANC? (Yes-1, No-2)	Q148 At what month of pregnancy did abortion happen?	Q149 Was ultrasound done? (Yes-1, No-2)	Q150 Where was the abortion performed / completed? (Code)	Q151 Who performed / completed the abortion? (Code)	IF LIVE BIRTH	
					Q152 Is (NAME) still alive?	Q153 If DEAD How old was (NAME) when he/she died? If "< 1 year", PROBE: How many months old was (NAME)? <b>RECORD DAYS IF LESS THAN 1 MONTH, MONTHS IF LESS THAN TWO YEARS, OR YEARS IF MORE THAN 2 YEARS</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	YES <input type="checkbox"/> ...1 GO TO NEXT ROW NO...2	DAYS <input type="text"/> <input type="text"/> <input type="text"/> MONTHS <input type="text"/> <input type="text"/> .. YEARS <input type="text"/> <input type="text"/> .
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	YES <input type="checkbox"/> ...1 GO TO NEXT ROW NO...2	DAYS <input type="text"/> <input type="text"/> <input type="text"/> MONTHS <input type="text"/> <input type="text"/> .. YEARS <input type="text"/> <input type="text"/> .
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	YES <input type="checkbox"/> ...1 GO TO NEXT ROW NO...2	DAYS <input type="text"/> <input type="text"/> <input type="text"/> MONTHS <input type="text"/> <input type="text"/> .. YEARS <input type="text"/> <input type="text"/> .
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	YES <input type="checkbox"/> ...1 GO TO NEXT SEC. NO...2	DAYS <input type="text"/> <input type="text"/> <input type="text"/> MONTHS <input type="text"/> <input type="text"/> .. YEARS <input type="text"/> <input type="text"/> .

**Q154: CHECK Q141 AND Q152 AND ENTER THE NUMBER OF SURVIVING CHILDREN BORN AFTER 1<sup>ST</sup> January 2007 (IF NONE RECORD '0').**

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

Q 150			
Item	code	Item	code
<b>GOVERNMENT</b>		<b>PRIVATE</b>	
Sub-Center	01	Dispensary / Clinic	08
PHC	02	Hospital	09
CHC	03	AYUSH Hospital / Clinic	10
UHC / UHP / UFWC	04	<b>NGO or Trust Hosp/Clinic</b>	11
Dispensary / Clinic	05	<b>At Home</b>	Self 12
Hospital	06	Elsewhere	13
AYUSH Hospital / Clinic	07	Other	96

Q151	
Item	code
Doctor	01
Nurse / ANM / LHV	02
Trained dai	03
Untrained dai	04
Family members / Relative / Friends	05
None / Self	06
Other	96

**SECTION-II  
ANTE-NATAL, NATAL AND POST-NATAL CARE**

Now I would like to ask you some questions about the Antenatal, Natal and Post-Natal care for your pregnancies since 1 January 2007.

Q. NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
Q201	CHECK Q139: ONE OR MORE PREGNANCIES IN 2007 OR LATER <input type="checkbox"/>	NO PREGNANCY IN 2007 OR LATER <input type="checkbox"/>	→ Q261
Q201A	CHECK Q141: LIVE BIRTH/STILL BIRTH LAST PREGNANCY <input type="checkbox"/>	INDUCED/SPONTANEOUS ABORTION <input type="checkbox"/>	→ Q261
Q202	What is/was the date of birth of the baby? In case of still birth, record only month and year.  D D M M Y Y Y Y <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	D D M M Y Y Y Y <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Q203	During which month did you come to know about last pregnancy?	WITHIN ONE MONTH.....1 WITHIN TWO MONTH.....2 WITHIN THREE MONTH.....3 MONTHS..... <input type="checkbox"/> (Record actual month if 4 Month and above)	
Q204	Did you undergo Pregnancy confirmation test (urine test) during the last pregnancy?	YES ..... 1 NO ..... 2	
Q205	Did you register your last pregnancy?	YES ..... 1 NO ..... 2	→ Q207
Q205A	When was the pregnancy registered?	WITHIN 12 WEEKS OF PREGNANCY..... 1 AFTER 12 WEEKS OF PREGNANCY .....2	
Q206	Pregnancy was registered with whom?	GOVT. DOCTOR 0 0 0 0 .....0 ..... 1 PRIVATE DOCTOR 0 0 0 0 .....0 ..... 2 ANM. 0 0 0 0 0 0 0 0 .....0 .....0 ..... 3 ANGANWADI WORKER 0 0 ..... 4 ASHA 0 0 0 0 0 0 0 0 0 0 .....0 ..... 5 OTHER _____ 6 (SPECIFY)	
Q207	When you were pregnant with (NAME/ THE STILL BIRTH), did you receive antenatal care?	YES ..... 1 NO ..... 2 (IF NO, PROBE)	→ Q221
Q208	After how many months of last pregnancy did you receive first antenatal care?	MONTHS 0 0 0 0 0 0 0 ..0 0 0 .. <input type="text"/> <input type="text"/> DON't KNOW 0 0 0 0 0 0 0 0 0 0 0 0 .98	
Q209	How many times you received antenatal check up during last pregnancy?	NUMBER OF TIMES 0 0 ..0 <input type="text"/> <input type="text"/> DON't KNOW 0 0 0 0 0 0 0 0 0 0 ..0 0 .98	

Q.NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO																																																															
Q210	<p>Where did you receive antenatal care for last pregnancy?</p> <p>Any other place?</p> <p>IF UNABLE TO DETERMINE IF A HOSPITAL/ HEALTH CENTRE/ CLINIC IS GOVERNMENT OR PRIVATE MEDICAL SECTOR, WRITE THE NAME OF THE PLACE(S)</p> <p>_____</p> <p>NAME OF THE PLACE(S)</p> <p><b>(RECORD ALL MENTIONED)</b></p>	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td colspan="3"><b>GOVERNMENT</b></td> </tr> <tr> <td>A. ANGANWADI/ICDS CENTRE.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>B. SUB-CENTRE.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>C. PHC.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>D. CHC.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>E. UHC/UHP/UFWC.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>F. DISPENSARY/CLINIC .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>G. HOSPITALδ δ .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>H. AYUSH HOSPITAL/CLINIC δ .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>I. MOBILE MEDICAL UNIT.....</td> <td>1</td> <td>2</td> </tr> <tr> <td colspan="3"><b>PRIVATE</b></td> </tr> <tr> <td>J. DISPENSARY/CLINIC.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>K. HOSPITAL.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>L. AYUSH/HOSPITAL/CLINIC.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>M. NGO/TRUST HOSP. /CLINICδ δ .....</td> <td>1</td> <td>2</td> </tr> <tr> <td colspan="3"><b>HOME</b></td> </tr> <tr> <td>N. HOMEδ δ δ δ δ .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>O. PARENTS+HOME.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>P. OTHER HOMEδ δ δ δ .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Q. OTHER .....</td> <td>1</td> <td>2</td> </tr> </tbody> </table> <p>(SPECIFY)</p>		YES	NO	<b>GOVERNMENT</b>			A. ANGANWADI/ICDS CENTRE.....	1	2	B. SUB-CENTRE.....	1	2	C. PHC.....	1	2	D. CHC.....	1	2	E. UHC/UHP/UFWC.....	1	2	F. DISPENSARY/CLINIC .....	1	2	G. HOSPITALδ δ .....	1	2	H. AYUSH HOSPITAL/CLINIC δ .....	1	2	I. MOBILE MEDICAL UNIT.....	1	2	<b>PRIVATE</b>			J. DISPENSARY/CLINIC.....	1	2	K. HOSPITAL.....	1	2	L. AYUSH/HOSPITAL/CLINIC.....	1	2	M. NGO/TRUST HOSP. /CLINICδ δ .....	1	2	<b>HOME</b>			N. HOMEδ δ δ δ δ .....	1	2	O. PARENTS+HOME.....	1	2	P. OTHER HOMEδ δ δ δ .....	1	2	Q. OTHER .....	1	2	
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Q. OTHER .....		96																																																																

Q.NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO																																																								
Q211	<p>As part of your antenatal care during last pregnancy, were any of the following done at least once?</p> <p>A. Weight measured?            B. Height measured?            C. Blood pressure checked?            D. Blood tested (Hb)?            E. Blood tested (Blood Group)            F. Blood tested (Other)            G. Urine tested?            H. Abdomen examined?            I. Breast examined?            J. Sonogram or Ultrasound done?            K. Delivery date told?            L. Delivery advice given?            M. Nutrition advice given?</p>	<p style="text-align: right;">Q211a. IF YES NO. OF TIMES</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 5%; text-align: center;">YES</th> <th style="width: 5%; text-align: center;">NO</th> <th style="width: 10%;"></th> </tr> </thead> <tbody> <tr> <td>A. WEIGHT.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>B. HEIGHT.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td></td> </tr> <tr> <td>C. BLOOD PRESSURE.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>D. BLOOD TESTED (Hb).....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>E. BLOOD TESTED (Blood Group)</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>F. BLOOD TESTED (Other).</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>G. URINE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>H. ABDOMEN.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>I. BREAST EXAMINED.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>J. SONOGRAM OR ULTRASOUND</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>K. DELIVERY DATE.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td></td> </tr> <tr> <td>L. DELIVERY ADVICE .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td></td> </tr> <tr> <td>M. NUTRITION ADVICE .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td></td> </tr> </tbody> </table>		YES	NO		A. WEIGHT.....	1	2	<input type="checkbox"/>	B. HEIGHT.....	1	2		C. BLOOD PRESSURE.....	1	2	<input type="checkbox"/>	D. BLOOD TESTED (Hb).....	1	2	<input type="checkbox"/>	E. BLOOD TESTED (Blood Group)	1	2	<input type="checkbox"/>	F. BLOOD TESTED (Other).	1	2	<input type="checkbox"/>	G. URINE	1	2	<input type="checkbox"/>	H. ABDOMEN.....	1	2	<input type="checkbox"/>	I. BREAST EXAMINED.....	1	2	<input type="checkbox"/>	J. SONOGRAM OR ULTRASOUND	1	2	<input type="checkbox"/>	K. DELIVERY DATE.....	1	2		L. DELIVERY ADVICE .....	1	2		M. NUTRITION ADVICE .....	1	2		
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Q212	<p>During (any of) your antenatal care visit (s), did any one tell you about the following signs of pregnancy complications?</p> <p>A. Vaginal bleeding?            B. Convulsions?            C. Prolonged labour?</p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 5%; text-align: center;">YES</th> <th style="width: 5%; text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>A. BLEEDING.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>B. CONVULSIONS.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>C. PROLONGED LABOUR .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	A. BLEEDING.....	1	2	B. CONVULSIONS.....	1	2	C. PROLONGED LABOUR .....	1	2																																													
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Q213	<p>Did any one tell you where to go (health facility) if you have any pregnancy complications?</p>	<p>YES..... 1            NO ..... 2</p>																																																									
Q214	<p>During (any of) your antenatal visit (s), did you receive advice on the following at least once?</p> <p>A. Breastfeeding?            B. Keeping the baby warm?            C. The need for cleanliness at the time of delivery?            D. Family planning for spacing?            E. Family planning for limiting?            F. Better nutrition for mother and child?            G. Need for Institutional Delivery?</p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 5%; text-align: center;">YES</th> <th style="width: 5%; text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>A. BREASTFEEDING.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>B. KEEPING BABY WARM.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>C. CLEANLINESS.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>D. SPACING.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>E. LIMITING.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>F. NUTRITION.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>G. INSTITUTIONAL DELIVERY.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	A. BREASTFEEDING.....	1	2	B. KEEPING BABY WARM.....	1	2	C. CLEANLINESS.....	1	2	D. SPACING.....	1	2	E. LIMITING.....	1	2	F. NUTRITION.....	1	2	G. INSTITUTIONAL DELIVERY.....	1	2																																	
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Q215	<p>How many IFA tablets/ bottles did you receive/ purchase during last pregnancy?</p>	<p>NUMBER OF TABLETS <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/></p> <p>NUMBER OF BOTTLES <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/></p> <p>IF NONE ..... → <b>Q218</b></p>																																																									

Q.NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
Q216	From where did you get Iron Folic Acid (IFA) tablets/syrup?  <b>(RECORD ALL MENTIONED)</b>	<p style="text-align: right;">YES NO</p> <p><b>GOVERNMENT</b></p> <p>A. ANGANWADI/ICDS CENTRE..... 1 2</p> <p>B. SUB-CENTRE..... 1 2</p> <p>C. PHC..... 1 2</p> <p>D. CHC..... 1 2</p> <p>E. UHC/UHP/UFWC..... 1 2</p> <p>F. DISPENSARY/CLINIC ..... 1 2</p> <p>G. HOSPITALø ø ..... 1 2</p> <p>H. AYUSH HOSPITAL/CLINIC ..... 1 2</p> <p>I. MOBILE MEDICAL UNIT..... 1 2</p> <p><b>PRIVATE</b></p> <p>J. DISPENSARY/CLINIC..... 1 2</p> <p>K. HOSPITAL..... 1 2</p> <p>L. AYUSH HOSPITAL/CLINIC..... 1 2</p> <p>M. NGO/TRUST HOSP./CLINICø ..... 1 2</p> <p>N. DOCTOR..... 1 2</p> <p>O. ANM/NURSE..... 1 2</p> <p>P. CHEMIST/PHARMACY..... 1 2</p> <p>U. OTHER _____ 1 2 (SPECIFY)</p>	
Q217	During the last pregnancy, for how many days and how much did you take the Iron Folic Acid (IFA) Tablets/Syrup bottles?	<p><b>A) IRON FOLIC ACID TABLETS</b></p> <p style="text-align: center;">NUMBER OF DAYS      NUMBER OF TABLETS</p> <p><input type="text"/> <input type="text"/> <input type="text"/>      <input type="text"/> <input type="text"/> <input type="text"/></p> <p>DONø KNOWø ø .998      DONø KNOWø ø ...998</p> <p><b>B) IRON FOLIC ACID SYRUP</b></p> <p style="text-align: center;">NUMBER OF DAYS      NUMBER OF BOTTLES</p> <p><input type="text"/> <input type="text"/> <input type="text"/>      <input type="text"/> <input type="text"/> <input type="text"/></p> <p>DONø KNOWø ø .998      DONø KNOWø ø ..998</p>	
Q218	Were you given an injection during last pregnancy to prevent Tetanus?	<p>YES..... 1</p> <p>NO ..... 2 → <b>Q220</b></p>	
Q219	During last pregnancy, how many times did you get a Tetanus injection?	<p>NUMBER OF TIMESø ø ø ø ..ø ø ..... <input type="text"/></p> <p>DONø KNOW ..... 8</p>	
Q220	Was the Antenatal check-up done with enough time, somewhat enough time or did hurriedly by health personnel?	<p>ENOUGH TIME..... 1</p> <p>SOMEWHAT ENOUGH TIME ..... 2</p> <p>DID HURRIEDLY ..... 3 → <b>Q222</b></p>	
Q221	<b>(FOR THOSE WOMEN WHO SAID "NO" FOR Q207)</b>  Why did you not go for an antenatal check-up?  <b>(RECORD ALL MENTIONED)</b>	<p style="text-align: right;">YES NO</p> <p>A. NOT NECESSARY ø ..ø ..ø .....ø .. 1 2</p> <p>B. NOT CUSTOMARYø ø ø .....ø ø 1 2</p> <p>C. COST TOO MUCHø ..ø ø .....ø . 1 2</p> <p>D. TOO FAR/NO TRANSPORTø ..... 1 2</p> <p>E. POOR QUALITY SERVICEø ø ø ø ø ø . 1 2</p> <p>F. FAMILY DID NOT ALLOWø ø ø ø ø ø ... 1 2</p> <p>G. LACK OF KNOWLEDGE ø ø ø ø ø ø .. 1 2</p> <p>H. NO TIME TO GO ø ø ø ..... 1 2</p> <p>I. OTHER _____ 1 2 (SPECIFY)</p>	

Q.NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO																																																
Q221a	What was the main reason not going for ANC?	A. NOT NECESSARY 0 1 0 0 0 0 0 0 ..... 01 B. NOT CUSTOMARY 0 0 0 0 0 ..... 02 C. COST TOO MUCH 0 1 0 0 0 ..... 03 D. TOO FAR/NO TRANSPORT 0 1 0 0 ..... 04 E. POOR QUALITY SERVICE 0 0 0 0 ..... 05 F. FAMILY DID NOT ALLOW 0 0 ..... 06 G. LACK OF KNOWLEDGE 0 0 0 0 ..... 07 H. OTHER _____ 96 <b>(SPECIFY)</b> I. NO TIME TO GO 0 0 0 ..... 00																																																	
Q222	Who facilitated or motivated you to avail antenatal care?  <b>(RECORD ALL MENTIONED)</b>	<table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> </tr> <tr> <td>A. DOCTOR 0 0 0 0 0 0 0 0 0 ..... 0 0</td> <td>1</td> <td>2</td> </tr> <tr> <td>B. ANM 0 0 0 0 0 0 0 0 0 ..... 0</td> <td>1</td> <td>2</td> </tr> <tr> <td>C. HEALTH WORKER 0 ..... 0</td> <td>1</td> <td>2</td> </tr> <tr> <td>D. ANGANWADI WORKER 0 0 0 0 0 0 ..</td> <td>1</td> <td>2</td> </tr> <tr> <td>E. ASHA 0 0 0 0 0 0 0 0 0 0 ..... 1</td> <td>1</td> <td>2</td> </tr> <tr> <td>F. NGO/CBO 0 0 0 0 0 0 0 0 ..... 0 0</td> <td>1</td> <td>2</td> </tr> <tr> <td>G. HUSBAND 0 0 0 0 0 0 0 0 0 ..... 0 ..</td> <td>1</td> <td>2</td> </tr> <tr> <td>H. MOTHER-IN-LAW 0 0 0 0 0 0 ..... 0 0 .</td> <td>1</td> <td>2</td> </tr> <tr> <td>I. MOTHER 0 0 0 0 0 0 0 0 0 0 ..... 0 0 .</td> <td>1</td> <td>2</td> </tr> <tr> <td>J. RELATIVES / FRIENDS 0 ..... 0 .</td> <td>1</td> <td>2</td> </tr> <tr> <td>K. SELF 0 0 0 0 0 0 0 0 0 0 ..... 0 0 .</td> <td>1</td> <td>2</td> </tr> <tr> <td>L. OTHER _____</td> <td>1</td> <td>2</td> </tr> <tr> <td></td> <td colspan="2"><b>(SPECIFY)</b></td> </tr> </table>		YES	NO	A. DOCTOR 0 0 0 0 0 0 0 0 0 ..... 0 0	1	2	B. ANM 0 0 0 0 0 0 0 0 0 ..... 0	1	2	C. HEALTH WORKER 0 ..... 0	1	2	D. ANGANWADI WORKER 0 0 0 0 0 0 ..	1	2	E. ASHA 0 0 0 0 0 0 0 0 0 0 ..... 1	1	2	F. NGO/CBO 0 0 0 0 0 0 0 0 ..... 0 0	1	2	G. HUSBAND 0 0 0 0 0 0 0 0 0 ..... 0 ..	1	2	H. MOTHER-IN-LAW 0 0 0 0 0 0 ..... 0 0 .	1	2	I. MOTHER 0 0 0 0 0 0 0 0 0 0 ..... 0 0 .	1	2	J. RELATIVES / FRIENDS 0 ..... 0 .	1	2	K. SELF 0 0 0 0 0 0 0 0 0 0 ..... 0 0 .	1	2	L. OTHER _____	1	2		<b>(SPECIFY)</b>								
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Q223	During your last pregnancy did you suffer from any of the following health problems?  A. Swelling of hands, feet and Face B. Paleness/giddiness/weakness C. Visual disturbances D. Excessive fatigue E. Convulsions not from fever F. Weak or no movement of foetus G. Abnormal position of foetus H. Malaria I. Excessive vomiting J. Hypertension/ High BP K. Jaundice L. Excessive bleeding M. Vaginal Discharge N. Other _____ <b>(SPECIFY)</b>	<table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> </tr> <tr> <td>A. SWELLING OF HANDS, FEET AND FACE</td> <td>1</td> <td>2</td> </tr> <tr> <td>B. PALENESS / GIDDINESS/WEAKNESS....</td> <td>1</td> <td>2</td> </tr> <tr> <td>C. VISUAL DISTURBANCES 0 ..... 0</td> <td>1</td> <td>2</td> </tr> <tr> <td>D. EXCESSIVE FATIGUE 0 0 0 ..... 0 0 0</td> <td>1</td> <td>2</td> </tr> <tr> <td>E. CONVULSIONS NOT FROM FEVER... 0</td> <td>1</td> <td>2</td> </tr> <tr> <td>F. WEAK OR NO MOVEMENT OF FOETUS</td> <td>1</td> <td>2</td> </tr> <tr> <td>G. ABNORMAL POSITION OF FOETUS.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>H. MALARIA. 0 0 0 0 0 0 0 0 0 0 0 ..... 0</td> <td>1</td> <td>2</td> </tr> <tr> <td>I. EXCESSIVE VOMITING 0 0 0 0 0 ..... 0 ..</td> <td>1</td> <td>2</td> </tr> <tr> <td>J. HYPERTENSION / HIGH BP 0 0 0 ..... 0 .</td> <td>1</td> <td>2</td> </tr> <tr> <td>K. JAUNDICE 0 0 0 0 0 0 0 0 0 ..... 0 0</td> <td>1</td> <td>2</td> </tr> <tr> <td>L. EXCESSIVE BLEEDING 0 0 0 0 0 ..... 0 .</td> <td>1</td> <td>2</td> </tr> <tr> <td>M. VAGINAL DISCHARGE 0 0 0 0 0 ..... 0</td> <td>1</td> <td>2</td> </tr> <tr> <td>N. OTHER _____</td> <td>1</td> <td>2</td> </tr> <tr> <td></td> <td colspan="2"><b>(SPECIFY)</b></td> </tr> </table>		YES	NO	A. SWELLING OF HANDS, FEET AND FACE	1	2	B. PALENESS / GIDDINESS/WEAKNESS....	1	2	C. VISUAL DISTURBANCES 0 ..... 0	1	2	D. EXCESSIVE FATIGUE 0 0 0 ..... 0 0 0	1	2	E. CONVULSIONS NOT FROM FEVER... 0	1	2	F. WEAK OR NO MOVEMENT OF FOETUS	1	2	G. ABNORMAL POSITION OF FOETUS.....	1	2	H. MALARIA. 0 0 0 0 0 0 0 0 0 0 0 ..... 0	1	2	I. EXCESSIVE VOMITING 0 0 0 0 0 ..... 0 ..	1	2	J. HYPERTENSION / HIGH BP 0 0 0 ..... 0 .	1	2	K. JAUNDICE 0 0 0 0 0 0 0 0 0 ..... 0 0	1	2	L. EXCESSIVE BLEEDING 0 0 0 0 0 ..... 0 .	1	2	M. VAGINAL DISCHARGE 0 0 0 0 0 ..... 0	1	2	N. OTHER _____	1	2		<b>(SPECIFY)</b>		<b>If 'NO' FOR ALL GO TO Q226</b>
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Q224	Did you seek treatment for any of these health problems?	YES.....1 NO..... 2	<b>→ Q226</b>																																																

Q.NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
Q225	Where did you go for consultation or to seek treatment?  <b>(RECORD ALL MENTIONED)</b>	<p style="text-align: right;">YES NO</p> <p><b>GOVERNMENT</b></p> <p>A. ANGANWADI..... 1 2</p> <p>B. SUB-CENTRE..... 1 2</p> <p>C. PHC..... 1 2</p> <p>D. CHC..... 1 2</p> <p>E. UHC/UHP/UFWC..... 1 2</p> <p>F. DISPENSARY/CLINIC..... 1 2</p> <p>G. HOSPITAL..... 1 2</p> <p>H. AYUSH HOSPITAL/CLINIC..... 1 2</p> <p>I. MOBILE MEDICAL UNIT..... 1 2</p> <p><b>PRIVATE</b></p> <p>J. DISPENSARY/CLINIC..... 1 2</p> <p>K. HOSPITAL..... 1 2</p> <p>L. AYUSH HOSPITAL/CLINIC..... 1 2</p> <p>M. NGO/TRUST HOSP. /CLINIC..... 1 2</p> <p>N. OTHER _____ 1 2</p> <p style="text-align: center;">(SPECIFY)</p>	
Q225a	Where did you go mainly for consultation or to seek treatment?	<p><b>GOVERNMENT</b></p> <p>A. ANGANWADI..... 01</p> <p>B. SUB-CENTRE..... 02</p> <p>C. PHC..... 03</p> <p>D. CHC..... 04</p> <p>E. UHC/UHP/UFWC..... 05</p> <p>F. DISPENSARY/CLINIC..... 06</p> <p>G. HOSPITAL..... 07</p> <p>H. AYUSH HOSPITAL/CLINIC..... 08</p> <p>I. MOBILE MEDICAL UNIT..... 09</p> <p><b>PRIVATE</b></p> <p>J. DISPENSARY/CLINIC..... 10</p> <p>K. HOSPITAL..... 11</p> <p>L. AYUSH HOSPITAL/CLINIC..... 12</p> <p>M. NGO/TRUST HOSP. /CLINIC..... 13</p> <p>N. OTHER _____ 96</p> <p style="text-align: center;">(SPECIFY)</p>	
Q226	Did you receive any supplementary nutrition from the Anganwadi centre during last pregnancy?	<p>YES..... 1</p> <p>NO..... 2</p>	
Q227	Who facilitated or motivated you to go to health facility for delivery?  <b>(RECORD ALL MENTIONED)</b>	<p style="text-align: right;">YES NO</p> <p>A. DOCTOR..... 1 2</p> <p>B. ANM..... 1 2</p> <p>C. HEALTH WORKER..... 1 2</p> <p>D. ANGANWADI WORKER..... 1 2</p> <p>E. ASHA..... 1 2</p> <p>F. NGO/CBO..... 1 2</p> <p>G. HUSBAND..... 1 2</p> <p>H. MOTHER-IN-LAW..... 1 2</p> <p>I. MOTHER..... 1 2</p> <p>J. RELATIVES/FRIENDS..... 1 2</p> <p>K. SELF..... 1 2</p> <p>L. OTHER _____ 1 2</p> <p style="text-align: center;">(SPECIFY)</p>	<b>If 'NO' FOR ALL GO TO Q229</b>
Q228	If yes, where did she /he advise you to go for delivery?  <b>(RECORD ALL MENTIONED)</b>	<p><b>GOVERNMENT</b></p> <p>A. ANGANWADI..... 1 2</p> <p>B. SUB CENTRE..... 1 2</p> <p>C. PHC..... 1 2</p> <p>D. CHC..... 1 2</p> <p>E. UHC/UHP/UFWC..... 1 2</p> <p>F. DISPENSARY/CLINIC..... 1 2</p> <p>G. HOSPITAL..... 1 2</p> <p>H. AYUSH HOSPITAL/ CLINIC..... 1 2</p> <p><b>PRIVATE</b></p> <p>I. DISPENSARY/ CLINIC..... 1 2</p> <p>J. AYUSH HOSPITAL/CLINIC..... 1 2</p> <p>K. NGO/TRUST HOSPITAL/CLINIC..... 1 2</p> <p>L. OTHER _____ 1 2</p> <p style="text-align: center;">(SPECIFY)</p>	



Q.NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO																								
Q229	<p>During delivery, did you experience any of the following problems?</p> <p>A. Did you experience premature labour?</p> <p>B. Did you experience excessive bleeding?</p> <p>C. Did you experience prolonged labour?</p> <p>D. Did you experience obstructed labour?</p> <p>E. Did you experience breech presentation?</p> <p>F. Did you experience Convulsion/High B.P?</p> <p>G. Any Other?</p>	<table border="0"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>A. PREMATURE LABOUR</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>B. EXCESSIVE BLEEDING</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>C. PROLONGED LABOUR (More than 12 Hours)</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>D. OBSTRUCTED LABOUR</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>E. BREECH PRESENTATION</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>F. CONVULSION/HIGH B.P</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>G. OTHER (SPECIFY)</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	A. PREMATURE LABOUR	1	2	B. EXCESSIVE BLEEDING	1	2	C. PROLONGED LABOUR (More than 12 Hours)	1	2	D. OBSTRUCTED LABOUR	1	2	E. BREECH PRESENTATION	1	2	F. CONVULSION/HIGH B.P	1	2	G. OTHER (SPECIFY)	1	2	
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Q230	Was the delivery normal or caesarean or assisted?	NORMAL ..... 1 CAESAREAN ..... 2 BY INSTRUMENT OR ASSISTED ..... 3																									
Q231	Where did your last delivery take place?	<p><b>GOVERNMENT</b></p> SUB CENTER .....01 PHC .....02 CHC .....03 UHC/UHP/UFWC .....04 DISPENSARY/CLINIC .....05 HOSPITAL .....06 AYUSH HOSPITAL/ CLINIC .....07 <p><b>PRIVATE</b></p> DISPENSARY/CLINIC .....09 AYUSH HOSPITAL/CLINIC .....10 NGO/TRUST HOSPITAL/CLINIC .....08 ON THE WAY TO HOSPITAL .....11 AT HOME .....12 AT PARENT'S HOME .....13 WORK PLACE .....14 OTHER .....96 (SPECIFY)	→ Q235																								
Q232	Who conducted your last delivery?	DOCTOR ..... 1 ANM/NURSE/MIDWIFE/LHV .....2 TRAINED DAI .....3 UNTRAINED DAI .....4 FAMILY MEMBER /RELATIVES/FRIENDS .....5 NONE .....8																									

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Q233	At the time of last delivery were the following done?  A. Was a Disposable Delivery Kit (Mamta Kit) used?  B. Was the baby immediately wiped dry and then wrapped without being bathed?  C. Was a new/sterilized blade used to cut the cord?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> <th style="text-align: center;">DK</th> </tr> </thead> <tbody> <tr> <td>A. DDK/ MAMTA KIT USED</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> <tr> <td>B. WIPED AND WRAPPED</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> <tr> <td>C. NEW / STERLIZED BLADE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> </tbody> </table>		YES	NO	DK	A. DDK/ MAMTA KIT USED	1	2	3	B. WIPED AND WRAPPED	1	2	3	C. NEW / STERLIZED BLADE	1	2	3																														
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Q234	What are the reasons for not going to health facility for delivery?  (RECORD ALL MENTIONED)	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>A. COST TOO MUCH</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>B. POOR QUALITY SERVICE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>C. TOO FAR/NO TRANSPORT</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>D. NO TIME TO GO</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>E. NOT NECESSARY</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>F. NOT CUSTOMARY</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>G. BETTER CARE AT HOME</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>H. FAMILY DID NOT ALLOW</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>I. LACK OF KNOWLEDGE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>J. OTHER _____ (SPECIFY)</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	A. COST TOO MUCH	1	2	B. POOR QUALITY SERVICE	1	2	C. TOO FAR/NO TRANSPORT	1	2	D. NO TIME TO GO	1	2	E. NOT NECESSARY	1	2	F. NOT CUSTOMARY	1	2	G. BETTER CARE AT HOME	1	2	H. FAMILY DID NOT ALLOW	1	2	I. LACK OF KNOWLEDGE	1	2	J. OTHER _____ (SPECIFY)	1	2													
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Q234a	What are the main reasons for not going to health facility for delivery?	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td>A. COST TOO MUCH</td> <td style="text-align: center;">01</td> <td rowspan="10" style="vertical-align: middle; text-align: center;">} →</td> </tr> <tr> <td>B. POOR QUALITY SERVICE</td> <td style="text-align: center;">02</td> </tr> <tr> <td>C. TOO FAR/NO TRANSPORT</td> <td style="text-align: center;">03</td> </tr> <tr> <td>D. NO TIME TO GO</td> <td style="text-align: center;">04</td> </tr> <tr> <td>E. NOT NECESSARY</td> <td style="text-align: center;">05</td> </tr> <tr> <td>F. NOT CUSTOMARY</td> <td style="text-align: center;">06</td> </tr> <tr> <td>G. BETTER CARE AT HOME</td> <td style="text-align: center;">07</td> </tr> <tr> <td>H. FAMILY DID NOT ALLOW</td> <td style="text-align: center;">08</td> </tr> <tr> <td>I. LACK OF KNOWLEDGE</td> <td style="text-align: center;">09</td> </tr> <tr> <td>J. OTHER _____ (SPECIFY)</td> <td style="text-align: center;">96</td> </tr> </tbody> </table>	A. COST TOO MUCH	01	} →	B. POOR QUALITY SERVICE	02	C. TOO FAR/NO TRANSPORT	03	D. NO TIME TO GO	04	E. NOT NECESSARY	05	F. NOT CUSTOMARY	06	G. BETTER CARE AT HOME	07	H. FAMILY DID NOT ALLOW	08	I. LACK OF KNOWLEDGE	09	J. OTHER _____ (SPECIFY)	96	Q237																								
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Q235	What was the main mode of transportation used by you to reach the health facility for delivery?	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td>AMBULANCE</td> <td style="text-align: center;">01</td> <td rowspan="8" style="vertical-align: middle; text-align: center;">} →</td> </tr> <tr> <td>JEEP/CAR</td> <td style="text-align: center;">02</td> </tr> <tr> <td>MOTORCYCLE/SCOOTER</td> <td style="text-align: center;">03</td> </tr> <tr> <td>BUS/TRAIN</td> <td style="text-align: center;">04</td> </tr> <tr> <td>TEMPO/AUTO/TRACTOR</td> <td style="text-align: center;">05</td> </tr> <tr> <td>CART</td> <td style="text-align: center;">06</td> </tr> <tr> <td>ON FOOT</td> <td style="text-align: center;">07</td> </tr> <tr> <td>OTHER _____ (SPECIFY)</td> <td style="text-align: center;">96</td> </tr> </tbody> </table>	AMBULANCE	01	} →	JEEP/CAR	02	MOTORCYCLE/SCOOTER	03	BUS/TRAIN	04	TEMPO/AUTO/TRACTOR	05	CART	06	ON FOOT	07	OTHER _____ (SPECIFY)	96	Q237																												
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Q236	Who arranged the transportation to take you to the health facility for delivery?  (RECORD ALL MENTIONED)	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>A. DOCTOR</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>B. ANM</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>C. HEALTH WORKER</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>D. ANGANWADI WORKER</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>E. ASHA</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>F. NGO</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>G. CBO</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>H. HUSBAND</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>I. MOTHER-IN-LAW</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>J. MOTHER</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>K. RELATIVES/FRIENDS</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>L. PRI MEMBER</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>M. SELF</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>N. OTHER _____ (SPECIFY)</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	A. DOCTOR	1	2	B. ANM	1	2	C. HEALTH WORKER	1	2	D. ANGANWADI WORKER	1	2	E. ASHA	1	2	F. NGO	1	2	G. CBO	1	2	H. HUSBAND	1	2	I. MOTHER-IN-LAW	1	2	J. MOTHER	1	2	K. RELATIVES/FRIENDS	1	2	L. PRI MEMBER	1	2	M. SELF	1	2	N. OTHER _____ (SPECIFY)	1	2	
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Q237	In case of institutional delivery , how much it cost out of your pocket on following items during delivery	NO COST PAID 0 .0000 DON'T KNOW..0 99998 <b>RUPEES</b> A. TOTAL EXPENDITURE <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td><td></td></tr></table> B. ARRANGING TRANSPORTATION <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td><td></td></tr></table> C. COST OF STAY IN HOSPITAL <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td><td></td></tr></table> D. COST OF TESTS DONE <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td><td></td></tr></table> E. COST OF MEDICINES <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td><td></td></tr></table> F. OTHER EXPENDITURE DUE TO COMPLICATIONS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>																															
Q238	In case of institutional delivery, how long did you stay in institution after delivery? (Record in Hours, if stay <= 48 hrs, in Days otherwise)	<table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th colspan="2">LAST BIRTH</th> </tr> <tr> <th>H/D</th> <th>NO. OF DAYS</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> </tr> </tbody> </table>	LAST BIRTH		H/D	NO. OF DAYS																											
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Q239	How out of pocket cost on delivery was met?	BORROWED FROM FRIENDS.....0 0 0 0 .....0 1 SELLING ROPEYTY.....0 0 0 0 0 0 0 0 0 0 ...2 SELLING JEWELLERY...0 0 0 0 0 0 0 0 0 0 ...3 INSURANCE.....0 0 0 0 0 0 0 0 0 0 ...4 OTHER.....6																															
Q240	Did you receive any financial assistance for delivery care?	YES .....0 0 0 0 0 0 0 0 0 0 .....0 1 NO.....0 0 0 0 0 0 0 0 0 0 .....2	→ Q241																														
Q240A	whether you received from ?	JANANI SURKSHA YOJANA (JSY) 0 0 0 0 0 .....0 ...1 OTHER GOVERNMENT SCHEME (OTHER THAN JSY).....2																															
Q240B	What was the total amount received by you during pregnancy and / or after delivery?	JSY..... OTHER GOVT.SCHEME <table border="1" style="display: inline-table; vertical-align: middle;"><tr><th colspan="5">(AMOUNT IN RS.)</th></tr><tr><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td></tr></table>	(AMOUNT IN RS.)																														
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Q240C	How many days after last delivery, did you receive the financial assistance?	<table border="1" style="margin-left: auto; margin-right: auto;"><tr><th colspan="3">DAYS</th></tr><tr><td></td><td></td><td></td></tr></table>	DAYS																														
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Q241	Do you know the danger signs of new born? A. Breast feeding or drinking poorly..... B. Fever or cold/ hot to touch..... C. Fast or difficult Breathing..... D. Blood in Stool..... E. Blue Tongue & Lips ..... F. Develop yellow staining of Palm and Soles..... G. Abnormal movement..... H. Baby did not cry.....	<table style="width:100%; border:none;"> <tr> <td></td> <td style="text-align:right">YES</td> <td style="text-align:right">NO</td> </tr> <tr> <td>A. BREAST FEEDING OR DRINKING POORLY..</td> <td style="text-align:right">1</td> <td style="text-align:right">2</td> </tr> <tr> <td>B. FEVER OR COLD/ HOT TO TOUCH.....</td> <td style="text-align:right">1</td> <td style="text-align:right">2</td> </tr> <tr> <td>C. FAST OR DIFFICULT BREATHING.....</td> <td style="text-align:right">1</td> <td style="text-align:right">2</td> </tr> <tr> <td>D. BLOOD IN STOOL.....</td> <td style="text-align:right">1</td> <td style="text-align:right">2</td> </tr> <tr> <td>E. BLUE TONGUE &amp; LIPS .....</td> <td style="text-align:right">1</td> <td style="text-align:right">2</td> </tr> <tr> <td>F. DEVELOP YELLOW STAINING OF PALM AND SOLES.....</td> <td style="text-align:right">1</td> <td style="text-align:right">2</td> </tr> <tr> <td>G. ABNORMAL MOVEMENT.....</td> <td style="text-align:right">1</td> <td style="text-align:right">2</td> </tr> <tr> <td>H. BABY DID NOT CRY.....</td> <td style="text-align:right">1</td> <td style="text-align:right">2</td> </tr> </table>		YES	NO	A. BREAST FEEDING OR DRINKING POORLY..	1	2	B. FEVER OR COLD/ HOT TO TOUCH.....	1	2	C. FAST OR DIFFICULT BREATHING.....	1	2	D. BLOOD IN STOOL.....	1	2	E. BLUE TONGUE & LIPS .....	1	2	F. DEVELOP YELLOW STAINING OF PALM AND SOLES.....	1	2	G. ABNORMAL MOVEMENT.....	1	2	H. BABY DID NOT CRY.....	1	2																									
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Q242	Did you have any check-up within 48 hours after delivery?	YES.....1 NO.....2	→ Q244																																																			
Q243	How many days after delivery did the first check-up take place?	DAYS..... CHECK UP NOT DONE AT ALL.....00 DON'T KNOW.....98	→ Q246																																																			
Q244	Where did the first check-up take place?	<table style="width:100%; border:none;"> <tr> <td></td> <td style="text-align:right">YES</td> <td style="text-align:right">NO</td> </tr> <tr> <td colspan="3"><b>GOVERNMENT</b></td> </tr> <tr> <td>A. SUB-CENTRE.....</td> <td style="text-align:right">1</td> <td style="text-align:right">2</td> </tr> <tr> <td>B. PHC.....</td> <td style="text-align:right">1</td> <td style="text-align:right">2</td> </tr> <tr> <td>C. CHC.....</td> <td style="text-align:right">1</td> <td style="text-align:right">2</td> </tr> <tr> <td>D. UHC/UHP/UFWC.....</td> <td style="text-align:right">1</td> <td style="text-align:right">2</td> </tr> <tr> <td>E. DISPENSARY/CLINIC .....</td> <td style="text-align:right">1</td> <td style="text-align:right">2</td> </tr> <tr> <td>F. HOSPITAL .....</td> <td style="text-align:right">1</td> <td style="text-align:right">2</td> </tr> <tr> <td>G. AYUSH HOSPITAL/CLINIC .....</td> <td style="text-align:right">1</td> <td style="text-align:right">2</td> </tr> <tr> <td>H. MOBILE MEDICAL UNIT.....</td> <td style="text-align:right">1</td> <td style="text-align:right">2</td> </tr> <tr> <td colspan="3"><b>PRIVATE</b></td> </tr> <tr> <td>I. DISPENSARY/CLINIC.....</td> <td style="text-align:right">1</td> <td style="text-align:right">2</td> </tr> <tr> <td>J. HOSPITAL.....</td> <td style="text-align:right">1</td> <td style="text-align:right">2</td> </tr> <tr> <td>K. AYUSH HOSPITAL/CLINIC .....</td> <td style="text-align:right">1</td> <td style="text-align:right">2</td> </tr> <tr> <td>L. NGO/TRUST HOSP. /CLINIC.....</td> <td style="text-align:right">1</td> <td style="text-align:right">2</td> </tr> <tr> <td>M. AT HOME.....</td> <td style="text-align:right">1</td> <td style="text-align:right">2</td> </tr> <tr> <td>N. OTHER, _____ (SPECIFY)</td> <td style="text-align:right">1</td> <td style="text-align:right">2</td> </tr> </table>		YES	NO	<b>GOVERNMENT</b>			A. SUB-CENTRE.....	1	2	B. PHC.....	1	2	C. CHC.....	1	2	D. UHC/UHP/UFWC.....	1	2	E. DISPENSARY/CLINIC .....	1	2	F. HOSPITAL .....	1	2	G. AYUSH HOSPITAL/CLINIC .....	1	2	H. MOBILE MEDICAL UNIT.....	1	2	<b>PRIVATE</b>			I. DISPENSARY/CLINIC.....	1	2	J. HOSPITAL.....	1	2	K. AYUSH HOSPITAL/CLINIC .....	1	2	L. NGO/TRUST HOSP. /CLINIC.....	1	2	M. AT HOME.....	1	2	N. OTHER, _____ (SPECIFY)	1	2	
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Q245	Did any of the following happen when you had the check-up: A. Was your abdomen examined? B. Did you receive advice on breastfeeding? C. Did you receive advice on baby care? D. Did you receive advice on family planning? E. Any Other ?	<table style="width:100%; border:none;"> <tr> <td></td> <td style="text-align:right">YES</td> <td style="text-align:right">NO</td> </tr> <tr> <td>A. ABDOMEN EXAMINED.....</td> <td style="text-align:right">1</td> <td style="text-align:right">2</td> </tr> <tr> <td>B. ADVICE ON BREASTFEEDING.....</td> <td style="text-align:right">1</td> <td style="text-align:right">2</td> </tr> <tr> <td>C. ADVICE ON BABY CARE.....</td> <td style="text-align:right">1</td> <td style="text-align:right">2</td> </tr> <tr> <td>D. ADVICE ON FAMILY PLANNING.....</td> <td style="text-align:right">1</td> <td style="text-align:right">2</td> </tr> <tr> <td>E. OTHER..... (SPECIFY)</td> <td style="text-align:right">1</td> <td style="text-align:right">2</td> </tr> </table>		YES	NO	A. ABDOMEN EXAMINED.....	1	2	B. ADVICE ON BREASTFEEDING.....	1	2	C. ADVICE ON BABY CARE.....	1	2	D. ADVICE ON FAMILY PLANNING.....	1	2	E. OTHER..... (SPECIFY)	1	2																																		
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Q246	During the first <b>6 weeks</b> after delivery did you experience any of the following health problems?	<p style="text-align: right;">YES NO</p> <p>A. Did you experience, <b>high fever</b>? A. HIGH FEVER 0 0 0 0 .....0 0 ... 1 2</p> <p>B. Did you experience, <b>lower abdominal pain</b>? B. LOWER ABDOMINAL PAIN..... 1 2</p> <p>C. Did you experience, <b>foul smelling vaginal discharge</b>? C. FOUL SMELLING VAGINAL DISCHARGE 0 0 0 0 0 0 .....0 1 2</p> <p>D. Did you experience, <b>excessive bleeding</b>? D. EXCESSIVE BLEEDING 0 .....0 . 1 2</p> <p>E. Did you experience, <b>convulsions</b>? E. CONVULSIONS0 0 0 0 0 0 ...0 1 2</p> <p>F. Did you experience, <b>severe headache</b>? F. SEVERE HEADACHE0 0 0 0 0 1 2</p> <p>G. Any other ? G. OTHER _____ 1 2 (SPECIFY)</p>	If 'NO' FOR ALL GO TO Q249
Q247	Did you consult anyone or seek treatment for these health problems?	<p>YES.....0 0 0 0 0 0 0 0 0 0 1</p> <p>NO.....0 0 0 0 0 0 0 0 0 0 2</p>	→ Q249
Q248	Where did you go for consultation or treatment?  (RECORD ALL MENTIONED)	<p style="text-align: right;">YES NO</p> <p><b>GOVERNMENT</b></p> <p>A. SUB-CENTRE..... 1 2</p> <p>B. PHC..... 1 2</p> <p>C. CHC..... 1 2</p> <p>D. UHC/UHP/UFWC..... 1 2</p> <p>E. DISPENSARY/CLINIC 0 0 0 .0 0 .. 1 2</p> <p>F. HOSPITAL 0 0 0 ..... 1 2</p> <p>G. AYUSH HOSPITAL/CLINIC .0 ...0 1 2</p> <p>H. MOBILE MEDICAL UNIT..... 1 2</p> <p><b>PRIVATE</b></p> <p>I. DISPENSARY/CLINIC 0 0 0 ..... 1 2</p> <p>J. HOSPITAL..... 1 2</p> <p>K. AYUSH HOSPITAL/CLINIC 0 .0 0 1 2</p> <p>L. NGO/TRUST HOSP. /CLINIC0 ...0 1 2</p> <p>M. OTHER _____ 1 2 (SPECIFY)</p>	
Q249	CHECK Q141: LIVE BIRTH LAST PREGNANCY <input type="checkbox"/>	STILL BIRTH LAST PREGNANCY <input type="checkbox"/>	GO TO Q261
Q250	Did your child have any check-up after delivery? (To be asked only in respect of live births)	<p>WITHIN 24 HOURS 0 0 0 0 0 ..... 1</p> <p>24 HOURS TO 72 HOURS ..... 2</p> <p>4 TO 7 DAYS 0 0 .....0 0 0 .....0 0 .0 ..... 3</p> <p>AFTER 7 DAYS0 0 0 0 0 .....0 0 0 ..... 4</p> <p>NOT CHECKED UP..... 5</p> <p>CHILD DID NOT SURVIVE0 0 ....0 ..... 6</p>	→ Q255
Q250A	Was birth weight of the baby taken?	<p>YES. ....0 0 0 0 0 0 0 0 0 0 0 .....0 .....1</p> <p>NO.....0 0 0 0 0 0 0 0 0 0 0 .....2</p> <p>Don't Know.....0 0 ..0 8</p>	

Q250B	If code 1 in Q.250A, what was the birth weight of the baby?	<table border="1" style="width: 100%;"> <tr> <td style="width: 30%;">Birth Weight</td> <td style="width: 30%;">Kg</td> <td style="width: 40%;">Grams</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>	Birth Weight	Kg	Grams																						
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Q251	How many check-ups take place within one week of his/her birth?	NO. OF TIMES. 0 1 2 3 4 5 ..... <input type="text"/> <b>(IF MORE THAN 5 RECORD 5)</b> CHECK UP NOT DONE AT ALL. 0 ..... 0 CHILD NOT SURVIVED TILL ONE WEEK 0 1 . 0 1 7 DON'T KNOW 0 1 2 3 4 5 6 7 8 ..... 8	→ <b>Q253</b>																								
Q252	Where did first check-up take place for your child?	<b>GOVERNMENT</b> A. ANGANWADI..... 01 B. SUB-CENTRE..... 02 C. PHC..... 03 D. CHC..... 04 E. UHC/UHP/UFWC..... 05 F. DISPENSARY/CLINIC..... 06 G. HOSPITAL..... 07 H. AYUSH HOSPITAL/CLINIC..... 08 I. MOBILE MEDICAL UNIT..... 09  <b>PRIVATE</b> J. DISPENSARY/CLINIC..... 10 K. HOSPITAL..... 11 L. AYUSH HOSPITAL/CLINIC..... 12 M. NGO/TRUST HOSP. /CLINIC..... 13  <b>HOME</b> N. DOCTOR 0 1 2 3 4 ..... 14 O. ANM/NURSE..... 15 P. ASHA/AWW 0 1 2 ..... 16  Q. OTHER..... 96 (SPECIFY)																									
Q253	Did you feed milk <b>colostrum / khees+</b> (yellowish thick milk) secreted during the first few days after child birth?	YES..... 0 1 2 3 4 5 6 7 8 9 ..... 0 1 NO..... 0 1 2 3 4 5 6 7 8 9 ..... 2																									
Q253a	During the newborn period, did the child have any of the following?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 70%;"></th> <th style="width: 10%;">YES</th> <th style="width: 10%;">NO</th> <th style="width: 10%;"></th> </tr> </thead> <tbody> <tr> <td>BREASTFEEDING OR DRINKING</td> <td></td> <td></td> <td></td> </tr> <tr> <td>POORLY.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td rowspan="6" style="vertical-align: middle; text-align: center;">IF NO FOR ALL GO TO 254</td> </tr> <tr> <td>FEVER OR COLD TO TOUCH.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>FAST OR DIFFICULT BREATHING.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>BLOOD IN STOOL.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>NOTHING.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO		BREASTFEEDING OR DRINKING				POORLY.....	1	2	IF NO FOR ALL GO TO 254	FEVER OR COLD TO TOUCH.....	1	2	FAST OR DIFFICULT BREATHING.....	1	2	BLOOD IN STOOL.....	1	2	NOTHING.....	1	2	
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Q253b	IF YES, What did you do?	SOUGHT CARE OUTSIDE HOME..... 1 MANAGED AT HOME..... 2 NOTHING..... 3		→ <b>Q254</b>																							

Q. NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
Q253c	Where do you seek care?	<b>GOVERNMENT</b> A. HOSPITAL..... 01 B. DISPENSARY/CLINIC..... 02 C. UHC/UHP/UFWC 0 0 0 0 0 0 ..... 03 D. CHC/RUR. HOSP..... 04 E. PHC 0 0 0 0 ..... 05 F. SUB-CENTRE 0 0 0 ..... 06 G. ANGANWADI/ICDS CENTRE..... 07 H. AYUSH HOSPITAL/CLINIC..... 08 I. MOBILE MEDICAL UNIT..... 09  <b>PRIVATE</b> J. HOSP./MATERNITYHOME/CLINIC. 10 K. AYUSH HOSPITAL/CLINIC..... 11 L. DISPENSARY/OTHER PVT. SECT HEALTH FACILITY ..... 12 M. NGO/TRUST HOSP. /CLINIC0 0 ..... 13 Q. OTHER ..... 96 (SPECIFY)	
Q254	When did you first breastfeed your child?	IMMEDIATELY / WITHIN ONE HOUR OF BIRTH..... 1 1 HOUR TO WITHIN 24 HOURS 0 ..... 2 2 TO 3 DAYS 0 0 0 0 0 0 0 0 ..... 3 AFTER 3 DAYS0 0 0 0 0 0 0 0 ..... 4 NEVER BREASTFED..... 5	→ Q259
Q255	<b>CHECK Q152:</b> <b>LAST CHILD SURVIVING</b> <input type="checkbox"/>	<b>LAST CHILD NOT SURVIVING</b> <input type="checkbox"/>	→ Q261
Q256	Are you still breastfeeding the child?	YES.....0 0 0 0 0 0 0 0 0 0 .....0 1 NO.....0 0 0 0 0 0 0 0 0 0 .....2	
Q257	How many days/ months did you exclusively breastfeed the child? <b>(NOTHING OTHER THAN MOTHER'S            MILK)</b>	DAYS0 0 0 0 0 0 0 0 0 0 1 <input type="text"/> <input type="text"/> (IF LESS THAN ONE MONTH WRITE DAYS) MONTHS0 0 0 0 0 0 0 0 2 <input type="text"/> <input type="text"/> CONTINUING. 0 0 0 0 0 0 0 0 88	
Q258	Do/did you give water to the baby before completion of six months?	YES.....0 0 0 0 0 0 0 0 0 0 .....0 1 NO.....0 0 0 0 0 0 0 0 0 0 .....2	
Q259	At what age/month you have started giving baby other <b>fluids, semisolid, and            solid foods?</b> <b>(if Don't know record 98, if age less            than 1 month record 99)</b>	WATER..... MONTHS <input type="text"/> <input type="text"/> ANIMAL MILK/FORMULA MILK..... <input type="text"/> <input type="text"/> OTHER FLUIDS0 0 0 .....0 <input type="text"/> <input type="text"/> SEMISOLID FOOD0 0 0 0 0 .....0 <input type="text"/> <input type="text"/> SOLID FOOD (ADILT FOOD)..... <input type="text"/> <input type="text"/> VEGITABLES/FRUITS..... <input type="text"/> <input type="text"/> NOT GIVEN ANYTHING SO FAR..... 96	

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Q260	<p>Now I would like to ask you about liquids (NAME) drank yesterday, during the day or at night?</p> <p>Did (NAME) drink:</p> <p>A. Plain water?</p> <p>B. Commercially produced infant food?</p> <p>C. Any other milk such as tinned, powdered, or fresh animal milk?</p> <p>D. Fruit juice?</p> <p>E. Tea or coffee?</p> <p>F. Any other liquids?</p> <p>G. Not given so far</p>	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>A. PLAIN WATER</td> <td>1</td> <td>2</td> </tr> <tr> <td>B. INFANT FOOD</td> <td>1</td> <td>2</td> </tr> <tr> <td>C. TINNED, POWDERED OR FRESH ANIMAL MILK</td> <td>1</td> <td>2</td> </tr> <tr> <td>D. FRUIT JUICE</td> <td>1</td> <td>2</td> </tr> <tr> <td>E. TEA/COFFEE</td> <td>1</td> <td>2</td> </tr> <tr> <td>F. OTHER LIQUIDS</td> <td>1</td> <td>2</td> </tr> <tr> <td>G. NOT GIVEN SO FAR</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	A. PLAIN WATER	1	2	B. INFANT FOOD	1	2	C. TINNED, POWDERED OR FRESH ANIMAL MILK	1	2	D. FRUIT JUICE	1	2	E. TEA/COFFEE	1	2	F. OTHER LIQUIDS	1	2	G. NOT GIVEN SO FAR	1	2																
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Q261	<p>Do you know what to do when child gets <b>Diarrhoea</b>?</p> <p><b>(RECORD ALL MENTIONED)</b></p>	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>A. GIVE ORS SOLUTION</td> <td>1</td> <td>2</td> </tr> <tr> <td>B. SALT AND SUGAR SOLUTION</td> <td>1</td> <td>2</td> </tr> <tr> <td>C. GIVE PLENTY OF FLUIDS</td> <td>1</td> <td>2</td> </tr> <tr> <td>D. CONTINUE NORMAL FOOD</td> <td>1</td> <td>2</td> </tr> <tr> <td>E. CONTINUE BREASTFEEDING</td> <td>1</td> <td>2</td> </tr> <tr> <td>F. OTHER _____ (SPECIFY)</td> <td>1</td> <td>2</td> </tr> <tr> <td>G. DO NOT KNOW</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	A. GIVE ORS SOLUTION	1	2	B. SALT AND SUGAR SOLUTION	1	2	C. GIVE PLENTY OF FLUIDS	1	2	D. CONTINUE NORMAL FOOD	1	2	E. CONTINUE BREASTFEEDING	1	2	F. OTHER _____ (SPECIFY)	1	2	G. DO NOT KNOW	1	2																
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Q262	<p>Do you know what are the danger signs of <b>Pneumonia</b>?</p> <p>(ACUTE RESPIRATORY INFECTION)</p> <p><b>(RECORD ALL MENTIONED)</b></p>	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td colspan="3"><b>DANGER SIGNS</b></td> </tr> <tr> <td>A. DIFFICULTY IN BREATHING</td> <td>1</td> <td>2</td> </tr> <tr> <td>B. NOT ABLE TO DRINK OR TAKE A FEED</td> <td>1</td> <td>2</td> </tr> <tr> <td>C. EXCESSIVELY DROWSY AND DIFFICULT TO KEEP AWAKE</td> <td>1</td> <td>2</td> </tr> <tr> <td>D. PAIN IN CHEST AND PRODUCTIVE COUGH</td> <td>1</td> <td>2</td> </tr> <tr> <td>E. WHEEZING/WHISTLING</td> <td>1</td> <td>2</td> </tr> <tr> <td>F. RAPID BREATHING</td> <td>1</td> <td>2</td> </tr> <tr> <td>G. RUNNING NOSE</td> <td>1</td> <td>2</td> </tr> <tr> <td>H. OTHER _____ (SPECIFY)</td> <td>1</td> <td>2</td> </tr> <tr> <td>I. NOT AWARE</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	<b>DANGER SIGNS</b>			A. DIFFICULTY IN BREATHING	1	2	B. NOT ABLE TO DRINK OR TAKE A FEED	1	2	C. EXCESSIVELY DROWSY AND DIFFICULT TO KEEP AWAKE	1	2	D. PAIN IN CHEST AND PRODUCTIVE COUGH	1	2	E. WHEEZING/WHISTLING	1	2	F. RAPID BREATHING	1	2	G. RUNNING NOSE	1	2	H. OTHER _____ (SPECIFY)	1	2	I. NOT AWARE	1	2							
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E. WHEEZING/WHISTLING	1	2																																								
F. RAPID BREATHING	1	2																																								
G. RUNNING NOSE	1	2																																								
H. OTHER _____ (SPECIFY)	1	2																																								
I. NOT AWARE	1	2																																								
Q263	<p>(IF THE RESPONSE IS "DO NOT KNOW" IN Q261 AND "NOT AWARE" IN Q262 THEN GO TO Q264)</p> <p>Who told you about the Diarrhoea and danger signs of Pneumonia?</p> <p><b>(RECORD ALL MENTIONED)</b></p>	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>A. DOCTOR</td> <td>1</td> <td>2</td> </tr> <tr> <td>B. ANM</td> <td>1</td> <td>2</td> </tr> <tr> <td>C. HEALTH WORKER</td> <td>1</td> <td>2</td> </tr> <tr> <td>D. ANGANWADI WORKER</td> <td>1</td> <td>2</td> </tr> <tr> <td>E. ASHA</td> <td>1</td> <td>2</td> </tr> <tr> <td>F. NGO/CBO</td> <td>1</td> <td>2</td> </tr> <tr> <td>G. HUSBAND</td> <td>1</td> <td>2</td> </tr> <tr> <td>H. MOTHER-IN-LAW</td> <td>1</td> <td>2</td> </tr> <tr> <td>I. MOTHER</td> <td>1</td> <td>2</td> </tr> <tr> <td>J. RELATIVES/FRIENDS</td> <td>1</td> <td>2</td> </tr> <tr> <td>K. SELF</td> <td>1</td> <td>2</td> </tr> <tr> <td>L. OTHER _____ (SPECIFY)</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	A. DOCTOR	1	2	B. ANM	1	2	C. HEALTH WORKER	1	2	D. ANGANWADI WORKER	1	2	E. ASHA	1	2	F. NGO/CBO	1	2	G. HUSBAND	1	2	H. MOTHER-IN-LAW	1	2	I. MOTHER	1	2	J. RELATIVES/FRIENDS	1	2	K. SELF	1	2	L. OTHER _____ (SPECIFY)	1	2	
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Q264	<p><b>CHECK Q154:</b></p> <p><b>ONE OR MORE SURVIVING CHILDREN</b> <input type="checkbox"/></p> <p style="text-align: center;">↓</p> <p><b>SECTION III</b></p>	<p><b>NO SURVIVING CHILDREN/ WOMEN MARRIED BUT GAUNA NOT PERFORMED/SEPERATED/DESERTED/DIVORCED/ WIDOWED FOR MORE THAN 4 YEARS</b> <input type="checkbox"/></p> <p style="text-align: right;">→ <b>SEC IV</b></p>																																								



**SECTION-III**

**IMMUNIZATION AND CHILD CARE**

Q301	ENTER IN THE TABLE BELOW THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH SINCE 2007 OR LATER. THEN ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. Now I would like to ask you some questions about the health of your last two surviving children. (Born since 1st January 2007). <b>(We will talk about each child separately.)</b>												
Q. NO	QUESTIONS AND FILTERS	LAST SURVIVING CHILD	LAST BUT ONE SURVIVING CHILD										
Q302	LINE NUMBER OF CHILD IN PREGNANCY HISTORY FROM <b>Q140</b> .  Name of the (index) child <b>Q142</b>	LINE NUMBER <input type="text"/> <input type="text"/>  NAME _____	LINE NUMBER <input type="text"/> <input type="text"/>  NAME _____										
Q303	<b>CHECK Q 144:</b> Sex of the child.	BOY.....0 0 ..0 0 .0 0 0 0 0 ..1 GIRL.....0 0 0 0 0 0 0 0 ..0 ..2	BOY.....0 0 ..0 0 .0 0 0 0 0 ..1 GIRL.....0 0 0 0 0 0 0 0 ..0 ..2										
Q304	<b>CHECK Q145:</b> Month and year of birth.	MONTH 0 0 0 0 0 0 <input type="text"/> <input type="text"/> YEAR <table border="1" style="width:100%; text-align:center;"> <tr> <td>2007</td><td>2008</td><td>2009</td><td>2010</td><td>2011</td> </tr> </table>	2007	2008	2009	2010	2011	MONTH 0 0 0 0 0 0 <input type="text"/> <input type="text"/> YEAR <table border="1" style="width:100%; text-align:center;"> <tr> <td>2007</td><td>2008</td><td>2009</td><td>2010</td><td>2011</td> </tr> </table>	2007	2008	2009	2010	2011
2007	2008	2009	2010	2011									
2007	2008	2009	2010	2011									
Q305	Do you have a card where (Name's) vaccination details are written down? (IF YES, MAY I SEE IT, PLEASE?)	YES, SEEN.....0 0 0 0 0 0 1 [SKIP TOQ307] ← YES, NOT SEEN.0 0 0 0 0 2 [SKIP TOQ310] ← NO CARD.....0 0 0 0 0 ...3	YES, SEEN.....0 0 0 0 0 0 1 [SKIP TOQ307] ← YES, NOT SEEN.0 0 0 0 0 2 [SKIP TOQ310] ← NO CARD.....0 0 0 0 0 ...3										
Q306	Did you ever have a vaccination card?	YES.....0 0 ..1 NO.....0 ..0 2 } → <b>SKIP TO Q310</b>	YES.....0 0 ..1 NO.....0 0 2 } → <b>SKIP TO Q310</b>										

Q. NO	QUESTIONS AND FILTERS	LAST SURVIVING CHILD	LAST BUT ONE SURVIVING CHILD																																																																																								
Q307	<p>(1) COPY VACCINATION DATES FOR EACH VACCINE FROM THE CARD.            (2) WRITE '66' IN DAY COLUMN IF CARD SHOWS VACCINATION IS GIVEN BUT NO DATE IS RECORDED            (3) IF ONLY PART OF DATE IS SHOWN ON CARD, RECORD '98' OR '9998' FOR 'DON'T KNOW' IN THE COLUMN FOR WHICH INFORMATION IS NOT GIVEN.</p>	<table border="1"> <thead> <tr> <th></th> <th>DAY</th> <th>MO</th> <th>YEAR</th> </tr> </thead> <tbody> <tr><td>BCG</td><td></td><td></td><td></td></tr> <tr><td>P0</td><td></td><td></td><td></td></tr> <tr><td>D1</td><td></td><td></td><td></td></tr> <tr><td>D2</td><td></td><td></td><td></td></tr> <tr><td>D3</td><td></td><td></td><td></td></tr> <tr><td>P1</td><td></td><td></td><td></td></tr> <tr><td>P2</td><td></td><td></td><td></td></tr> <tr><td>P3</td><td></td><td></td><td></td></tr> <tr><td>MES</td><td></td><td></td><td></td></tr> <tr><td>VTA</td><td></td><td></td><td></td></tr> </tbody> </table>		DAY	MO	YEAR	BCG				P0				D1				D2				D3				P1				P2				P3				MES				VTA				<table border="1"> <thead> <tr> <th></th> <th>DAY</th> <th>MO</th> <th>YEAR</th> </tr> </thead> <tbody> <tr><td>BCG</td><td></td><td></td><td></td></tr> <tr><td>P0</td><td></td><td></td><td></td></tr> <tr><td>D1</td><td></td><td></td><td></td></tr> <tr><td>D2</td><td></td><td></td><td></td></tr> <tr><td>D3</td><td></td><td></td><td></td></tr> <tr><td>P1</td><td></td><td></td><td></td></tr> <tr><td>P2</td><td></td><td></td><td></td></tr> <tr><td>P3</td><td></td><td></td><td></td></tr> <tr><td>MES</td><td></td><td></td><td></td></tr> <tr><td>VTA</td><td></td><td></td><td></td></tr> </tbody> </table>		DAY	MO	YEAR	BCG				P0				D1				D2				D3				P1				P2				P3				MES				VTA			
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Q308	CHECK Q307:	'BCG' TO 'MEASLES' FILLED <input type="checkbox"/> OTHER <input type="checkbox"/> (SKIP TO Q314) ←	'BCG' TO 'MEASLES' FILLED <input type="checkbox"/> OTHER <input type="checkbox"/> (SKIP TO Q314) ←																																																																																								
Q309	Has (NAME) received any vaccinations that are not recorded on this card?  RECORD 'YES' ONLY IF RESPONDENT MENTIONS BCG, DPT 1-3, POLIO, 0-3 AND/OR MEASLES VACCINE (S).	YES 6 6 6 6 6 6 6 6 ...1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN Q307) <input type="text"/> (SKIP TO Q314) ← NO.....6 6 6 6 ...2 } → TO Q314 DON'T KNOW 6 .....6 . 8 } → TO Q314	YES 6 6 6 6 6 6 6 6 ...1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN Q307) <input type="text"/> (SKIP TO Q314) ← NO.....6 6 6 6 ...2 } → TO Q314 DON'T KNOW.....6 6 . 8 } → TO Q314																																																																																								
Q310	Did (NAME) ever receive any vaccinations to prevent him/her from getting disease, including vaccinations received in a Pulse Polio campaign?	YES 6 6 6 6 6 6 6 6 ...1 NO.....6 6 6 6 ...2 } → TO Q312 DON'T KNOW.....6 6 . 8 } → TO Q312	YES 6 6 6 6 6 6 6 6 ...1 NO.....6 6 6 6 ...2 } → TO Q312 DON'T KNOW.....6 6 . 8 } → TO Q312																																																																																								

Q. NO	QUESTIONS AND FILTERS	LAST SURVIVING CHILD	LAST BUT ONE SURVIVING CHILD
Q311	Now please tell me if (NAME) has received any of the following vaccinations.		
Q311A	A <b>BCG vaccination</b> against tuberculosis, that is, an injection that usually causes a scar?	YES.....0 0 0 0 0 0 1 NO.....0 0 0 ...0 0 0 ..2 DON'T KNOW..... 0 ..0 0 0 8	YES.....0 0 0 0 0 0 1 NO.....0 0 0 ...0 0 0 ..2 DON'T KNOW..... 0 ..0 0 0 8
Q311B	Any <b>POLIO VACCINE</b> , that is, drops in the mouth, including vaccine received in a Pulse Polio campaign?	YES.....0 0 .....0 0 1 NO.....0 0 0 ..2 } → <b>SKIP TO Q311E</b> DON'T KNOW..... 0 .8	YES.....0 0 .....0 0 1 NO.....0 0 0 ..2 } → <b>SKIP TO Q311E</b> DON'T KNOW..... 0 .8
Q311C	Was the first <b>POLIO VACCINE</b> received in the first two weeks after birth or later?	FIRST 2 WEEKS.....1 LATER.....0 0 0 0 0 0 .. 2 DON'T KNOW..... 0 0 0 0 .. 8	FIRST 2 WEEKS.....1 LATER.....0 0 0 0 0 0 .. 2 DON'T KNOW..... 0 0 0 0 .. 8
Q311D	How many times Polio vaccine received? ( <b>excluding Polio '0' and pulse polio</b> ) (IF 5 OR MORE TIMES RECORD 5)	NUMBER 0 0 0 0 .0 0 . <input type="text"/> DO NOT REMEMBER 0 0 0 0 8	NUMBER 0 0 0 0 .0 0 . <input type="text"/> DO NOT REMEMBER 0 0 0 0 8
Q311E	A <b>DPT</b> vaccination against Diphtheria, Whooping Cough and Tetanus given to the child as an injection?	YES.....0 0 0 0 ..1 NO.....0 0 ...0 0 2 } → <b>SKIP TO Q311G</b> DON'T KNOW.....0 .. 8	YES.....0 0 0 0 ..1 NO.....0 0 ...0 0 2 } → <b>SKIP TO Q311G</b> DON'T KNOW.....0 .. 8
Q311F	How many <b>DPT injections</b> were given in thigh or buttocks, sometimes at the same time as polio drops?	NUMBER 0 0 0 0 .0 0 . <input type="text"/> DO NOT REMEMBER 0 0 0 0 8	NUMBER 0 0 0 0 .0 0 . <input type="text"/> DO NOT REMEMBER 0 0 0 0 8
Q311G	Was an injection against <b>MEASLES</b> given at right arm/shoulder?	YES.....0 0 0 0 0 0 0 1 NO.....0 0 0 0 0 0 ..2 DON'T KNOW..... 0 0 0 0 8	YES.....0 0 0 0 0 0 0 1 NO.....0 0 0 0 0 0 ..2 DON'T KNOW..... 0 0 0 0 8

Q. NO	QUESTIONS AND FILTERS	LAST SURVIVING CHILD	LAST BUT ONE SURVIVING CHILD																																																																																																																		
Q312	CHECK Q307 AND Q310: ANY VACCINATIONS RECEIVED?	<p>NO <input type="checkbox"/> YES <input type="checkbox"/></p> <p>(SKIP TO Q314) ←</p>	<p>NO <input type="checkbox"/> YES <input type="checkbox"/></p> <p>(SKIP TO Q314) ←</p>																																																																																																																		
Q313	<p>Why (Name) was not given any vaccination?</p> <p>(RECORD ALL MENTIONED)</p>	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr><td>A. CHILD TOO YOUNG FOR IMMUNIZATION.....</td><td>1</td><td>2</td></tr> <tr><td>B. UNAWARE OF NEED FOR IMMUNIZATION.....</td><td>1</td><td>2</td></tr> <tr><td>C. PLACE OF IMMUNIZATION UNKNOWN.....</td><td>1</td><td>2</td></tr> <tr><td>D. TIME OF IMMUNIZATION UNKNOWN..</td><td>1</td><td>2</td></tr> <tr><td>E. FEAR OF SIDE EFFECTS.....</td><td>1</td><td>2</td></tr> <tr><td>F. NO FAITH IN IMMUNIZATION... 0 0</td><td>1</td><td>2</td></tr> <tr><td>G. PLACE OF IMMUNIZATION TOO FAR TO GO.....</td><td>1</td><td>2</td></tr> <tr><td>H. TIME OF IMMUNIZATION INCONVENIENT.....</td><td>1</td><td>2</td></tr> <tr><td>I. ANM ABSENT.....</td><td>1</td><td>2</td></tr> <tr><td>J. VACCINE NOT AVAILABLE... 0 0 0</td><td>1</td><td>2</td></tr> <tr><td>K. MOTHER TOO BUSY.....</td><td>1</td><td>2</td></tr> <tr><td>L. FAMILY PROBLEM, INCLUDING ILLNESS OF MOTHER 0 0 0 0 ..</td><td>1</td><td>2</td></tr> <tr><td>M. CHILD ILL NOT BROUGHT 0 0 .. 0 0</td><td>1</td><td>2</td></tr> <tr><td>N. CHILD ILL BROUGHT BUT NOT GIVEN 0 0 0 0 0 0 ..... 0 0</td><td>1</td><td>2</td></tr> <tr><td>O. LONG WAITING TIME 0 0 0 0 0 0 .</td><td>1</td><td>2</td></tr> <tr><td>P. FINANCIAL PROBLEM..... 0 .</td><td>1</td><td>2</td></tr> <tr><td>Q. CHILD IS GIRL 0 0 0 ..... 0 .</td><td>1</td><td>2</td></tr> <tr><td>R. OTHER _____ (SPECIFY)</td><td>1</td><td>2</td></tr> </tbody> </table> <p>SKIP TO Q315</p>		YES	NO	A. CHILD TOO YOUNG FOR IMMUNIZATION.....	1	2	B. UNAWARE OF NEED FOR IMMUNIZATION.....	1	2	C. PLACE OF IMMUNIZATION UNKNOWN.....	1	2	D. TIME OF IMMUNIZATION UNKNOWN..	1	2	E. FEAR OF SIDE EFFECTS.....	1	2	F. NO FAITH IN IMMUNIZATION... 0 0	1	2	G. PLACE OF IMMUNIZATION TOO FAR TO GO.....	1	2	H. TIME OF IMMUNIZATION INCONVENIENT.....	1	2	I. ANM ABSENT.....	1	2	J. VACCINE NOT AVAILABLE... 0 0 0	1	2	K. MOTHER TOO BUSY.....	1	2	L. FAMILY PROBLEM, INCLUDING ILLNESS OF MOTHER 0 0 0 0 ..	1	2	M. CHILD ILL NOT BROUGHT 0 0 .. 0 0	1	2	N. CHILD ILL BROUGHT BUT NOT GIVEN 0 0 0 0 0 0 ..... 0 0	1	2	O. LONG WAITING TIME 0 0 0 0 0 0 .	1	2	P. FINANCIAL PROBLEM..... 0 .	1	2	Q. CHILD IS GIRL 0 0 0 ..... 0 .	1	2	R. OTHER _____ (SPECIFY)	1	2	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr><td>A. CHILD TOO YOUNG FOR IMMUNIZATION.....</td><td>1</td><td>2</td></tr> <tr><td>B. UNAWARE OF NEED FOR IMMUNIZATION.....</td><td>1</td><td>2</td></tr> <tr><td>C. PLACE OF IMMUNIZATION UNKNOWN.....</td><td>1</td><td>2</td></tr> <tr><td>D. TIME OF IMMUNIZATION UNKNOWN..</td><td>1</td><td>2</td></tr> <tr><td>E. FEAR OF SIDE EFFECTS.....</td><td>1</td><td>2</td></tr> <tr><td>F. NO FAITH IN IMMUNIZATION... 0 0</td><td>1</td><td>2</td></tr> <tr><td>G. PLACE OF IMMUNIZATION TOO FAR TO GO.....</td><td>1</td><td>2</td></tr> <tr><td>H. TIME OF IMMUNIZATION INCONVENIENT.....</td><td>1</td><td>2</td></tr> <tr><td>I. ANM ABSENT.....</td><td>1</td><td>2</td></tr> <tr><td>J. VACCINE NOT AVAILABLE... 0 0 0</td><td>1</td><td>2</td></tr> <tr><td>K. MOTHER TOO BUSY.....</td><td>1</td><td>2</td></tr> <tr><td>L. FAMILY PROBLEM, INCLUDING ILLNESS OF MOTHER 0 0 0 0 ..</td><td>1</td><td>2</td></tr> <tr><td>M. CHILD ILL NOT BROUGHT 0 0 .. 0 0</td><td>1</td><td>2</td></tr> <tr><td>N. CHILD ILL BROUGHT BUT NOT GIVEN 0 0 0 0 0 0 ..... 0 0</td><td>1</td><td>2</td></tr> <tr><td>O. LONG WAITING TIME 0 0 0 0 0 0 .</td><td>1</td><td>2</td></tr> <tr><td>P. FINANCIAL PROBLEM..... 0 .</td><td>1</td><td>2</td></tr> <tr><td>Q. CHILD IS GIRL 0 0 0 ..... 0 .</td><td>1</td><td>2</td></tr> <tr><td>R. OTHER _____ (SPECIFY)</td><td>1</td><td>2</td></tr> </tbody> </table> <p>SKIP TO Q315</p>		YES	NO	A. CHILD TOO YOUNG FOR IMMUNIZATION.....	1	2	B. UNAWARE OF NEED FOR IMMUNIZATION.....	1	2	C. PLACE OF IMMUNIZATION UNKNOWN.....	1	2	D. TIME OF IMMUNIZATION UNKNOWN..	1	2	E. FEAR OF SIDE EFFECTS.....	1	2	F. NO FAITH IN IMMUNIZATION... 0 0	1	2	G. PLACE OF IMMUNIZATION TOO FAR TO GO.....	1	2	H. TIME OF IMMUNIZATION INCONVENIENT.....	1	2	I. ANM ABSENT.....	1	2	J. VACCINE NOT AVAILABLE... 0 0 0	1	2	K. MOTHER TOO BUSY.....	1	2	L. FAMILY PROBLEM, INCLUDING ILLNESS OF MOTHER 0 0 0 0 ..	1	2	M. CHILD ILL NOT BROUGHT 0 0 .. 0 0	1	2	N. CHILD ILL BROUGHT BUT NOT GIVEN 0 0 0 0 0 0 ..... 0 0	1	2	O. LONG WAITING TIME 0 0 0 0 0 0 .	1	2	P. FINANCIAL PROBLEM..... 0 .	1	2	Q. CHILD IS GIRL 0 0 0 ..... 0 .	1	2	R. OTHER _____ (SPECIFY)	1	2
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		YES	NO	YES	NO		
Q313a	What was main reason for (Name) not given any vaccination?	A. CHILD TOO YOUNG FOR IMMUNIZATION.....	1	2	A. CHILD TOO YOUNG FOR IMMUNIZATION.....	1	2
		B. UNAWARE OF NEED FOR IMMUNIZATION.....	1	2	B. UNAWARE OF NEED FOR IMMUNIZATION.....	1	2
		C. PLACE OF IMMUNIZATION UNKNOWN.....	1	2	C. PLACE OF IMMUNIZATION UNKNOWN.....	1	2
		D. TIME OF IMMUNIZATION UNKNOWN..	1	2	D. TIME OF IMMUNIZATION UNKNOWN..	1	2
		E. FEAR OF SIDE EFFECTS.....	1	2	E. FEAR OF SIDE EFFECTS.....	1	2
		F. NO FAITH IN IMMUNIZATION... 0 0	1	2	F. NO FAITH IN IMMUNIZATION... 0 0	1	2
		G. PLACE OF IMMUNIZATION TOO FAR TO GO.....	1	2	G. PLACE OF IMMUNIZATION TOO FAR TO GO.....	1	2
		H. TIME OF IMMUNIZATION INCONVENIENT.....	1	2	H. TIME OF IMMUNIZATION INCONVENIENT.....	1	2
		I. ANM ABSENT.....	1	2	I. ANM ABSENT.....	1	2
		J. VACCINE NOT AVAILABLE.... 0 0 0	1	2	J. VACCINE NOT AVAILABLE.... 0 0 0	1	2
		K. MOTHER TOO BUSY.....	1	2	K. MOTHER TOO BUSY.....	1	2
		L. FAMILY PROBLEM, INCLUDING ILLNESS OF MOTHER 0 ... 0 0 0 ..	1	2	L. FAMILY PROBLEM, INCLUDING ILLNESS OF MOTHER 0 ... 0 0 0 ..	1	2
		M. CHILD ILL NOT BROUGHT 0 0 .. 0 0	1	2	M. CHILD ILL NOT BROUGHT 0 0 .. 0 0	1	2
		N. CHILD ILL BROUGHT BUT NOT GIVEN 0 0 0 0 0 0 ..... 0 0	1	2	N. CHILD ILL BROUGHT BUT NOT GIVEN 0 0 0 0 0 0 ..... 0 0	1	2
		O. LONG WAITING TIME 0 0 0 0 0 0 .	1	2	O. LONG WAITING TIME 0 0 0 0 0 0 .	1	2
		P. FINANCIAL PROBLEM..... 0 .	1	2	P. FINANCIAL PROBLEM..... 0 .	1	2
		Q. CHILD IS GIRL 0 0 0 ..... 0 .	1	2	Q. CHILD IS GIRL 0 0 0 ..... 0 .	1	2
		R. OTHER _____ (SPECIFY)	1	2	R. OTHER _____ (SPECIFY)	1	2
		<b>SKIP TO Q315</b>		<b>SKIP TO Q315</b>			

DRAFT

Q.NO	QUESTIONS AND FILTERS	LAST SURVIVING CHILD		LAST BUT ONE SURVIVING CHILD	
Q314	<p>Where did (NAME) receive his/her vaccinations?</p> <p>IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTRE, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL SECTOR, WRITE THE NAME OF THE PLACE (S).</p> <hr/> <p>NAME OF THE PLACE (S). (RECORD ALL MENTIONED)</p>	<p><b>GOVERNMENT</b></p> <p>A. ANGANWADI ..... 1 2</p> <p>B. SUB-CENTRE... 1 2</p> <p>C. PHC 1 2</p> <p>D. CHC 1 2</p> <p>E. UHC/UHP/UFWC 1 2</p> <p>F. DISPENSARY / CLINIC..... 1 2</p> <p>G. HOSPITAL 1 2</p> <p>H. AYUSH HOSPITAL /CLINIC 1 2</p> <p>I. MOBILE CLINIC..... 1 2</p> <p>J. PULSE POLIO 1 2</p> <p><b>PRIVATE</b></p> <p>K. DISPENSARY /CLINIC..... 1 2</p> <p>L. HOSPITAL..... 1 2</p> <p>M. AYUSH HOSPITAL /CLINIC..... 1 2</p> <p>N. DOCTOR/CLINIC ..... 1 2</p> <p>O. NGO/TRUST HOSP. /CLINIC ..... 1 2</p> <p>P. OTHER..... 1 2</p> <p>(SPECIFY)</p>	<p><b>GOVERNMENT</b></p> <p>K. ANGANWADI ..... 1 2</p> <p>L. SUB-CENTRE... 1 2</p> <p>M. PHC 1 2</p> <p>N. CHC 1 2</p> <p>O. UHC/UHP/UFWC 1 2</p> <p>P. DISPENSARY / CLINIC..... 1 2</p> <p>Q. HOSPITAL 1 2</p> <p>R. AYUSH HOSPITAL /CLINIC 1 2</p> <p>S. MOBILE CLINIC..... 1 2</p> <p>T. PULSE POLIO 1 2</p> <p><b>PRIVATE</b></p> <p>K. DISPENSARY /CLINIC..... 1 2</p> <p>L. HOSPITAL..... 1 2</p> <p>M. AYUSH HOSPITAL /CLINIC..... 1 2</p> <p>N. DOCTOR/CLINIC ..... 1 2</p> <p>O. NGO/TRUST HOSP. /CLINIC ..... 1 2</p> <p>P. OTHER..... 1 2</p> <p>(SPECIFY)</p>		
Q315	<p>Was HEPATITIS-B Injection given to the child?</p>	<p>YES.....1</p> <p>NO.....2</p> <p>DON'T KNOW.....8</p>	<p>YES.....1</p> <p>NO.....2</p> <p>DON'T KNOW.....8</p>		
Q316	<p>Has (NAME) ever received a VITAMIN A dose?</p>	<p>YES .....1</p> <p>NO.....2</p> <p>DON'T KNOW.....8</p> <p>→ SKIP TO Q318</p>	<p>YES .....1</p> <p>NO.....2</p> <p>DON'T KNOW.....8</p> <p>→ SKIP TO Q318</p>		

Q. NO	QUESTIONS AND FILTERS	LAST SURVIVING CHILD	LAST BUT ONE SURVIVING CHILD																																																																														
Q317	How many times was the <b>VITAMIN A</b> dose received? (IF 5 OR MORE TIMES, RECORD '5')	NUMBER OF TIMES 0 0 0 .. <input type="text"/>	NUMBER OF TIMES 0 0 0 .. <input type="text"/>																																																																														
Q317a	How many times was the <b>PULSE POLIO</b> dose received? (IF 9 OR MORE TIMES, RECORD '9')	NUMBER OF TIMES 0 0 0 .. <input type="text"/>	NUMBER OF TIMES 0 0 0 .. <input type="text"/>																																																																														
Q317b	<b>CHECK Q.304</b>  Was IFA tablets/ syrup administered to your baby in the last three month (ask only for the babies age above 6 month)	YES TABLETS.....1 SYRUP.....2 NO.....3	YES TABLETS.....1 SYRUP.....2 NO.....3																																																																														
Q318	Has (NAME) taken any drug to get rid of intestinal worms in the past 6 months?	YES.....0 0 0 0 0 0 1 NO.....0 0 0 ..0 0 0 ..2 DONT KNOW.....0 0 0 8	YES.....0 0 0 0 0 0 1 NO.....0 0 0 ..0 0 0 ..2 DONT KNOW 0 0 .....0 0 8																																																																														
Q319	Who facilitated or motivated you to give vaccination to your child?  (RECORD ALL MENTIONED)	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr><td>A.DOCTOR 0 0 0 0 ..</td><td>1</td><td>2</td></tr> <tr><td>B. ANM 0 0 0 ..</td><td>1</td><td>2</td></tr> <tr><td>C. HEALTH WORKERS 0 ..</td><td>1</td><td>2</td></tr> <tr><td>D. ANGANWADI WORKER</td><td>1</td><td>2</td></tr> <tr><td>E. ASHA 0 .....</td><td>1</td><td>2</td></tr> <tr><td>F. NGO/CBO 0 ..0</td><td>1</td><td>2</td></tr> <tr><td>G. HUSBAND 0 0 0 0</td><td>1</td><td>2</td></tr> <tr><td>H. MOTHER-IN-LAW 0</td><td>1</td><td>2</td></tr> <tr><td>I. MOTHER 0 0 0 0 0</td><td>1</td><td>2</td></tr> <tr><td>J. RELATIVES/FRIENDS</td><td>1</td><td>2</td></tr> <tr><td>K. SELF 0 0 0 0 0 ..0</td><td>1</td><td>2</td></tr> <tr><td>L. OTHER _____</td><td>1</td><td>2</td></tr> </tbody> </table> <p>(SPECIFY)</p>		YES	NO	A.DOCTOR 0 0 0 0 ..	1	2	B. ANM 0 0 0 ..	1	2	C. HEALTH WORKERS 0 ..	1	2	D. ANGANWADI WORKER	1	2	E. ASHA 0 .....	1	2	F. NGO/CBO 0 ..0	1	2	G. HUSBAND 0 0 0 0	1	2	H. MOTHER-IN-LAW 0	1	2	I. MOTHER 0 0 0 0 0	1	2	J. RELATIVES/FRIENDS	1	2	K. SELF 0 0 0 0 0 ..0	1	2	L. OTHER _____	1	2	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr><td>A.DOCTOR 0 0 0 0 ..</td><td>1</td><td>2</td></tr> <tr><td>B. ANM 0 0 0 ..</td><td>1</td><td>2</td></tr> <tr><td>C. HEALTH WORKERS 0 ..</td><td>1</td><td>2</td></tr> <tr><td>D. ANGANWADI WORKER</td><td>1</td><td>2</td></tr> <tr><td>E. ASHA 0 .....</td><td>1</td><td>2</td></tr> <tr><td>F. NGO/CBO 0 ..0</td><td>1</td><td>2</td></tr> <tr><td>G. HUSBAND 0 0 0 0</td><td>1</td><td>2</td></tr> <tr><td>H. MOTHER-IN-LAW 0</td><td>1</td><td>2</td></tr> <tr><td>I. MOTHER 0 0 0 0 0</td><td>1</td><td>2</td></tr> <tr><td>J. RELATIVES/FRIENDS</td><td>1</td><td>2</td></tr> <tr><td>K. SELF 0 0 0 0 0 ..0</td><td>1</td><td>2</td></tr> <tr><td>L. OTHER _____</td><td>1</td><td>2</td></tr> </tbody> </table> <p>(SPECIFY)</p>		YES	NO	A.DOCTOR 0 0 0 0 ..	1	2	B. ANM 0 0 0 ..	1	2	C. HEALTH WORKERS 0 ..	1	2	D. ANGANWADI WORKER	1	2	E. ASHA 0 .....	1	2	F. NGO/CBO 0 ..0	1	2	G. HUSBAND 0 0 0 0	1	2	H. MOTHER-IN-LAW 0	1	2	I. MOTHER 0 0 0 0 0	1	2	J. RELATIVES/FRIENDS	1	2	K. SELF 0 0 0 0 0 ..0	1	2	L. OTHER _____	1	2
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Q320	Has (NAME) had Diarrhoea in the last two weeks?	YES .....0 0 0 .1 NO.....0 0 ..0 ..2 DONT KNOW..... 0 .8 } → <b>SKIP TO Q325</b>	YES .....0 0 0 .1 NO.....0 0 ..0 ..2 DONT KNOW..... 0 .8 } → <b>SKIP TO Q325</b>																																																																														

Q. NO	QUESTIONS AND FILTERS	LAST SURVIVING CHILD	LAST BUT ONE SURVIVING CHILD																																																
Q321	During the current (last) episode of diarrhoea have you given the following liquids to the child? Plain water Salt and sugar solution Fruit juice Lime water Gruel made from rice (other local grain) Home remedy Child on breast milk	<table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> </tr> <tr> <td>A. PLAIN WATER</td> <td>1</td> <td>2</td> </tr> <tr> <td>B. SALT AND SUGAR SOLUTION</td> <td>1</td> <td>2</td> </tr> <tr> <td>C. FRUIT JUICE</td> <td>1</td> <td>2</td> </tr> <tr> <td>D. LIME WATER</td> <td>1</td> <td>2</td> </tr> <tr> <td>E. GRUEL MADE FROM RICE (OTHER LOCAL GRAIN)</td> <td>1</td> <td>2</td> </tr> <tr> <td>F. HOME REMEDY</td> <td>1</td> <td>2</td> </tr> <tr> <td>G. CHILD ON BREAST MILK</td> <td>1</td> <td>2</td> </tr> </table>		YES	NO	A. PLAIN WATER	1	2	B. SALT AND SUGAR SOLUTION	1	2	C. FRUIT JUICE	1	2	D. LIME WATER	1	2	E. GRUEL MADE FROM RICE (OTHER LOCAL GRAIN)	1	2	F. HOME REMEDY	1	2	G. CHILD ON BREAST MILK	1	2	<table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> </tr> <tr> <td>A. PLAIN WATER</td> <td>1</td> <td>2</td> </tr> <tr> <td>B. SALT AND SUGAR SOLUTION</td> <td>1</td> <td>2</td> </tr> <tr> <td>C. FRUIT JUICE</td> <td>1</td> <td>2</td> </tr> <tr> <td>D. LIME WATER</td> <td>1</td> <td>2</td> </tr> <tr> <td>E. GRUEL MADE FROM RICE (OTHER LOCAL GRAIN)</td> <td>1</td> <td>2</td> </tr> <tr> <td>F. HOME REMEDY</td> <td>1</td> <td>2</td> </tr> <tr> <td>G. CHILD ON BREAST MILK</td> <td>1</td> <td>2</td> </tr> </table>		YES	NO	A. PLAIN WATER	1	2	B. SALT AND SUGAR SOLUTION	1	2	C. FRUIT JUICE	1	2	D. LIME WATER	1	2	E. GRUEL MADE FROM RICE (OTHER LOCAL GRAIN)	1	2	F. HOME REMEDY	1	2	G. CHILD ON BREAST MILK	1	2
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Q322	Did you give ORS solution to child during the diarrhoea?	YES.....1 NO.....2 CHILD ON BREAST MILK.....3	YES.....1 NO.....2 CHILD ON BREAST MILK.....3																																																
Q322A	Did you administer HAF/ORT/ORS/Zinc to the baby? <table border="1"> <thead> <tr> <th>ITEM</th> <th>CODE</th> </tr> </thead> <tbody> <tr> <td>Yes</td> <td>1</td> </tr> <tr> <td>No</td> <td>2</td> </tr> </tbody> </table>	ITEM	CODE	Yes	1	No	2	<table border="1"> <tbody> <tr> <td>HAF</td> <td></td> </tr> <tr> <td>ORT/ORS</td> <td></td> </tr> <tr> <td>Zinc</td> <td></td> </tr> </tbody> </table>	HAF		ORT/ORS		Zinc		<table border="1"> <tbody> <tr> <td>HAF</td> <td></td> </tr> <tr> <td>ORT/ORS</td> <td></td> </tr> <tr> <td>Zinc</td> <td></td> </tr> </tbody> </table>	HAF		ORT/ORS		Zinc																															
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Q322B	Whether normal feeding was continued during the diarrhoea?	YES.....1 NO.....2	YES.....1 NO.....2																																																
Q323	Did you seek advice or treatment for the diarrhoea from any source?	YES.....1 <b>SKIP TO</b> NO.....2 <b>→ Q325</b>	YES.....1 <b>SKIP TO</b> NO.....2 <b>→ Q325</b>																																																



Q. NO	QUESTIONS AND FILTERS	LAST SURVIVING CHILD	LAST BUT ONE SURVIVING CHILD
Q324	<p>Where did you seek advice or treatment?</p> <p>Anywhere else?</p> <p>IF UNABLE TO DETERMINE A HOSPITAL, HEALTH CENTRE, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL SECTOR, WRITE THE NAME OF THE PLACE (S).</p> <p>_____</p> <p>NAME OF THE PLACE (S).</p> <p><b>(RECORD ALL SOURCES MENTIONED)</b></p>	<p><b>GOVERNMENT</b></p> <p>A. ANGANWADI..... 1 2</p> <p>B. SUB-CENTRE... 1 2</p> <p>C. PHC... 1 2</p> <p>D. CHC 1 2</p> <p>E. UHC/UHP/UFWC 1 2</p> <p>F. DISPENSARY/CLINIC 1 2</p> <p>G. HOSPITAL 1 2</p> <p>H. AYUSH HOSPITAL/CLINIC 1 2</p> <p>I. MOBILE HEALTH CLINIC..... 1 2</p> <p>J. ASHA 1 2</p> <p><b>PRIVATE</b></p> <p>K. DISPENSARY/CLINIC 1 2</p> <p>L. HOSPITAL 1 2</p> <p>M. AYUSH HOSPITAL/CLINIC 1 2</p> <p>N. PHARMACY/DRUG STORE... 1 2</p> <p>P. NGO/TRUST HOSP./CLINIC 1 2</p> <p>Q. OTHER 1 2</p> <p><b>(SPECIFY)</b></p>	<p><b>GOVERNMENT</b></p> <p>I. ANGANWADI..... 1 2</p> <p>J. SUB-CENTRE... 1 2</p> <p>K. PHC... 1 2</p> <p>L. CHC 1 2</p> <p>M. UHC/UHP/UFWC 1 2</p> <p>N. DISPENSARY/CLINIC 1 2</p> <p>O. HOSPITAL 1 2</p> <p>P. AYUSH HOSPITAL/CLINIC 1 2</p> <p>I. MOBILE HEALTH CLINIC..... 1 2</p> <p>J. ASHA 1 2</p> <p><b>PRIVATE</b></p> <p>K. DISPENSARY/CLINIC 1 2</p> <p>L. HOSPITAL 1 2</p> <p>M. AYUSH HOSPITAL/CLINIC 1 2</p> <p>N. PHARMACY/DRUG STORE... 1 2</p> <p>P. NGO/TRUST HOSP./CLINIC 1 2</p> <p>Q. OTHER 1 2</p> <p><b>(SPECIFY)</b></p>
Q325	<p>Has <b>(NAME)</b> been ill with fever at any time in the last two weeks?</p>	<p>YES..... 1</p> <p>NO..... 2</p> <p>DON'T KNOW..... 8</p>	<p>YES..... 1</p> <p>NO..... 2</p> <p>DON'T KNOW..... 8</p>
Q326	<p>Has <b>(NAME)</b> been ill with cough at any time in the last two weeks?</p>	<p>YES..... 1</p> <p>NO..... 2</p> <p>DON'T KNOW..... 8</p> <p>GO BACK TO Q302 IN NEXT COLUMN; OR, IF NOSURVIVING CHILD, GO TO SECTION IV</p>	<p>YES..... 1</p> <p>NO..... 2</p> <p>DON'T KNOW..... 8</p> <p>SKIP TO SEC IV</p>

Q. NO	QUESTIONS AND FILTERS	LAST SURVIVING CHILD	LAST BUT ONE SURVIVING CHILD																																																																																																																								
Q327	When (NAME) had this illness with a cough, did he/she breath faster than usual with short, rapid breaths or have difficulty in breathing?	YES.....ō .....ō 1 NO.....ō õ õ õ õ õ õ õ õ ..ō õ ..ō 2 DONGT KNOW..... õ õ õ õ õ õ õ õ .....ō ..... 8	YES.....ō .....ō 1 NO.....ō õ õ õ õ õ õ õ õ ..ō õ ..ō 2 DONGT KNOW..... õ õ õ õ õ õ õ õ .....ō ..... 8																																																																																																																								
Q328	Did you seek advice or treatment for the illness from any source?	YES.....ō õ 1 NO.....ō õ 2 → <b>GO BACK TO Q302 IN NEXT COLUMN; OR, IF NO SURVIVING CHILD, GO TO SECTION IV</b>	YES.....ō õ õ 1 NO.....ō õ õ 2 → <b>GO TO SECTION IV</b>																																																																																																																								
Q329	Whether treatment with antibiotic was given?	YES.....ō .....ō 1 NO.....ō õ õ õ õ õ õ õ õ ..ō õ ..ō 2 DONGT KNOW õ õ õ õ õ õ õ .....ō ..... 8	YES.....ō .....ō 1 NO.....ō õ õ õ õ õ õ õ õ ..ō õ ..ō 2 DONGT KNOW õ õ õ õ õ õ õ .....ō ..... 8																																																																																																																								
Q330	Where did you seek advice or treatment?  Anywhere else?  IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTRE, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL SECTOR, WRITE THE NAME OF THE PLACE (S).  NAME OF THE PLACE (S).  <b>(RECORD ALL SOURCES MENTIONED)</b>	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td><b>GOVERNMENT</b></td> <td></td> <td></td> </tr> <tr> <td>A. ANGANWADI.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>B. SUB-CENTRE.....ō õ õ .õ õ õ .</td> <td>1</td> <td>2</td> </tr> <tr> <td>C. PHC...õ õ õ õ .....õ õ õ .</td> <td>1</td> <td>2</td> </tr> <tr> <td>D. CHCõ .....õ õ</td> <td>1</td> <td>2</td> </tr> <tr> <td>E. UHC/UHP/UFWCõ õ õ õ ..õ õ</td> <td>1</td> <td>2</td> </tr> <tr> <td>F. DISPENSARYõ õ õ õ ..õ ..õ .</td> <td>1</td> <td>2</td> </tr> <tr> <td>G. HOSPITALõ õ õ õ ..õ õ ..õ</td> <td>1</td> <td>2</td> </tr> <tr> <td>H. AYUSH HOSPITAL/CLINICõ õ</td> <td>1</td> <td>2</td> </tr> <tr> <td>I. MOBILE HEALTH CLINIC.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>J. ASHAõ .....õ</td> <td>1</td> <td>2</td> </tr> <tr> <td><b>PRIVATE</b></td> <td></td> <td></td> </tr> <tr> <td>K. DISPENSARY/CLINIC .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>L. HOSPITAL õ õ õ .....õ ..õ</td> <td>1</td> <td>2</td> </tr> <tr> <td>M. AYUSH HOSPITAL/CLINICõ õ</td> <td>1</td> <td>2</td> </tr> <tr> <td>N. PHARMACY/DRUG STORE..õ</td> <td>1</td> <td>2</td> </tr> <tr> <td>O. NGO/TRUST HOSP. /CLINICõ</td> <td>1</td> <td>2</td> </tr> <tr> <td>P. OTHER.....</td> <td>1</td> <td>2</td> </tr> <tr> <td></td> <td colspan="2" style="text-align: center;"><b>(SPECIFY)</b></td> </tr> </tbody> </table>		YES	NO	<b>GOVERNMENT</b>			A. ANGANWADI.....	1	2	B. SUB-CENTRE.....ō õ õ .õ õ õ .	1	2	C. PHC...õ õ õ õ .....õ õ õ .	1	2	D. CHCõ .....õ õ	1	2	E. UHC/UHP/UFWCõ õ õ õ ..õ õ	1	2	F. DISPENSARYõ õ õ õ ..õ ..õ .	1	2	G. HOSPITALõ õ õ õ ..õ õ ..õ	1	2	H. AYUSH HOSPITAL/CLINICõ õ	1	2	I. MOBILE HEALTH CLINIC.....	1	2	J. ASHAõ .....õ	1	2	<b>PRIVATE</b>			K. DISPENSARY/CLINIC .....	1	2	L. HOSPITAL õ õ õ .....õ ..õ	1	2	M. AYUSH HOSPITAL/CLINICõ õ	1	2	N. PHARMACY/DRUG STORE..õ	1	2	O. NGO/TRUST HOSP. /CLINICõ	1	2	P. OTHER.....	1	2		<b>(SPECIFY)</b>		<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td><b>GOVERNMENT</b></td> <td></td> <td></td> </tr> <tr> <td>Q. ANGANWADI.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>R. SUB-CENTRE.....õ õ õ .õ õ õ .</td> <td>1</td> <td>2</td> </tr> <tr> <td>S. PHC...õ õ õ õ .....õ õ õ .</td> <td>1</td> <td>2</td> </tr> <tr> <td>T. CHCõ .....õ õ</td> <td>1</td> <td>2</td> </tr> <tr> <td>U. UHC/UHP/UFWCõ õ õ õ ..õ õ</td> <td>1</td> <td>2</td> </tr> <tr> <td>V. DISPENSARYõ õ õ õ ..õ ..õ .</td> <td>1</td> <td>2</td> </tr> <tr> <td>W. HOSPITALõ õ õ õ ..õ õ ..õ</td> <td>1</td> <td>2</td> </tr> <tr> <td>X. AYUSH HOSPITAL/CLINICõ õ</td> <td>1</td> <td>2</td> </tr> <tr> <td>Y. MOBILE HEALTH CLINIC.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Z. ASHAõ .....õ</td> <td>1</td> <td>2</td> </tr> <tr> <td><b>PRIVATE</b></td> <td></td> <td></td> </tr> <tr> <td>AA. DISPENSARY/CLINIC .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>BB. HOSPITAL õ õ õ .....õ ..õ</td> <td>1</td> <td>2</td> </tr> <tr> <td>CC. AYUSH HOSPITAL/CLINICõ õ</td> <td>1</td> <td>2</td> </tr> <tr> <td>DD. PHARMACY/DRUG STORE..õ</td> <td>1</td> <td>2</td> </tr> <tr> <td>EE. NGO/TRUST HOSP. /CLINICõ</td> <td>1</td> <td>2</td> </tr> <tr> <td>FF. OTHER.....</td> <td>1</td> <td>2</td> </tr> <tr> <td></td> <td colspan="2" style="text-align: center;"><b>(SPECIFY)</b></td> </tr> </tbody> </table>		YES	NO	<b>GOVERNMENT</b>			Q. ANGANWADI.....	1	2	R. SUB-CENTRE.....õ õ õ .õ õ õ .	1	2	S. PHC...õ õ õ õ .....õ õ õ .	1	2	T. CHCõ .....õ õ	1	2	U. UHC/UHP/UFWCõ õ õ õ ..õ õ	1	2	V. DISPENSARYõ õ õ õ ..õ ..õ .	1	2	W. HOSPITALõ õ õ õ ..õ õ ..õ	1	2	X. AYUSH HOSPITAL/CLINICõ õ	1	2	Y. MOBILE HEALTH CLINIC.....	1	2	Z. ASHAõ .....õ	1	2	<b>PRIVATE</b>			AA. DISPENSARY/CLINIC .....	1	2	BB. HOSPITAL õ õ õ .....õ ..õ	1	2	CC. AYUSH HOSPITAL/CLINICõ õ	1	2	DD. PHARMACY/DRUG STORE..õ	1	2	EE. NGO/TRUST HOSP. /CLINICõ	1	2	FF. OTHER.....	1	2		<b>(SPECIFY)</b>	
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Q331		<b>GO BACK TO Q302 IN NEXT COLUMN OR, IF NO SURVIVING CHILD, GO TO SECTION IV</b>	<b>GO TO SECTION IV</b>																																																																																																																								

**SECTION-IV  
CONTRACEPTION AND FERTILITY PREFERENCES**

<b>A. CONTRACEPTION</b>			
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.			
Q. NO	QUESTIONS AND FILTERS	SKIP TO	CODING CATEGORIES
Q401A	Which ways or methods have you heard about? <b>CIRCLE CODE '1' IN Q401 A FOR EACH METHOD MENTIONED SPONTANEOUSLY</b> <b>FOR METHODS NOT MENTIONED SPONTANEOUSLY, ASK EACH METHOD SEPARATELY READING THE NAME AND DESCRIPTION.</b>		<b>CHECK Q106: Q401B IS NOT APPLICABLE TO WOMEN WHO ARE MARRIED BUT GAUNA NOT PERFORMED.</b>  <b>ASK Q401B FOR EACH METHOD WITH CODE '1' CIRCLED IN Q401A.</b>  Q401B Have you ever used (METHOD NAME)?
	<b>MODERN</b>		
01	<b>FEMALE STERILIZATION-</b> Women can have an operation to avoid having any more children.	YES 0 0 .0 1 NO 0 0 0 ..2 ↘	Have you ever had an operation to avoid having any more children? YES 0 0 .0 1 NO 0 0 0 ..2
02	<b>MALE STERILIZATION-</b> Men can have an operation to avoid having any more children.	YES 0 0 ..1 NO 0 0 0 ..2 ↘	Has your husband ever had an operation to avoid having any more children? YES 0 0 .0 1 NO 0 0 0 ..2
03	<b>IUD -</b> Women can have device placed inside the uterus by a doctor or a nurse.	YES 0 0 .0 1 NO 0 0 0 ..2 ↘	USED IUD YES 0 0 .0 1 NO 0 0 0 ..2
04	<b>PILL-</b> Women can take a pill every day to avoid becoming pregnant.	YES 0 0 ....1 NO 0 0 0 ..2 ↘	USED PILLS YES 0 0 .0 1 NO 0 0 0 ..2
05	<b>PILL-</b> Women can take a pill once a week to avoid becoming pregnant.	YES 0 0 ..1 NO 0 0 0 ..2 ↘	USED PILLS YES 0 0 .0 1 NO 0 0 0 ..2
06	<b>EMERGENCY CONTRACEPTION-</b> Women can take pills within three days after unprotected sexual intercourse to avoid becoming pregnant.	YES 0 0 ....1 NO 0 0 0 ..2 ↘	USED EMERGENCY CONTRACEPTION YES 0 0 .0 1 NO 0 0 0 ..2
07	<b>INJECTABLES-</b> Women can have an injection by health provider that stops them from becoming pregnant ( for one or more months).	YES 0 0 ....1 NO 0 0 0 ..2 ↘	USED INJECTABLES YES 0 0 .0 1 NO 0 0 0 ..2
08	<b>CONDOM OR NIRODH-</b> Men can put rubber sheath on their penis before sexual intercourse.	YES 0 0 ..1 NO 0 0 0 ..2 ↘	USED CONDOM/NIRODH YES 0 0 .0 1 NO 0 0 0 ..2
09	<b>FEMALE CONDOM-</b> Women can place a sheath in their vagina before sexual intercourse.	YES 0 0 .1 NO 0 0 ..2 ↘	USED FEMALE CONDOM YES 0 0 .0 1 NO 0 0 ..0 ..2

Q. NO	QUESTIONS AND FILTERS	SKIP TO	CODING CATEGORIES
	<b>TRADITIONAL</b>		
10	<b>RHYTHM METHOD</b> - Every month that a woman is sexually active she can avoid pregnancy by not having sexual intercourse on the days of the month she is most likely to get pregnant.	YES 0 0 ...1 NO 0 0 0 ..2 ↘	USED RHYTHM METHOD YES 0 0 ..1 NO 0 0 0 ..2
11	<b>WITHDRAWAL</b> - Men can be careful and pull out before climax.	YES 0 0 .0 1 NO 0 0 0 ..2 ↘	USED WITHDRAWAL YES 0 0 ...1 NO 0 0 0 ..2
12	Contraceptive herbs	YES 0 0 .0 1 NO 0 0 ..2 ↘	USED CONTRACEPTIVE HERBS YES 0 0 .0 1 NO 0 0 0 ..2
13	Lactational Amenorrhoea Method (LAM)	YES 0 0 ..1 NO 0 0 0 ..2 ↘	USED LACTATIONAL AMENORRHOEA METHOD (LAM) YES 0 0 ..1 NO 0 0 0 ..2
14	Have you heard of any <b>other ways</b> or methods that women or men can use to avoid pregnancy?	YES 0 0 0 1 (SPECIFY) (SPECIFY) NO 0 0 0 ..2	USED ANY OTHER METHOD YES 0 0 0 1 NO 0 0 0 ..2

DRAFT

Q402	<b>CHECK Q106:</b> CURRENTLY MARRIED <input type="checkbox"/>	MARRIED BUT GAUNA NOT PERFORMED/ SEPARATED / DESERTED <input type="checkbox"/> DIVORCED / WIDOWED <input type="checkbox"/>	→ SEC V
Q403	<b>CHECK Q401B:</b> WOMAN/MAN NOT STERILIZED <input type="checkbox"/>	WOMAN/MAN STERILIZED <input type="checkbox"/>	→ Q406A
Q. NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
Q404	Are you currently pregnant?	YES ..... 1 NO..... 2 UNSURE ..... 3	→ Q430
Q405	Are you/your husband currently doing something or using any method to delay or avoid getting pregnant?	YES ..... 1 NO..... 2	→ Q430
Q406  Q406A	Which method are you/your husband using?  <b>(CIRCLE ALL MENTIONED)</b>  IF MORE THAN ONE METHOD MENTIONED, FOLLOW SKIP FOR HIGHEST METHOD ON LIST.  CIRCLE $\neq$ qFOR FEMALE STERILIZATION, CIRCLE $\neq$ qFOR MALE STERILIZATION	FEMALE STERILIZATION .....01 MALE STERILIZATION.....02 IUD.....03 DAILY PILLS.....04 WEEKLY PILLS.....05 INJECTABLES.....06 CONDOM/NIRODH .....07 FEMALE CONDOM.....08 RHYTHM METHOD.....09 WITHDRAWAL.....10 OTHER _____ 96 <b>(SPECIFY)</b>	→ Q412 → Q411  → Q415
Q407	Have you/your husband ever faced difficulty in getting the method?	NO PROBLEM./o o o o o o o o o o o o .....1 NOT REGULARLY AVAIL. WITH PHC.....o .2 NOT REGULARLY AVAIL WITH AN o o o o o o o o 3 NOT REGULARLY AVAIL WITH MEDICAL SHOPS/CHEMISTo o .....o o o .....4 OTHER _____ 6 <b>(SPECIFY)</b>	
Q408	Do you know the brand name of (method) you/your husband are using?  RECORD NAME OF BRAND. (ASK SUPERVISOR FOR CODE LIST.)	<input type="text"/>  BRAND NAME _____ <b>(SPECIFY)</b>  DON't KNOW. o o o o o o o .....o o ..98	
Q409	Whether money was paid for getting pills condoms/injectables?	YESo o o o o o o o o o o o o o .1 NOo .o o o o o o o o .....o o o o o o 2 DON't KNOWo o o o .....o o o o o .8	

Q. NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
Q410	<p>Where did you obtain (CURRENT METHOD) the last time?</p> <p>IF UNABLE TO DETERMINE IT TO BE A HOSPITAL, HEALTH CENTER, OR CLINIC; IF IT IS GOVERNMENT OR PRIVATE, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p><b>GOVERNMENT</b></p> <p>GOVT. MUNICIPAL HOSPITAL 0 0 0 0 ...11</p> <p>GOVT. DISPENSARY...0 0 0 0 0 0 0 0 12</p> <p>UHC/UHP/UFWC 0 0 0 0 0 0 0 0 .. 13</p> <p>CHC..... 0 0 .0 0 0 0 .0 14</p> <p>PHC 0 0 0 0 0 0 0 0 0 0 0 0 . 15</p> <p>SUB-CENTER..... 0 0 0 0 0 0 0 0 . 16</p> <p>AYUSH HOSPITAL/CLINIC.0 0 .....17</p> <p>MOBILE CLINIC 0 0 ..0 0 0 0 0 0 0 0 ... 18</p> <p>ANGANWADI/ICDS CENTER 0 0 0 0 0 . 19</p> <p>ASHA/ANM.....0 0 0 0 0 0 0 0 0 0 20</p> <p>OTHER COMMUNITY-BASED WORKER.....21</p> <p>OTHER PUBLIC MEDICAL SECTOR 0 0 22</p> <p><b>PRIVATE</b></p> <p>HOSPITAL/CLINIC...0 0 0 0 0 0 0 0 . 23</p> <p>AYUSH HOSPITAL/CLINIC 0 0 ..0 0 0 0 0 0 .24</p> <p>NGO OR TRUST HOSPITAL/CLINIC 0 0 ..25</p> <p>DOCTOR/CLINIC 0 0 0 0 0 0 0 0 0 0 .26</p> <p>MOBILE CLINIC 0 0 0 0 0 0 0 0 0 0 0 0 27</p> <p>TRADITIONAL HEALER 0 0 0 0 0 0 .0 0 28</p> <p>PHARMACY/DRUG STORAGE.0 0 0 0 0 29</p> <p>OTHER PRIVATE MEDICAL SECTOR 0 0 30</p> <p><b>OTHER SOURCE</b></p> <p>SHOP 0 0 0 0 0 0 0 0 0 0 0 0 0 0 31</p> <p>VENDING MACHINE 0 0 0 0 0 0 0 0 0 0 32</p> <p>HUSBAND 0 0 0 0 0 0 0 0 0 0 0 0 0 33</p> <p>RELATIVES/FRIENDS.. 0 ..0 0 0 0 0 0 34</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p> <p>DON'T KNOW 0 0 0 0 0 0 0 0 0 0 0 0 .. 98</p>	Q415
Q411	<p>In what facility did the IUD insertion take place?</p> <p>IF UNABLE TO DETERMINE IT TO BE A HOSPITAL, HEALTH CENTER, OR CLINIC ; IT IS A GOVERNMENT OR PRIVATE, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p><b>GOVERNMENT</b></p> <p>GOVT. MUNICIPAL HOSPITAL 0 0 ..0 11</p> <p>GOVT. DISPENSARY.0 0 0 0 0 0 0 0 12</p> <p>UHC/UHP/UFWC 0 0 0 0 0 0 0 0 .... 13</p> <p>CHC..... 0 0 0 0 0 0 . 14</p> <p>PHC 0 0 0 0 0 0 0 0 0 0 0 0 .0 15</p> <p>SUB-CENTER 0 0 0 0 0 0 0 0 0 0 .0 16</p> <p>AYUSH HOSPITAL/CLINIC.....17</p> <p>MOBILE CLINIC 0 0 0 0 0 0 0 0 0 0 18</p> <p><b>PRIVATE</b></p> <p>HOSPITAL/CLINIC.0 0 .0 0 0 0 0 0 0 .. 19</p> <p>AYUSH HOSPITAL/CLINIC</p> <p>NGO OR TRUST HOSPITAL/CLINIC 0 0 20</p> <p>DOCTOR/CLINIC 0 0 ..0 0 0 0 0 0 0 21</p> <p>MOBILE CLINIC 0 0 ..0 0 0 0 0 0 0 0 ..22</p> <p>OTHER PRIVATE HEALTH FACILITY 0 23</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p> <p>DON'T KNOW 0 0 0 0 0 0 0 0 0 0 0 0 .. 98</p>	Q415
Q412	<p>What type of sterilization procedure you/your husband have undergone?</p>	<p><b>FEMALE</b></p> <p>TUBECTOMY.0 0 0 ..... 1</p> <p>LAPAROSCOPY.0 0 ..... 2</p> <p><b>MALE</b></p> <p>VASECTOMY 0 0 0 0 0 0 0 0 ... 0 0 0 ...3</p> <p>NO-SCALPEL VASECTOMY (NSV)</p> <p>0 0 0 0 0 0 0 0 0 0 0 0 .4</p>	
Q413	<p>Had you / your husband undergone sterilization just after child birth or abortion or any other time?</p>	<p>AFTER CHILD BIRTH.....1</p> <p>AFTER ABORTION 0 0 .....2</p> <p>ANY OTHER TIME....0 0 0 .....6</p>	

Q. NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
Q414	<p>In what facility did the sterilization take place?</p> <p>IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTRE, OR CLINIC IS GOVERNMENT OR PRIVATE, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p><b>GOVERNMENT</b></p> <p>GOVT. MUNICIPAL HOSPITAL 0 0 . 11</p> <p>GOVT. DISPENSARY.0 0 0 0 0 0 0 12</p> <p>UHC/UHP/UFWC0 0 0 0 0 0 0 0 .... 13</p> <p>CHC..... 0 0 0 0 0 0 .0 . 14</p> <p>PHC0 0 0 0 0 0 0 0 0 0 0 0 0 .0 .. 15</p> <p>AYUSH HOSPITAL/CLINIC..... 16</p> <p>MOBILE CLINIC0 0 0 0 0 0 0 0 17</p> <p><b>PRIVATE</b></p> <p>HOSPITAL/CLINIC.0 .0 0 0 0 0 0 .. 18</p> <p>AYUSH HOSPITAL/CLINIC..... 19</p> <p>NGO OR TRUST HOSPITAL/CLINIC0 ... 20</p> <p>DOCTOR/CLINIC0 0 0 .0 0 0 0 0 0 0 21</p> <p>MOBILE CLINIC0 0 .0 0 0 0 0 0 0 0 . 22</p> <p>OTHER PRIVATE HEALTH FACILITY ... 23</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p> <p>DONOT KNOW0 0 0 0 0 0 0 0 0 98</p>	
Q414A	Did you/ your husband receive the compensation after sterilization?	<p>YES 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 1</p> <p>NO 0 0 0 0 0 0 0 0 0 0 0 0 0 0 .0 0 2</p>	Q415
Q414B	When did you/your husband receive compensation for sterilization?	<p>BEFORE / AT THE TIME OF DISCHARGE .....1</p> <p>AT THE TIME OF FIRST FOLLOW-UP.....2</p> <p>AFTER SEVERAL VISITS.....0 0 0 .....0 3</p>	
Q414C	How much compensation did you/your husband receive for sterilization?	Rupees.....	
Q415	<p>A). STERILIZED <input type="checkbox"/></p> <p>B). ALL OTHER METHODS <input type="checkbox"/></p> <p>For how long have you/ your husband been using (CURRENT METHOD) continuously (without stopping)?</p> <p>How long ago did you/your husband undergo sterilization?</p>	<p><b>IF LESS THAN '1' MONTH RECORD... 000</b></p> <p>MONTHS0 0 0 0 0 0 0 0 0 0 1</p> <p>(LESS THAN TWO YEARS)</p> <p>YEARS0 0 0 0 0 0 0 0 0 0 2</p> <p>DO NOT REMEMBER0 0 0 .. 998</p>	
Q416	Who facilitated or motivated you to use current family planning method?	<p>YES NO</p> <p>A. DOCTOR0 0 0 0 0 0 ..0 0 0 0 0 1 2</p> <p>B. ANM 0 0 0 0 0 0 0 0 0 0 .0 0 0 1 2</p> <p>C. HEALTH WORKER 0 .0 0 ..... 1 2</p> <p>D. ANGANWADI WORKER 0 ..0 1 2</p> <p>E. ASHA 0 0 0 0 0 0 0 0 0 0 0 0 .. 1 2</p> <p>F. NGO / CBO.....0 0 . 1 2</p> <p>G. HUSBAND 0 0 0 0 0 0 0 0 0 0 . 1 2</p> <p>H. MOTHER-IN-LAW0 0 0 0 0 0 0 . 1 2</p> <p>I. MOTHER 0 0 0 0 0 0 0 0 0 0 ... 1 2</p> <p>J. RELATIVES/FRIENDS0 0 0 0 . 1 2</p> <p>K. DAI (TBA)0 0 0 0 0 0 0 0 0 0 1 2</p> <p>L. SELF0 0 0 0 0 0 0 0 0 0 0 0 0 1 2</p> <p>M. OTHER _____ 1 2</p> <p>(SPECIFY)</p>	

Q. NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
Q417	When you/your husband started using (CURRENT METHOD), at that time, were you told about side effects or other problems?	YES 0 0 0 0 0 0 0 0 0 0 0 0 0 0 1 NO 0 0 . 0 0 0 0 0 0 0 0 0 0 0 0 0 0 .....2 →	Q419
Q418	Who told you/your husband about side effects or other problems/consequences that you might have due to usage of the method?  (RECORD ALL MENTIONED)	YES NO A. DOCTOR 0 0 0 0 0 0 0 0 . 1 2 B. ANM 0 0 0 0 0 0 0 0 0 0 0 0 1 2 C. HEALTH WORKER 0 .....0 1 2 D. ANGANWADI WORKER 0 0 .. 1 2 E. ASHA 0 0 0 0 0 0 0 0 0 0 0 0 . 1 2 F. MOTHER-IN-LAW 0 0 0 0 0 1 2 G. MOTHER 0 0 0 0 0 0 0 0 0 0 1 2 H. RELATIVES/FRIENDS 0 0 0 1 2 I. OTHER _____ 1 2 (SPECIFY)	
Q419	<b>CHECK Q406/Q406A:</b>  CIRCLE METHOD CODE:  (IF MORE THAN ONE METHOD CODE CIRCLES IN Q406/Q406A, CIRCLED CODE FOR HIGHEST METHOD IN LIST)	NO CODE CIRCLED .....00 → FEMALE STERILIZATION .....01 MALE STERILIZATION .....02 IUD/ .....03 DAILY PILLS .....04 WEEKLY PILLS .....05 INJECTABLES .....06 CONDOM/NIRODH .....07 FEMALE CONDOM .....08 RHYTHM METHOD .....09 WITHDRAWAL .....10 OTHER METHOD .....96 (SPECIFY)	Q429   Q422  Q428
Q420	How would you rate the care you received during and immediately after the sterilization/IUD insertion: very good, all right, not so good, or bad?	VERY GOOD .....1 ALL RIGHT .....2 NOT SO GOOD .....3 BAD .....4	
Q421	After you adopted this method, did anyone visit you for enquiring about you/your husband's health within 48 hours? or Did you / your husband visit anyone for follow-up within 48 hours?	HEALTH PERSONNEL VISITED .....1 SELF/ HUSBAND VISITED HEALTH FACILITY .....2 NOT VISITED AT ALL .....3	
Q422	At that time, when you/your husband started using current method, were you told by a health or family planning worker/ASHA about other methods of family planning that you could use?  OR  Were you/ your husband ever informed by a health or family planning worker/ASHA about other methods of family planning that you could use?	YES 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 1 NO 0 .....0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 2 DO NOT REMEMBER 0 0 .....0 0 . 0 0 0 0 . 8 } →	Q424
Q423	What methods of contraception were informed?  (RECORD ALL MENTIONED)	YES NO A. MALE STERILIZATION 0 0 0 ... 1 2 B. FEMALE STERILIZATION 0 0 .. 1 2 C. IUD 0 0 0 0 0 0 0 0 0 0 0 0 .. 1 2 D. DAILY PILLS 0 0 0 0 0 0 0 0 .. 1 2 E. WEEKLY PILLS 0 0 0 0 0 0 0 0 1 2 F. INJECTABLES 0 0 0 0 0 0 0 0 .. 1 2 G. CONDOM/NIRODH 0 0 0 0 0 0 . 1 2 H. FEMALE CONDOM 0 0 0 0 0 . 1 2 I. OTHER _____ 1 2 (SPECIFY) J. DO NOT REMEMBER 0 0 0 0 .. 1 2	



Q. NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO																																																						
Q424	Have you/your husband had any health problem after you/your husband started to use this (NAME) method?	YES 0 .....0 0 0 0 0 0 .....0 0 0 0 0 0 1 NO 0 .....0 0 0 0 0 0 0 0 2	Q428																																																						
Q. NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO																																																						
Q425	What health problem(s) did you/your husband has?  <b>(RECORD ALL MENTIONED)</b>	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr><td>A. WEAKNESS/INABILITY TO WORK .....</td><td>1</td><td>2</td></tr> <tr><td>B. BODY ACHE/BACKACHE 0 0 0 0 0 .....</td><td>1</td><td>2</td></tr> <tr><td>C. ABDOMINAL PAIN0 0 0 0 0 .....</td><td>1</td><td>2</td></tr> <tr><td>D. WEIGHT GAIN0 .....</td><td>1</td><td>2</td></tr> <tr><td>E. DIZZINESS0 0 0 0 .....</td><td>1</td><td>2</td></tr> <tr><td>F. NAUSEA/VOMITING.....</td><td>1</td><td>2</td></tr> <tr><td>G. FEVER.....0 ..</td><td>1</td><td>2</td></tr> <tr><td>H. BREAST TENDERNESS0 0 .0 0 .</td><td>1</td><td>2</td></tr> <tr><td>I. IRREGULAR PERIODS .....</td><td>1</td><td>2</td></tr> <tr><td>J. EXCESSIVE BLEEDING 0 .....</td><td>1</td><td>2</td></tr> <tr><td>K. SPOTTING0 0 .....</td><td>1</td><td>2</td></tr> <tr><td>L. AMENORRHOEA0 0 0 0 0 0 0 0 0 .....</td><td>1</td><td>2</td></tr> <tr><td>M. CRAMPS.....0 0 0 0 ..</td><td>1</td><td>2</td></tr> <tr><td>N. SCROTUM SWELLINGO. DECREASED LIBIDO .....</td><td>1</td><td>2</td></tr> <tr><td>P. RASHES/ALLERGY .....</td><td>1</td><td>2</td></tr> <tr><td>Q INFECTION0 0 0 0 0 .....</td><td>1</td><td>2</td></tr> <tr><td>R. OTHER.....</td><td>1</td><td>2</td></tr> </tbody> </table> <p><b>(SPECIFY)</b></p>		YES	NO	A. WEAKNESS/INABILITY TO WORK .....	1	2	B. BODY ACHE/BACKACHE 0 0 0 0 0 .....	1	2	C. ABDOMINAL PAIN0 0 0 0 0 .....	1	2	D. WEIGHT GAIN0 .....	1	2	E. DIZZINESS0 0 0 0 .....	1	2	F. NAUSEA/VOMITING.....	1	2	G. FEVER.....0 ..	1	2	H. BREAST TENDERNESS0 0 .0 0 .	1	2	I. IRREGULAR PERIODS .....	1	2	J. EXCESSIVE BLEEDING 0 .....	1	2	K. SPOTTING0 0 .....	1	2	L. AMENORRHOEA0 0 0 0 0 0 0 0 0 .....	1	2	M. CRAMPS.....0 0 0 0 ..	1	2	N. SCROTUM SWELLINGO. DECREASED LIBIDO .....	1	2	P. RASHES/ALLERGY .....	1	2	Q INFECTION0 0 0 0 0 .....	1	2	R. OTHER.....	1	2	
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Q426	Did you/your husband consult anybody or seek treatment for the health problem(s)?	YES0 .....0 0 0 0 0 0 0 0 0 0 1 NO 0 .....0 0 0 0 0 0 0 0 0 0 2	Q428																																																						
Q427	Where did you/your husband go for consultation or seek treatment?  IF UNABLE TO DETERMINE WHETHER IT IS A HOSPITAL, HEALTH CENTRE, OR CLINIC ; IS A GOVERNMENT OR PRIVATE, WRITE THE NAME OF THE PLACE.  _____ <b>(NAME OF PLACE)</b>  <b>(RECORD ALL MENTIONED)</b>	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr><td><b>GOVERNMENT</b></td><td></td><td></td></tr> <tr><td>A. ANGANWADI0 0 0 0 0 .....</td><td>1</td><td>2</td></tr> <tr><td>B. SUB-CENTRE.....</td><td>1</td><td>2</td></tr> <tr><td>C. PHC0 0 0 0 0 0 0 0 0 0 0 ..</td><td>1</td><td>2</td></tr> <tr><td>D. CHC 0 0 0 .....</td><td>1</td><td>2</td></tr> <tr><td>E. UHC/UHP/UFWC0 0 0 0 0 0 0 ..</td><td>1</td><td>2</td></tr> <tr><td>F. DISPENSARY/CLINIC0 0 0 0 ..</td><td>1</td><td>2</td></tr> <tr><td>G. HOSPITAL0 0 0 0 0 0 0 0 ..</td><td>1</td><td>2</td></tr> <tr><td>H. AYUSH HOSPITAL/CLINIC0 0 ..</td><td>1</td><td>2</td></tr> <tr><td>I. MOBILE CLINIC0 0 0 .0 0 0 0 ..</td><td>1</td><td>2</td></tr> <tr><td><b>PRIVATE</b></td><td></td><td></td></tr> <tr><td>J. DISPENSARY/ CLINIC0 0 0 0 .. 0 .</td><td>1</td><td>2</td></tr> <tr><td>K. HOSPITAL0 0 0 0 0 ..0 0 ..</td><td>1</td><td>2</td></tr> <tr><td>L. AYUSH HOSPITAL/CLINIC0 0 0 ..</td><td>1</td><td>2</td></tr> <tr><td>M. NGO OR TRUSTHOSPITAL/CLINIC</td><td>1</td><td>2</td></tr> <tr><td>N. CHEMIST/MEDICAL SHOP0 0 ...</td><td>1</td><td>2</td></tr> <tr><td>O. OTHER.....</td><td>1</td><td>2</td></tr> </tbody> </table> <p><b>(SPECIFY)</b></p>		YES	NO	<b>GOVERNMENT</b>			A. ANGANWADI0 0 0 0 0 .....	1	2	B. SUB-CENTRE.....	1	2	C. PHC0 0 0 0 0 0 0 0 0 0 0 ..	1	2	D. CHC 0 0 0 .....	1	2	E. UHC/UHP/UFWC0 0 0 0 0 0 0 ..	1	2	F. DISPENSARY/CLINIC0 0 0 0 ..	1	2	G. HOSPITAL0 0 0 0 0 0 0 0 ..	1	2	H. AYUSH HOSPITAL/CLINIC0 0 ..	1	2	I. MOBILE CLINIC0 0 0 .0 0 0 0 ..	1	2	<b>PRIVATE</b>			J. DISPENSARY/ CLINIC0 0 0 0 .. 0 .	1	2	K. HOSPITAL0 0 0 0 0 ..0 0 ..	1	2	L. AYUSH HOSPITAL/CLINIC0 0 0 ..	1	2	M. NGO OR TRUSTHOSPITAL/CLINIC	1	2	N. CHEMIST/MEDICAL SHOP0 0 ...	1	2	O. OTHER.....	1	2	
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O. OTHER.....	1	2																																																							
Q428	To what extent are you/your husband satisfied with this method?	FULLY SATISFIED0 0 0 0 0 0 .....1 PARTIALLY SATISFIED0 .0 0 0 0 .....2 NOT SATISFIED 0 0 0 0 0 .0 0 ..0 0 .....0 3																																																							

**B. FERTILITY PREFERENCES**

<p>Q429</p>	<p><b>CHECK Q419: METHOD CODE</b> CODE #1 <input type="checkbox"/> OR CODE #2 <input type="checkbox"/></p> <p>ALL OTHER WOMEN <input type="checkbox"/></p>	<p>SEC V</p>									
<p>Q 430</p>	<p><b>CHECK Q404:</b></p> <p>NOT PREGNANT OR UNSURE <input type="checkbox"/></p> <p>Now I have some questions about the future.</p> <p>Would you like to have (a/another) child, or would you prefer not to have any (more) children?</p>	<p>PREGNANT <input type="checkbox"/></p> <p>Now I have some questions about the future.</p> <p><b>After the child you are expecting now, would you like to have another child, or would you prefer not to have any more children?</b></p>	<p>HAVE (A/ANOTHER) CHILD <input type="checkbox"/> 1</p> <p>NO MORE/NONE <input type="checkbox"/> 2 → <b>Q 433</b></p> <p>SAYS SHE CAN'T GET PREGNANT <input type="checkbox"/> 3 → <b>SEC V</b></p> <p>UNDECIDED/DON'T KNOW:</p> <p>a). AND PREGNANT <input type="checkbox"/> 4 → <b>Q 437</b></p> <p>b). AND NOT PREGNANT OR UNSURE <input type="checkbox"/> 5 → <b>Q 434</b></p>								
<p>Q431</p>	<p>Would you prefer your next child to be a girl or a boy or it doesn't matter?</p>	<p>BOY <input type="checkbox"/> 1</p> <p>GIRL <input type="checkbox"/> 2</p> <p>DOESN'T MATTER <input type="checkbox"/> 3</p> <p>UP TO GOD <input type="checkbox"/> 4</p>									
<p>Q432</p>	<p><b>CHECK Q404:</b></p> <p>NOT PREGNANT OR UNSURE</p> <p>How long would you like to wait from now before the birth of (a/another) child?</p>	<p>PREGNANT</p> <p>After the birth of the child you are expecting now, how long would you like to wait before the birth of another child?</p>	<p>MONTHS <input type="checkbox"/> 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>YEARS <input type="checkbox"/> 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p><b>(IF LESS THAN TWO YEARS, RECORD MONTHS, IF 2 YEARS OR MORE RECORD YEARS)</b></p> <p>SOON/NOW <input type="checkbox"/> 993</p> <p>OTHER _____ 996</p> <p>(SPECIFY)</p> <p>DON'T KNOW <input type="checkbox"/> 998</p> <p>→ <b>Q434</b></p>								
<p>Q432a</p>	<p><b>CHECK Q404:</b></p> <p>NOT PREGNANT OR UNSURE</p> <p>When you gave last time birth, did you want this child then, did you want later, did you not want to have any (more) children at all?</p>	<p>PREGNANT</p> <p>When you become pregnant this time, (i.e currently pregnant) did you want to become pregnant now, did you want until later, or did you not want to have any (more) children at all?</p>	<p><b>(IF LESS THAN TWO YEARS, RECORD MONTHS, IF 2 YEARS OR MORE RECORD YEARS)</b></p> <p>THEN <input type="checkbox"/> 1</p> <p>LATER <input type="checkbox"/> 2</p> <p>DON'T WANT ANY MORE <input type="checkbox"/> 3</p> <p><b>(If Later ask duration)</b></p> <p>MONTHS <input type="checkbox"/> 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>YEARS <input type="checkbox"/> 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>DON'T KNOW <input type="checkbox"/> 998</p> <p>→ <b>Q434</b></p>								

Q. NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO																																																																																																			
Q433	<b>CHECK Q404:</b> NOT PREGNANT <input type="checkbox"/> OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/>		Q437																																																																																																			
Q434	<b>CHECK Q405: USING A CONTRACEPTIVE METHOD?</b> NOT USING CURRENTLY <input type="checkbox"/> CURRENTLY USING <input type="checkbox"/> → Q440 NOT ASKED (STERILIZED) <input type="checkbox"/>		SEC V																																																																																																			
Q435	<b>CHECK Q432:</b> NOT ASKED (WANTS-NO MORE) <input type="checkbox"/> → Q436 24 OR MORE MONTHS OR 02 OR MORE YEARS OR OTHER/DK <input type="checkbox"/> → Q436 00-23 MONTHS OR LESS THAN 2 YEARS <input type="checkbox"/> → Q437		Q437																																																																																																			
Q436	<b>CHECK Q430:</b> WANTS NO MORE/NONE <input type="checkbox"/> WANTS TO HAVE A/ANOTHER CHILD <input type="checkbox"/> (After 24 or more months) You have said that you <b>do not want (a/another) child soon</b> , but you are not using any method to avoid pregnancy. Can you tell me why you are not using any method? PROBE: Any other reason? You have said that you <b>do not want any (more) children</b> , but you are not using any method to avoid pregnancy. Can you tell me why you are not using any method? PROBE: Any other reason?	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td colspan="3"><b>FERTILITY-RELATED REASON</b></td> </tr> <tr> <td>A. NOT HAVING SEX.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>B. INFREQUENT SEX.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>C. HUSBAND AWAYδ.....δ δ .δ δ δ</td> <td>1</td> <td>2</td> </tr> <tr> <td>D. MENOPAUSE.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>E. HYSTERECTOMY δ.....δ</td> <td>1</td> <td>2</td> </tr> <tr> <td>F. SUBFECUND/INFECUNDδ δ.....δ δ</td> <td>1</td> <td>2</td> </tr> <tr> <td>G. POSTPARTUM AMENORRHEIC.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>H. BREASTFEEDING δ δ.....δ</td> <td>1</td> <td>2</td> </tr> <tr> <td>I. UP TO GODδ δ δ δ.....δ δ</td> <td>1</td> <td>2</td> </tr> <tr> <td colspan="3"><b>OPPOSITION TO USE</b></td> </tr> <tr> <td>J. RESPONDENT OPPOSED.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>K. HUSBAND OPPOSEDδ δ.....δ</td> <td>1</td> <td>2</td> </tr> <tr> <td>L. OTHERS OPPOSED.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>M. RELIGIOUS PROHIBITION.....</td> <td>1</td> <td>2</td> </tr> <tr> <td colspan="3"><b>LACK OF KNOWLEDGE</b></td> </tr> <tr> <td>N. KNOWS NO METHOD.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>O. KNOWS NO SOURCE.....</td> <td>1</td> <td>2</td> </tr> <tr> <td colspan="3"><b>METHOD-RELATED REASON</b></td> </tr> <tr> <td>P. HEALTH CONCERNSδ.....δ δ</td> <td>1</td> <td>2</td> </tr> <tr> <td>Q. FEAR OF SIDE EFFECTS.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>R. LACK OF ACCESS/TOO FAR.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>S. COSTS TOO MUCH δ.....δ δ δ.....δ</td> <td>1</td> <td>2</td> </tr> <tr> <td>T. DIFFICULT/INCONVENIENT TO GET METHOD δ δ δ δ.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>U. INCONVENIENT TO USE.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>V. INTERFERES WITH BODYδ NORMAL PROCESSES.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>W. DO NOT LIKE EXISTING METHODSδ.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>X. AFRAID OF STERILIZATION.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Y. CAN NOT WORK AFTER STERILIZATION.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Z. OTHER.....</td> <td>1</td> <td>2</td> </tr> <tr> <td colspan="3" style="text-align: center;">(SPECIFY)</td> </tr> <tr> <td>AA. DON't KNOW</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	<b>FERTILITY-RELATED REASON</b>			A. NOT HAVING SEX.....	1	2	B. INFREQUENT SEX.....	1	2	C. HUSBAND AWAYδ.....δ δ .δ δ δ	1	2	D. MENOPAUSE.....	1	2	E. HYSTERECTOMY δ.....δ	1	2	F. SUBFECUND/INFECUNDδ δ.....δ δ	1	2	G. POSTPARTUM AMENORRHEIC.....	1	2	H. BREASTFEEDING δ δ.....δ	1	2	I. UP TO GODδ δ δ δ.....δ δ	1	2	<b>OPPOSITION TO USE</b>			J. RESPONDENT OPPOSED.....	1	2	K. HUSBAND OPPOSEDδ δ.....δ	1	2	L. OTHERS OPPOSED.....	1	2	M. RELIGIOUS PROHIBITION.....	1	2	<b>LACK OF KNOWLEDGE</b>			N. KNOWS NO METHOD.....	1	2	O. KNOWS NO SOURCE.....	1	2	<b>METHOD-RELATED REASON</b>			P. HEALTH CONCERNSδ.....δ δ	1	2	Q. FEAR OF SIDE EFFECTS.....	1	2	R. LACK OF ACCESS/TOO FAR.....	1	2	S. COSTS TOO MUCH δ.....δ δ δ.....δ	1	2	T. DIFFICULT/INCONVENIENT TO GET METHOD δ δ δ δ.....	1	2	U. INCONVENIENT TO USE.....	1	2	V. INTERFERES WITH BODYδ NORMAL PROCESSES.....	1	2	W. DO NOT LIKE EXISTING METHODSδ.....	1	2	X. AFRAID OF STERILIZATION.....	1	2	Y. CAN NOT WORK AFTER STERILIZATION.....	1	2	Z. OTHER.....	1	2	(SPECIFY)			AA. DON't KNOW	1	2	
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Q437	<p>CHECK Q401B, Q404 AND Q406/Q406A</p> <p>EVER USED BUT CURRENTLY NOT USING OR PREGNANT</p> <p style="text-align: center;"><input type="checkbox"/> ↓ <b>Q438</b></p>	<p>EVER USED AND CURRENTLY USING (OTHER THAN STERILIZATION)</p> <p style="text-align: center;"><input type="checkbox"/> ↓ <b>Q440</b></p>	<p>WOMAN / MAN STERILIZED</p> <p style="text-align: center;"><input type="checkbox"/> ↓ <b>SEC V</b></p>	<p>NEVER USED</p> <p style="text-align: center;"><input type="checkbox"/> ↓ <b>Q440</b></p>	
Q438	<p>What was the last method you/your husband used?</p>	<p>IUD.....0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 .....0 0 1</p> <p>ORAL PILLS 0 0 0 0 0 0 .0 0 0 0 0 .....0 .....0 .0 ..2</p> <p>CONDOM/NIRODH0 0 0 0 0 0 0 0 0 0 0 0 .....0 3</p> <p>RHYTHM/PERIODIC ABSTINENCE0 0 0 0 0 .....0 ..4</p> <p>WITHDRAWAL.....0 0 0 0 0 0 0 0 0 0 0 .....5</p> <p>OTHER MODERN METHOD _____ 6 (SPECIFY)</p> <p>OTHER TRADITIONAL METHOD _____ 7 (SPECIFY)</p>			
Q439	<p>What was the main reason for discontinuing the use of that method?</p>	<p><b>FERTILITY -RELATED REASON</b></p> <p>WANTED CHILD0 0 .0 .....0 .0 0 0 0 0 ...01</p> <p>METHOD FAILED/BECAME PREGNANT.0 0 .02</p> <p><b>SIDE EFFECT- RELATED REASON</b></p> <p>BREAST TENDERNESS.0 0 0 0 0 .....0 0 0 ..03</p> <p>IRREGULAR PERIODS0 0 0 0 0 .....0 .....0 ..04</p> <p>EXCESSIVE BLEEDING 0 ...0 0 0 0 .....0 ..05</p> <p>SPOTTING.....0 0 0 0 0 0 0 0 0 0 0 ..06</p> <p>WHITE DISCHARGE...0 0 0 0 0 0 0 0 0 0 ...07</p> <p>WEAKNESS/INABILITY TO WORK .....0 0 08</p> <p>BODY ACHE/BACKACHE..0 0 0 0 0 .....0 ..09</p> <p>CRAMPS...0 0 0 0 0 0 0 0 0 0 .....0 ...10</p> <p>WEIGHT GAIN...0 0 0 0 ..0 0 ..0 0 0 0 0 0 .11</p> <p>DIZZINESS .....0 0 0 0 0 0 ..0 .0 0 0 0 0 ..12</p> <p>NAUSEA/VOMITING.0 ..0 0 0 0 0 0 0 ...0 0 .13</p> <p><b>OTHER REASONS</b></p> <p>SUPPLY NOT AVAILABLE0 0 0 .....0 .14</p> <p>DIFFICULT TO GET METHOD0 0 .....0 15</p> <p>LACK OF PLEASURE0 0 0 0 0 0 .....0 16</p> <p>METHOD WAS INCONVENIENT0 0 .....0 17</p> <p>COST TOO MUCH 0 0 0 0 0 0 0 0 0 .0 0 0 .18</p> <p>FAMILY/HUSBAND OPPOSED .....19</p> <p>NOT HAVING SEX0 0 0 0 0 0 0 .....0 0 0 .20</p> <p>INFREQUENT SEX0 0 0 ...0 ..0 0 .....0 0 21</p> <p>HUSBAND AWAY 0 0 0 0 0 0 .0 0 .....0 0 .22</p> <p>OTHER _____ 96 (SPECIFY)</p>			

Q. NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
Q440	<p><b>CHECK Q404: PREGNANCY STATUS</b></p> <p>NOT PREGNANT OR UNSURE <input type="checkbox"/></p> <p>PREGNANT <input type="checkbox"/></p>		SEC V
Q441	<p><b>CHECK Q405 AND Q406: USING A CONTRACEPTIVE METHOD</b></p> <p>CURRENTLY NOT USING <input type="checkbox"/> → Q443</p> <p>RHYTHM METHOD WITHDRAWAL <input type="checkbox"/> → Q442</p> <p>ALL OTHER METHODS <input type="checkbox"/></p>		SEC V
Q442	<p>What is the main reason for currently not using any <b>modern</b> method of family planning?</p>	<p><b>FERTILITY-RELATED REASON</b></p> <p>NOT HAVING SEX 0 0 0 0 0 0 0 0 01</p> <p>INFREQUENT SEX 0 0 0 0 0 0 0 0 02</p> <p>HUSBAND AWAY 0 0 0 0 0 0 0 0 03</p> <p>MENOPAUSE..... 04</p> <p>HYSTERECTOMY 0 0 0 0 0 0 0 0 05</p> <p>SUBFECUND / INFECUND 0 0 0 0 0 0 0 0 06</p> <p>POSTPARTUM AMENORRHOEIC 0 0 0 0 0 0 0 0 07</p> <p>BREASTFEEDING 0 0 0 0 0 0 0 0 0 08</p> <p>UP TO GOD. 0 0 0 0 0 0 0 0 0 0 09</p> <p><b>OPPOSITION TO USE</b></p> <p>RESPONDENT OPPOSED 0 0 0 0 0 0 0 0 10</p> <p>HUSBAND OPPOSED 0 0 0 0 0 0 0 0 11</p> <p>OTHERS OPPOSED 0 0 0 0 0 0 0 0 12</p> <p>RELIGIOUS PROHIBITION 0 0 0 0 0 0 0 0 13</p> <p><b>LACK OF KNOWLEDGE</b></p> <p>KNOWS NO METHOD 0 0 0 0 0 0 0 0 14</p> <p>KNOWS NO SOURCE 0 0 0 0 0 0 0 0 15</p> <p><b>METHOD-RELATED REASON</b></p> <p>HEALTH CONCERNS 0 0 0 0 0 0 0 0 16</p> <p>FEAR OF SIDE EFFECTS 0 0 0 0 0 0 0 0 17</p> <p>LACK OF ACCESS/TOO FAR 0 0 0 0 0 0 0 0 18</p> <p>COSTS TOO MUCH 0 0 0 0 0 0 0 0 19</p> <p>DIFFICULT/INCONVENIENT TO GET METHOD 0 0 0 0 0 0 0 0 0 20</p> <p>INCONVENIENT TO USE 0 0 0 0 0 0 0 0 21</p> <p>INTERFERES WITH BODY 0 0 0 0 0 0 0 0 22</p> <p>NORMAL PROCESSES 0 0 0 0 0 0 0 0 23</p> <p>DO NOT LIKE EXISTING METHODS 0 0 0 0 0 0 0 0 24</p> <p>AFRAID OF STERILIZATION 0 0 0 0 0 0 0 0 25</p> <p>CAN NOT WORK AFTER STERILIZATION 0 0 0 0 0 0 0 0 25</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p> <p>DON'T KNOW 0 0 0 0 0 0 0 0 0 98</p>	

Q. NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO																																				
Q443	<p>CURRENTLY NOT USING</p> <p style="text-align: center;"><input type="checkbox"/></p> <p>Did anyone advise you/your husband to adopt any family planning method?</p> <p>RHYTHM METHOD AND WITHDRAWAL</p> <p style="text-align: center;"><input type="checkbox"/></p> <p>Did anyone advise you/your husband to adopt any modern family planning method?</p>	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>A. DOCTOR</td> <td>1</td> <td>2</td> </tr> <tr> <td>B. ANM</td> <td>1</td> <td>2</td> </tr> <tr> <td>C. HEALTH WORKER</td> <td>1</td> <td>2</td> </tr> <tr> <td>D. ANGANWADI WORKER</td> <td>1</td> <td>2</td> </tr> <tr> <td>E. ASHA</td> <td>1</td> <td>2</td> </tr> <tr> <td>F. NGO/CBO</td> <td>1</td> <td>2</td> </tr> <tr> <td>G. HUSBAND/WIFE</td> <td>1</td> <td>2</td> </tr> <tr> <td>H. MOTHER-IN-LAW</td> <td>1</td> <td>2</td> </tr> <tr> <td>I. MOTHER</td> <td>1</td> <td>2</td> </tr> <tr> <td>J. RELATIVE/FRIENDS</td> <td>1</td> <td>2</td> </tr> <tr> <td>K. OTHER _____</td> <td>1</td> <td>2</td> </tr> </tbody> </table> <p>(SPECIFY)</p>		YES	NO	A. DOCTOR	1	2	B. ANM	1	2	C. HEALTH WORKER	1	2	D. ANGANWADI WORKER	1	2	E. ASHA	1	2	F. NGO/CBO	1	2	G. HUSBAND/WIFE	1	2	H. MOTHER-IN-LAW	1	2	I. MOTHER	1	2	J. RELATIVE/FRIENDS	1	2	K. OTHER _____	1	2	<p>IF 'NO' FOR ALL</p> <p>GO TO Q445</p>
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Q444	<p>What method did she/he advise you to use?</p> <p>(RECORD ALL MENTIONED.)</p>	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>A. FEMALE STERILISATION</td> <td>1</td> <td>2</td> </tr> <tr> <td>B. MALE STERILISATION</td> <td>1</td> <td>2</td> </tr> <tr> <td>C. IUD</td> <td>1</td> <td>2</td> </tr> <tr> <td>D. DAILY PILLS</td> <td>1</td> <td>2</td> </tr> <tr> <td>E. WEEKLY PILLS</td> <td>1</td> <td>2</td> </tr> <tr> <td>F. INJECTABLES</td> <td>1</td> <td>2</td> </tr> <tr> <td>G. CONDOM/NIRODH</td> <td>1</td> <td>2</td> </tr> <tr> <td>H. FEMALE CONDOM</td> <td>1</td> <td>2</td> </tr> <tr> <td>I. RHYTHM/PERIODIC ABSTINENCE</td> <td>1</td> <td>2</td> </tr> <tr> <td>J. WITHDRAWAL</td> <td>1</td> <td>2</td> </tr> <tr> <td>K. OTHER _____</td> <td>1</td> <td>2</td> </tr> </tbody> </table> <p>(SPECIFY)</p>		YES	NO	A. FEMALE STERILISATION	1	2	B. MALE STERILISATION	1	2	C. IUD	1	2	D. DAILY PILLS	1	2	E. WEEKLY PILLS	1	2	F. INJECTABLES	1	2	G. CONDOM/NIRODH	1	2	H. FEMALE CONDOM	1	2	I. RHYTHM/PERIODIC ABSTINENCE	1	2	J. WITHDRAWAL	1	2	K. OTHER _____	1	2	
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Q445	<p>CURRENTLY NOT USING</p> <p style="text-align: center;"><input type="checkbox"/></p> <p>Do you intend to use any method of family planning at any time in the future?</p> <p>RHYTHM METHOD AND WITHDRAWAL</p> <p style="text-align: center;"><input type="checkbox"/></p> <p>Do you intend to use any modern method of family planning at any time in the future?</p>	<table border="0"> <tbody> <tr> <td>YES</td> <td>1</td> <td></td> </tr> <tr> <td>NO</td> <td>2</td> <td></td> </tr> <tr> <td>NOT YET DECIDED</td> <td>3</td> <td></td> </tr> <tr> <td>IN MENOPAUSE</td> <td>4</td> <td></td> </tr> <tr> <td>HYSTERECTOMY</td> <td>5</td> <td></td> </tr> </tbody> </table>	YES	1		NO	2		NOT YET DECIDED	3		IN MENOPAUSE	4		HYSTERECTOMY	5		<p>SEC V</p>																					
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NO	2																																						
NOT YET DECIDED	3																																						
IN MENOPAUSE	4																																						
HYSTERECTOMY	5																																						

Q. NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
Q446	When you want to use any family planning method?      When you want to use any modern family planning method?	WITHIN SIX MONTH.....1 SIX MONTH TO LESS THAN ONE YEAR.....2 ONE TO LESS THAN TWO YEARS.....3 TWO OR MORE YEARS.....4 DON'T KNOW /UNDECIDED 6 6 6 6 6 6 6 6 ...5	
Q447	Which method would you prefer to use? <b>(CIRCLE ONLY THE MOST PREFERRED METHOD)</b>	FEMALE STERILIZATION .....01 MALE STERILIZATION.....02 IUD/COPPER-T .....03 PILLS.....04 INJECTABLES.....05 CONDOM/NIRODH .....06 FEMALE CONDOM.....07 RHYTHM/PERIODIC ABSTINENCE .....08 WITHDRAWAL .....09 UNDECIDED..6 6 6 6 6 6 6 6 .....6 6 6 ...10 OTHER _____ 96 <b>(SPECIFY)</b>	

DRAFT

SECTION-V

REPRODUCTIVE HEALTH

A. MENSTRUATION RELATED PROBLEMS

Q. NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO																											
Q501	Are you currently menstruating?	YES.....0 0 0 0 0 0 0 0 0 0 ..... 1 NO.....0 0 0 0 0 0 0 0 0 0 0 0 ..... 2 PREGNANT .....993 IN AMENORRHOEA .....994 IN MENOPAUSE .....995 HYSTERECTOMY .....996 NEVER MENSTRUATED .....997	→ Q505 → Q506																											
Q502	During the last three months did you have any menstruation related problems?	YES.....0 0 0 0 0 0 0 0 0 0 ..... 1 NO.....0 0 0 0 0 0 0 0 0 0 0 0 ..... 2	→ Q505																											
Q503	What are the problems you have/had?  (RECORD ALL MENTIONED)	<table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> </tr> <tr> <td>A. NO PERIODS...0 0</td> <td>1</td> <td>2</td> </tr> <tr> <td>B. PAINFUL PERIODS.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>C. FREQUENT OR SHORT PERIODS ....</td> <td>1</td> <td>2</td> </tr> <tr> <td>D. IRREGULAR PERIODS.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>E. PROLONGED BLEEDING.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>F. SCANTY BLEEDING.....0 0</td> <td>1</td> <td>2</td> </tr> <tr> <td>G. INTER-MENSTRUAL BLEEDING.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>H. BLOOD CLOTS/EXCESSIVE BLEEDING .....</td> <td>1</td> <td>2</td> </tr> </table>		YES	NO	A. NO PERIODS...0 0	1	2	B. PAINFUL PERIODS.....	1	2	C. FREQUENT OR SHORT PERIODS ....	1	2	D. IRREGULAR PERIODS.....	1	2	E. PROLONGED BLEEDING.....	1	2	F. SCANTY BLEEDING.....0 0	1	2	G. INTER-MENSTRUAL BLEEDING.....	1	2	H. BLOOD CLOTS/EXCESSIVE BLEEDING .....	1	2	
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E. PROLONGED BLEEDING.....	1	2																												
F. SCANTY BLEEDING.....0 0	1	2																												
G. INTER-MENSTRUAL BLEEDING.....	1	2																												
H. BLOOD CLOTS/EXCESSIVE BLEEDING .....	1	2																												
Q504	Since how long do/did you have these problems?	MONTHS0 0 0 0 0 0 0 0 0 0 0 0 (LESS THAN 1 MONTH RECORD "00") 8 AND MORE YEARS 0 0 0 0 . 96 DO NOT REMEMBER 0 0 0 0 98																												
Q505	Women use different methods of protection during menstrual period to prevent bloodstains from becoming evident. What do you use for this?  PROBE: Anything else?	<table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> </tr> <tr> <td>A. USE CLOTH ...0 0 ....0</td> <td>1</td> <td>2</td> </tr> <tr> <td>B. LOCALLY PREPARED NAPKINS ...</td> <td>1</td> <td>2</td> </tr> <tr> <td>C. USE SANITARY NAPKINS .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>D. USE NOTHING0 .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>E. OTHER _____</td> <td>1</td> <td>2</td> </tr> </table> (SPECIFY)		YES	NO	A. USE CLOTH ...0 0 ....0	1	2	B. LOCALLY PREPARED NAPKINS ...	1	2	C. USE SANITARY NAPKINS .....	1	2	D. USE NOTHING0 .....	1	2	E. OTHER _____	1	2										
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B. REPRODUCTIVE TRACT INFECTION (RTI) /SEXUALLY TRANSMITTED INFECTION (STI)																																																												
Q. NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO																																																									
Q506	Have you ever heard of an illness called Reproductive Tract Infection (RTI)/ Sexually Transmitted Infection (STI)?	YES .0 0 0 0 0 0 0 0 .....0 0 0 .0 0 0 ..... 1 NO .....0 0 0 0 0 0 0 0 ..0 0 0 0 0 .. 2	→ Q509																																																									
Q507	From which sources of information have you heard/read about RTI/STI?  Any other source?  <b>(RECORD ALL MENTIONED)</b>	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr><td>A. RADIO</td><td>0 0 0 0 0 0 0 0 .....0 0 0 0 0 0</td><td>1 2</td></tr> <tr><td>B. TELEVISION</td><td>.....0 0 0 ..0 0 0 0</td><td>1 2</td></tr> <tr><td>C. CINEMA</td><td>0 0 .....0 0 0 ..0 0 0 0 0</td><td>1 2</td></tr> <tr><td>D. NEWS PAPERS/BOOKS/ MAGAZINES</td><td>0 0 0 0 0 0 0 0 0 0 0 0</td><td>1 2</td></tr> <tr><td>E. SLOGANS/PAMPHLETS/ POSTERS/ WALL HOARDINGS</td><td>0 0</td><td>1 2</td></tr> <tr><td>F. DOCTOR</td><td>.....0 0 0 0 0 0 0</td><td>1 2</td></tr> <tr><td>G. HEALTH WORKERS</td><td>.....0 0 0 0 .</td><td>1 2</td></tr> <tr><td>H. ASHA</td><td>0 0 0 0 0 0 0 0 0 0 0 0</td><td>1 2</td></tr> <tr><td>I. ADULT EDUC. PROGRAMME</td><td>0 0 0</td><td>1 2</td></tr> <tr><td>J. RELIGIOUS LEADERS</td><td>.....0 0 0</td><td>1 2</td></tr> <tr><td>K. POLITICAL LEADERS</td><td>.....0 0 0 0</td><td>1 2</td></tr> <tr><td>L. SCHOOL/ TEACHERS</td><td>.....0 0 0 .</td><td>1 2</td></tr> <tr><td>M. HUSBAND</td><td>.....0 0 0 ..0 0 0 0 0</td><td>1 2</td></tr> <tr><td>N. COMMUNITY MEETINGS</td><td>.....0 0 .</td><td>1 2</td></tr> <tr><td>O. RELATIVES/FRIENDS</td><td>.....0 0 0 .</td><td>1 2</td></tr> <tr><td>P. WORK PLACE</td><td>.....0 0 0 0 0 0 0 0</td><td>1 2</td></tr> <tr><td>Q. EXHIBITION/ MELA</td><td>0 0 0 0 0 0 0 .</td><td>1 2</td></tr> <tr><td>R. OTHER</td><td>_____</td><td>1 2</td></tr> </tbody> </table> <p><b>(SPECIFY)</b></p>		YES	NO	A. RADIO	0 0 0 0 0 0 0 0 .....0 0 0 0 0 0	1 2	B. TELEVISION	.....0 0 0 ..0 0 0 0	1 2	C. CINEMA	0 0 .....0 0 0 ..0 0 0 0 0	1 2	D. NEWS PAPERS/BOOKS/ MAGAZINES	0 0 0 0 0 0 0 0 0 0 0 0	1 2	E. SLOGANS/PAMPHLETS/ POSTERS/ WALL HOARDINGS	0 0	1 2	F. DOCTOR	.....0 0 0 0 0 0 0	1 2	G. HEALTH WORKERS	.....0 0 0 0 .	1 2	H. ASHA	0 0 0 0 0 0 0 0 0 0 0 0	1 2	I. ADULT EDUC. PROGRAMME	0 0 0	1 2	J. RELIGIOUS LEADERS	.....0 0 0	1 2	K. POLITICAL LEADERS	.....0 0 0 0	1 2	L. SCHOOL/ TEACHERS	.....0 0 0 .	1 2	M. HUSBAND	.....0 0 0 ..0 0 0 0 0	1 2	N. COMMUNITY MEETINGS	.....0 0 .	1 2	O. RELATIVES/FRIENDS	.....0 0 0 .	1 2	P. WORK PLACE	.....0 0 0 0 0 0 0 0	1 2	Q. EXHIBITION/ MELA	0 0 0 0 0 0 0 .	1 2	R. OTHER	_____	1 2	
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Q508	How is RTI/STI transmitted?  <b>(RECORD ALL MENTIONED)</b>	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr><td>A. UNSAFE DELIVERY</td><td>.....0</td><td>1 2</td></tr> <tr><td>B. UNSAFE ABORTION</td><td>.....</td><td>1 2</td></tr> <tr><td>C. UNSAFE IUD INSERTION</td><td>.....</td><td>1 2</td></tr> <tr><td>D. UNSAFE SEX WITH HOMOSEXUALS</td><td>.....</td><td>1 2</td></tr> <tr><td>E. UNSAFE SEX WITH PERSONS WHO HAVE MANY PARTNERS</td><td>.....</td><td>1 2</td></tr> <tr><td>F. UNSAFE SEX WITH SEX WORKERS</td><td>.....</td><td>1 2</td></tr> <tr><td>G. OTHER</td><td>_____</td><td>1 2</td></tr> </tbody> </table> <p><b>(SPECIFY))</b></p> <p>H. DO NOT KNOW .....0 .....0 1 2</p>		YES	NO	A. UNSAFE DELIVERY	.....0	1 2	B. UNSAFE ABORTION	.....	1 2	C. UNSAFE IUD INSERTION	.....	1 2	D. UNSAFE SEX WITH HOMOSEXUALS	.....	1 2	E. UNSAFE SEX WITH PERSONS WHO HAVE MANY PARTNERS	.....	1 2	F. UNSAFE SEX WITH SEX WORKERS	.....	1 2	G. OTHER	_____	1 2																																		
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Q509	During the last three months did you have any abnormal vaginal discharge?	YES ..0 0 0 0 0 0 0 0 0 0 .....0 0 0 .1 NO .....0 0 0 0 0 0 0 0 0 0 0 0 .. 2	→ Q515																																																									
Q510	Does/did it wet or stain your under clothes?	YES.....0 0 0 0 0 0 0 0 0 0 .0 .....0 0 0 ..1 NO.....0 0 0 0 0 0 0 .0 0 0 0 0 0 0 ... 2																																																										
Q511	What is/was the colour of that discharge?	COLOURLESS 0 0 .....0 .0 0 0 0 0 0 0 0 0 .1 WHITE 0 .....0 .....0 0 0 0 0 0 0 0 0 0 2 GREEN .....0 .....0 .0 0 0 0 0 0 0 0 0 0 .3 YELLOWISH 0 .....0 0 0 0 0 0 0 0 0 ... 4 BLOOD STAINED 0 .....0 0 0 0 0 0 0 0 5 DON'T KNOW ..... 0 0 0 0 0 0 0 0 0 0 0 0 .0 0 .8																																																										
Q512	What is/was the texture of that discharge?	STICKY MUCOID 0 0 .....0 0 0 .0 ..... 1 FROTHY.....0 .0 0 0 0 0 0 .0 0 ..... 2 CURDISH 0 0 0 0 0 .0 .....0 0 ..... 3 PUS LIKE (PURULENT) 0 0 0 .....0 0 .....0 4 DON'T KNOW 0 0 0 0 0 0 0 0 0 0 0 0 .....0 0 .8																																																										
Q513	What is/was the odour of that discharge?	FOUL.....0 0 0 0 0 0 0 0 0 0 ..... 1 NONE .....0 0 0 0 0 0 0 0 0 0 ..... 2																																																										







Q. NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
Q531	Do you know a place where people can go to get tested for HIV /AIDS?	YES.....0 0 0 0 ..0 0 0 0 ..0 0 ..0 0 0 0 ..1 NO.....0 0 0 0 0 0 0 0 ...0 0 ....0 0 0 0 ..2	Q533
Q532	Where is that? Any other place? IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTRE, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL SECTOR, WRITE THE NAME OF THE PLACE.  _____  (NAME OF PLACE (S))  <b>(RECORD ALL MENTIONED)</b>	<b>GOVERNMENT</b> A. SUB CENTRE ..... 1 2 B. PHC 0 0 0 0 0 0 0 0 0 0 0 0 .. 1 2 C. CHC.....0 0 0 0 0 0 . 1 2 D. UHC/UHP/UFWC 0 0 0 ..0 0 0 0 0 1 2 E. DISPENSARY/CLINIC.....0 0 0 . 1 2 F. HOSPITAL 0 0 0 0 0 0 0 0 0 0 0 0 . 1 2 G. AYUSH HOSPITAL/CLINIC 0 0 0 0 0 1 2 H. VCTC/ICTC 0 0 0 0 0 0 0 0 0 0 0 1 2 I. RTI/STI CLINIC 0 0 0 0 0 0 0 0 0 1 2 J. OTHER PUBLIC MEDICAL SECTOR.. 1 2 <b>PRIVATE</b> K. DISPENSARY/ CLINIC. 0 0 0 0 . 0 0 1 2 L. HOSPITAL..... 1 2 M. AYUSH HOSPITAL/CLINIC 0 0 0 0 ... 1 2 N. NGO/TRUST HOSPITAL/CLINIC 0 0 0 1 2 O. RTI/STI CLINIC 0 0 0 0 0 0 0 0 0 1 2  P. OUT REACH/ MCP CAMP IN VILLAGE. 1 2 Q. CHEMIST/MEDICAL SHOP 0 0 0 0 1 2 R. HOME REMEDY 0 0 0 0 0 0 0 0 0 1 2 S. TRADITIONAL HEALER 0 0 0 ..0 0 1 2 T. OTHER _____ 1 2 <b>(SPECIFY)</b>	
Q533	I don't want to know the results, but have you undergone HIV /AIDS test?	YES..... 1 NO..... 2	
Q534	When was the last time you tested?	LESS THAN 12 MONTHS AGO..... 1 12-23 MONTHS AGO..... 2 2 OR MORE YEARS AGO..... 3	