

BANGLADESH DEMOGRAPHIC AND HEALTH SURVEY 2017-18
WOMAN'S QUESTIONNAIRE

NIPORT, ME&FWD, MOHFW
MITRA AND ASSOCIATES

IDENTIFICATION															
CLUSTER NUMBE	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>														
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NAME OF HOUSEHOLD HEAD _____															
NAME AND LINE NUMBER OF ELIGIBLE WOMAN _____				<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>											
INTERVIEWER VISITS															
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				TOTAL NUMBER OF VISITS <table border="1" style="display: inline-table; border-collapse: collapse; vertical-align: middle;"> <tr><td style="width: 20px; height: 20px;"></td></tr> </table>											
*RESULT CODES: 1 COMPLETED 4 REFUSED 2 NOT AT HOME 5 PARTLY COMPLETED 7 OTHER _____ SPECIFY 3 POSTPONED 6 INCAPACITATED															
SUPERVISOR _____ NAME <table border="1" style="display: inline-table; border-collapse: collapse; margin-top: 10px;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table> NUMBER					FIELD EDITOR _____ NAME <table border="1" style="display: inline-table; border-collapse: collapse; margin-top: 10px;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table> NUMBER					OFFICE EDITOR <table border="1" style="display: inline-table; border-collapse: collapse; margin-top: 10px;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table> NUMBER			KEYED BY <table border="1" style="display: inline-table; border-collapse: collapse; margin-top: 10px;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table> NUMBER		

INTRODUCTION AND CONSENT

Introductory statement:

My name is _____. I am working for Mitra and Associates, a private research organization located in Dhaka. We are conducting a survey about health all over Bangladesh under the authority of the National Institute of Population Research and Training (NIPORT), Medical Education and Family Welfare Division, Ministry of Health and Family Welfare (MOHFW). The information we collect will help the government to plan health and family planning services. Your household was selected for the survey. The questions usually take about 30-60 minutes. All of the answers you give will be confidential and will not be shared with anyone other than members of our survey team. You don't have to be in the survey, but we hope you will agree to answer the questions since your views are important. If I ask you any question you don't want to answer, just let me know and I will go on to the next question or you can stop the interview at any time.

Why is the study being done?

The survey aims to provide information to address the monitoring and evaluation needs of the Fourth Health, Population and Nutrition Sector Program (HPNSP) and to provide managers and policy makers involved in this program with the information that they need to effectively plan and execute future interventions.

What is involved in the study?

You have been selected as a respondent in this survey. I would like to ask you some questions about you and your children.

What will you have to do if you agree to participate?

Since you have been selected as a respondent in this study, I shall be thankful if you provide your valuable response on certain issues. If some questions cause you embarrassment or make you feel uncomfortable, you can refuse to answer them.

What are the risks and benefits of this study?

By providing information you will not have any risk whatsoever, rather this will help the government and policy planners to evaluate, strengthen and refocus national effort to improve health, population and nutrition programs.

Confidentiality:

Whatever information you provide will be kept strictly confidential. It will be used for research purposes and will be seen only by staff and researchers at the organizations mentioned.

Is there any compensation for participating in the study?

Your participation in the study is voluntary and promises no financial benefit.

Right to refuse or withdraw:

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

Who do I contact if I have a question or problem?

If you wish to know more about your rights as a participant in this study you may write the Bangladesh Medical Research Council (BMRC), Mohakhali, Dhaka or Mitra and Associates, Main Road 1, House 35, Senpara Parbata, Mirpur 10, Dhaka or Phone 9025410, 9025412. If you have further questions regarding the nature of this study you may also contact NIPORT, 13/1 Sheikh Shaheb Bazar, Azimpur, Dhaka-1205 or

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

May I begin the interview now? Yes 1 No 2 → END



Participant's Name: _____ Signature (or thumb print): _____ Date: _____
(or legal guardian if participant is a minor – note relationship): _____

Name of witness: _____ Signature: _____ Date: _____

Name of person obtaining consent: _____ Signature: _____ Date: _____
(Must be study investigator or individual who has been designated to obtain consent)

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	HOURS <input type="text"/> <input type="text"/> MINUTES <input type="text"/> <input type="text"/>	
102	How long have you been living continuously in (NAME OF CURRENT CITY, TOWN OR VILLAGE OF RESIDENCE)? IF LESS THAN ONE YEAR, RECORD '00' YEARS.	YEARS <input type="text"/> <input type="text"/> ALWAYS 95 VISITOR 96	→ 104A
103	Just before you moved here, did you live in a city, in a town, or in a rural area?	CITY CORPORATION 1 OTHER TOWN 2 RURAL AREA 3	
104	Before you moved here, which DIVISION did you	BARISAL 01 CHITTAGONG 02 DHAKA 03 KHULNA 04 MYMENSINGH 05 RAJSHAHI 06 RANGPUR 07 SYLHET 08 OUTSIDE OF BANGLADESH 96	
104A	Do you have a national ID card?	YES 1 NO 2	→ 105
104B	Would you please show me your national ID	CARD SEEN BY INTERVIEWER 1 CARD NOT SEEN BY INTERVIEWER 2	
105	In what month and year were you born?	MONTH <input type="text"/> <input type="text"/> DON'T KNOW MONTH 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR 9998	
106	How old were you at your last birthday? COMPARE AND CORRECT 105 AND/OR 106 IF INCONSISTENT.	AGE IN COMPLETED YEAR: <input type="text"/> <input type="text"/>	
106A	Are you now married, separated, deserted, divorced, widowed, or have you never been married?	CURRENTLY MARRIED 1 SEPARATED 2 DESERTED 3 DIVORCED 4 WIDOWED 5 NEVER MARRIED 6	→ END
107	Have you ever attended school/madrasha?	YES 1 NO 2	→ 111
107A	What type of school have you last attended?	SCHOOL 1 MADRASHA 2	
108	What is the highest level of school you attended: primary, secondary, or higher?	PRIMARY 1 SECONDARY 2 HIGHER 3	
109	What is the highest class you completed at that level? IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL, RECORD '00'.	CLASS <input type="text"/> <input type="text"/>	

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
110	CHECK 108: PRIMARY <input type="checkbox"/> ↓ SECONDARY OR <input type="checkbox"/> HIGHER		→ 113
111	Now I would like you to read this sentence to me. SHOW CARD TO RESPONDENT. IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE: Can you read any part of the sentence to me?	CANNOT READ AT ALL 1 ABLE TO READ ONLY PART OF THE SENTENC 2 ABLE TO READ WHOLE SENTENC 3 NO CARD WITH REQUIRED LANGUAGE _____ 4 (SPECIFY LANGUAGE) BLIND/VISUALLY IMPAIRED 5	
112	CHECK 111: CODE '2', '3' OR '4' <input type="checkbox"/> ↓ CIRCLED CODE '1' OR '5' <input type="checkbox"/> CIRCLED		→ 114
113	Do you read a newspaper or magazine at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEI 1 LESS THAN ONCE A WEEK 2 NOT AT ALL 3	
114	Do you listen to the radio (including FM and community radio) at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEI 1 LESS THAN ONCE A WEEK 2 NOT AT ALL 3	
115	Do you watch television at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEI 1 LESS THAN ONCE A WEEK 2 NOT AT ALL 3	
116	Do you own a mobile phone?	YES 1 NO 2	→ 118
117	Do you use your mobile phone for any financial transactions?	YES 1 NO 2	
118	Do you have an account in a bank or other financial institution that you yourself use?	YES 1 NO 2	
122	What is your religion?	ISLAM 1 HINDUISM 2 BUDDHISM 3 CHRISTIANITY 4 OTHER _____ 6 (SPECIFY)	

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
201	Now I would like to ask about all the births you have had during your life. Have you ever given birth?	YES 1 NO 2	→ 206								
202	Do you have any sons or daughters to whom you have given birth who are now living with you?	YES 1 NO 2	→ 204								
203	a) How many sons live with you? b) And how many daughters live with you? IF NONE, RECORD '00'.	a) SONS AT HOME <table border="1" data-bbox="1187 353 1315 412"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> b) DAUGHTERS AT HOME <table border="1" data-bbox="1187 412 1315 470"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
204	Do you have any sons or daughters to whom you have given birth who are alive but do not live with	YES 1 NO 2	→ 206								
205	a) How many sons are alive but do not live with you? b) And how many daughters are alive but do not live with you? IF NONE, RECORD '00'.	a) SONS ELSEWHERE <table border="1" data-bbox="1187 604 1315 663"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> b) DAUGHTERS ELSEWHERE <table border="1" data-bbox="1187 663 1315 721"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
206	Have you ever given birth to a boy or girl who was born alive but later died? IF NO, PROBE: Any baby who cried, who made any movement, sound, or effort to breathe, or who showed any other signs of life even if for a very	YES 1 NO 2	→ 208								
207	a) How many boys have died? b) And how many girls have died? IF NONE, RECORD '00'.	a) BOYS DEAD <table border="1" data-bbox="1187 958 1315 1016"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> b) GIRLS DEAD <table border="1" data-bbox="1187 1016 1315 1075"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL BIRTHS <table border="1" data-bbox="1187 1126 1315 1184"><tr><td> </td><td> </td></tr></table>									
209	CHECK 208: Just to make sure that I have this right: you have had in TOTAL ____ births during your life. Is that correct? YES <input type="checkbox"/> NO <input type="checkbox"/> PROBE AND CORRECT 201-208 AS NECESSARY.										
210	CHECK 208: ONE OR MORE BIRTHS <input type="checkbox"/> NO BIRTHS <input type="checkbox"/>	→ 226									

SECTION 2. REPRODUCTION

211 Now I would like to record the names of all your births, whether still alive or not, starting with the first one you had. RECORD NAMES OF ALL THE BIRTHS IN 212. RECORD TWINS AND TRIPLETS ON SEPARATE ROWS. IF THERE ARE MORE THAN 10 BIRTHS, USE AN ADDITIONAL QUESTIONNAIRE, STARTING WITH THE SECOND ROW.

212	213	214	215	216	217 IF ALIVE:	218 IF ALIVE:	219 IF ALIVE:	220 IF DEAD:	221
What name was given to your (first/next) baby? RECORD NAME. BIRTH HISTORY	Is (NAME) a boy or a girl?	Were any of these births twins?	On what day, month, and year was (NAME) born?	Is (NAME) still alive?	How old was (NAME) at (NAME)'s last birthday? RECORD AGE IN COMPLETED YEARS.	Is (NAME) living with you?	RECORD HOUSEHOLD LINE NUMBER OF CHILD. RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD.	How old was (NAME) when (he/she) died? IF '12 MONTHS' OR '1 YR', ASK: Did (NAME) have (his/her) first birthday? THEN ASK: Exactly how many months old was (NAME) RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR	Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME), including any children who died after birth?
01	BOY 1 GIRL 2	SING 1 MULT 2	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES 1 NO 2 ↓ (SKIP TO	AGE IN YEARS <input type="text"/> <input type="text"/>	YES 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/> ↓ (NEXT BIRTH)	DAYS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/>	
02	BOY 1 GIRL 2	SING 1 MULT 2	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES 1 NO 2 ↓ (SKIP TO	AGE IN YEARS <input type="text"/> <input type="text"/>	YES 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/> ↓ (SKIP TO 221)	DAYS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/>	YES 1 (ADD BIRTH ↓ ' NO 2 (NEXT BIRTH ↓
03	BOY 1 GIRL 2	SING 1 MULT 2	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES 1 NO 2 ↓ (SKIP TO	AGE IN YEARS <input type="text"/> <input type="text"/>	YES 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/> ↓ (SKIP TO 221)	DAYS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/>	YES 1 (ADD BIRTH ↓ ' NO 2 (NEXT BIRTH ↓
04	BOY 1 GIRL 2	SING 1 MULT 2	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES 1 NO 2 ↓ (SKIP TO	AGE IN YEARS <input type="text"/> <input type="text"/>	YES 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/> ↓ (SKIP TO 221)	DAYS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/>	YES 1 (ADD BIRTH ↓ ' NO 2 (NEXT BIRTH ↓
05	BOY 1 GIRL 2	SING 1 MULT 2	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES 1 NO 2 ↓ (SKIP TO	AGE IN YEARS <input type="text"/> <input type="text"/>	YES 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/> ↓ (SKIP TO 221)	DAYS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/>	YES 1 (ADD BIRTH ↓ ' NO 2 (NEXT BIRTH ↓

212 What name was given to your (first/next) baby? RECORD NAME. BIRTH HISTORY	213 Is (NAME) a boy or a girl?	214 Were any of these births twins?	215 On what day, month, and year was (NAME) born?	216 Is (NAME) still alive?	217 IF ALIVE: How old was (NAME) at (NAME)'s last birthday? RECORD AGE IN COMPLETED YEARS.	218 IF ALIVE: Is (NAME) living with you?	219 IF ALIVE: RECORD HOUSEHOLD LINE NUMBER OF CHILD. RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD.	220 IF DEAD: How old was (NAME) when (he/she) died? IF '12 MONTHS' OR '1 YR', ASK: Did (NAME) have (his/her) first birthday? THEN ASK: Exactly how many months old was (NAME) RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR	221 Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME), including any children who died after birth?
06	BOY 1 GIRL 2	SING 1 MULT 2	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES 1 NO 2 ↓ (SKIP TO	AGE IN YEARS <input type="text"/> <input type="text"/>	YES 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/> ↓ (SKIP TO 221)	DAYS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/>	YES 1 (ADD BIRTH) ↓ NO 2 (NEXT BIRTH)
07	BOY 1 GIRL 2	SING 1 MULT 2	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES 1 NO 2 ↓ (SKIP TO	AGE IN YEARS <input type="text"/> <input type="text"/>	YES 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/> ↓ (SKIP TO 221)	DAYS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/>	YES 1 (ADD BIRTH) ↓ NO 2 (NEXT BIRTH)
08	BOY 1 GIRL 2	SING 1 MULT 2	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES 1 NO 2 ↓ (SKIP TO	AGE IN YEARS <input type="text"/> <input type="text"/>	YES 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/> ↓ (SKIP TO 221)	DAYS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/>	YES 1 (ADD BIRTH) ↓ NO 2 (NEXT BIRTH)
09	BOY 1 GIRL 2	SING 1 MULT 2	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES 1 NO 2 ↓ (SKIP TO	AGE IN YEARS <input type="text"/> <input type="text"/>	YES 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/> ↓ (SKIP TO 221)	DAYS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/>	YES 1 (ADD BIRTH) ↓ NO 2 (NEXT BIRTH)
10	BOY 1 GIRL 2	SING 1 MULT 2	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES 1 NO 2 ↓ (SKIP TO	AGE IN YEARS <input type="text"/> <input type="text"/>	YES 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/> ↓ (SKIP TO 221)	DAYS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/>	YES 1 (ADD BIRTH) ↓ NO 2 (NEXT BIRTH)

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
222	Have you had any live births since the birth of (NAME OF LAST BIRTH)?	YES 1 (RECORD BIRTH(S) IN TABLE) ← NO 2	
223	COMPARE 208 WITH NUMBER OF BIRTHS IN BIRTH HISTORY NUMBERS ARE SAME <input type="checkbox"/> ↓ NUMBERS ARE DIFFERENT <input type="checkbox"/> (PROBE AND RECONCILE) ←		
224	CHECK 215: ENTER THE NUMBER OF BIRTHS IN 2012 OR LATER	NUMBER OF BIRTHS <input type="text"/> NONE 0	→ 226
225	C FOR EACH BIRTH IN 2012 OR LATER, ENTER 'B' IN THE MONTH OF BIRTH IN THE CALENDAR. WRITE THE NAME OF THE CHILD TO THE LEFT OF THE 'B' CODE. FOR EACH BIRTH, ASK THE NUMBER OF COMPLETED MONTHS THE PREGNANCY LASTED AND RECORD 'P' IN EACH OF THE PRECEDING MONTHS ACCORDING TO THE DURATION OF PREGNANCY. (NOTE: THE NUMBER OF 'P's MUST BE ONE LESS THAN THE NUMBER OF		
226	Are you pregnant now?	YES 1 NO 2 UNSURE 8	→ 229C
227	How many months pregnant are you? RECORD NUMBER OF COMPLETED MONTHS. C ENTER 'P's IN THE CALENDAR, BEGINNING WITH THE MONTH OF INTERVIEW AND FOR THE TOTAL NUMBER OF COMPLETED MONTHS.	MONTHS <input type="text"/> <input type="text"/>	
228	When you got pregnant, did you want to get pregnant at that time?	YES 1 NO 2	→ 229C
229	CHECK 208: TOTAL NUMBER OF BIRTHS ONE OR MORE <input type="checkbox"/> NONE <input type="checkbox"/> a) Did you want to have a baby later on or did you not want any more children? b) Did you want to have a baby later on or did you not want any children?	LATER 1 NO MORE/NONE 2	
229C	Have you ever heard of menstrual regulation (MR)?	YES 1 NO 2	→ 230
229D	Have you ever used MR?	YES 1 NO 2	→ 229G
229E	In the last three years did you use MR?	YES 1 NO 2	

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES		SKIP						
229G	Have you heard about drugs available for MR?	YES	1	→ 230						
		NO	2							
229H	Have you ever used drugs for MR?	YES	1	→ 230						
		NO	2							
229I	Did you use any MR drug in the last three years?	YES	1							
		NO	2							
230	Have you ever had a pregnancy that miscarried, was aborted, or ended in a stillbirth?	YES	1	→ 239						
		NO	2							
231	When did the last such pregnancy end?	MONTH	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>							
		YEAR	<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><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>							
232	CHECK 231: LAST PREGNANCY ENDED IN 2012 OR LATER <input type="checkbox"/>			→ 234						
		LAST PREGNANCY ENDED IN 2011 OR EARLIER <input type="checkbox"/>		→ 239						
LINE NO.	233 In what month and year did the preceding such pregnancy end?	234 How many months pregnant were you when that pregnancy ended?	235 Since January 2012, have you had any other pregnancies that did not result in a live							
01	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> MONTH			<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> NUMBER OF MONTHS			YES 1 NO 2	→ NEXT LINE → 236		
02	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> MONTH			<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><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> YEAR					YES 1 NO 2	→ NEXT LINE → 236
03	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> MONTH			<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> NUMBER OF MONTHS			YES 1 NO 2	→ NEXT LINE → 236		
04	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> MONTH			<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> NUMBER OF MONTHS			YES 1 NO 2	→ 236		
236	<p>C FOR EACH PREGNANCY THAT DID NOT END IN A LIVE BIRTH IN 2012 OR LATER, ENTER 'T' IN THE CALENDAR IN THE MONTH THAT THE PREGNANCY TERMINATED AND 'P' FOR THE REMAINING NUMBER OF COMPLETED MONTHS OF PREGNANCY.</p> <p>IF THERE ARE MORE THAN FOUR PREGNANCIES THAT DID NOT END IN A LIVE BIRTH, USE AN ADDITIONAL QUESTIONNAIRE STARTING ON THE SECOND LINE.</p>									
237	Did you have any miscarriages, abortions or stillbirths that ended before 2012?	YES	1	→ 239						
		NO	2							
238	When did the last such pregnancy that terminated before 2012 end?	MONTH	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>							
		YEAR	<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><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>							

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
239	When did your last menstrual period start? <hr/> (DATE, IF GIVEN)	DAYS AGO 1 <table border="1" data-bbox="1185 181 1316 235"><tr><td></td><td></td></tr></table> WEEKS AGO 2 <table border="1" data-bbox="1185 235 1316 288"><tr><td></td><td></td></tr></table> MONTHS AGO 3 <table border="1" data-bbox="1185 288 1316 342"><tr><td></td><td></td></tr></table> YEARS AGO 4 <table border="1" data-bbox="1185 342 1316 396"><tr><td></td><td></td></tr></table> IN MENOPAUSE/ HAS HAD HYSTERECTOMY 994 BEFORE LAST BIRTH 995 NEVER MENSTRUATED 996									
240	From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant?	YES 1 NO 2 DON'T KNOW 8	<input type="checkbox"/> → 242								
241	Is this time just before her period begins, during her period, right after her period has ended, or halfway between two periods?	JUST BEFORE HER PERIOD BEGINS 1 DURING HER PERIOD 2 RIGHT AFTER HER PERIOD HAS ENDED 3 HALFWAY BETWEEN TWO PERIODS 4 OTHER 6 (SPECIFY) DON'T KNOW 8									
242	After the birth of a child, can a woman become pregnant before her menstrual period has returned?	YES 1 NO 2 DON'T KNOW 8									

243	CHECK 215 AND 216: ANY CHILD(REN) BORN IN 2007 OR LATER WHO DIED <input type="checkbox"/> NO CHILD BORN IN 2007 OR LATER WHO DIED <input type="checkbox"/> → 301					
244 COPY INFORMATION IN 212, 213, 215, AND 220 FOR EACH CHILD BORN IN 2007 OR LATER WHO DIED						
212 NAME OF DECEASED CHILD	213 IS (NAME) A BOY OR A GIRL?	215 (NAME)'S DAY, MONTH AND YEAR OF BIRTH	220 (NAME)'S AGE AT DEATH IN DAYS, MONTHS, OR YEAR	246 CHECK 220: AGE AT DEATH RECORDED IN DAYS, MONTHS, OR 2-4 YEARS	247 Now I would like to ask further questions about your child(ren) who died. On what day, month and year did (NAME) die?	248 CHECK 247: YEAR OF DEATH
	BOY 1 GIRL 2	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DAYS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/>	DAYS, MONTHS OR 2-4 YEARS (GO TO 247) 5 OR MORE YEARS (GO TO NEXT LINE. IF NO MORE CHILDREN SKIP TO 249)	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YEAR 2012 OR LATER YEAR 2011 OR EARLIER . .
	BOY 1 GIRL 2	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DAYS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/>	DAYS, MONTHS OR 2-4 YEARS (GO TO 247) 5 OR MORE YEARS (GO TO NEXT LINE. IF NO MORE CHILDREN SKIP TO 249)	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YEAR 2012 OR LATER YEAR 2011 OR EARLIER . .
	BOY 1 GIRL 2	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DAYS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/>	DAYS, MONTHS OR 2-4 YEARS (GO TO 247) 5 OR MORE YEARS (GO TO NEXT LINE. IF NO MORE CHILDREN SKIP TO 249)	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YEAR 2012 OR LATER YEAR 2011 OR EARLIER . .
249	CHECK 248: ENTER THE NUMBER OF DEATHS SINCE JANUARY 2012 (CODE 1). IF NONE, RECORD '0' AND SKIP TO 301.					<input type="text"/> → 301
250	CHECK 249: IF ONE OR MORE, READ THE FOLLOWING STATEMENT: We would like to get more information on the circumstances around the deaths of young children so that the government can provide services to help reduce these deaths. We would like to come back and talk with you about your child(ren's) death. Is this okay?					YES NO



SECTION 3. CONTRACEPTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
306	<p>What is the brand name of the condoms you are using?</p> <p>IF DON'T KNOW THE BRAND, ASK TO SEE THE PACKAGE. IF PACKAGE NOT SEEN, SHOW THE BRAND CHART AND CIRCLE THE BRAND NAME OF PILLS.</p>	<p>RAJA 01</p> <p>PANTHEI 02</p> <p>HERC 03</p> <p>SENSATION 04</p> <p>U & ME 05</p> <p>MOODS 06</p> <p>GAMY 07</p> <p>WONDER LIFE 08</p> <p>ROMANTEX 09</p> <p>DUREX 10</p> <p>LOVE GUARD 11</p> <p>CORAL 12</p> <p>JIPPY 13</p> <p>NIRAPAC 14</p> <p>GREEN LOVE 15</p> <p>CAREX 16</p> <p>DELUXE NIRODH 17</p> <p>XTREME 18</p> <p>SUPER GUARD 19</p> <p>OTHER _____ 96 (SPECIFY)</p> <p>DON'T KNOW 98</p>	<p>→ 309</p>
307	<p>In what facility did the sterilization take place?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>MEDICAL COLLEGE HOSPITAL 11</p> <p>SPECIALIZED GOVT HOSPITAL 12</p> <p>DISTRICT HOSPITAL 13</p> <p>MCWC 14</p> <p>UPAZILA HEALTH COMPLEX 15</p> <p>UH & FAMILY WELFARE CENTI 17</p> <p>OTHER PUBLIC _____ 16 (SPECIFY)</p> <p>NGO SECTOR</p> <p>NGO STATIC CLINIC 21</p> <p>OTHER NGO SECTOR _____ 26 (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE MEDICAL COLLEGE HOSPITAL 31</p> <p>PRIVATE HOSPITAL 32</p> <p>PRIVATE CLINIC 33</p> <p>QUALIFIED DOCTOR'S CHAMBER 34</p> <p>OTHER PRIVATE MEDICAL SECTOR _____ 36 (SPECIFY)</p> <p>OTHER _____ 96 (SPECIFY)</p> <p>DON'T KNOW 98</p>	

SECTION 3. CONTRACEPTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
308	In what month and year was the sterilization performed?	MONTH <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> → 310
309	Since what month and year have you been using (CURRENT METHOD) without stopping? PROBE: For how long have you been using (CURRENT METHOD) now without stopping?	MONTH <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
310	CHECK 308 AND 309, 215 AND 231: ANY BIRTH OR PREGNANCY TERMINATION AFTER MONTH AND YEAR OF START OF USE OF CONTRACEPTION IN 308 OR 309 NO <input type="checkbox"/> ↓ YES <input type="checkbox"/> ↙ GO BACK TO 308 OR 309, PROBE AND RECORD MONTH AND YEAR AT START OF CONTINUOUS USE OF CURRENT METHOD (MUST BE AFTER LAST BIRTH OR PREGNANCY)		

SECTION 3. CONTRACEPTION (PAPER OPTION)

<p>311</p>	<p>CHECK 308 AND 309:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>YEAR IS 2012 OR </p> <p>C ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN THE CALENDAR AND IN EACH MONTH BACK TO THE DATE STARTED USING.</p> <p>THEN CONTINUE ↓</p> </div> <div style="width: 45%; border-left: 1px dashed black; padding-left: 10px;"> <p>YEAR IS 2011 OR EARLIER </p> <p>C ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN THE CALENDAR AND EACH MONTH BACK TO JANUARY 2012.</p> <p>THEN ↓ (SKIP TO 314) ←</p> </div> </div>
<p>312</p>	<p>I would like to ask you some questions about the times you or your husband may have used a method to avoid getting pregnant during the last few years.</p> <p>USE CALENDAR TO PROBE FOR EARLIER PERIODS OF USE AND NONUSE, STARTING WITH MOST RECENT USE, BACK TO JANUARY 2012. USE NAMES OF CHILDREN, DATES OF BIRTH, AND PERIODS OF PREGNANCY AS REFERENCE POINTS.</p> <p>C IN COLUMN 1, ENTER METHOD USE CODE OR '0' FOR NONUSE IN EACH BLANK MONTH.</p> <p>ILLUSTRATIVE QUESTIONS:</p> <ol style="list-style-type: none"> a) When was the last time you used a method? Which method was that? b) When did you start using that method? How long after the birth of (NAME)? c) How long did you use the method then? <p>C IN COLUMN 2, ENTER CODES FOR DISCONTINUATION NEXT TO THE LAST MONTH OF USE. NUMBER OF CODES IN COLUMN 2 MUST BE SAME AS NUMBER OF INTERRUPTIONS OF METHOD USE IN COLUMN 1.</p> <p>ASK WHY SHE STOPPED USING THE METHOD. IF A PREGNANCY FOLLOWED, ASK WHETHER SHE BECAME PREGNANT UNINTENTIONALLY WHILE USING THE METHOD OR DELIBERATELY STOPPED</p> <p>ILLUSTRATIVE QUESTIONS:</p> <ol style="list-style-type: none"> d) Why did you stop using the (METHOD)? Did you become pregnant while using (METHOD), or did you stop to get pregnant, or did you stop for some other reason? e) IF DELIBERATELY STOPPED TO BECOME PREGNANT, ASK: How many months did it take you to get pregnant after you stopped using (METHOD)? AND ENTER '0' IN EACH SUCH MONTH IN COLUMN 1.

SECTION 3. CONTRACEPTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
313	CHECK THE CALENDAR FOR USE OF ANY CONTRACEPTIVE METHOD IN ANY MONTH NO METHOD USED <input type="checkbox"/> ANY METHOD USED <input type="checkbox"/>		315
314	Have you ever used anything or tried in any way to delay or avoid getting pregnant?	YES 1 NO 2	317
315	CHECK 304: CIRCLE METHOD CODE: IF MORE THAN ONE METHOD CODE CIRCLED IN 304, CIRCLE CODE FOR HIGHEST METHOD IN	NO CODE CIRCLED 00 FEMALE STERILIZATION 01 MALE STERILIZATION 02 IUD 03 INJECTABLES 04 IMPLANTS 05 PILL 06 CONDOM 07 EMERGENCY CONTRACEPTION PILL 09 LACTATIONAL AMENORRHEA METHOD 11 SAFE PERIOD 12 WITHDRAWAL 13 OTHER MODERN METHOD 95 OTHER TRADITIONAL METHOD 96	317 319 319 317 317
316	Where did you obtain (CURRENT METHOD) the last time? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	PUBLIC SECTOR MEDICAL COLLEGE HOSPITAL 11 SPECIALIZED GOVT HOSPITAL 12 DISTRICT HOSPITAL 13 MCWC 14 UPAZILA HEALTH COMPLEX 15 UH & FAMILY WELFARE CENT. 17 COMMUNITY CLINIC 18 SAT. CLINIC/EPI OUTREACH 19 GOVT. FIELD WORKER (FWA) 20 OTHER PUBLIC SECTOR _____ 16 (SPECIFY) NGO SECTOR NGO STATIC CLINIC 21 NGO SATELLITE CLINIC 22 NGO DEPO HOLDER 23 NGO FIELD WORKER 24 OTHER NGO SECTOR _____ 26 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE MEDICAL COLLEGE HOSPITAL . . 31 PRIVATE HOSPITAL 32 PRIVATE CLINIC 33 QUALIFIED DOCTOR'S CHAMBER 34 NON-QUALIFIED DOCTOR'S CHAMBE . . . 35 PHARMACY/DRUG STORE 37 OTHER PRIVATE MEDICAL SECTOR _____ 36 (SPECIFY) OTHER SOURCE SHOP 41 FRIEND/RELATIVE 42 OTHER _____ 96 (SPECIFY)	319

SECTION 3. CONTRACEPTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
317	Do you know of a place where you can obtain a method of family planning?	YES 1 NO 2	→ 319
318	Where is that? Any other place? PROBE TO IDENTIFY EACH TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE) _____ (NAME OF PLACE) _____ (NAME OF PLACE)	PUBLIC SECTOR MEDICAL COLLEGE HOSPITAL A SPECIALIZED GOVT HOSPITAL B DISTRICT HOSPITAL C MCWC D UPAZILA HEALTH COMPLEX E UH & FAMILY WELFARE CENTI F COMMUNITY CLINIC G SAT. CLINIC/EPI OUTREACH H GOVT. FIELD WORKER (FWA) I OTHER PUBLIC SECTOR _____ J (SPECIFY) NGO SECTOR NGO STATIC CLINIC K NGO SATELLITE CLINIC L NGO DEPO HOLDER M NGO FIELD WORKER N OTHER NGO SECTOR _____ O (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE MEDICAL COLLEGE HOSPITAL... P PRIVATE HOSPITAL Q PRIVATE CLINIC R QUALIFIED DOCTOR'S CHAMBER S NON-QUALIFIED DOCTOR'S CHAMBE.... T PHARMACY/DRUG STORE U OTHER PRIVATE MEDICAL SECTOR _____ V (SPECIFY) OTHER SOURCE SHOP W FRIEND/RELATIVE X OTHER _____ Y (SPECIFY)	
319	In some places, there is a clinic set up for a day or part of a day in someone's house or in a school. During the past three months, was there any such clinic in this village or mohalla?	YES 1 NO 2 DON'T KNOW 8	→ 322
320	Did you visit such a temporary health clinic in the past three months?	YES 1 NO 2	→ 322
321	What services did you receive?	FAMILY PLANNING METHODS A IMMUNIZATIONS B CHILD GROWTH MONITORING C TETANUS INJECTION D ANTENATAL CARE E VITAMIN A FOR CHILDREN F OTHER _____ X (SPECIFY) DON'T KNOW Z	
322	Are you aware of any community clinic in your area?	YES 1 NO 2	→ 325
323	Did you visit the community clinic in the past three months?	YES 1 NO 2	→ 325

SECTION 3. CONTRACEPTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
324	What services did you receive?	FAMILY PLANNING METHODS A IMMUNIZATIONS B CHILD GROWTH MONITORING C TETANUS INJECTION D ANTENATAL CARE E NORMAL DELIVER F POSTNATAL CARE G CHILD HEALTH CA H VITAMIN A FOR CHILDREN I TUBERCULOSIS (TB) J NCD (HYPERTENSION, DIAI K OTHER _____ X (SPECIFY) DON'T KNOW Z	
325	In the last 6 months, were you visited by a fieldworker who talked to you about family planning or gave you a family planning method?	TALKED 1 GAVE FAMILY PLANNING METHO 2 TALKED AND GAVE METHOD 3 NO 4	→ 401
326	Who visited you to talk about family planning or to give you family planning methods? Name _____ Anyone else? Name _____	GOVT. FP WORKER A GOVT. HEALTH WORKEI B NGO WORKER C OTHER _____ X (SPECIFY)	
327	During the last six months, how many times did a health worker or workers visit you to talk about family planning or to give you family planning	NUMBER OF TIMES <input type="text"/> <input type="text"/> DON'T KNOW 98	
328	When was the last time you were visited by a fieldworker who talked to you about family planning? IF MORE THAN ONE WORKER VISITED: When did the last worker visit you? IF LESS THAN ONE MONTH AGO WRITE '0'.	MONTHS AGO <input type="text"/> DON'T KNOW 8	

SECTION 4. PREGNANCY AND POSTNATAL CARE

401	<p>CHECK 215:</p> <p style="text-align: center;"> <input type="checkbox"/> ONE OR MORE BIRTHS IN 2014 OR LATER <input type="checkbox"/> NO BIRTHS IN 2014 OR LATER </p> <p style="text-align: right;">601</p>	
402	<p>CHECK 215. RECORD THE BIRTH HISTORY NUMBER IN 403 AND THE NAME AND SURVIVAL STATUS IN 404 FOR EACH BIRTH IN 2014 OR LATER. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH.</p> <p>Now I would like to ask some questions about your children born in the last three years. (We will talk about each separately.)</p>	
403	<p style="text-align: center;">LAST BIRTH</p> <p>BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/></p>	<p style="text-align: center;">NEXT-TO-LAST BIRTH</p> <p>BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/></p>
404	<p>FROM 212 AND 216:</p> <p>NAME _____</p> <p>LIVING <input type="checkbox"/> DEAD <input type="checkbox"/></p>	<p>NAME _____</p> <p>LIVING <input type="checkbox"/> DEAD <input type="checkbox"/></p>
405	<p>When you got pregnant with (NAME), did you want to get pregnant at that time?</p> <p>YES 1 (SKIP TO 408) ←</p> <p>NO 2</p>	<p>YES 1 (SKIP TO 427) ←</p> <p>NO 2</p>
406	<p>CHECK 208:</p> <p style="text-align: center;"> <input type="checkbox"/> ONLY ONE BIRTH <input type="checkbox"/> MORE THAN ONE </p> <p>a) Did you want to have a baby later on, or did you not want any children?</p> <p>b) Did you want to have a baby later on, or did you not want any more children?</p> <p>LATER 1</p> <p>NO MORE/NONE 2 (SKIP TO 408) ←</p>	<p>LATER 1</p> <p>NO MORE/NONE 2 (SKIP TO 427) ←</p>
407	<p>How much longer did you want to wait?</p> <p>MONTHS 1 <input type="text"/> <input type="text"/></p> <p>YEARS 2 <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 998</p>	<p>MONTHS 1 <input type="text"/> <input type="text"/></p> <p>YEARS 2 <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 998</p>
408	<p>Did you see anyone for antenatal care for this pregnancy?</p> <p>YES 1</p> <p>NO 2 SKIP TO 414B ←</p>	
409	<p>Whom did you see?</p> <p>Anyone else?</p> <p>PROBE TO IDENTIFY EACH TYPE OF PERSON AND RECORD ALL MENTIONED.</p> <p>IF YOU ARE NOT SURE OF THE DESIGNATION OF THE PERSON, WRITE HER/HIS NAME AND ASK THE SUPERVISOR TO FIND OUT. CIRCLE THE APPROPRIATE</p> <p>_____</p> <p style="text-align: center;">NAME</p> <p>HEALTH PERSONNEL</p> <p>QUALIFIED DOCTOR A</p> <p>NURSE/MIDWIFE/ PARAMEDIC B</p> <p>FAMILY WELFARE VISITOR (FWV) C</p> <p>COMMUNITY SKILLED BIRTH ATTENDANT (CSBA) D</p> <p>SUB-ASSISTANT COMMUNITY MEDICAL OFFICER (SACMO) E</p> <p>COMMUNITH HEALTH CARE PROVIDER (CHCP) F</p> <p>HEALTH ASSISTANT (HA) G</p> <p>FAMILY WELFARE ASSISTANT (FWA) H</p>	

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
	<p>NAME _____</p>	<p>NGO WORKER I</p> <p>OTHER PERSON</p> <p>TRAINED TBA (TTBA) . J</p> <p>UNTRAINED TBA (UTBA) K</p> <p>UNQUALIFIED DOCTOR L</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	
410	<p>Where did you receive antenatal care for this pregnancy?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p> <p>Anywhere else?</p>	<p>HOME</p> <p>HOME A</p> <p>PUBLIC SECTOR</p> <p>MEDICAL COLLEGE</p> <p>HOSPITAL B</p> <p>SPECIALIZED GOVT</p> <p>HOSPITAL C</p> <p>DISTRICT HOSPITAL D</p> <p>MCWC E</p> <p>UPAZILA HEALTH</p> <p>COMPLEX F</p> <p>UH & FAMILY WELFARE</p> <p>CENTRE G</p> <p>COMMUNITY CLINIC . H</p> <p>SAT. CLINIC/EPI</p> <p>OUTREACH I</p> <p>OTHER PUBLIC SECTOR</p> <p>SECTOR</p> <p>_____ J</p> <p>(SPECIFY)</p> <p>NGO SECTOR</p> <p>NGO STATIC CLINIC K</p> <p>NGO SAT CLINIC L</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE MEDICAL COLLEGE</p> <p>HOSPITAL M</p> <p>PRIVATE HOSPITAL N</p> <p>PRIVATE CLINIC O</p> <p>QUALIFIED DOCTOR</p> <p>CHAMBER P</p> <p>UNQUALIFIED DOCTOR</p> <p>CHAMBER Q</p> <p>PHARMACY R</p> <p>OTHER PRIVATE MEDICAL</p> <p>_____ S</p> <p>(SPECIFY)</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	
411	<p>How many months pregnant were you when you first received antenatal care for this pregnancy?</p>	<p>MONTH: <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>	
412	<p>How many times did you receive antenatal care during this pregnancy?</p>	<p>NUMBER OF TIMES <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>	

413	As part of your antenatal care during this pregnancy, were any of the following done at least once: a) Was your weight measured? b) Was your blood pressure c) Did you give a urine sample? d) Did you give a blood sample? e) Did you have an f) Did you receive counselling about pregnancy danger signs? g) Did you receive counseling about a family planning method you can use immediately after you give birth?	<table style="width: 100%; border: none;"> <tr> <td></td> <td style="text-align: center;">YES</td> <td style="text-align: center;">NO</td> </tr> <tr> <td>a) WEIGH1.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>b) BP</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>c) URINE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>d) BLOOD</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>e) ULTRASON.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>f) DANGER SIGNS .</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>g) FP METHOD AFTER BIRTH.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </table>		YES	NO	a) WEIGH1.....	1	2	b) BP	1	2	c) URINE	1	2	d) BLOOD	1	2	e) ULTRASON.....	1	2	f) DANGER SIGNS .	1	2	g) FP METHOD AFTER BIRTH.....	1	2	
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e) ULTRASON.....	1	2																									
f) DANGER SIGNS .	1	2																									
g) FP METHOD AFTER BIRTH.....	1	2																									
NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____																								
414A	During (any of) your antenatal care visit(s), were you told about signs of pregnancy complications?	<table style="width: 100%; border: none;"> <tr> <td>YES</td> <td style="text-align: center;">1</td> </tr> <tr> <td>NO</td> <td style="text-align: center;">2</td> </tr> <tr> <td>DON'T KNOW</td> <td style="text-align: center;">8</td> </tr> </table>	YES	1	NO	2	DON'T KNOW	8																			
YES	1																										
NO	2																										
DON'T KNOW	8																										
414B	When you got pregnant with (NAME), did any fieldworker/ community worker visit you at your home to counsel you on healthy pregnancy or give you a checkup?	<table style="width: 100%; border: none;"> <tr> <td>YES</td> <td style="text-align: center;">1</td> </tr> <tr> <td>NO</td> <td style="text-align: center;">2</td> </tr> </table> <p style="text-align: center;">((SKIP TO 420) ←</p>	YES	1	NO	2																					
YES	1																										
NO	2																										
414C	Who visited you? IF YOU ARE NOT SURE OF THE DESIGNATION OF THE PERSON, WRITE HER/HIS NAME AND ASK THE SUPERVISOR TO FIND OUT. CIRCLE THE APPROPRIATE _____ NAME	<table style="width: 100%; border: none;"> <tr> <td>COMMUNITY SKILLED BIRTH ATTENDANT (CSBA).....</td> <td style="text-align: center;">A</td> </tr> <tr> <td>HEALTH ASSISTANT (HA).....</td> <td style="text-align: center;">B</td> </tr> <tr> <td>FAMILY WELFARE ASSISTANT (FWA)</td> <td style="text-align: center;">C</td> </tr> <tr> <td>NGO WORKER</td> <td style="text-align: center;">D</td> </tr> <tr> <td>TRAINED TBA (TTBA)</td> <td style="text-align: center;">E</td> </tr> <tr> <td>UNTRAINED TBA (UTBA) .</td> <td style="text-align: center;">F</td> </tr> <tr> <td>OTHER _____</td> <td style="text-align: center;">X</td> </tr> </table> <p style="text-align: center;">(SPECIFY)</p>	COMMUNITY SKILLED BIRTH ATTENDANT (CSBA).....	A	HEALTH ASSISTANT (HA).....	B	FAMILY WELFARE ASSISTANT (FWA)	C	NGO WORKER	D	TRAINED TBA (TTBA)	E	UNTRAINED TBA (UTBA) .	F	OTHER _____	X											
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TRAINED TBA (TTBA)	E																										
UNTRAINED TBA (UTBA) .	F																										
OTHER _____	X																										
414D	What did they do: a) Was your weight measured? b) Was your blood pressure c) Did you give a urine sample? d) Did you give a blood sample? e) Did you receive counselling about pregnancy danger signs?	<table style="width: 100%; border: none;"> <tr> <td></td> <td style="text-align: center;">YES</td> <td style="text-align: center;">NO</td> </tr> <tr> <td>a) WEIGH1.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>b) BP</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>c) URINE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>d) BLOOD</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>e) DANGER SIGNS .</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </table>		YES	NO	a) WEIGH1.....	1	2	b) BP	1	2	c) URINE	1	2	d) BLOOD	1	2	e) DANGER SIGNS .	1	2							
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b) BP	1	2																									
c) URINE	1	2																									
d) BLOOD	1	2																									
e) DANGER SIGNS .	1	2																									
414E	How many home visits did you receive during the last pregnancy?	<table style="width: 100%; border: none;"> <tr> <td>NUMBER OF TIMES</td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> </tr> <tr> <td>DON'T KNOW</td> <td colspan="2" style="text-align: center;">98</td> </tr> </table>	NUMBER OF TIMES			DON'T KNOW	98																				
NUMBER OF TIMES																											
DON'T KNOW	98																										
420	During this pregnancy, were you given or did you buy any iron tablets or iron syrup? SHOW TABLETS/SYRUP.	<table style="width: 100%; border: none;"> <tr> <td>YES</td> <td style="text-align: center;">1</td> </tr> <tr> <td>NO</td> <td style="text-align: center;">2</td> </tr> <tr> <td colspan="2" style="text-align: center;">(SKIP TO 427) ←</td> </tr> <tr> <td>DON'T KNOW</td> <td style="text-align: center;">8</td> </tr> </table>	YES	1	NO	2	(SKIP TO 427) ←		DON'T KNOW	8																	
YES	1																										
NO	2																										
(SKIP TO 427) ←																											
DON'T KNOW	8																										
421	During the whole pregnancy, for how many days did you take the tablets or syrup? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER OF DAYS.	<table style="width: 100%; border: none;"> <tr> <td>DAYS</td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> </tr> <tr> <td>DON'T KNOW</td> <td colspan="3" style="text-align: center;">998</td> </tr> </table>	DAYS				DON'T KNOW	998																			
DAYS																											
DON'T KNOW	998																										

427	Was (NAME) weighed at birth?	YES 1 NO 2 (SKIP TO 429) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 429) ← DON'T KNOW 8
428	How much did (NAME) weigh? RECORD WEIGHT IN KILOGRAMS FROM HEALTH CARD, IF AVAILABLE.	KG FROM CARD 1 <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> KG FROM RECALL 2 <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 99998	KG FROM CARD 1 <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> KG FROM RECALL 2 <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 99998

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
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429	Who assisted with the delivery of (NAME)? Anyone else? PROBE FOR THE TYPE(S) OF PERSON(S) AND RECORD ALL MENTIONED. IF RESPONDENT SAYS NO ONE ASSISTED, PROBE TO DETERMINE WHETHER ANY ADULTS WERE PRESENT AT THE DELIVERY. IF YOU ARE NOT SURE OF THE DESIGNATION OF THE PERSON, WRITE HER/HIS NAME AND ASK THE SUPERVISOR TO FIND OUT. CIRCLE THE APPROPRIATE _____ NAME _____ NAME	HEALTH PERSONNEL QUALIFIED DOCTOR . A NURSE/MIDWIFE/ PARAMEDIC B FAMILY WELFARE VISITOR (FWV) C COMMUNITY SKILLED BIRTH ATTENDANT (CSBA) D SUB-ASSISTANT COMMUNITY MEDICAL OFFICER (SACMO) E COMMUNITY HEALTH CARE PROVIDER (CHCP) F HEALTH ASSISTANT (HA G FAMILY WELFARE ASSISTANT (FWA) . H NGO WORKER I OTHER PERSON TRAINED TBA (TTBA) . J UNTRAINED TBA (UTBA) K UNQUALIFIED DOCTOR L RELATIVE? M NEIGHBOURS/ FRIENDS N OTHER _____ X (SPECIFY) NO ONE ASSISTED Y	HEALTH PERSONNEL QUALIFIED DOCTOR . A NURSE/MIDWIFE/ PARAMEDIC B FAMILY WELFARE VISITOR (FWV) C COMMUNITY SKILLED BIRTH ATTENDANT (CSBA) D SUB-ASSISTANT COMMUNITY MEDICAL OFFICER (SACMO) E COMMUNITY HEALTH CARE PROVIDER (CHCP) F HEALTH ASSISTANT (HA G FAMILY WELFARE ASSISTANT (FWA) . H NGO WORKER I OTHER PERSON TRAINED TBA (TTBA) . J UNTRAINED TBA (UTBA) K UNQUALIFIED DOCTOR L RELATIVE? M NEIGHBOURS/ FRIENDS N OTHER _____ X (SPECIFY) NO ONE ASSISTED Y
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430	Where did you give birth to (NAME)? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE _____ (NAME OF PLACE) IF CODE 42 OR 43 IS CIRCLED, ASK THE NAME OF THE FACILITY _____ (NAME OF PLACE)	HOME HOME 11 (SKIP TO 431) ← PUBLIC SECTOR MEDICAL COLLEGE HOSPITAL 21 SPECIALIZED GOVT HOSPITAL 22 DISTRICT HOSPITAL 23 MCWC 24 UPAZILA HEALTH COMPLEX 25 UH & FAMILY WELFARE CENTRE 27 COMMUNITY CLINIC 28 OTHER PUBLIC SECTOR _____ 26 SPECIFY	HOME HOME 11 (SKIP TO 431) ← PUBLIC SECTOR MEDICAL COLLEGE HOSPITAL 21 SPECIALIZED GOVT HOSPITAL 22 DISTRICT HOSPITAL 23 MCWC 24 UPAZILA HEALTH COMPLEX 25 UH & FAMILY WELFARE CENTRE 27 COMMUNITY CLINIC 28 OTHER PUBLIC SECTOR _____ 26 SPECIFY
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ADDRESS (CITY OR TOWN): _____ _____ MOBILE / TELEPHONE NUMBER _____ ASK FOR DISCHARGE LETTER OR OTHER DOCUMENT TO GET THIS INFORMATION.	NGO SECTOR NGO STATIC CLINI# 31 DELIVERY HUT 32 PRIVATE MEDICAL SECTOR PRIVATE MEDICAL COLLEGE HOSPITAL 41 PRIVATE HOSPITA 42 PRIVATE CLINIC 43 OTHER PRIVATE MEDICAL _____ 46 SPECIFY OTHER _____ 96 (SPECIFY) (SKIP TO 433I) ←	NGO SECTOR NGO STATIC CLINI# 31 DELIVERY HUT 32 PRIVATE MEDICAL SECTOR PRIVATE MEDICAL COLLEGE HOSPITAL 41 PRIVATE HOSPITA 42 PRIVATE CLINIC 43 OTHER PRIVATE MEDICAL _____ 46 SPECIFY OTHER _____ 96 (SPECIFY) (SKIP TO 433V) ←
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NO.	QUESTIONS AND FILTERS	LAST BIRTH	NEXT-TO-LAST BIRTH						
		NAME _____	NAME _____						
431	How long after (NAME) was delivered did you stay there? IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS 1 <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><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> DAYS 2 WEEKS 3 DON'T KNOW 998							
432	Was (NAME) delivered by caesarean, that is, did they cut your belly open to take the baby	YES 1 NO 2 (SKIP TO 433I) ←	YES 1 NO 2 (SKIP TO 433V) ←						
433	When was the decision made to have the caesarean section? Was it before or after your labor pains started?	BEFORE 1 AFTER 2 (SKIP TO 433D) ←	BEFORE 1 AFTER 2 (SKIP TO 433V) ←						
433A	How many days before the delivery was the decision to have caesarean section made?	DAY OF DELIVERI# 1 DAY BEFORE DELIVE 2 2 - 7 DAYS BEFORE DELIVERY 3 8 - 30 DAYS BEFORE DELIVERY 4 30+ DAYS BEFORE DELIVERY 5							
433D	Who proposed first to have the birth delivered by caesarean section, you, a family member, or	RESPONDENT 1 (SKIP TO 433F) ← FAMILY MEMBER 2 DOCTOR 3							
433E	Were you or your family told the reasons for having the operation?	YES 1 NO 2 (SKIP TO 433G) ←							
433F	What were the reasons for making the decision to have the caesarean section? Any other reason? CIRCLE ALL MENTIONED.	CONVENIENCE A DO NOT WANT TO GO THROUGH LABOR PAIN B MALPRESENTATIO C PREMATURE BABY D CORD PROLAPSE# E MULTIPLE BIRTHS F FAILURE TO PROGRESS IN LABOR G PRE-ECLAMPSI# H DIABETES I PREVIOUS C/S J LESS PRESSURE ON BABY'S BRAIN K							

		OTHER COMPLICATIONS DURING DELIVERY L OTHER X							
433G	CHECK CHILD NOT FIRST BIRTH <input type="checkbox"/> CHILD FIRST BIRTH <input type="checkbox"/> → 433I								
433H	Did you have a caesarean section before this birth?	YES 1 NO 2							
NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____						
433I	Did you or any of your family members ever use a mobile phone to get health services or advice for you or (NAME) during your pregnancy or delivery?	YES 1 NO 2 (SKIP TO 433L) ←							
433J	What was the reason the mobile phone was used? Any other reason? CIRCLE ALL MENTIONED.	TO ASK WHAT TO DO A TO CONTACT SERVICE PROVIDER B TO ARRANGE TRANSPORT C TO ARRANGE FOR MONEY D TO ARRANGE FOR DELIVERY E OTHER _____ . X SPECIFY _____							
433K	Who did you call? Any other person? CIRCLE ALL MENTIONED. IF YOU ARE NOT SURE OF THE DESIGNATION OF THE PERSON, WRITE HER/HIS NAME AND ASK THE SUPERVISOR TO FIND OUT. CIRCLE THE APPROPRIATE CODE. _____ NAME _____ NAME	HEALTH PERSONNEL QUALIFIED DOCTOR A NURSE/MIDWIFE/ PARAMEDIC B FAMILY WELFARE VISITOR (FWV) C COMMUNITY SKILLED BIRTH ATTENDANT (CSBA) D SUB-ASSISTANT COMMUNITY MEDICAL OFFICER (SACMO) E COMMUNITY HEALTH CARE PROVIDER (CHCP) F HEALTH ASSISTANT (HA) FAMILY WELFARE ASSISTANT (FWA) H NGO WORKER I OTHER PERSON TRAINED TBA (TTBA) J UNTRAINED TBA (UTBA) K UNQUALIFIED DOCTOR L RELATIVE(S) M NEIGHBORS/FRIENDS N OTHER _____ . X (SPECIFY)							
433L	How much did you pay in total for your last delivery? IF MORE THAN 999995, WRITE 999995.	<table border="1"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table> TAKA NOTHING 000000 433N ← DON'T KNOW 999998							

433M	Where did you get the money for (NAME'S) delivery?	FAMILY FUNC A BORROWED B SOLD ASSESTS/ MORTGAGE C GIFT FROM FAMILY D GIFT FROM NEIGHBOUR/ FRIEND E VOUCHER F INSURANCE G OTHER _____ X SPECIFY	
433N	CHECK 430: PLACE OF	CODE 11' OR '96' CIRCLED <input type="checkbox"/> OTHER <input type="checkbox"/> (SKIP TO 433R)	
NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
433O	Now I would like to ask you some specific questions about what was done with (NAME) during and immediately following delivery. Was a Clean Delivery Kit used during the delivery of (NAME)? SHOW PICTURE OF DELIVERY KIT	YES 1 NO 2 DON'T KNOW 8	
433P	What was used to cut the cord?	BLADE FROM DELIVERY KI' KIT 1 BLADE FROM OTHER SOURCE 2 BAMBOO STRIP 3 SCISSORS 4 OTHER _____ 6 SPECIFY CORD WAS NOT CUT 7 (SKIP TO 433R) ← DON'T KNOW 8	
433Q	Was the (INSTRUMENT IN 433P) boiled before the cord was cut?	YES 1 NO 2 DON'T KNOW 8	
433R	Was anything applied to the cord immediately after cutting and tying it?	YES 1 NO 2 (SKIP TO 433U) ← DON'T KNOW 8	
433S	Did you or anyone else put chlorhexidine on the cord stump? SHOW GOVERNMENT SUPPLIED SAMPLE AND	YES 1 NO 2 DON'T KNOW 8	

433T	Other than chlorhexidine, what was applied to the cord after it was cut and tied?	ANTIBIOTICS (POWDER/OINTM' A ANTISEPTIC (DETOL/SAVLON/HEXISOL B SPIRIT/ALCOHO C MUSTARD OIL WITH GARLI D CHEWED RICE E TUMERIC JUICE/POWDER F GINGER JUICE/POWE G SHIDUR H BORIC POWDEF I GENTIAN VIOLET (BLUE INK) J TALCUM POWEI K OTHER _____ X SPECIFY NOTHING OTHER THAN CHLORHEXIDINI L DON'T KNOW Z															
433U	How long after birth was (NAME) dried?	<5 MINUTES 1 5-9 MINUTES 2 10+ MINUTES 3 NOT DRIE! 4 DON'T KNOW 8															
433V	After the birth, was (NAME) put directly on the bare skin of your chest? SHOW PICTURE OF SKIN-TO-SKIN POSITION.	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8														
		LAST BIRTH	NEXT-TO-LAST BIRTH														
NO.	QUESTIONS AND FILTERS	NAME _____	NAME _____														
433W	How long after delivery was (NAME) bathed for the first time? IF LESS THAN ONE DAY, RECORD IN HOURS. IF LESS THAN ONE WEEK. RECORD IN	HOURS 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><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> DAYS 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> WEEKS 3 <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> NOT BATHED 995 DON'T KNOW 998															
434	CHECK 430: PLACE OF OTHER <input type="checkbox"/>	CODE '11' OR '96' CIRCLED <input type="checkbox"/> → 434I															
434A	To go to the facility where you gave birth to (NAME), did you move from another health facility, did you go there directly from your home, or from somewhere else that was not a health facility?	CAME FROM ANOTHER HEALTH FACILITY 1 CAME FROM HOME 2 CAME FROM NON-HEALTH FACILITY LOCATION 3 (SKIP TO 434F) ← DON'T KNOW 8															
434B	From which facility did you move to the facility where you gave birth to (NAME)? PROBE TO IDENTIFY THE TYPE OF SOURCE.	PUBLIC SECTOR MEDICAL COLLEGE HOSPITAL 21 SPECIALIZED GOVT HOSPITAL 22 DISTRICT HOSPITA 23 MCWC 24 UPAZILA HEALTH COMPLEX 25															

<p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>UH & FAMILY WELFARE CENTRE 27</p> <p>COMMUNITY CLINI 28</p> <p>OTHER PUBLIC SECTOR _____ 26</p> <p style="text-align: center;">SPECIFY</p> <p>NGO SECTOR</p> <p>NGO STATIC CLINI 31</p> <p>DELIVERY HL 32</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE MEDICAL COLLEGE HOSPITAL 41</p> <p>PRIVATE HOSPITA 42</p> <p>PRIVATE CLINIC 43</p> <p>OTHER PRIVATE MEDICAL _____ 46</p> <p style="text-align: center;">SPECIFY</p> <p>OTHER _____ 96</p> <p style="text-align: center;">(SPECIFY)</p> <p style="text-align: center;">(SKIP TO 434I) ←</p>						
434C	<p>Why did you move from one facility to the facility where you gave birth to (NAME)?</p>	<p>PROBLEM DURING LABOR/ EMERGENCY 1</p> <p>NO APPROPRIATE HEALTH PROF. AVAILABI 2</p> <p>FACILITY TOO CROWDED/ NO BED AVAILABI 3</p> <p>FACILITY NOT OPEN 4</p> <p>REFERREI 5</p> <p>EXPENSIVE SERVICE 7</p> <p>OTHER _____ 6</p> <p style="text-align: center;">(SPECIFY)</p>					
NO.	QUESTIONS AND FILTERS	<p style="text-align: center;">LAST BIRTH</p> <p>NAME _____</p>	<p style="text-align: center;">NEXT-TO-LAST BIRTH</p> <p>NAME _____</p>				
434D	<p>Did a health worker go with you when you moved to the facility where you gave birth to (NAME)?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>					
434E	<p>What means of transport did you use to get from the previous facility to the facility where you gave birth to (NAME)?</p>	<p>MOTORISED</p> <p>AMBULANCE 21</p> <p>CAR 22</p> <p>CNG/BABY TAXI 23</p> <p>EASY BIKE 24</p> <p>PUBLIC BUS 25</p> <p>BOAT WITH MOTOI 27</p> <p>RCKSHAW WITH MOTOF 28</p> <p>OTHER _____ 26</p> <p style="text-align: center;">SPECIFY</p> <p style="text-align: center;">(SKIP TO 434I) ←</p> <p>NOT MOTORISED</p> <p>RICKSHAW/VAN 31</p> <p>WALKING 32</p> <p>OTHER _____ 36</p> <p style="text-align: center;">SPECIFY</p>					
434F	<p>How long did it take you to reach the health facility?</p> <p>PROBE FOR ESTIMATED TIME FROM WHEN DECISION WAS MADE TO GO TO THE FACILITY AND WHEN RESPONDENT ARRIVED.</p>	<p>HOURS 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></table></p> <p>DAYS 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></table></p>					

434G	What means of transport did you use to get to the facility where you gave birth to (NAME)?	<p>MOTORISED</p> <p>AMBULANCE 21 CAR 22 CNG/BABY TAXI 23 EASY BIKE 24 PUBLIC BUS 25 BOAT WITH MOTOR 27 RICKSHAW WITH MOTOR 28 OTHER _____ 26</p> <p style="text-align: center;">SPECIFY</p> <p>NOT MOTORISED</p> <p>RICKSHAW/VAN 31 WALKING 32</p> <p style="text-align: center;">(SKIP TO 434I) ←</p> <p>OTHER _____ 36</p> <p style="text-align: center;">SPECIFY</p>																															
434H	Who arranged transportation to the health facility?	<p>PERSON FROM HEALTH FACILITY/CLINIC 01 FAMILY WELFARE VISITOR 02 OTHER HEALTH PROFESSIONAL 03 TRADITIONAL BIRTH ATTENDANT/DA 04 HUSBAND 05 OTHER FAMILY MEMBER... 07 HERSELF 10 OTHER _____ 06</p> <p style="text-align: center;">(SPECIFY)</p> <p>DON'T KNOW 08</p>																															
434I	<p>CHECK 430: PLACE OF DELIVERY</p> <p>OTHER <input type="checkbox"/> CODE 11, OR 96 CIRCLED <input type="checkbox"/></p> <p style="text-align: center;">(SKIP TO 449) ←</p>																																
NO.	QUESTIONS AND FILTERS	<p style="text-align: center;">LAST BIRTH</p> <p>NAME _____</p>	<p style="text-align: center;">NEXT-TO-LAST BIRTH</p> <p>NAME _____</p>																														
435	I would like to talk to you about checks on your health after delivery, for example, someone asking you questions about your health or examining you. Did anyone check on your health while you were still in the facility?	<p>YES 1</p> <p>NO 2</p> <p style="text-align: center;">(SKIP TO 438) ←</p>																															
435A	<p>During this check, were you counseled about:</p> <p>a. Information on family planning methods</p> <p>b. Sources of family planning methods</p> <p>c. Importance of spacing and or limiting births</p> <p>d. Immediate IUD insertion</p> <p>e. Immediate implant insertion</p> <p>f. Immediate tubal ligation</p> <p>g. Use of LAM</p> <p>h. Progesterone only pill – Apan</p> <p>i. Exclusive breastfeeding</p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 10%; text-align: center;">YES</th> <th style="width: 10%; text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>a. FP METHODS</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>b. FP SOURCES</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>c. SPACING AND LIMITING BIRTHS</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>d. IUD INSERTION</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>e. IMPLANT</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>f. TUBAL LIGATION</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>g. LAM</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>h. APAN</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>i. EXCLUSIVE BF</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	a. FP METHODS	1	2	b. FP SOURCES	1	2	c. SPACING AND LIMITING BIRTHS	1	2	d. IUD INSERTION	1	2	e. IMPLANT	1	2	f. TUBAL LIGATION	1	2	g. LAM	1	2	h. APAN	1	2	i. EXCLUSIVE BF	1	2	
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e. IMPLANT	1	2																															
f. TUBAL LIGATION	1	2																															
g. LAM	1	2																															
h. APAN	1	2																															
i. EXCLUSIVE BF	1	2																															

436	<p>How long after delivery did the first check take place?</p> <p>IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.</p>	<p>HOURS 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>DAYS 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>WEEKS 3 <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 998</p>												

437	<p>Who checked on your health at that time?</p> <p>PROBE FOR MOST QUALIFIED PERSON.</p> <p>IF YOU ARE NOT SURE OF THE DESIGNATION OF THE PERSON, WRITE HER/HIS NAME AND ASK THE SUPERVISOR TO FIND OUT. CIRCLE THE APPROPRIATE CODE.</p> <p>_____</p> <p style="text-align: center;">NAME</p> <p>_____</p> <p style="text-align: center;">NAME</p>	<p>HEALTH PERSONNEL</p> <p>QUALIFIED DOCTOR . . 11</p> <p>NURSE/MIDWIFE/ PARAMEDIC 12</p> <p>FAMILY WELFARE VISITOR (FWV) 13</p> <p>COMMUNITY SKILLED BIRTH ATTENDANT (CSBA) 14</p> <p>SUB-ASSISTANT COMMUNITY MEDICAL OFFICER (SACMO) . . 15</p> <p>COMMUNITH HEALTH CARE PROVIDER (CHCP) 16</p> <p>HEALTH ASSISTANT (HA) 17</p> <p>FAMILY WELFARE ASSISTANT (FWA) . . 18</p> <p>NGO WORKER 21</p> <p>OTHER PERSON</p> <p>TRAINED TBA (TTBA) . 31</p> <p>UNTRAINED TBA (UTBA) 32</p> <p>UNQUALIFIED DOCTC . 33</p> <p>OTHER _____ 96 (SPECIFY)</p>
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438	<p>Now I would like to talk to you about checks on (NAME)'s health after delivery – for example, someone examining (NAME), checking the cord, or seeing if (NAME) is OK. Did anyone check on (NAME)'s health while you were still in the facility?</p>	<p>YES 1</p> <p>NO 2</p> <p style="text-align: center;">(SKIP TO 441) ←</p> <p>DON'T KNOW 8</p>
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		LAST BIRTH	NEXT-TO-LAST BIRTH												
NO.	QUESTIONS AND FILTERS	NAME _____	NAME _____												
439	<p>How long after delivery was (NAME)'s health first checked?</p> <p>IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.</p>	<p>HOURS 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>DAYS 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>WEEKS 3 <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 998</p>													
440	<p>Who checked on (NAME)'s health at that time?</p> <p>PROBE FOR MOST QUALIFIED PERSON.</p>	<p>HEALTH PERSONNEL</p> <p>QUALIFIED DOCTOR . . 11</p> <p>NURSE/MIDWIFE/ PARAMEDIC 12</p> <p>FAMILY WELFARE VISITOR (FWV) 13</p> <p>COMMUNITY SKILLED</p>													

	<p>IF YOU ARE NOT SURE OF THE DESIGNATION OF THE PERSON, WRITE HER/HIS NAME AND ASK THE SUPERVISOR TO FIND OUT. CIRCLE THE APPROPRIATE CODE.</p> <p>_____</p> <p style="text-align: center;">NAME</p> <p>_____</p> <p style="text-align: center;">NAME</p>	<p>BIRTH ATTENDANT (CSBA) 14</p> <p>SUB-ASSISTANT COMMUNITY MEDICAL OFFICER (SACMO) . 15</p> <p>COMMUNITH HEALTH CARE PROVIDER (CHCP)..... 16</p> <p>HEALTH ASSISTANT (HA 17 FAMILY WELFARE ASSISTANT (FWA) . 18</p> <p>NGO WORKER 21</p> <p>OTHER PERSON</p> <p>TRAINED TBA (TTBA) . 31</p> <p>UNTRAINED TBA (UTBA) 32</p> <p>UNQUALIFIED DOCTC. 33</p> <p>OTHER _____ 96 (SPECIFY)</p>						
441	<p>Now I want to talk to you about what happened after you left the facility. Did anyone check on your health after you left the facility?</p>	<p>YES 1</p> <p>NO 2</p> <p style="text-align: center;">(SKIP TO 445) ←</p>						
442	<p>How long after delivery did that check take place?</p> <p>IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.</p>	<p>HOURS 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></table></p> <p>DAYS..... 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></table></p> <p>WEEKS 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>DON'T KNOW 998</p>						
443	<p>Who checked on your health at that time?</p> <p>PROBE FOR MOST QUALIFIED PERSON.</p> <p>IF YOU ARE NOT SURE OF THE DESIGNATION OF THE PERSON, WRITE HER/HIS NAME AND ASK THE SUPERVISOR TO FIND OUT. CIRCLE THE APPROPRIATE CODE.</p> <p>_____</p> <p style="text-align: center;">NAME</p> <p>_____</p> <p style="text-align: center;">NAME</p>	<p>HEALTH PERSONNEL</p> <p>QUALIFIED DOCTOR . 11</p> <p>NURSE/MIDWIFE/ PARAMEDIC 12</p> <p>FAMILY WELFARE VISITOR (FWV) 13</p> <p>COMMUNITY SKILLED BIRTH ATTENDANT (CSBA) 14</p> <p>SUB-ASSISTANT COMMUNITY MEDICAL OFFICER (SACMO) 15</p> <p>COMMUNITH HEALTH CARE PROVIDER (CHCP)..... 16</p> <p>HEALTH ASSISTANT (HA 17 FAMILY WELFARE ASSISTANT (FWA) . 18</p> <p>NGO WORKER 21</p> <p>OTHER PERSON</p> <p>TRAINED TBA (TTBA) 31</p> <p>UNTRAINED TBA (UTBA) 32</p> <p>UNQUALIFIED DOCTOR 33</p> <p>OTHER _____ 96 (SPECIFY)</p>						

NO.	QUESTIONS AND FILTERS	LAST BIRTH	NEXT-TO-LAST BIRTH
		NAME _____	NAME _____
444	<p>Where did the check take place?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>HOME</p> <p>HOME 11</p> <p>PUBLIC SECTOR</p> <p>MEDICAL COLLEGE</p> <p>HOSPITAL 21</p> <p>SPECIALIZED GOVT</p> <p>HOSPITAL 22</p> <p>DISTRICT HOSPITA..... 23</p> <p>MCWC 24</p> <p>UPAZILA HEALTH</p> <p>COMPLEX 25</p> <p>UH & FAMILY WELFARE</p> <p>CENTRE..... 27</p> <p>COMMUNITY CLINI..... 28</p> <p>SAT. CLINIC/T1009EPI</p> <p>OUTREACH 29</p> <p>OTHER PUBLIC</p> <p>SECTOR _____ 26</p> <p>SPECIFY</p> <p>NGO SECTOR</p> <p>NGO STATIC CLINI..... 31</p> <p>NGO SAT CLINIC..... 32</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE MEDICAL COLLEGE</p> <p>HOSPITAL 41</p> <p>PRIVATE HOSPITA 42</p> <p>PRIVATE CLINIC..... 43</p> <p>QUALIFIED DOCTOR 44</p> <p>UNQUALIFIED DOCTOR 45</p> <p>PHARMACY 47</p> <p>OTHER PRIVATE</p> <p>MEDICAL</p> <p>_____ 46</p> <p>(SPECIFY)</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p>	
445	<p>I would like to talk to you about checks on (NAME)'s health after you left (FACILITY IN 430). Did any health care provider or a traditional birth attendant check on (NAME)'s health in the two months after you left (FACILITY IN 430)?</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 457) ←</p> <p>DON'T KNOW 8</p>	
446	<p>How many hours, days or weeks after the birth of (NAME) did that check take place?</p> <p>IF LESS THAN ONE DAY, RECORD HOURS;</p> <p>IF LESS THAN ONE WEEK, RECORD DAYS.</p>	<p>HOURS 1</p> <p>DAYS..... 2</p> <p>WEEKS 3</p> <p>DON'T KNOW 998</p>	

NO.	QUESTIONS AND FILTERS	LAST BIRTH	NEXT-TO-LAST BIRTH
		NAME _____	NAME _____
447	<p>Who checked on (NAME)'s health at that time?</p> <p>PROBE FOR MOST QUALIFIED PERSON.</p> <p>IF YOU ARE NOT SURE OF THE DESIGNATION OF THE PERSON, WRITE HER/HIS NAME AND ASK THE SUPERVISOR TO FIND OUT. CIRCLE THE APPROPRIATE CODE.</p> <p>_____</p> <p>NAME</p> <p>_____</p> <p>NAME</p>	<p>HEALTH PERSONNEL</p> <p>QUALIFIED DOCTOR . . . 11</p> <p>NURSE/MIDWIFE/ PARAMEDIC 12</p> <p>FAMILY WELFARE VISITOR (FWV) 13</p> <p>COMMUNITY SKILLED BIRTH ATTENDANT (CSBA) 14</p> <p>SUB-ASSISTANT COMMUNITY MEDICAL OFFICER (SACMO) 15</p> <p>COMMUNITY HEALTH CARE PROVIDER (CHCP) 16</p> <p>HEALTH ASSISTANT (HA FAMILY WELFARE ASSISTANT (FWA) . . 18</p> <p>NGO WORKER 21</p> <p>OTHER PERSON</p> <p>TRAINED TBA (TTBA) 31</p> <p>UNTRAINED TBA (UTBA) 32</p> <p>UNQUALIFIED DOCTOR 33</p> <p>OTHER _____ 96 (SPECIFY)</p>	
448	<p>Where did this check of (NAME) take place?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>HOME</p> <p>HOME 11</p> <p>PUBLIC SECTOR</p> <p>MEDICAL COLLEGE HOSPITAL 21</p> <p>SPECIALIZED GOVT HOSPITAL 22</p> <p>DISTRICT HOSPITAL 23</p> <p>MCWC 24</p> <p>UPAZILLA HEALTH COMPLEX 25</p> <p>UH & FAMILY WELFARE CENTRE 27</p> <p>COMMUNITY CLINIC 28</p> <p>SAT. CLINIC.EPI OUTREACH 29</p> <p>OTHER PUBLIC SECTOR _____ 26 SPECIFY</p> <p>NGO SECTOR</p> <p>NGO STATIC CLINIC 31</p> <p>NGO SAT CLINIC 32</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE MEDICAL COLLEGE HOSPITAL 41</p> <p>PRIVATE HOSPITAL 42</p> <p>PRIVATE CLINIC 43</p> <p>QUALIFIED DOCTOR 44</p> <p>UNQUALIFIED DOCTOR 45</p> <p>PHARMACY 47</p> <p>OTHER PRIVATE MEDICAL SECTOR _____ 46 (SPECIFY)</p>	

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____						
		OTHER _____ 96 (SPECIFY) (SKIP TO 457) ←							
449	I would like to talk to you about checks on your health after delivery, for example, someone asking you questions about your health or examining you. Did anyone check on your health after you gave birth to (NAME)?	YES 1 NO 2 (SKIP TO 453) ←							
450	How long after delivery did the first check take place? IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS 1 <table border="1" data-bbox="885 600 1023 656"><tr><td></td><td></td></tr></table> DAYS 2 <table border="1" data-bbox="885 656 1023 712"><tr><td></td><td></td></tr></table> WEEKS 3 <table border="1" data-bbox="885 712 1023 768"><tr><td></td><td></td></tr></table> DON'T KNOW 998							
451	Who checked on your health at that time? PROBE FOR MOST QUALIFIED PERSON. IF YOU ARE NOT SURE OF THE DESIGNATION OF THE PERSON, WRITE HER/HIS NAME AND ASK THE SUPERVISOR TO FIND OUT. CIRCLE THE APPROPRIATE CODE. _____ NAME _____ NAME	HEALTH PERSONNEL QUALIFIED DOCTOR . 11 NURSE/MIDWIFE/ PARAMEDIC 12 FAMILY WELFARE VISITOR (FWV) 13 COMMUNITY SKILLED BIRTH ATTENDANT (CSBA) 14 SUB-ASSISTANT COMMUNITY MEDICAL OFFICER (SACMO) 15 COMMUNITY HEALTH CARE PROVIDER (CHCP) 16 HEALTH ASSISTANT (HA FAMILY WELFARE ASSISTANT (FWA) . 18 NGO WORKER 21 OTHER PERSON TRAINED TBA (TTBA) 31 UNTRAINED TBA (UTBA) 32 UNQUALIFIED DOCTOR 33 OTHER _____ 96 (SPECIFY)							
453	I would like to talk to you about checks on (NAME)'s health after delivery – for example, someone examining (NAME), checking the cord, or seeing if (NAME) is OK. In the two months after (NAME) was born, did any health care provider or a traditional birth attendant check on (NAME)'s health?	YES 1 NO 2 (SKIP TO 457) ← DON'T KNOW 8							

454	<p>How many hours, days or weeks after the birth of (NAME) did the first check take place?</p> <p>IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.</p>	<p>HOURS AFTER BIRTH 1 <input type="text"/> <input type="text"/></p> <p>DAYS AFTER BIRTH 2 <input type="text"/> <input type="text"/></p> <p>WEEKS AFTER BIRTH 3 <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 998</p>	
NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
455	<p>Who checked on (NAME)'s health at that time?</p> <p>PROBE FOR MOST QUALIFIED PERSON.</p> <p>IF YOU ARE NOT SURE OF THE DESIGNATION OF THE PERSON, WRITE HER/HIS NAME AND ASK THE SUPERVISOR TO FIND OUT. CIRCLE THE APPROPRIATE CODE.</p> <p>_____</p> <p>NAME</p> <p>_____</p> <p>NAME</p>	<p>HEALTH PERSONNEL</p> <p>QUALIFIED DOCTOR . . 11</p> <p>NURSE/MIDWIFE/ PARAMEDIC 12</p> <p>FAMILY WELFARE VISITOR (FWV) 13</p> <p>COMMUNITY SKILLED BIRTH ATTENDANT (CSBA) 14</p> <p>SUB-ASSISTANT COMMUNITY MEDICAL OFFICER (SACMO) 15</p> <p>COMMUNITH HEALTH CARE PROVIDER (CHCP) 16</p> <p>HEALTH ASSISTANT (HA 17 FAMILY WELFARE ASSISTANT (FWA) 18</p> <p>NGO WORKE 21</p> <p>OTHER PERSON</p> <p>TRAINED TBA (TTBA) 31</p> <p>UNTRAINED TBA (UTBA) 32</p> <p>UNQUALIFIED DOCTOR 33</p> <p>OTHER _____ 96 (SPECIFY)</p>	
457	<p>During the first two days after (NAME)'s birth, did any health care provider do the following:</p> <p>a) Examine the cord?</p> <p>b) Measure (NAME)'s</p> <p>c) Counsel you on danger signs for newborns?</p> <p>d) Counsel you on breastfeeding?</p> <p>e) Observe (NAME) breastfeeding?</p>	<p>YES NO DK</p> <p>a) CORD 1 2 8</p> <p>b) TEMP. . . . 1 2 8</p> <p>c) SIGNS 1 2 8</p> <p>d) COUNSEL BREAST- FEED 1 2 8</p> <p>e) OBSERVE BREAST- FEED 1 2 8</p>	
457A	<p>In the first two months after delivery, did you receive a vitamin A dose like (this/any of these)?</p> <p>SHOW COMMON TYPES OF CAPSULE/SYRUP.</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
458	<p>Has your menstrual period returned since the birth of (NAME)?</p>	<p>YES 1]</p> <p>(SKIP TO 460) ←</p> <p>NO 2]</p> <p>(SKIP TO 461) ←</p>	
459	<p>Did your period return between the birth of (NAME) and your next pregnancy?</p>		<p>YES 1</p> <p>NO 2]</p> <p>(SKIP TO 463) ←</p>

NO.	QUESTIONS AND FILTERS	LAST BIRTH		NEXT-TO-LAST BIRTH			
		NAME _____	NAME _____	NAME _____	NAME _____		
460	For how many months after the birth of (NAME) did you not have a period?	MONTH: <input type="text"/> <input type="text"/>	MONTH: <input type="text"/> <input type="text"/>	DON'T KNOW 98	DON'T KNOW 98		
461	CHECK 226: IS RESPONDENT PREGNANT?	NOT PREGNANT <input type="checkbox"/> PREGNANT OR UNSURE <input type="checkbox"/> (SKIP TO 463) ←					
462	Have you had sexual intercourse since the birth of (NAME)?	YES 1 NO 2 (SKIP TO 464) ←					
463	For how many months after the birth of (NAME) did you not have sexual intercourse?	MONTH: <input type="text"/> <input type="text"/>	MONTH: <input type="text"/> <input type="text"/>			DON'T KNOW 98	DON'T KNOW 98
464	Did you ever breastfeed (NAME)?	YES 1 (SKIP TO 466) ← NO 2				YES 1	NO 2
465	CHECK 404: IS CHILD LIVING?	LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 470) ← (SKIP TO 471) ←					
466	How long after birth did you first put (NAME) to the breast? IF LESS THAN 1 HOUR, RECORD '00' HOURS; IF LESS THAN 24 HOURS, RECORD HOURS; OTHERWISE, RECORD DAYS.	IMMEDIATELY 000 HOURS 1 <input type="text"/> <input type="text"/> DAYS 2 <input type="text"/> <input type="text"/>					
467	In the first three days after delivery, was (NAME) given anything to drink other than breast	YES 1 NO 2					
468	CHECK 404: IS CHILD LIVING?	LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 471) ←		LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 471) ←			
469	Are you still breastfeeding (NAME)?	YES 1 470 ← NO 2					
469A	For how many months did you breastfeed (NAME)?	MONTHS <input type="text"/> <input type="text"/>	MONTHS <input type="text"/> <input type="text"/>			DON'T KNOW 98	DON'T KNOW 98
470	Did (NAME) drink anything from a bottle with a nipple yesterday or last night?	YES 1 NO 2 DON'T KNOW 8				YES 1	NO 2 DON'T KNOW 8
471		GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501A.		GO BACK TO 405 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 501A.			

SECTION 5A. CHILD IMMUNIZATION (LAST BIRTH)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501A	CHECK 215 IN THE BIRTH HISTORY: ANY BIRTHS IN 2014 OR LATER? ONE OR MORE BIRTHS IN 2014 OR LATER <input type="checkbox"/>	NO BIRTHS IN 2014 OR LATER <input type="checkbox"/> → 601	
502A	RECORD THE NAME AND BIRTH HISTORY NUMBER FROM 212 OF THE LAST CHILD BORN IN 2014 OR LATER. NAME OF LAST BIRTH: _____	BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/>	
503A	CHECK 216 FOR CHILD: LIVING <input type="checkbox"/>	DEAD <input type="checkbox"/> → 501B	
504A	Do you have a card or other document where (NAME)'s vaccinations are written down?	YES, HAS ONLY A CARD 1 → 507A YES, HAS ONLY ANOTHER DOCUMENT 2 → 507A YES, HAS CARD AND OTHER DOCUMENT ... 3 NO, NO CARD AND NO OTHER DOCUMENT . . 4	
505A	Did you ever have a vaccination card for (NAME)?	YES 1 NO 2	
506A	CHECK 504A: CODE '2' CIRCLED <input type="checkbox"/>	CODE '4' CIRCLED <input type="checkbox"/> → 511A	
507A	May I see the card or other document where (NAME)'s vaccinations are written down?	YES, ONLY CARD SEEN 1 YES, ONLY OTHER DOCUMENT SEEN 2 YES, CARD AND OTHER DOCUMENT SEEN . . 3 NO CARD AND NO OTHER DOCUMENT SEEN . . 4 → 511A	

SECTION 5A. CHILD IMMUNIZATION (LAST BIRTH)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	NAME OF LAST BIRTH _____	BIRTH HISTORY NUMBER <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>	

508A	<p>COPY DATES FROM THE CARD. WRITE '44' IN 'DAY' COLUMN IF CARD SHOWS THAT A DOSE WAS GIVEN, BUT NO DATE IS</p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">DAY</th> <th style="text-align: center;">MONTH</th> <th style="text-align: center;">YEAR</th> </tr> </thead> <tbody> <tr><td>BCG</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>PENTA 1</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>PENTA 2</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>PENTA 3</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>OPV/POLIO 1</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>OPV/POLIO 2</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>OPV/POLIO 3</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>PCV/PNEUMOCOCCAL 1</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>PCV/PNEUMOCOCCAL 2</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>PCV/PNEUMOCOCCAL 3</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>IPV</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>fIPV 6 WEEKS</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>fIPV 14 WEEKS</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>MR AT 9 MONTHS</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>MR AT 15 MONTHS</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>VITAMIN A (MOST RECENT)</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> </tbody> </table>		DAY	MONTH	YEAR	BCG	<input type="text"/>	<input type="text"/>	<input type="text"/>	PENTA 1	<input type="text"/>	<input type="text"/>	<input type="text"/>	PENTA 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	PENTA 3	<input type="text"/>	<input type="text"/>	<input type="text"/>	OPV/POLIO 1	<input type="text"/>	<input type="text"/>	<input type="text"/>	OPV/POLIO 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	OPV/POLIO 3	<input type="text"/>	<input type="text"/>	<input type="text"/>	PCV/PNEUMOCOCCAL 1	<input type="text"/>	<input type="text"/>	<input type="text"/>	PCV/PNEUMOCOCCAL 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	PCV/PNEUMOCOCCAL 3	<input type="text"/>	<input type="text"/>	<input type="text"/>	IPV	<input type="text"/>	<input type="text"/>	<input type="text"/>	fIPV 6 WEEKS	<input type="text"/>	<input type="text"/>	<input type="text"/>	fIPV 14 WEEKS	<input type="text"/>	<input type="text"/>	<input type="text"/>	MR AT 9 MONTHS	<input type="text"/>	<input type="text"/>	<input type="text"/>	MR AT 15 MONTHS	<input type="text"/>	<input type="text"/>	<input type="text"/>	VITAMIN A (MOST RECENT)	<input type="text"/>	<input type="text"/>	<input type="text"/>		
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509A	<p>CHECK 508A: 'BCG' TO 'MR AT 15 MONTHS', ALL RECORDED?</p> <p style="text-align: center;">NO <input type="checkbox"/></p> <p style="text-align: center;">YES <input type="checkbox"/> → 525A</p>		
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510A	<p>In addition to what is recorded on (this document/these documents), did (NAME) receive any other vaccinations, including vaccinations received in campaigns or immunization days or child health days?</p> <p>RECORD 'YES' ONLY IF THE RESPONDENT MENTIONS AT LEAST ONE OF THE VACCINATIONS IN 508A THAT ARE NOT RECORDED AS HAVING BEEN GIVEN.</p>	<p>YES 1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 508A THEN WRITE '00' IN THE CORRESPONDING DAY COLUMN FOR ALL (THEN SKIP TO 525A)</p> <p>NO 2 DON'T KNOW 8 (WRITE '00' IN THE CORRESPONDING DAY COLUMN FOR ALL VACCINATIONS NOT (THEN SKIP TO 525A)</p>	
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SECTION 5A. CHILD IMMUNIZATION (LAST BIRTH)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	NAME OF LAST BIRTH _____	BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/>	
511A	Did (NAME) ever receive any vaccinations to prevent (NAME) from getting diseases, including vaccinations received in campaigns or immunization days or child health days?	YES 1 NO 2 DON'T KNOW 8	→ 525A
512A	Has (NAME) ever received a BCG vaccination against tuberculosis, that is, an injection in the left upper arm or shoulder that usually causes a	YES 1 NO 2 DON'T KNOW 8	
514A	Has (NAME) ever received a pentavalent vaccination, that is, an injection given in the thigh at the same time as polio drops and PCV?	YES 1 NO 2 DON'T KNOW 8	→ 516A
515A	How many times did (NAME) receive the pentavalent vaccine?	NUMBER OF TIMES <input type="text"/>	
516A	Has (NAME) ever received oral polio vaccine, that is, about two drops in the mouth to prevent polio?	YES 1 NO 2 DON'T KNOW 8	→ 519A
517A	Did (NAME) receive the first oral polio vaccine in the first two weeks after birth or later?	FIRST TWO WEEKS 1 LATER 2	
518A	How many times did (NAME) receive the oral polio vaccine?	NUMBER OF TIMES <input type="text"/>	
519A	Has (NAME) ever received a pneumococcal vaccination, that is, an injection in the thigh to prevent pneumonia?	YES 1 NO 2 DON'T KNOW 8	→ 521A
520A	How many times did (NAME) receive pneumococcal vaccination?	NUMBER OF TIMES <input type="text"/>	
521A	Has (NAME) ever received an IPV vaccination, that is, an injection in the thigh to prevent polio?	YES 1 NO 2 DON'T KNOW 8	
523A	Has (NAME) ever received a measles-rubella vaccination, that is, an injection into the muscles of the left thigh to prevent measles?	YES 1 NO 2 DON'T KNOW 8	→ 525A
524A	How many times did (NAME) receive the measles-rubella vaccine?	NUMBER OF TIMES <input type="text"/>	
525A	Did (NAME) receive any polio vaccine from the National Immunization Days (NIDs)?	YES 1 NO 2 DON'T KNOW 8	→ 527A
526A	At which national immunization day campaigns did (NAME) receive vaccinations?	CAMPAIGN 1: NID (JAN 2014) 1 CAMPAIGN 2: NID (FEB 2014) 2	
527A	Did (NAME) receive any measles-rubella vaccine from the National Measles-Rubella Campaign?	YES 1 NO 2 DON'T KNOW 8	
528A	CONTINUE WITH 501B.		

SECTION 5B. CHILD IMMUNIZATION (NEXT-TO-LAST BIRTH)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501B	CHECK 215 IN THE BIRTH HISTORY: ANY BIRTHS IN 2014 OR LATER? MORE BIRTHS IN 2014 OR LATER <input type="checkbox"/>	NO BIRTHS IN 2014 OR LATER <input type="checkbox"/> → 601	
502B	RECORD THE NAME AND BIRTH HISTORY NUMBER FROM 212 OF THE LAST CHILD BORN IN 2014 OR LATER. NAME OF NEXT-TO-LAST BIRTH _____	BIRTH HISTORY NUMBE <input type="text"/> <input type="text"/>	
503B	CHECK 216 FOR CHILD: LIVING <input type="checkbox"/>	DEAD <input type="checkbox"/> → 526B	
504B	Do you have a card or other document where (NAME)'s vaccinations are written down?	YES, HAS ONLY A CARD 1 → 507B YES, HAS ONLY AN OTHER DOCUMENT 2 → 507B YES, HAS CARD AND OTHER DOCUMENT 3 NO, NO CARD AND NO OTHER DOCUMENT . . . 4	
505B	Did you ever have a vaccination card for (NAME)?	YES 1 NO 2	
506B	CHECK 504B: CODE '2' CIRCLED <input type="checkbox"/>	CODE '4' CIRCLED <input type="checkbox"/> → 511B	
507B	May I see the card or other document where (NAME)'s vaccinations are written down?	YES, ONLY CARD SEEN 1 YES, ONLY OTHER DOCUMENT SEE 2 YES, CARD AND OTHER DOCUMENT SEEN . . . 3 NO CARD AND NO OTHER DOCUMENT SEE . . . 4 → 511B	

SECTION 5B. CHILD IMMUNIZATION (NEXT-TO-LAST BIRTH)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	NAME OF NEXT-TO-LAST BIRTH _____	BIRTH HISTORY NUMBE <input type="text"/> <input type="text"/>	
511B	Did (NAME) ever receive any vaccinations to prevent (NAME) from getting diseases, including vaccinations received in campaigns or immunization days or child health days?	YES 1 NO 2 DON'T KNOW 8	→ 525B
512B	Has (NAME) ever received a BCG vaccination against tuberculosis, that is, an injection in the arm or shoulder that usually causes a scar?	YES 1 NO 2 DON'T KNOW 8	
514B	Has (NAME) ever received a pentavalent vaccination, that is, an injection given in the thigh at the same time as polio drops and PCV?	YES 1 NO 2 DON'T KNOW 8	→ 516B
515B	How many times did (NAME) receive the pentavalent vaccine?	NUMBER OF TIMES <input type="text"/>	
516B	Has (NAME) ever received oral polio vaccine, that is, about two drops in the mouth to prevent polio?	YES 1 NO 2 DON'T KNOW 8	→ 519B
517B	Did (NAME) receive the first oral polio vaccine in the first two weeks after birth or later?	FIRST TWO WEEKS 1 LATER 2	
518B	How many times did (NAME) receive the oral polio vaccine?	NUMBER OF TIMES <input type="text"/>	
519B	Has (NAME) ever received a pneumococcal vaccination, that is, an injection in the thigh to prevent pneumonia?	YES 1 NO 2 DON'T KNOW 8	→ 521B
520B	How many times did (NAME) receive the pneumococcal vaccine?	NUMBER OF TIMES <input type="text"/>	
521B	Has (NAME) ever received an IPV vaccination, that is, an injection in the thigh to prevent polio?	YES 1 NO 2 DON'T KNOW 8	
523B	Has (NAME) ever received a measles-rubella vaccination, that is, an injection into the muscles of the left thigh to prevent measles?	YES 1 NO 2 DON'T KNOW 8	→ 525B
524B	How many times did (NAME) receive the measles-rubella vaccine?	NUMBER OF TIMES <input type="text"/>	
525B	Did (NAME) receive any polio vaccine from the National Immunization Days (NIDs)?	YES 1 NO 2 DON'T KNOW 8	→ 527B
526B	At which national immunization day campaigns did (NAME) receive vaccinations?	CAMPAIGN 1: NID (JAN 2014) 1 CAMPAIGN 2: NID (FEB 2014) 2	
527B	Did (NAME) receive any measles-rubella vaccine from the National Measles-Rubella Campaign?	YES 1 NO 2 DON'T KNOW 8	
528B	CHECK 215 IN BIRTH HISTORY: ANY MORE BIRTHS IN 2014 OR LATER? <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>MORE BIRTHS IN 2014 OR LATER <input type="checkbox"/></p> <p>(GO TO 502B IN AN ADDITIONAL QUESTIONNAIRE) ←</p> </div> <div style="text-align: center;"> <p>NO MORE BIRTHS IN 2014 <input type="checkbox"/> →</p> </div> </div>		→ 601

SECTION 6. CHILD HEALTH AND NUTRITION

601	CHECK 224: ONE OR MORE BIRTHS IN 2012 OR <input type="checkbox"/> NO BIRTHS IN 2012 OR <input type="checkbox"/> → 701		
602	CHECK 215: RECORD THE BIRTH HISTORY NUMBER IN 603 AND THE NAME AND SURVIVAL STATUS IN 604 FOR EACH BIRTH IN 2012 OR LATER. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. IF THERE ARE MORE THAN 2 BIRTHS, USE LAST COLUMN OF ADDITIONAL QUESTIONNAIRE(S). Now I would like to ask some questions about your children born in the last five years. (We will talk about each separately.)		
603	BIRTH HISTORY NUMBER FROM 212 IN BIRTH HISTORY.	LAST BIRTH BIRTH HISTORY NUMBER..... <input type="text"/> <input type="text"/>	NEXT-TO-LAST BIRTH BIRTH HISTORY NUMBER..... <input type="text"/> <input type="text"/>
604	FROM 212 AND 216:	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 646) ←	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 646) ←
605	In the last six months, was (NAME) given vitamin A dose like any of these? SHOW COMMON TYPES OF CAPSULES/SYRUPS.	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
606	In the last seven days, was (NAME) given iron pills, sprinkles with iron, or iron syrup like any of these? SHOW COMMON TYPES OF PILLS/SPRINKLES/SYRUPS.	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
607	Was (NAME) given any drug for intestinal worms in the last six months?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
608	Has (NAME) had diarrhoea in the last 2 weeks?	YES 1 NO 2 (SKIP TO 618) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 618) ← DON'T KNOW 8

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	LAST BIRTH	NEXT-TO-LAST BIRTH
		NAME _____	NAME _____
609	<p>CHECK 469: CURRENTLY BREASTFEEDING?</p> <p>YES <input type="checkbox"/> ↓</p> <p>NO/NOT <input type="checkbox"/> ↓</p> <p>a) Now I would like to know how much (NAME) was given to drink during the diarrhoea including breastmilk. Was (NAME) given less than usual to drink, about the same amount, or more than usual to drink?</p> <p>IF LESS, PROBE: Was (NAME) given much less than</p> <p>b) Now I would like to know how much (NAME) was given to drink during the diarrhoea. Was (NAME) given less than usual to drink, about the same amount, or more than usual to drink?</p> <p>IF LESS, PROBE: Was (NAME) given much less than or somewhat</p>	<p>MUCH LESS..... 1</p> <p>SOMEWHAT LESS..... 2</p> <p>ABOUT THE SAME..... 3</p> <p>MORE 4</p> <p>NOTHING TO DRINK 5</p> <p>DON'T KNOW 8</p>	<p>MUCH LESS..... 1</p> <p>SOMEWHAT LESS..... 2</p> <p>ABOUT THE SAME..... 3</p> <p>MORE 4</p> <p>NOTHING TO DRINK 5</p> <p>DON'T KNOW 8</p>
610	<p>When (NAME) had diarrhoea, was (NAME) given less than usual to eat, about the same amount, more than usual, or nothing to eat?</p> <p>IF LESS, PROBE: Was (NAME) given much less than usual to eat or somewhat less?</p>	<p>MUCH LESS..... 1</p> <p>SOMEWHAT LESS..... 2</p> <p>ABOUT THE SAME..... 3</p> <p>MORE 4</p> <p>STOPPED FOOD 5</p> <p>NEVER GAVE FOOD 6</p> <p>DON'T KNOW 8</p>	<p>MUCH LESS..... 1</p> <p>SOMEWHAT LESS..... 2</p> <p>ABOUT THE SAME..... 3</p> <p>MORE 4</p> <p>STOPPED FOOD 5</p> <p>NEVER GAVE FOOD 6</p> <p>DON'T KNOW 8</p>
611	<p>Did you seek advice or treatment for the diarrhoea from any source?</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 615) ←</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 615) ←</p>

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	LAST BIRTH	NEXT-TO-LAST BIRTH																																								
		NAME _____	NAME _____																																								
612	<p>Where did you seek advice or treatment?</p> <p>Anywhere else?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE(S).</p> <p>_____ (NAME OF PLACE(S))</p>	<p>PUBLIC SECTOR</p> <p>MEDICAL COLLEGE HOSPITAL A SPECIALIZED GOVT HOSPITAL B DISTRICT HOSPITAL C MCWC D UPAZILA HEALTH COMPLEX E UH & FAMILY WELFARE CENTRE F COMMUNITY CLINIC G SAT. CLINIC.EPI OUTREACH H HEALTH ASSISTANT (HA. I FAMILY WELFARE ASSISTANT (FWA),.... J OTHER PUBLIC SECTOR _____ K SPECIFY</p> <p>NGO SECTOR</p> <p>NGO STATIC CLINIC L NGO SATELLITE CLINIC . M NGO DEPO HOLDER N NGO FIELD WORKER.... O OTHER NGO SECTOR _____ P (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE MEDICAL COLLEGE HOSPITAL Q PRIVATE HOSPITAL R PRIVATE CLINIC S QUALIFIED DOCTOR'S CHAMBER T NON-QUALIFIED DOCTOR'S CHAMBER U PHARMACY/DRUG STOF. V OTHER PRIVATE MEDICAL SECTOR _____ W (SPECIFY)</p> <p>OTHER _____ X (SPECIFY)</p>	<p>PUBLIC SECTOR</p> <p>MEDICAL COLLEGE HOSPITAL A SPECIALIZED GOVT HOSPITAL B DISTRICT HOSPITAL C MCWC D UPAZILA HEALTH COMPLEX E UH & FAMILY WELFARE CENTRE F COMMUNITY CLINIC G SAT. CLINIC.EPI OUTREACH H HEALTH ASSISTANT (HA. I FAMILY WELFARE ASSISTANT (FWA),.... J OTHER PUBLIC SECTOR _____ K SPECIFY</p> <p>NGO SECTOR</p> <p>NGO STATIC CLINIC L NGO SATELLITE CLINIC . M NGO DEPO HOLDER N NGO FIELD WORKER.... O OTHER NGO SECTOR _____ P (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE MEDICAL COLLEGE HOSPITAL Q PRIVATE HOSPITAL R PRIVATE CLINIC S QUALIFIED DOCTOR'S CHAMBER T NON-QUALIFIED DOCTOR'S CHAMBER U PHARMACY/DRUG STOF. V OTHER PRIVATE MEDICAL SECTOR _____ W (SPECIFY)</p> <p>OTHER _____ X (SPECIFY)</p>																																								
615	<p>Was (NAME) given any of the following at any time since (NAME) started having the diarrhoea:</p> <p>a) A fluid made from a special packet called ORSaline PACKET?</p> <p>b) A home made sugar-salt-water solution (laban gur)?</p> <p>c) Zinc syrup?</p> <p>d) Zinc tablets?</p>	<table> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>a) ORS PKT.</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>b) LABAN GUR..</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>c) ZINC SYRUP</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>d) ZINC TABLETS</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DK	a) ORS PKT.	1	2	8	b) LABAN GUR..	1	2	8	c) ZINC SYRUP	1	2	8	d) ZINC TABLETS	1	2	8	<table> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>a) ORS PKT. . .</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>b) LABAN GUR..</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>c) ZINC SYRUP</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>d) ZINC TABLETS</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DK	a) ORS PKT. . .	1	2	8	b) LABAN GUR..	1	2	8	c) ZINC SYRUP	1	2	8	d) ZINC TABLETS	1	2	8
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618	<p>Has (NAME) been ill with a fever at any time in the last 2 weeks?</p>	<p>YES 1 NO 2 DON'T KNOW 8</p>	<p>YES 1 NO 2 DON'T KNOW 8</p>																																								
620	<p>Has (NAME) had an illness with a cough at any time in the last 2 weeks?</p>	<p>YES 1 NO 2 DON'T KNOW 8</p>	<p>YES 1 NO 2 DON'T KNOW 8</p>																																								

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	LAST BIRTH		NEXT-TO-LAST BIRTH	
		NAME _____		NAME _____	
621	Has (NAME) had fast, short, rapid breaths or difficulty breathing at any time in the last 2 weeks?	YES 1 NO 2 (SKIP TO 623) ← DON'T KNOW 8		YES 1 NO 2 (SKIP TO 623) ← DON'T KNOW 8	
622	Was the fast or difficult breathing due to a problem in the chest or to a blocked or runny nose?	CHEST ONLY 1 NOSE ONLY 2 BOTH 3 OTHER _____ 6 (SPECIFY) DON'T KNOW 8 (SKIP TO 624) ←		CHEST ONLY 1 NOSE ONLY 2 BOTH 3 OTHER _____ 6 (SPECIFY) DON'T KNOW 8 (SKIP TO 624) ←	
623	CHECK 618: HAD FEVER?	YES <input type="checkbox"/> NO OR DK <input type="checkbox"/> (SKIP TO 646) ←		YES <input type="checkbox"/> NO OR DK <input type="checkbox"/> (SKIP TO 646) ←	
624	Did you seek advice or treatment for the illness from any source?	YES 1 NO 2 (SKIP TO 646) ←		YES 1 NO 2 (SKIP TO 646) ←	
625	Where did you seek advice or treatment? Anywhere else? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE(S). _____ (NAME OF PLACE(S))	PUBLIC SECTOR MEDICAL COLLEGE HOSPITAL A SPECIALIZED GOVT HOSPITAL B DISTRICT HOSPITAL C MCWC D UPAZILA HEALTH COMPLEX E UH & FAMILY WELFARE CENTRE F COMMUNITY CLINIC G SAT. CLINIC.EPI OUTREACH H HEALTH ASSISTANT (HA. I FAMILY WELFARE ASSISTANT (FWA)..... J OTHER PUBLIC SECTOR _____ K SPECIFY NGO SECTOR NGO STATIC CLINIC L NGO SATELLITE CLINIC . M NGO DEPO HOLDER N NGO FIELD WORKER O OTHER NGO SECTOR _____ (SPECIFY) P PRIVATE MEDICAL SECTOR PRIVATE MEDICAL COLLEGE HOSPITAL Q PRIVATE HOSPITAL R PRIVATE CLINIC S QUALIFIED DOCTOR'S CHAMBER T NON-QUALIFIED DOCTOR'S CHAMBER U PHARMACY/DRUG STOF. V OTHER PRIVATE MEDICAL SECTOR _____ W (SPECIFY) OTHER _____ X (SPECIFY)		PUBLIC SECTOR MEDICAL COLLEGE HOSPITAL A SPECIALIZED GOVT HOSPITAL B DISTRICT HOSPITAL C MCWC D UPAZILA HEALTH COMPLEX E UH & FAMILY WELFARE CENTRE F COMMUNITY CLINIC G SAT. CLINIC.EPI OUTREACH H HEALTH ASSISTANT (HA. I FAMILY WELFARE ASSISTANT (FWA)..... J OTHER PUBLIC SECTOR _____ K SPECIFY NGO SECTOR NGO STATIC CLINIC L NGO SATELLITE CLINIC . M NGO DEPO HOLDER N NGO FIELD WORKER O OTHER NGO SECTOR _____ (SPECIFY) P PRIVATE MEDICAL SECTOR PRIVATE MEDICAL COLLEGE HOSPITAL Q PRIVATE HOSPITAL R PRIVATE CLINIC S QUALIFIED DOCTOR'S CHAMBER T NON-QUALIFIED DOCTOR'S CHAMBER U PHARMACY/DRUG STOF. V OTHER PRIVATE MEDICAL SECTOR _____ W (SPECIFY) OTHER _____ X (SPECIFY)	

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
626	CHECK 625:	TWO OR MORE CODES CIRCLED <input type="checkbox"/> ONLY ONE CODE CIRCLED <input type="checkbox"/> (SKIP TO 628) ←	TWO OR MORE CODES CIRCLED <input type="checkbox"/> ONLY ONE CODE CIRCLED <input type="checkbox"/> (SKIP TO 628) ←
627	Where did you first seek advice or treatment? USE LETTER CODE FROM 625.	FIRST PLACE <input type="checkbox"/>	FIRST PLACE <input type="checkbox"/>
628	How many days after the illness began did you first seek advice or treatment for (NAME)? IF THE SAME DAY RECORD '00'.	DAYS <input type="text"/> <input type="text"/>	DAYS <input type="text"/> <input type="text"/>
630	What drugs did (NAME) take? Any other drugs? RECORD ALL MENTIONED.	ANTIMALARIAL DRUGS SP/FANSIDAR A CHLOROQUINE B PRIMAQUINE C QUININE D COMBINATION WITH ARTEMISININ E OTHER ANTIMALARIAL F _____ (SPECIFY) ANTIBIOTIC DRUGS BETA LACTUM G MACROLIDES H QUINOLONE I CEPHALOSPORIN J COTRIMOXAZOLE K GENTAMYCIN L METRONIDAZOLE M OTHER DRUG _____ X _____ (SPECIFY) DON'T KNOW Z	ANTIMALARIAL DRUGS SP/FANSIDAR A CHLOROQUINE B PRIMAQUINE C QUININE D COMBINATION WITH ARTEMISININ E OTHER ANTIMALARIAL F _____ (SPECIFY) ANTIBIOTIC DRUGS BETA LACTUM G MACROLIDES H QUINOLONE I CEPHALOSPORIN J COTRIMOXAZOLE K GENTAMYCIN L METRONIDAZOLE M OTHER DRUG _____ X _____ (SPECIFY) DON'T KNOW Z
646		GO BACK TO 604 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 649.	GO TO 604 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 649.

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																																																																												
649	<p>CHECK 215 AND 218, ALL ROWS: NUMBER OF CHILDREN BORN IN 2015 OR LATER LIVING WITH THE RESPONDENT</p> <p style="text-align: center;">ONE OR MORE <input type="checkbox"/></p> <p style="text-align: center;">↓</p> <hr/> <p style="text-align: center;">(NAME OF YOUNGEST CHILD LIVING WITH HER)</p> <p style="text-align: center;">↓</p>	<p style="text-align: center;">NONE <input type="checkbox"/></p> <p style="text-align: right;">→ 701</p>																																																																																													
650	<p>Now I would like to ask you about liquids or foods that (NAME FROM 649) had yesterday during the day or at night. I am interested in whether your child had the item I mention even if it was combined with other foods.</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;"></th> <th style="width: 20%;">YES</th> <th style="width: 20%;">NO</th> <th style="width: 20%;">DK</th> </tr> </thead> <tbody> <tr> <td>a) Plain water?</td> <td>a) 1</td> <td>2</td> <td>8</td> </tr> <tr> <td>b) Juice or juice drinks?</td> <td>b) 1</td> <td>2</td> <td>8</td> </tr> <tr> <td>c) Clear broth?</td> <td>c) 1</td> <td>2</td> <td>8</td> </tr> <tr> <td>d) Milk such as tinned, powdered, or fresh animal milk? IF YES: How many times did (NAME) drink milk? IF 7 OR MORE TIMES, RECORD '7'.</td> <td>d) 1</td> <td>2</td> <td>8</td> </tr> <tr> <td></td> <td style="text-align: center;">NUMBER OF TIMES DRANK <input type="text"/></td> <td></td> <td></td> </tr> <tr> <td>e) Infant formula? IF YES: How many times did (NAME) drink infant formula? IF 7 OR MORE TIMES, RECORD '7'.</td> <td>e) 1</td> <td>2</td> <td>8</td> </tr> <tr> <td></td> <td style="text-align: center;">NUMBER OF TIMES DRANK <input type="text"/></td> <td></td> <td></td> </tr> <tr> <td>f) Any other liquids?</td> <td>f) 1</td> <td>2</td> <td>8</td> </tr> <tr> <td>g) Yogurt? IF YES: How many times did (NAME) eat yogurt? IF 7 OR MORE TIMES, RECORD '7'.</td> <td>g) 1</td> <td>2</td> <td>8</td> </tr> <tr> <td></td> <td style="text-align: center;">NUMBER OF TIMES ATE <input type="text"/></td> <td></td> <td></td> </tr> <tr> <td>h) Any [BRAND NAME OF COMMERCIALY FORTIFIED BABY FOOD, E.G., Cerelac]?</td> <td>h) 1</td> <td>2</td> <td>8</td> </tr> <tr> <td>i) Bread, rice, noodles, porridge, or other foods made from grains?</td> <td>i) 1</td> <td>2</td> <td>8</td> </tr> <tr> <td>j) Pumpkin, carrots, squash, or sweet potatoes that are yellow or orange inside?</td> <td>j) 1</td> <td>2</td> <td>8</td> </tr> <tr> <td>k) White potatoes, white yams, manioc, cassava, or any other foods made from roots?</td> <td>k) 1</td> <td>2</td> <td>8</td> </tr> <tr> <td>l) Any dark green, leafy vegetables?</td> <td>l) 1</td> <td>2</td> <td>8</td> </tr> <tr> <td>m) Ripe mangoes, papayas, or [INSERT ANY OTHER LOCALLY AVAILABLE VITAMIN A-</td> <td>m) 1</td> <td>2</td> <td>8</td> </tr> <tr> <td>n) Any other fruits or vegetables?</td> <td>n) 1</td> <td>2</td> <td>8</td> </tr> <tr> <td>o) Liver, kidney, heart, or other organ meats?</td> <td>o) 1</td> <td>2</td> <td>8</td> </tr> <tr> <td>p) Any meat, such as beef, pork, lamb, goat, chicken, or duck?</td> <td>p) 1</td> <td>2</td> <td>8</td> </tr> <tr> <td>q) Eggs?</td> <td>q) 1</td> <td>2</td> <td>8</td> </tr> <tr> <td>r) Fresh or dried fish or shellfish?</td> <td>r) 1</td> <td>2</td> <td>8</td> </tr> <tr> <td>s) Any foods made from beans, peas, lentils, or</td> <td>s) 1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DK	a) Plain water?	a) 1	2	8	b) Juice or juice drinks?	b) 1	2	8	c) Clear broth?	c) 1	2	8	d) Milk such as tinned, powdered, or fresh animal milk? IF YES: How many times did (NAME) drink milk? IF 7 OR MORE TIMES, RECORD '7'.	d) 1	2	8		NUMBER OF TIMES DRANK <input type="text"/>			e) Infant formula? IF YES: How many times did (NAME) drink infant formula? IF 7 OR MORE TIMES, RECORD '7'.	e) 1	2	8		NUMBER OF TIMES DRANK <input type="text"/>			f) Any other liquids?	f) 1	2	8	g) Yogurt? IF YES: How many times did (NAME) eat yogurt? IF 7 OR MORE TIMES, RECORD '7'.	g) 1	2	8		NUMBER OF TIMES ATE <input type="text"/>			h) Any [BRAND NAME OF COMMERCIALY FORTIFIED BABY FOOD, E.G., Cerelac]?	h) 1	2	8	i) Bread, rice, noodles, porridge, or other foods made from grains?	i) 1	2	8	j) Pumpkin, carrots, squash, or sweet potatoes that are yellow or orange inside?	j) 1	2	8	k) White potatoes, white yams, manioc, cassava, or any other foods made from roots?	k) 1	2	8	l) Any dark green, leafy vegetables?	l) 1	2	8	m) Ripe mangoes, papayas, or [INSERT ANY OTHER LOCALLY AVAILABLE VITAMIN A-	m) 1	2	8	n) Any other fruits or vegetables?	n) 1	2	8	o) Liver, kidney, heart, or other organ meats?	o) 1	2	8	p) Any meat, such as beef, pork, lamb, goat, chicken, or duck?	p) 1	2	8	q) Eggs?	q) 1	2	8	r) Fresh or dried fish or shellfish?	r) 1	2	8	s) Any foods made from beans, peas, lentils, or	s) 1	2	8	
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SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	t) Cheese or other food made from milk?	t) 1 2 8	
	u) Any other solid, semi-solid, or soft food?	u) 1 2 8	
651	<p>CHECK 650 (CATEGORIES 'g' THROUGH 'u'):</p> <p>NOT A SINGLE 'YES' <input type="checkbox"/> AT LEAST ONE 'YES' <input type="checkbox"/></p>		→ 653
652	<p>Did (NAME FROM 649) eat any solid, semi-solid, or soft foods yesterday during the day or at night?</p> <p>IF 'YES' PROBE: What kind of solid, semi-solid or soft foods did (NAME) eat?</p>	<p>YES 1</p> <p>(GO BACK TO 650 TO RECORD FOOD EATEN YESTERDAY)</p> <p>(THEN CONTINUE TO 653)</p> <p>NO 2</p>	→ 701
653	<p>How many times did (NAME FROM 649) eat solid, semi-solid, or soft foods yesterday during the last 24 hours, day or at night?</p> <p>IF 7 OR MORE TIMES, RECORD '7'.</p>	<p>NUMBER OF TIMES <input type="text"/></p> <p>DON'T KNOW 8</p>	

SECTION 7. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
701	CHECK 106A: CURRENTLY MARRIED <input type="checkbox"/> SEPARATED/DESERTED DIVORCED/WIDOWED <input type="checkbox"/>		→ 709
704	Is your husband living with you now or is he staying elsewhere?	LIVING WITH HER 1 STAYING ELSEWHERE 2	
705	RECORD THE HUSBAND'S NAME AND LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE. IF HE IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'.	NAME _____ LINE NO. <input type="text"/> <input type="text"/>	
709	Have you been married or lived with a man only once or more than once?	ONLY ONCE 1 MORE THAN ONCE 2	
710	CHECK 709: MARRIED/LIVED WITH A MAN ONLY ONCE <input type="checkbox"/> MARRIED/LIVED WITH A MAN MORE THAN ONCE <input type="checkbox"/> a) In what month and year did you start living with your husband? b) Now I would like to ask about your first husband. In what month and year did you start living with him?	MONTH <input type="text"/> <input type="text"/> DON'T KNOW MONTH 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR 9998	→ 711A
711	How old were you when you first started living with him?	AGE <input type="text"/> <input type="text"/>	
711A	Do you think you got married at an age that was right for you, or would you have preferred to marry earlier or later?	EARLIER 1 RIGHT TIME 2 LATER 3	→ 711C
711B	At what age would you have preferred to get married?	AGE <input type="text"/> <input type="text"/>	
711C	Were you studying or attending school just before you got married?	YES 1 NO 2	→ 711E
711D	Did you continue your studies after marriage? IF YES: For how long?	NO 1 YES, LESS THAN A YEAR 2 YES, FOR 1-2 YEARS 3 YES, FOR 3-4 YEARS 4 YES, FOR 5+ YEARS 5	
711E	Were you working outside the home just before you got married?	YES 1 NO 2	→ 712
711F	Did you continue working after marriage? IF YES: For how long?	NO 1 YES, LESS THAN A YEAR 2 YES, FOR 1-2 YEARS 3 YES, FOR 3-4 YEARS 4 YES, FOR 5+ YEARS 5	

SECTION 7. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
712	CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE		

Now I would like to ask some questions about sexual activity in order to gain a better understanding of some important life issues. Let me assure you again that your answers are completely confidential and will not be told to anyone. If we should come to any question that you don't want to answer, just let me know and we will go to the next question.

713	How old were you when you had sexual intercourse for the very first time?	NEVER HAD SEXUAL INTERCOURSE 00 AGE IN YEARS <input type="text"/> <input type="text"/>	→ 801
714	I would like to ask you about your recent sexual activity. When was the last time you had sexual intercourse? IF LESS THAN 12 MONTHS, ANSWER MUST BE RECORDED IN DAYS, WEEKS OR MONTHS. IF 12 MONTHS (ONE YEAR) OR MORE, ANSWER MUST BE RECORDED IN YEARS.	DAYS AGO 1 <input type="text"/> <input type="text"/> WEEKS AGO 2 <input type="text"/> <input type="text"/> MONTHS AGO 3 <input type="text"/> <input type="text"/> YEARS AGO 4 <input type="text"/> <input type="text"/>	→ 801
715	How many times during the last month did you have sexual intercourse? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF TIMES IS 95 OR MORE, WRITE '95'.	NUMBER OF TIMES <input type="text"/> <input type="text"/>	

SECTION 8. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
801	CHECK 106A: CURRENTLY MARRIED <input type="checkbox"/>	SEPERATED/DESERTED <input type="checkbox"/> → 813 DIVORCED/WIDOWED									
801A	CHECK 304: NEITHER STERILIZED <input type="checkbox"/>	HE OR SHE STERILIZED <input type="checkbox"/> → 811									
802	CHECK 226: PREGNANT <input type="checkbox"/>	NOT PREGNANT OR UNSURE <input type="checkbox"/> → 804									
803	Now I have some questions about the future. After the child you are expecting now, would you like to have another child, or would you prefer not to have any more children?	HAVE ANOTHER CHILD 1 → 805 NO MORE 2 → 812 UNDECIDED/DON'T KNOW 8									
804	Now I have some questions about the future. Would you like to have (a/another) child, or would you prefer not to have any (more) children?	HAVE (A/ANOTHER) CHILD 1 → 807 NO MORE/NONE 2 → 813 SAYS SHE CAN'T GET PREGNANT 3 → 811 UNDECIDED/DON'T KNOW 8									
805	CHECK 226: NOT PREGNANT OR UNSURE <input type="checkbox"/> a) How long would you like to wait from now before the birth of (a/another) child? PREGNANT <input type="checkbox"/> b) After the birth of the child you are expecting now, how long would you like to wait before the birth of another child?	MONTHS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> YEARS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> SOON/NOW993 → 811 SAYS SHE CAN'T GET PREGNANT 994 → 813 AFTER MARRIAGE 995 OTHER 996 → 811 (SPECIFY) DON'T KNOW 998									
806	CHECK 226: NOT PREGNANT OR UNSURE <input type="checkbox"/>	PREGNANT <input type="checkbox"/> → 812									
807	CHECK 303: USING A CONTRACEPTIVE NOT CURRENTLY USING <input type="checkbox"/>	CURRENTLY USING <input type="checkbox"/> → 813									
808	CHECK 805: '24' OR MORE MONTHS OR '02' OR MORE YEARS <input type="checkbox"/>	NOT ASKED <input type="checkbox"/> '00-23' MONTHS OR '00-01' YEAR <input type="checkbox"/> → 812									
809	CHECK 714: DAYS, WEEKS OR MONTHS AGO <input type="checkbox"/>	YEARS AGO <input type="checkbox"/> → 811 NOT ASKED <input type="checkbox"/> → 811									

SECTION 8. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
810	<p>CHECK 804:</p> <p>WANTS TO HAVE <input type="checkbox"/> A/ANOTHER CHILD ↓ WANTS NO MORE/ <input type="checkbox"/> NONE ↓</p> <p>a) You have said that you do not want (a/another) child soon. Can you tell me why you are not using a method to prevent pregnancy?</p> <p>Any other reason? _____</p> <p>b) You have said that you do not want any (more) children. Can you tell me why you are not using a method to prevent pregnancy?</p> <p>Any other reason? _____</p> <p>RECORD ALL REASONS MENTIONED.</p>	<p>FERTILITY-RELATED REASONS</p> <p>NOT HAVING SEX B</p> <p>INFREQUENT SEX C</p> <p>MENOPAUSAL/HYSTERECTOM D</p> <p>CAN'T GET PREGNANT E</p> <p>NOT MENSTRUATED SINCE LAST BIRTH F</p> <p>BREASTFEEDING G</p> <p>UP TO GOD/FATALISTIC H</p> <p>OPPOSITION TO USE</p> <p>RESPONDENT OPPOSED I</p> <p>HUSBAND OPPOSED J</p> <p>OTHERS OPPOSED K</p> <p>RELIGIOUS PROHIBITIO L</p> <p>LACK OF KNOWLEDGE</p> <p>KNOWS NO METHOD M</p> <p>KNOWS NO SOURCE N</p> <p>METHOD-RELATED REASONS</p> <p>SIDE EFFECTS/HEALTH CONCERNS O</p> <p>LACK OF ACCESS/TOO FAF P</p> <p>COSTS TOO MUCH Q</p> <p>PREFERRED METHOD NOT AVAILABLE R</p> <p>NO METHOD AVAILABLE S</p> <p>INCONVENIENT TO USE T</p> <p>INTERFERES WITH BODY'S NORMAL PROCESSE U</p> <p>OTHER _____ X (SPECIFY)</p> <p>DON'T KNOW Z</p>	
811	<p>CHECK 303: USING A CONTRACEPTIVE</p> <p>NOT <input type="checkbox"/> ASKED ↓ NO, NOT <input type="checkbox"/> CURRENTLY USING ↓ YES, <input type="checkbox"/> CURRENTLY USING →</p>		813
812	<p>Do you think you will use a contraceptive method to delay or avoid pregnancy at any time in the future?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	812B
812A	<p>Which contraceptive method would you prefer to use?</p>	<p>FEMALE STERILIZATION 01</p> <p>MALE STERILIZATION 02</p> <p>IUD 03</p> <p>INJECTABLES 04</p> <p>IMPLANTS 05</p> <p>PILL 06</p> <p>CONDOM 07</p> <p>EMERGENCY CONTRACEPTIVE PILL 08</p> <p>LACTATIONAL AMEN. METHOI 11</p> <p>SAFE PERIOD 12</p> <p>WITHDRAWAL 13</p> <p>OTHER _____ 96 (SPECIFY)</p> <p>UNSURE 98</p>	813

SECTION 8. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
812B	<p>What is the main reason that you think you will not use a contraceptive method at any time in the future?</p>	<p>FERTILITY-RELATED REASONS NO SEX 21 INFREQUENT SEX 22 MENOPAUSAL/HYSTERECTOMY 23 SUBFECUND/INFECUND 24 WANTS AS MANY CHILDREN AS POSSIBLE 26</p> <p>OPPOSITION TO USE RESPONDENT OPOSED 31 HUSBAND/PARTNER OPOSE 32 OTHERS OPOSED 33 RELIGIOUS PROHIBITIO 34</p> <p>LACK OF KNOWLEDGE KNOWS NO METHOD 41 KNOWS NO SOURCE 42</p> <p>METHOD-RELATED REASONS HEALTH CONCERNS 51 FEAR OF SIDE EFFECTS 52 LACK OF ACCESS/TOO FAF 53 COSTS TOO MUCH 54 INCONVENIENT TO USE 55 INTERFERES WITH BODY'S NORMAL PROCESSES 56</p> <p>OTHER _____ 96 (SPECIFY)</p> <p>DON'T KNOW 98</p>	
813	<p>CHECK 216:</p> <p>HAS LIVING CHILDREN <input type="checkbox"/> NO LIVING CHILDREN <input type="checkbox"/></p> <p>a) If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be?</p> <p>b) If you could choose exactly the number of children to have in your whole life, how many would that be?</p> <p>PROBE FOR A NUMERIC RESPONSE.</p>	<p>NONE 00 → 815</p> <p>NUMBER <input type="text"/> <input type="text"/></p> <p>OTHER _____ 96 → 815 (SPECIFY)</p>	
814	<p>How many of these children would you like to be boys, how many would you like to be girls and for how many would it not matter if it's a boy or a girl?</p>	<p>BOYS GIRLS EITHER</p> <p>NUMBER . . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>OTHER _____ 96 (SPECIFY)</p>	

SECTION 8. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
815	In the last month have you: a) Heard about family planning on the radio? b) Seen family planning messages on the television? c) Read about family planning in a newspaper or magazine? d) Read about family planning in a poster, billboard or leaflet? e) Heard about family planning in community event? f) Received a voice or text message about family planning on a mobile phone (SMS)? g) Read about family planning in social media (Facebook, Twitter, etc.) h) Read about family planning in a Website or on the Internet?	YES NO a) RADIO 1 2 b) TELEVISION 1 2 c) NEWSPAPER OR MAGAZIN 1 2 d) POSTER, BILLBOARD OR LEAFLE . 1 2 e) COMMUNITY EVENT 1 2 f) MOBILE PHONI 1 2 g) SOCIAL MEDIA 1 2 h) INTERNET 1 2	
816A	In the last month have you heard about family planning from any community health worker?	YES 1 NO 2	→ 817
816B	Were these government or non-government workers?	GOVERNMENT A NON-GOVERNMENT B DON'T KNOW C	
817	CHECK 701: CURRENTLY MARRIED <input type="checkbox"/> ↓ SEPARATED/DESERTED <input type="checkbox"/> DIVORCED/WIDOWED		→ 901
818	CHECK 303: USING A CONTRACEPTIVE CURRENTLY USING <input type="checkbox"/> ↓ NOT CURRENTLY USING <input type="checkbox"/> NOT ASKED <input type="checkbox"/>		→ 820 → 822
819	Would you say that using contraception is mainly your decision, mainly your husband's decision, or did you both decide together?	MAINLY RESPONDENT 1 MAINLY HUSBAND 2 JOINT DECISION 3 OTHER _____ 6 (SPECIFY)	→ 821
820	Would you say that not using contraception is mainly your decision, mainly your husband's decision, or did you both decide together?	MAINLY RESPONDENT 1 MAINLY HUSBAND 2 JOINT DECISION 3 OTHER _____ 6 (SPECIFY)	
821	CHECK 304: NEITHER ARE STERILIZED <input type="checkbox"/> ↓ HE OR SHE ARE STERILIZED <input type="checkbox"/>		→ 901
822	Does your husband want the same number of children that you want, or does he want more or fewer than you want?	SAME NUMBEF 1 MORE CHILDREN 2 FEWER CHILDREN 3 DON'T KNOW 8	

SECTION 9. HUSBAND'S BACKGROUND AND WOMAN'S WORK

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
901	CHECK 701: CURRENTLY MARRIED <input type="checkbox"/>	SEPARATED/DESERTED <input type="checkbox"/> → 909 DIVORCED/WIDOWED	
902	How old was your husband on his last birthday?	AGE IN COMPLETED YEAR: <input type="text"/> <input type="text"/>	
903	Did your husband ever attend school?	YES 1 NO 2	→ 906
903A	What type of schooling did your husband last attend?	SCHOOL 1 MADRASHA 2	
904	What was the highest level of school he attended: primary, secondary, or higher?	PRIMARY 1 SECONDARY 2 COLLEGE OR HIGHER 3 DON'T KNOW 8	→ 906
905	What was the highest class he completed at that level? IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL, RECORD '00'.	CLASS <input type="text"/> <input type="text"/> DON'T KNOW 98	
906	Has your husband done any work in the last 7 days?	YES 1 NO 2 DON'T KNOW 8	→ 908
907	Has your husband done any work in the last 12 months?	YES 1 NO 2 DON'T KNOW 8	→ 909
908	What is your occupation? That is, what kind of work does he mainly do?	_____ _____ <input type="text"/> <input type="text"/> _____	
909	Aside from your own housework, have you done any work in the last seven days?	YES 1 NO 2	→ 913
910	As you know, some women take up jobs for which they are paid in cash or kind. Others sell things, have a small business or work on the family farm or in the family business. In the last seven days, have you done any of these things or any other work?	YES 1 NO 2	→ 913
911	Although you did not work in the last seven days, do you have any job or business from which you were absent for leave, illness, vacation, maternity leave, or any other such reason?	YES 1 NO 2	→ 913
912	Have you done any work in the last 12 months?	YES 1 NO 2	→ 917
913	What is your occupation? That is, what kind of work do you mainly do?	_____ _____ <input type="text"/> <input type="text"/> _____	

SECTION 9. HUSBAND'S BACKGROUND AND WOMAN'S WORK

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
914	Do you do this work for a member of your family, for someone else, or are you self-employed?	FOR FAMILY MEMBEI 1 FOR SOMEONE ELSE 2 SELF-EMPLOYED 3	
915	Do you usually work throughout the year, or do you work seasonally, or only once in a while?	THROUGHOUT THE YEAR 1 SEASONALLY/PART OF THE YEAI 2 ONCE IN A WHILE 3	
916	Are you paid in cash or kind for this work or are you not paid at all?	CASH ONLY 1 CASH AND KIND 2 IN KIND ONLY 3 NOT PAID 4	
917	CHECK 701: CURRENTLY MARRIED <input type="checkbox"/> SEPARATED/DESERTEP <input type="checkbox"/> DIVORCED/WIDOWED <input type="checkbox"/>		→ 931
918	CHECK 916: CODE '1' OR '2' CIRCLED <input type="checkbox"/> OTHER <input type="checkbox"/>		→ 921
919	Who usually decides how the money you earn will be used: you, your husband, or you and your husband jointly?	RESPONDENT 1 HUSBAND 2 RESPONDENT AND HUSBAND JOINTLY 3 OTHER _____ 6 (SPECIFY)	
921	Who usually decides how your husband's earnings will be used: you, your husband, or you and your husband jointly?	RESPONDENT 1 HUSBAND 2 RESPONDENT AND HUSBAND JOINTLY 3 HUSBAND HAS NO EARNINGS 4 OTHER _____ 6 (SPECIFY)	
922	Who usually makes decisions about health care for yourself: you, your husband, you and your husband jointly, or someone else?	RESPONDENT 1 HUSBAND 2 RESPONDENT AND HUSBAND JOINTLY 3 SOMEONE ELSE 4 OTHER 6	
923	Who usually makes decisions about making major household purchases?	RESPONDENT 1 HUSBANDR 2 RESPONDENT AND HUSBANDR JOINTLY 3 SOMEONE ELSE 4 OTHER 6	

SECTION 10. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																								
1001	<p>Now I would like to ask you some other questions relating to health matters. Have you had an injection for any reason in the last 12 months?</p> <p>IF YES: How many injections have you had?</p> <p>IF NUMBER OF INJECTIONS IS 90 OR MORE, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'. IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.</p>	<p>NUMBER OF INJECTION <input type="text"/> <input type="text"/></p> <p>NONE 00</p>	→ 1008																								
1002	<p>Among these injections, how many were administered by a doctor, a nurse, a pharmacist, a dentist, or any other health worker?</p> <p>IF NUMBER OF INJECTIONS IS 90 OR MORE, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'. IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.</p>	<p>NUMBER OF INJECTION <input type="text"/> <input type="text"/></p> <p>NONE 00</p>	→ 1008																								
1003	<p>The last time you got an injection from a health worker, did he/she take the syringe and needle from a new, unopened package?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>																									
1008	<p>Many different factors can prevent women from getting medical advice or treatment for themselves. When you are sick and want to get medical advice or treatment, is each of the following a big problem or not a big problem:</p> <p>a) Getting permission to go to the doctor?</p> <p>b) Getting money needed for advice or treatment?</p> <p>c) The distance to the health facility?</p> <p>d) Not wanting to go alone?</p>	<table border="0"> <tr> <td></td> <td align="center">BIG</td> <td align="center">NOT A BIG</td> <td></td> </tr> <tr> <td></td> <td align="center">PROBLEM</td> <td align="center">PROBLEM</td> <td></td> </tr> <tr> <td>a) PERMISSION TO GO</td> <td align="center">1</td> <td align="center">2</td> <td></td> </tr> <tr> <td>b) GETTING MONEY</td> <td align="center">1</td> <td align="center">2</td> <td></td> </tr> <tr> <td>c) DISTANCE</td> <td align="center">1</td> <td align="center">2</td> <td></td> </tr> <tr> <td>d) GO ALONE</td> <td align="center">1</td> <td align="center">2</td> <td></td> </tr> </table>		BIG	NOT A BIG			PROBLEM	PROBLEM		a) PERMISSION TO GO	1	2		b) GETTING MONEY	1	2		c) DISTANCE	1	2		d) GO ALONE	1	2		
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c) DISTANCE	1	2																									
d) GO ALONE	1	2																									
1009	<p>Are you covered by any health insurance?</p>	<p>YES 1</p> <p>NO 2</p>	→ 1011																								
1010	<p>What type of health insurance are you covered by?</p> <p>RECORD ALL MENTIONED.</p>	<p>MUTUAL HEALTH ORGANIZATION/ COMMUNITY-BASED HEALTH INSURANCE A</p> <p>HEALTH INSURANCE THROUGH EMPLOYER B</p> <p>SOCIAL SECURITY C</p> <p>OTHER PRIVATELY PURCHASED COMMERCIAL HEALTH INSURANCE D</p> <p>OTHER _____ X (SPECIFY)</p>																									
1011	<p>Do you have a health card which provide free or subsidized health care services?</p>	<p>YES 1</p> <p>NO 2</p>																									
1012	<p>RECORD THE TIME.</p>	<p>HOURS <input type="text"/> <input type="text"/></p> <p>MINUTES <input type="text"/> <input type="text"/></p>																									

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT INTERVIEW:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

EDITOR'S OBSERVATIONS

INSTRUCTIONS:

ONLY ONE CODE SHOULD APPEAR IN ANY BOX.
COLUMN 1 REQUIRES A CODE IN EVERY MONTH.

CODES FOR EACH COLUMN:

COLUMN 1: BIRTHS, PREGNANCIES, CONTRACEPTIVE USE (2)

- B BIRTHS
- P PREGNANCIES
- T TERMINATIONS

- 0 NO METHOD
- 1 FEMALE STERILIZATION
- 2 MALE STERILIZATION
- 3 IUD
- 4 INJECTABLES
- 5 IMPLANTS
- 6 PILL
- 7 CONDOM
- 8 EMERGENCY CONTRACEPTION PILL
- 9 LACTATIONAL AMENORRHEA METHOD
- J SAFE PERIOD/RHYTHM METHOD
- K WITHDRAWAL
- X OTHER MODERN METHOD
- Y OTHER TRADITIONAL METHOD

COLUMN 2: DISCONTINUATION OF CONTRACEPTIVE USE

- 0 INFREQUENT SEX/HUSBAND AWAY
 - 1 BECAME PREGNANT WHILE USING
 - 2 WANTED TO BECOME PREGNANT
 - 3 HUSBAND/PARTNER DISAPPROVED
 - 4 WANTED MORE EFFECTIVE METHOD
 - 5 SIDE EFFECTS/HEALTH CONCERNS
 - 6 LACK OF ACCESS/TOO FAR
 - 7 COSTS TOO MUCH
 - 8 INCONVENIENT TO USE
 - F UP TO GOD/FATALISTIC
 - A DIFFICULT TO GET PREGNANT/MENOPAUSAL
 - D MARITAL DISSOLUTION/SEPARATION
 - X OTHER
- _____ (SPECIFY)
- Z DON'T KNOW

				COL. 1	COL. 2		
2	06	JUN	01				
0	05	MAY	02				2
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2	09	SEP	10				2
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1	07	JUL	12				1
7	06	JUN	13				7
	05	MAY	14				
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	10	OCT	21				
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1	07	JUL	24				1
6	06	JUN	25				6
	05	MAY	26				
	04	APR	27				
	03	MAR	28				
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	12	DEC	31				
	11	NOV	32				
	10	OCT	33				
2	09	SEP	34				2
0	08	AUG	35				0
1	07	JUL	36				1
5	06	JUN	37				5
	05	MAY	38				
	04	APR	39				
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0	08	AUG	47				0
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	12	DEC	55				
	11	NOV	56				
	10	OCT	57				
2	09	SEP	58				2
0	08	AUG	59				0
1	07	JUL	60				1
3	06	JUN	61				3
	05	MAY	62				
	04	APR	63				
	03	MAR	64				
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	12	DEC	67				
	11	NOV	68				
	10	OCT	69				
2	09	SEP	70				2
0	08	AUG	71				0
1	07	JUL	72				1
2	06	JUN	73				2
	05	MAY	74				
	04	APR	75				
	03	MAR	76				
	02	FEB	77				
	01	JAN	78				