



Ministry of Health and  
Family Welfare  
Government of India

# India



**National Family Health  
Survey (NFHS-3)**

# 2005-06

**Volume II**



International Institute for Population Sciences  
Deonar, Mumbai 400 088

**NATIONAL FAMILY HEALTH SURVEY  
(NFHS-3)**

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**INDIA  
VOLUME II**

**September 2007**

**Suggested citation: International Institute for Population Sciences (IIPS) and Macro International. 2007. *National Family Health Survey (NFHS-3), 2005–06: India: Volume II.* Mumbai: IIPS.**

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Chapter 1, Section 1.7, in Volume I of this report contains basic information about the sample design and sample implementation for the 2005-06 National Family Health Survey (NFHS-3). This appendix contains additional details about the sampling, including the methodology for determining the sample size, the sampling frame, sample selection in rural and urban areas, stratification of the sample, the selection of households, and sample weights.

### **Sample Size**

The determination of the overall sample size for NFHS-3 was governed by several considerations, including the magnitude of the key indicators, the subgroups for which the indicators are required, the desired level of precision of the estimates, the availability of resources, and logistical considerations. Besides the requirement of producing population and health indicators at both the national and state levels, two additional considerations were critical for determining the size of the sample for NFHS-3. The survey was tasked with producing a) HIV prevalence estimates at the national level and at the state level for each of the six states identified by the National AIDS Control Organization (NACO) as having high HIV prevalence (Andhra Pradesh, Karnataka, Maharashtra, Manipur, Nagaland, and Tamil Nadu), and Uttar Pradesh, and b) robust estimates of population and health indicators for slum areas and for non-slum areas in eight cities, namely Delhi, Chennai in Tamil Nadu, Hyderabad in Andhra Pradesh, Indore in Madhya Pradesh, Kolkata in West Bengal, Meerut in Uttar Pradesh, and Mumbai and Nagpur in Maharashtra. Both of these requirements were crucial for determining the target number of individual interviews. In light of these requirements, the sample size was estimated separately for the number of individual interviews with women and with men and the number of women and number of men to be tested for HIV.

#### ***Sample size for HIV tests***

The expected level of HIV prevalence, the acceptable level of standard errors for HIV prevalence, and the design effect of the sample design were the three prime determinants of sample size for HIV tests at the national level and at the state level for each of the seven states for which separate HIV estimates were to be produced. To estimate the required sample size for HIV testing, it was necessary to make a reasonable assumption about the design effect of HIV prevalence for the NFHS-3 sample design. The design effect is defined as the ratio of the standard error of the HIV estimate for the NFHS-3 sample design to the standard error that would result if a simple random sample had been used. Based on the experience of testing HIV in national household surveys in other countries, a design effect of 1.25 was assumed. The actual design effect of HIV prevalence in NFHS-3 (1.19 for women and 1.33 for men) was very close to the assumed design effect of 1.25.

In the absence of any previous community-based estimate of HIV prevalence for India, the HIV prevalence rates as reported by NACO of 0.92 percent at the national level, 0.75 percent

for Tamil Nadu, and 1.25 percent for each of the remaining five high HIV prevalence states were used for estimation of the sample size for the number of HIV tests. For state-level estimates of HIV prevalence, the maximum permissible relative standard error for women and men together was set at 15 percent. However, for the national estimate, the maximum permissible relative standard error was set at a low level of 5 percent. The table below gives the assumptions at the national and state levels, the proposed sample sizes of women and men to be tested compatible with the assumptions, and the expected precision of the HIV prevalence estimate associated with the proposed sample sizes for India as a whole and for each of the six high HIV prevalence states.

Region	Assumed HIV prevalence rate	Assumed design effect	Proposed sample size	Estimated relative precision of resulting HIV prevalence estimate	Confidence interval	
					Lower bound	Upper bound
<b>Tamil Nadu</b>						
Women and men separately	0.75	1.25	6,400	18.0%	0.5%	1.0%
Women and men together	0.75	1.25	12,800	12.7%	0.6%	0.9%
<b>Each of the remaining five high HIV prevalence states</b>						
Women and men separately	1.25%	1.25	6,400	13.9%	0.9%	1.6%
Women and men together	1.25%	1.25	12,800	9.8%	1.0%	1.5%
<b>India</b>						
Women and men separately	0.92%	1.25	62,693	5.2%	0.8%	1.0%
Women and men together	0.92%	1.25	125,385	3.7%	0.9%	1.0%

Based on the assumed levels of HIV prevalence, the maximum permissible level of the relative standard errors and the design effects, it was determined that in each of the six high HIV prevalence states, 6,400 women and 6,400 men would be tested for HIV, and at the national level, the number tested would be about 125,000 women and men in about equal numbers. This sample size was sufficiently large to permit national estimates for urban and rural areas and for youth age 15-24 with a somewhat lower, but still acceptable, level of precision.

It was thus originally planned to have a total of about 76,800 persons tested in the six high HIV prevalence states. The balance of HIV tests needed to achieve a national sample of 125,385 HIV tests were to be distributed to all the remaining states in proportion to the sample size for individual interviews of women and men in those states. However, after the planning process had begun, it was decided to conduct 24,400 HIV tests in Uttar Pradesh in order to provide a separate estimate of HIV prevalence for this state. In light of this change, the final HIV sample design increased the required number of HIV tests nationally to 134,000, with approximately 101,000 tests in the seven states for which separate estimates were to be provided and 33,000 tests distributed between the remaining 22 states in proportion to their sample sizes.

### ***Sample size for women's interviews***

As many of the key indicators that were to be generated from NFHS-3, such as those pertaining to family planning practices and maternal and child health, refer to ever-married women in the reproductive ages, the target sample size in NFHS-3 was fixed in terms of ever-married women age 15-49 years. Based on previous survey experience, it was decided to select an initial target sample size of 1,500 completed interviews with ever-married women in states with a 2001 Census population less than 5 million, 3,000 completed interviews with ever-married women in states with a 2001 Census population between 5 and 30 million, and 4,000

completed interviews with ever-married women in states with a population of more than 30 million. The initial target sample size in Uttar Pradesh, the largest Indian state with about one-sixth of the country's population, was fixed at 10,000 ever-married women. The initial target sample size for the 29 states is given in the following table.

State	Initial target sample size for ever-married women age 15-49
Arunachal Pradesh, Manipur, Meghalaya, Mizoram, Nagaland, Sikkim, Tripura	1,500
Assam, Chhattisgarh, Delhi, Goa, Haryana, Himachal Pradesh, Jammu & Kashmir, Jharkhand, Punjab, Uttarakhand	3,000
Andhra Pradesh, Bihar, Gujarat, Karnataka, Kerala, Madhya Pradesh, Maharashtra, Orissa, Rajasthan, Tamil Nadu, West Bengal	4,000
Uttar Pradesh	10,000

However, in the states with the cities for which slum/non-slum estimates were to be produced and in the states for which separate estimates of HIV were to be produced, these initial state sample sizes were not sufficient and needed to be adjusted upwards.

**Adjustments to the initial sample size in specific states.** Based on the general assumption that a robust estimation of most population and health indicators requires a minimum sample of 1,000 ever-married women, the target sample size for the eight cities with separate slum and non-slum estimates was fixed at a minimum of 2,000 interviews with ever-married women (equally distributed between slum and non-slum areas of each city). In addition, adjustments needed to be made to the initial sample size in states with separate HIV prevalence estimates. These considerations resulted in the following adjustments to the initial sample size of ever-married women age 15-49 in specified states:

State	Adjusted target sample size of ever-married women 15-49	Reason for adjustment
Andhra Pradesh	6,500	To allow for a state-level estimate of HIV prevalence and slum/non-slum estimates for Hyderabad.
Karnataka	5,600	To allow for a state-level estimate of HIV prevalence.
Madhya Pradesh	6,000	To allow for slum/non-slum estimates for Indore.
Maharashtra	8,000	To allow for a state-level estimate of HIV prevalence and slum/non-slum estimates for Mumbai and Nagpur.
Manipur	4,250	To allow for a state-level estimate of HIV prevalence.
Nagaland	4,500	To allow for a state-level estimate of HIV prevalence.
Tamil Nadu	6,250	To allow for a state-level estimate of HIV prevalence and slum/non-slum estimates for Chennai.
Uttar Pradesh	11,000	To allow for slum/non-slum estimates for Meerut. (The initial target sample size was already sufficient to produce HIV estimates.)
West Bengal	5,750	To allow for slum/non slum estimates for Kolkata.

To the extent possible, each state sample size was allocated to urban and rural areas in proportion to the population in the 2001 Census. However, in all those states for which city-level estimates were required, a larger proportion of the target sample was allocated to urban areas.



The target sample size, which was fixed in terms of ever-married women, was transformed into the number of households to be covered by assuming the number of ever-married women per household was the same as observed in NFHS-2. With the assumption that on average 30 households would be interviewed in each primary sampling unit (PSU), the number of PSUs to be surveyed in urban and rural areas of all states and the eight cities selected for slum/non slum measures was estimated.

### *Sample size for men's interviews*

It has already been mentioned that most of the population and health indicators to be measured in NFHS-3 refer to ever-married women and their children and are estimated from women's interviews. Estimation of these indicators, particularly for children, needs a fairly large sample size to produce robust estimates for subgroups of the population. The required sample size for men's interviews is considerably smaller because the men's interviews were not designed to produce indicator estimates for their children. Hence, it was decided to interview men only from a subsample of households except in the states for which separate HIV prevalence estimates were required. In those seven states, men from all the selected households would be interviewed.

### **Sampling Design**

NFHS-3 adopted a two-stage sample design in most rural areas and a three-stage sample design in most urban areas. In each state, the rural sample was typically selected in two stages: the first stage involved selection of Primary Sampling Units (PSUs), i.e., villages, with probability proportional to population size (PPS); the second stage involved the systematic selection of households within each PSU.

The basic reason for adopting a three-stage sample design in urban areas is that urban wards are quite large, making it difficult to list all the households in a ward and select households directly from the resulting list. Although data on census enumeration blocks (CEBs) in all wards were collected in the 2001 Census, these data were not available in published form; hence, it was not possible to select CEBs directly from an existing list of CEBs for the urban part of a state. For this reason, the selection of the urban sample (in all urban areas except in the eight cities for which slum and non-slum estimates were to be provided) involved the following three stages: in the first stage, wards were selected with PPS sampling; in the next stage, one CEB was selected by PPS from each selected ward; and in the final stage, households were randomly selected within each selected CEB. However, CEB-wise data was made available by the Registrar General of India on special request for the eight cities for which slum/non-slum estimates were planned; hence in these eight cities, the sample households were selected in two stages. First slum and non-slum CEBs were selected, and then households were selected from selected CEBs.

### *Sample selection in rural areas*

**Sampling frame.** In rural areas, the 2001 Census list of villages served as the sampling frame. The Primary Census Abstract (PCA) by the Census of India, 2001, provides data on the number

of households, persons, males, females, literates, persons belonging to the scheduled castes (SC), persons belonging to the scheduled tribes (ST), employed persons, etc. for all the villages in each district of India. All the villages with fewer than five households were removed from this list. Since the population in all such villages was only 0.02 percent of the total rural population, the exclusion of small villages from the sampling frame is not expected to disturb the representativeness of the sample. Further, to ensure the selection of a sufficient number of households in the selected PSUs, all the smaller villages with 5-49 households were linked with a nearby village. In some cases, more than two villages had to be linked to form a group of villages with a minimum of 50 households. In this way, a minimum size of 50 households in each village was ensured in all the villages in the sampling frame.

**Stratification.** To ensure the inclusion of villages with different socioeconomic characteristics in the sample, stratified sampling was adopted at the first stage of sample selection. All the villages (or groups of villages) were stratified by a number of variables. The first level of stratification was geographic, with districts being subdivided into contiguous regions. The categorization of districts in different regions in each state is shown in Table C.1. In some states, a single district comprised a region.

Within each of these regions, villages were further stratified using selected variables from the following list: village size, percentage of males working in the nonagricultural sector, percentage of the population belonging to scheduled castes or scheduled tribes, and female literacy. In addition to these variables, districts in high HIV prevalence states were stratified according to HIV prevalence. For this purpose, the classification of all the districts in the six high HIV prevalence states as ‘high’, ‘medium’, and ‘low’ prevalence districts by NACO was adopted. Female literacy was used for implicit stratification (i.e., the villages were ordered prior to selection according to the proportion of females who were literate) in most states, although female literacy was an explicit stratification variable in a few states. The list of variables used for explicit and implicit stratification in each state is given in Table C.2.

The number of PSUs to be selected from each stratum was proportional to the stratum size. In each stratum, an independent sample of PSUs was drawn using PPS sampling.

**Sampling frame at the second stage.** A household listing operation carried out in each sample area provided the necessary frame for selecting households at the second stage. The household listing operation involved preparing up-to-date location and layout sketch maps, assigning a number to each structure, recording addresses of these structures, identifying residential structures, and then listing the names of heads of households. Listing of all households in large villages with 500 or more households is a huge task, potentially prone to errors of omission or duplication. Hence, large villages with about 500 or more households were segmented into three or more segments (depending on village size) of approximately equal size (usually about 100 to 200 households). From all the segments in each large village, two segments were selected using PPS sampling. Houselisting was then done only in the two selected segments. In all such large villages, the sampling design became a three-stage design.

The selection of the required number of households was done using systematic sampling. For the logistical convenience of the fieldwork and to minimize refusals, runs of five consecutive households, rather than single households, were selected systematically.

**Selection of households.** The number of households selected in a rural PSU was the product of number of households listed in the PSU and the probability of selection of a household in the selected rural PSU.

The probability of selecting a household from a selected rural PSU ( $f_2$ ) of a specific state was computed as:

$$f_2 = \frac{f}{f_1}$$

where  $f$ , the domain sampling fraction (i.e., the probability of selecting an ever-married woman in the rural area of a state), is computed as:

$$f = \frac{n}{N}$$

where

- $n$  = number of ever-married rural women to be interviewed (after adjusting upward to account for nonresponse and other loss), and
- $N$  = projected rural population of ever-married women in the state in March 2006 (the midpoint of the NFHS-3 survey period).

The probability of selecting a PSU from a rural stratum of a state ( $f_1$ ) was computed as:

$$f_1 = \frac{a * s_i}{\sum s_i}$$

where

- $a$  = number of rural PSUs selected from the stratum,
- $s_i$  = population size of the  $i^{th}$  PSU, and
- $\sum s_i$  = total rural population of the stratum.

### ***Sample selection in urban areas***

The following discussion refers to sampling in all the urban areas of the states in which no separate city estimates were planned. In Andhra Pradesh, Madhya Pradesh, Maharashtra, Uttar Pradesh, Tamil Nadu, and West Bengal, the following procedure was adopted for sampling in all urban areas excluding the cities in which slum/non-slum estimates were planned. This procedure was not applied to sampling in urban areas of Delhi.

**Sampling frame.** In urban areas, the sampling frame for the first stage of selection was the list of all the wards in a state. The Primary Census Abstract (PCA) provides details of all the wards in each city or town in urban areas. The list was arranged by geographical regions and then by female literacy. A sample of urban wards was drawn from the list of wards by PPS sampling.

**Sample selection at the second and third stages.** As mentioned earlier, the sample of households from a selected ward was drawn by adopting two-stage sampling. A ward in a

township is a large area comprising a large number of households. Each ward comprises several enumeration blocks (CEB) created for the census. A list of all the CEBs in a selected ward formed the sampling frame at the second stage. Such lists of CEBs in the selected wards were made available for use for NFHS-3 by the census office on request. Each CEB is comprised of about 150-200 households. A sample of households from a ward was drawn in two stages. One CEB was selected from each selected ward at the first stage. Then in each selected CEB, a household listing operation was carried out (similar to the listing operation in rural PSUs). The household listing provided the necessary frame for selecting households at the third stage. The selection of the required number of households from the list of households was done using systematic sampling. As in rural areas, systematically selected groups of five consecutive households, rather than a single household, were selected.

Similar to rural PSUs, the sample size of households was not the same in every urban PSU. The sample size of households in an urban PSU was obtained by applying the probability of selection of an ever-married woman in an urban PSU ( $f_3$ ) to the total number of households listed in the urban PSU.

The domain sampling fraction, i.e., the probability of selecting an ever-married woman from an urban domain in a state ( $f$ ), was computed as:

$$f = \frac{n}{N}$$

where

$n$  = number of ever-married women to be interviewed from the urban domain (after adjusting upward to account for nonresponse and other loss), and  
 $N$  = projected population of ever-married women in the urban domain in March 2006.

The probability of selecting a ward from an urban stratum ( $f_1$ ) was computed as:

$$f_1 = \frac{a * s_i}{\sum s_i}$$

where

$a$  = number of wards selected from the stratum,  
 $s_i$  = population size of the  $i^{th}$  ward, and  
 $\sum s_i$  = total population of the urban stratum.

The probability of selecting a CEB from a selected ward ( $f_2$ ) was computed as:

$$f_2 = \frac{B_i}{\sum B_i}$$

where

$B_i$  = population size of the  $i^{th}$  CEB, and  
 $\sum B_i$  = total population of the ward.

The probability of selecting a household from a selected block ( $f_3$ ) was computed as:

$$f_3 = \frac{f}{f_1 * f_2}$$

### ***Sample selection in eight cities***

In the eight cities for which separate indicators for slum and non-slum areas were to be provided, a different sampling procedure was adopted. As mentioned above, sample households in the cities were selected with a two-stage sampling design. At the first stage CEBs were selected and at the second stage households were selected. In each city, slum and non-slum PSUs were selected independently from the respective lists of slum and non-slum CEBs. For the estimation of the number of households and the selection of households from the selected slum/non-slum PSUs (CEBs), a procedure similar to that used for rural and urban PSUs was adopted.

**Sampling frame.** As mentioned above, although the Census of India collects and compiles data by CEBs, that information is not published. However, on special request for NFHS-3, the Registrar General of India made available CEB-wise data for the eight cities for which slum and non-slum estimates were to be provided. Two separate lists of all the slum CEBs and non-slum CEBs in all the wards of each city served as two separate sampling frames at the first stage of selection. From each sampling frame, slum and non-slum PSUs were selected using PPS sampling. The houselisting carried out in each of the selected CEBs served as the sampling frame for the selection of households.

### **Sample weights**

The basic objective of weighting sample data is to try and maximize the representativeness of the sample in terms of the size, distribution, and characteristics of the study population. When sample units have been selected with differing probabilities, it is common to weight the results inversely proportional to the unit selection probabilities, i.e., the design weight, so as to reflect the actual situation in the population. In a survey sample selected from a robust frame and well implemented with high response rates, the application of the design weight is all that is required. In practice, however, the situation is more complicated because of shortcomings in the selection and implementation of the sample.

In NFHS-3, two sets of weights are in operation. One set of weights is used for generating national-level indicators and another set is used for producing state-level indicators. Each set has the following different types of weights:

1. *Household weight* for estimating indicators such as the proportion of female-headed households and the percentage of children age 0-4 years whose birth was registered.
2. *Woman's weight* for generating indicators such as the contraceptive prevalence rate and the percentage of children age 12-23 months who are fully immunized.
3. *Man's weight* for estimation of indicators such as the proportion of men who have heard of AIDS.

4. *HIV weight* for women for generating indicators such as HIV prevalence by age for women.
5. *HIV weight* for men for generating indicators such as HIV prevalence by age for men.
6. *Domestic violence weight* for estimating indicators such as the proportion of married women who have ever experienced spousal violence.

Note that children of interviewed women are assigned the weight of their mother. Some child indicators are assessed at the household level; in such cases, children are assigned the weight of the household.

### ***Calculation of sampling weights***

**Calculation of state and national household weights.** The basic reasons for weighting primary data while estimating state-level indicators are:

- a) To take care of the non-equal probability of selection in different domains, i.e., rural and urban areas and slum and non-slum areas in the seven states of Andhra Pradesh, Delhi, Madhya Pradesh, Maharashtra, Tamil Nadu, Uttar Pradesh, and West Bengal. In each state, the total sample size was distributed between urban and rural areas according to the proportion of urban-rural households. However, oversampling was done in urban areas in states with very small urban populations in order to have a sample large enough to yield stable estimates; oversampling was also done in the cities where slum and non-slum estimates were required in order to have large enough samples in the slum areas and the non-slum areas separately. Whatever the reason, oversampling of urban areas of some states leads to unequal probabilities of selection.
- b) To take care of the differential non-response rates of household interviews in different domains, namely urban and rural areas and slum and non-slum areas of the eight cities.

To take care of the non-equal probabilities of selection in different domains, a design weight was computed. The household design weight  $W_{Di}$  for the  $i^{th}$  domain is the inverse of the sampling fraction for the  $i^{th}$  domain ( $f_i = n_i/N_i$ ). To take care of differential nonresponse in different domains, the design weight for each domain is multiplied by the inverse of the response rates.

The household weight ( $W_{Hi}$ ) for the  $i^{th}$  domain is then:

$$W_{Hi} = \frac{W_{Di}}{R_{Hi}}$$

where

$R_{Hi}$  = response rate of the household interview (number of completed household interviews divided by the number of households selected for interview)

After adjustment for nonresponse, the weights are normalized so that the total number of weighted cases is equal to the total number of unweighted cases. This is done by multiplying  $W_{Hi}$  for each domain by the ratio of total number of unweighted cases to total number of weighted cases (obtained by applying weights before normalization to the number of cases in each domain).

The final state household weight is calculated as

$$\hat{W}_{Hi} = W_{Hi} * \left[ \frac{\sum n_i}{(\sum W_{Hi} * n_i)} \right]$$

Because of the normalization of the state household weight at the state level, the normalized state household weight cannot be used for national indicators. A set of national weights is thus calculated. The final national household weight is based on the state household weight  $W_{Hi}$  (after correction for nonresponse and before normalization at the state level) normalized at the national level.

**Calculation of state and national women’s and men’s weights.** The state level and national level women’s weights are derived exactly the same way as the household weights. The only difference is that the response rate of the household interview is replaced by the response rate of the household interview ( $R_{Hi}$ ) times the response rate of the women’s interview ( $R_{Wi}$ ). The eligible women’s weight is:

$$W_{Wi} = \frac{W_{Di}}{R_{Hi} * R_{Wi}}$$

Normalization of  $W_{Wi}$  at the individual state level gives the state’s normalized women’s weight; normalization at the national level for all states together gives the all-India normalized women’s weight.

Men’s weights are calculated in the same way by incorporating the men’s response rates.

The state and national HIV household weights and HIV individual weights are also calculated in a similar fashion. The only difference is the normalization of the individual HIV weights. Since HIV prevalence is reported not only for women and men separately, but also for women and men together, the individual HIV weights must be normalized for women and men together at the individual state level and at the national level, respectively.

**Calculation of state and national domestic violence weights.** Unlike all other sections of the Woman’s Questionnaire, the section on domestic violence was not administered to all women in the household. This was part of a strategy built into the questionnaire to maintain confidentiality and to protect respondents from any potential security-related problems. Only one eligible woman in each selected household was administered the section on domestic violence. In households with more than one eligible woman, the woman that the module was administered to was randomly selected through a specially designed simple selection procedure based on the

Kish Grid (see the NFHS-3 Household Questionnaire) which was built into the Household Questionnaire.

The selection of one woman per sample household implies that women who were selected for the domestic violence module of the questionnaire are a subsample of the entire NFHS-3 sample. This subsampling results in the need to generate one additional set of weights for estimating state and national indicators of domestic violence. The domestic violence weights ( $DW_{wi}$ ) are calculated the same way as other weights but they also take account of the number of eligible women in the household.

The domestic violence weight for women is:

$$DW_{wi} = \frac{W_{Di}}{R_{Hi} * S_{Hi} * DR_{wi}}$$

where

$S_{Hi}$  = the inverse of the number of eligible women in the household, and

$DR_{wi}$  = response rate of the women selected for the domestic violence module.

Normalization of  $DW_{wi}$  at the individual state level gives the state's normalized domestic violence weight; normalization at the national level for all states together gives the all-India normalized domestic violence weight.

### **Sample implementation**

NFHS-3 response rates for households, women, and men were discussed in Chapter 1, Section 1.7. Tables C.3.1 and C.3.2 provide additional information on the reasons for non-response for women and men, respectively. Response rates for HIV blood collection were estimated separately and were discussed in Chapter 12.



Table C.1 Regions by state

State	Region	2001 Census districts
Andhra Pradesh	I	Srikakulam, Vizianagaram, Visakhapatnam
	II	East Godavari, West Godavari, Krishna, Guntur
	III	Prakasam, Nellore
	IV	Chittoor, Cuddapah, Anantapur, Kurnool
	V	Mahbubnagar, Rangareddi, Hyderabad, Medak, Nizamabad, Adilabad, Nalgonda
	VI	Karimnagar, Warangal, Khammam
Arunachal Pradesh	I	Tawang, West Kameng, East Kameng
	II	Papumpare, Lower Subansiri, Upper Subansiri
	III	West Siang, East Siang, Upper Siang
	IV	Darrang, Lohit
	V	Tirap, Changlang
Assam	I	Goalpara, Kamrup, Marigaon, Nagaon, Darrang
	II	Dhubri, Bongaigaon, Barpeta, Nalbari, Sonitpur
	III	Golaghat, Jorhat, Sibsagar, Dibrugarh, Tinsukia, Karimganj, Hailakandi, Cachar
	IV	Lakhimpur, Dhemaji
	V	Karbi Anglong
Bihar	I	Saran, Siwan, Gopalganj, Pashchim Champaran, Purba Champaran
	II	Sitamarhi, Vaishali, Darbhanga, Madhubani, Samastipur, Muzaffarpur, Saharsa, Sheohar, Supaul
	III	Purnia, Araria, Kishanganj, Katihar, Madhepura
	IV	Patna, Bhojpur, Rohtas, Buxor, Kaimur (Bhabua)
	V	Munger, Khagaria, Bhagalpur, Banka, Jamui, Lakhisarai, Sheikhpura
	VI	Nalanda, Gaya, Jehanabad, Aurangabad, Nawada, Begusarai
Chhattisgarh	I	Koriya, Surguja, Bilaspur, Korba, Janjgir-champa, Jashpur, Raigarh
	II	Kawaedha, rajnandgaon, Durg, Raipur, Mahasamund, Dhamtari
	III	Kanker, Bastar, Dantewada
Goa		Each district is one region
Gujarat	I	Jamnagar, Rajkot
	II	Surendranagar, Bhavnagar, Amreli
	III	Junagadh, Porbandar
	IV	Kachchh, Banaskantha
	V	Sabarkantha, Mahesana, Patan
	VI	Gandhinagar, Ahmedabad
	VII	Kheda, Anand
	VIII	Panch Mahals, Vadodara, Dohad
	IX	Bharuch, Surat, Valsad, The Dangs, Narmada, Navsari
Haryana	I	Faridabad, Gurgaon, Sonapat
	II	Ambala, Kaithal, Karnal, Kurukshetra, Panipat, Yamunanagar, Panchkula
	III	Bhiwani, Mahendragarh, Rewari, Sirsa
	IV	Hissar, Jind, Rohtak, Fatehabad, Jhajjar
Himachal Pradesh	I	Chamba, Lahaul-Spiti, Kinnaur
	II	Kangra, Hamirpur, Una, Mandi, Kullu
	III	Bilaspur, Shimla, Solan, Sirmaur
Jammu & Kashmir	I	Kargil, Leh
	II	Anantnag, Pulwama, Srinagar, Badgam, Baramulla
	III	Kupwara, Rajouri, Poonch
	IV	Doda, Udhampur, Kathua, Jammu
Jharkhand	I	Deogarh, Godda, sahibganj, Pakaur, Dumka
	II	Chatra, Hazaribagh, Kodarma, Giridh, Bokaro, Dhanbad
	III	Garhwa, Palamu, Lohardagga, Gumla, Ranchi, Pashchim Singhbhum, Purbi Singhbhum
Karnataka	I	Bidar, Bijapur, Gulbarga, Raichur, Bagalkot, Koppal
	II	Belgaum, Dharwad, Gadag, Haveri
	III	Dakshina Kannada, Kodagu, Uttara Kannada, Udupi
	IV	Chikmagalur, Shimoga
	V	Bangalore rural, Bellary, Chitradurga, Kolar, Tumkur, Davangere
	VI	Hassan, Mandya, Mysore, Chamrajnagar
Kerala		Each district is one region

Continued...

Table C.1 Regions by state—Continued

State	Region	2001 Census districts
Madhya Pradesh	I	Panna, Rewa, Satna, Sidhi, Shahdol, Chhatarpur, Tikamgarh, Umaria
	II	Raisen, Sagar, Damoh, Vidisha, Bhopal, Sehore
	III	Dewas, Dhar, Indore, Jhabua, Ujjain, Rajgarh, Ratlam, Mandasaur, Shajapur, Neemuch
	IV	Mandla, Jabalpur, Seoni, Narsimhapur, Chhindwara, Balaghat, Dindori, Katni
	V	Betul, Hoshangabad, East Nimar, West Nimar, Barwani, Harda
	VI	Gwalior, Bhind, Morena, Datia, Guna, Shivpuri, Sheopur
Maharashtra	I	Thane, Raigad, Ratnagiri, Sindhudurg
	II	Nasik, Dhule, Jalgaon, Nandurbar
	III	Ahmednagar, Pune, Satara, Sangli, Solapur, Kolhapur
	IV	Aurangabad, Jalna, Parbhani, Bid, Latur, Osmanabad, Buldhana, Akola, Amaravati, Washim, Hingoli
	V	Yeotmal, Wardha, Nagpur, Nanded
	VI	Bhandara, Chandrapur, Gadchiroli, Gondiya
Manipur	I	Senapati, Tamenglang, Ukhrul
	II	Churchandpur, Chandel
	III	Bishnupur, Imphal West, Imphal East, Toubal
Meghalaya	I	West Garo Hills
	II	East Garo Hills, South Garo Hills
	III	West Khasi Hills
	IV	Ri Bhoi, East Khasi Hills
	V	Jantia Hills
Mizoram	I	Kolasib, Mamit, Aizwal, Champhal, Serchip
	II	Lunglei
	III	Lawangttai, Saita
Nagaland	I	Tuensang, Mon
	II	Mokakchung, Zunhebota
	III	Wokha, Dimapur
	IV	Kohima, Phek
Orissa	I	Sundargarh, Kendujhar, Mayurbhanj
	II	Phulabani, Koraput, Baudh, Malkangiri, Navarangapur, Rayagada
	III	Sambalpur, Balangir, Kalahandi, Bargarh, Debagarh, Jharsuguda, Nuapada, Sonapur
	IV	Baleshwar, Cuttack, Ganjam, Puri, Dhenkanal, Anugul, Bhadrak, Gajapati, Jagatsinghpur, Jajapur, Kendrapara, Khordha, Nayagarh
Punjab	I	Gurdaspur, Amritsar, Ferozpur
	II	Jalandhar, Kapurthala, Hoshiarpur, Rupnagar, Nawashahr
	III	Ludhiana, Patiala, Sangrur, Fatehgarh Sahib
	IV	Bhatinda, Faridkot, Mansa, Moga, Muktsar
Rajasthan	I	Ganganagar, Bikaner, Churu, Jaisalmer, Jodhpur, Nagaur, Pali, Barmer, Jalor, Sirohi, Hanuman garh
	II	Jhunjhunun, Alwar, Bharatpur, Dhaulpur, Sawai Madhopur, Jaipur, Sikar, Ajmer, Tonk, Bhilwara, Dausa, Karauli
	III	Dungarpur, Banswara, Udaipur, Rajasamand
	IV	Chhitaurgarh, Bundi, Kota, Jhalawar, Baran
Sikkim		Each district is one region
Tripura		Each district is one region
Tamil Nadu	I	Coimbatore, Dindigul Anna (Dindigul), Madurai (Madura and Theni), Periyar (Erode), Nilgiri
	II	North Arcot-Ambedkar (Vellore), Dharmapuri, Tiruvannamalai-Sambuvarayan, Salem (Salem and Namakal), Tiruchirappalli (Tiruchirappalli, Karur and Perambalur), Ariyalur
	III	Kanniyakumari
	IV	Chengalpattu-MGR (Kanchipuram and Tiruvallur), South Arcot (Cuddalore and Villupuram), Thanjavur, (Thanjavur, Nagappattinam and Tiruvarur), Chennai
	V	Pudukkottai, Pasumpon, Muthuramalinga Thevar (Sivagangai), Kamarajar (Virudhunagar), Ramanathapuram, Chidambaranar (Thootukudi), Tirunelveli Kattabomman (Tirunelveli)
Uttaranchal	I	Dehradun, Hardwar, Udham Singh Nagar
	II	Uttar Kashi, Tehri Garhwal, Rudra Prayag, Pauri Garhwal
	III	Chamoli, Bageshwar, Pitorgarh, Almora, Nainital, Champawat

Continued...

Table C.1 Regions by state—Continued

State	Region	2001 Census districts
Uttar Pradesh	I	Bijnor, Ghaziabad, Meerut, Moradabad, Rampur, Saharanpur, Muzzafarnagar, Agra, Aligarh, Bareilly, Budaun, Bulandshahr, Etah, Farrukhabad, Firozabad, Mainpuri, Pilibhit, Shahjahanpur, Etawah, Mathura, Auraiya, Baghpat, Goutam Buddha Nagar, Hathras, Jyotiba Phule Nagar, Kannauj
	II	Kheri, Hardoi, Rae Bareli, Sitapur, Barabanki, Fatehpur, Kanpur Dehat, Kanpur Nagar, Lucknow, Unnao
	III	Allahabad, Gonda, Pratapgarh, Sultanpur, Bahraich, Faizabad, Azamgarh, Basti, Deoria, Gorakhpur, Jaunpur, Maharajganj, Mau, Siddharthnagar, Ballia, Gazipur, Varanasi, Mirzapur, Sonbhadra, Ambedkar Nagar, Balrampur, Chandauli, Kaushambi, Kushinagar, Sant Kabir Nagar, Sant Ravidas Nagar, Shrawasti
	IV	Banda, Lalitpur, Hamirpur, Jalaun, Jhansi, Chitrakoot, Mahoba
West Bengal	I	Jalpaiguri, Darjeeling
	II	Koch Bihar, West Dinajpur (Uttar Dinajpur and Dakshin Dinajpur), Maldah, Murshidabad
	III	Nadia, Haora, Hugli, North Twenty-Four Parganas, South Twenty-Four Parganas, Barddhaman
	IV	Medinipur, Bankura, Birbhum
	V	Puruliya

Note: Delhi does not have regions.

State	2001 population <sup>1</sup>	Variables for rural stratification	Number of primary sampling units				
			Urban			Rural	Total
			Slum	Non-slum	Total		
Andhra Pradesh	76,208,158	Region (group of districts) HIV Prevalence Village size Percent of SC/ST population Female literacy (implicit)	28	31	91	104	195
Arunachal Pradesh	1,093,199	Region (group of districts) Village size Female literacy (implicit)	na	na	17	48	65
Assam	26,651,050	Region (group of districts) Village size Percent of SC/ST population Percent of males in nonagricultural work Female literacy (implicit)	na	na	29	58	87
Bihar	82,991,525	Region (group of districts) Village size Percent of SC/ST population Female literacy (implicit)	na	na	31	71	102
Chhattisgarh	20,832,242	Region (group of districts) Village size Female literacy Percent of SC/ST population (implicit)	na	na	30	64	94
Delhi	13,850,477	Village size Female literacy (implicit)	37	67	104	8	112
Goa	1,347,641	Region Village size Female literacy (implicit)	na	na	63	63	126
Gujarat	50,670,013	Region (group of districts) Village size Percent of SC/ST population Female literacy (implicit)	na	na	43	70	113
Haryana	21,144,059	Region (group of districts) Village size Percent of SC/ST population Female literacy (implicit)	na	na	29	62	91
Himachal Pradesh	6,064,355	Region (group of districts) Village size Percent of SC/ST population Female literacy (implicit)	na	na	34	72	106
Jammu & Kashmir	10,142,775	Region (group of districts) Village size Percent of SC/ST population Percent of males in nonagricultural work Female literacy (implicit)	na	na	32	65	97
Jharkhand	26,937,511	Region (group of districts) Village size Female literacy Percent of SC/ST population (implicit)	na	na	34	61	95
Karnataka	52,843,804	Region (group of districts) HIV Prevalence Village size Percent of SC/ST population Female literacy (implicit)	na	na	64	112	176
Kerala	31,841,187	Region (group of districts) Female literacy	na	na	34	91	125
Madhya Pradesh	60,336,893	Region (group of districts) Village size Percent of SC/ST population Female literacy (implicit)	30	33	94	92	186

Continued...

State	2001 population <sup>1</sup>	Variables for rural stratification	Number of primary sampling units				
			Urban			Rural	Total
			Slum	Non-slum	Total		
Maharashtra	96,874,368	Region (group of districts) HIV Prevalence Village size Percent of SC/ST population Percent of males in nonagricultural work Female literacy (implicit)	72	80	203	86	289
Manipur	2,166,589	Region (group of districts) HIV Prevalence Village size Female literacy (implicit)	na	na	57	98	155
Meghalaya	2,317,408	Region (group of districts) Village size Percent males in nonagricultural work Female literacy (implicit)	na	na	25	46	71
Mizoram	888,451	Region (group of districts) Village size Percent of SC/ST population (implicit)	na	na	31	33	64
Nagaland	1,990,021	Region (group of districts) HIV Prevalence Village size Female literacy (implicit)	na	na	76	125	201
Orissa	36,792,823	Region (group of districts) Village size Female literacy Percent of males in nonagricultural work Percent of SC/ST population (implicit)	na	na	32	83	115
Punjab	24,356,831	Region (group of districts) Village size Percent of SC/ST population Percent of males in nonagricultural work Female literacy (implicit)	na	na	34	65	99
Rajasthan	56,500,901	Region (group of districts) Village size Percent of SC/ST population Percent of males in nonagricultural work Female literacy (implicit)	na	na	32	74	106
Sikkim	540,768	Region Village size Percent of SC/ST population Female literacy (implicit)	na	na	19	41	60
Tamil Nadu	62,405,273	Region (group of districts) HIV Prevalence Village size Percent of SC/ST population Female literacy (implicit)	32	36	110	104	214
Tripura	3,199,145	Region Village size Percent of SC/ST population Female literacy (implicit)	na	na	17	39	56
Uttaranchal	8,480,537	Region (group of districts) Village size Percent of SC/ST population Female literacy (implicit)	na	na	32	66	98
Uttar Pradesh	166,171,011	Region (group of districts) Village size Percent of SC/ST population Percent of males in nonagricultural work Female literacy (implicit)	33	36	133	220	353

Continued...

State	2001 population <sup>1</sup>	Variables for rural stratification	Number of primary sampling units				
			Urban			Rural	Total
			Slum	Non-slum	Total		Total
West Bengal	80,171,814	Region (group of districts) Village size Percent of SC/ST population Percent of males in non-agricultural work Female literacy (implicit)	39	43	119	86	205
India	1,025,810,829		271	326	1,649	2,201	3,850

na = Not applicable  
SC = Scheduled caste  
ST = Scheduled tribe  
<sup>1</sup> The population shown is the 2001 Census population, excluding persons living in villages with fewer than five households.

**Table C.3.1 Sample implementation: Women**

Percent distribution of households and eligible women by results of the household and individual interviews, and household, eligible women, and overall response rates, by residence, India, 2005-06

Result	Residence		Total
	Urban	Rural	
<b>Selected households</b>			
Completed (C)	92.3	94.5	93.5
Household present but no competent respondent at home (HP)	1.4	1.1	1.2
Postponed (P)	0.1	0.0	0.0
Refused (R)	1.4	0.2	0.8
Dwelling not found (DNF)	0.1	0.1	0.1
Household absent (HA)	2.2	2.0	2.1
Dwelling vacant/address not a dwelling (DV)	2.5	1.9	2.1
Dwelling destroy (DD)	0.1	0.2	0.1
Total	100.0	100.0	100.0
Number of sampled households	54,453	62,199	116,652
Household response rate (HRR) <sup>1</sup>	96.9	98.5	97.7
<b>Eligible women</b>			
Completed (EWC)	93.3	95.5	94.5
Not at home (EWNH)	3.4	2.6	2.9
Postponed (EWP)	0.1	0.0	0.1
Refused (EWR)	2.3	0.8	1.5
Partly completed (EWPC)	0.3	0.2	0.2
Incapacitated (EWI)	0.4	0.6	0.5
Other (EWO)	0.3	0.2	0.3
Total	100.0	100.0	100.0
Number of women	61,028	70,568	131,596
Eligible women response rate (EWRR) <sup>2</sup>	93.3	95.5	94.5
Overall response rate (ORR) <sup>3</sup>	90.4	94.1	92.4

<sup>1</sup> Using the number of households falling into specific response categories, the household response rate (HRR) is calculated as:

$$\frac{100 * C}{C + HP + P + R + DNF}$$

<sup>2</sup> Using the number of eligible women falling into specific response categories, the eligible women response rate (EWRR) is calculated as:

$$\frac{100 * EWC}{EWC + EWNH + EWP + EWR + EWPC + EWI + EWO}$$

<sup>3</sup> The overall response rate (ORR) is calculated as:

$$ORR = HRR * EWRR/100$$

**Table C.3.2 Sample implementation: Men**

Percent distribution of households and eligible men by results of the household and individual interviews, and household, eligible men, and overall response rates, by residence, India, 2005-06

Result	Residence		Total
	Urban	Rural	
<b>Selected households</b>			
Completed (C)	91.8	94.3	93.1
Household present but no competent respondent at home (HP)	1.3	1.2	1.3
Postponed (P)	0.1	0.0	0.1
Refused (R)	1.7	0.2	0.9
Dwelling not found (DNF)	0.1	0.1	0.1
Household absent (HA)	2.2	2.1	2.1
Dwelling vacant/address not a dwelling (DV)	2.6	1.9	2.2
Dwelling destroyed (DD)	0.2	0.2	0.2
Total	100.0	100.0	100.0
Number of sampled households	36,313	37,661	73,974
Household response rate (HRR) <sup>1</sup>	96.6	98.4	97.5
<b>Eligible men</b>			
Completed (EMC)	84.6	89.9	87.1
Not at home (EMNH)	11.2	7.6	9.5
Postponed (EMP)	0.1	0.0	0.1
Refused (EMR)	3.0	1.1	2.1
Partly completed (EMPC)	0.1	0.1	0.1
Incapacitated (EMI)	0.5	0.8	0.7
Other (EMO)	0.4	0.4	0.4
Total	100.0	100.0	100.0
Number of men	45,133	40,240	85,373
Eligible men response rate (EMRR) <sup>2</sup>	84.6	89.9	87.1
Overall response rate (ORR) <sup>3</sup>	81.8	88.4	84.9

<sup>1</sup> Using the number of households falling into specific response categories, the household response rate (HRR) is calculated as:

$$\frac{100 * C}{C + HP + P + R + DNF}$$

<sup>2</sup> Using the number of eligible men falling into specific response categories, the eligible men response rate (EMRR) is calculated as:

$$\frac{100 * EMC}{EMC + EMNH + EMP + EMR + EMPC + EMI + EMO}$$

<sup>3</sup> The overall response rate (ORR) is calculated as:

$$ORR = HRR * EMRR/100$$





The estimates from a sample survey are affected by two types of errors: (1) nonsampling errors, and (2) sampling errors. Nonsampling errors are the results of mistakes made in implementing data collection and data processing, such as failure to locate and interview the correct household, misunderstanding of the questions on the part of either the interviewer or the respondent, and data entry errors. Although numerous efforts were made during the implementation of the third National Family Health Survey 2005-06 (NFHS-3) to minimize this type of error, nonsampling errors are impossible to avoid and difficult to evaluate statistically.

Sampling errors, on the other hand, can be evaluated statistically. The sample of respondents selected in NFHS-3 is only one of many samples that could have been selected from the same population, using the same design and expected size. Each of these samples would yield results that differ somewhat from the results of the actual sample selected. Sampling errors are a measure of the variability between all possible samples. Although the degree of variability is not known exactly, it can be estimated from the survey results.

A sampling error is usually measured in terms of the *standard error* for a particular statistic (mean, percentage, etc.), which is the square root of the variance. The standard error can be used to calculate confidence intervals within which the true value for the population can reasonably be assumed to fall. For example, for any given statistic calculated from a sample survey, the value of that statistic will fall within a range of plus or minus two times the standard error of that statistic in 95 percent of all possible samples of identical size and design.

If the sample of respondents had been selected as a simple random sample, it would have been possible to use straightforward formulas for calculating sampling errors. However, the NFHS-3 sample is the result of a multi-stage stratified design, and, consequently, it was necessary to use more complex formulae. The computer software used to calculate sampling errors for NFHS-3 is programmed in SAS. This procedure uses the Taylor linearization method for variance estimation for survey estimates that are means or proportions. The Jackknife repeated replication method is used for variance estimation of more complex statistics such as total fertility rate and child mortality rates.

The Taylor linearization method treats any percentage or average as a ratio estimate,  $r = y/x$ , where  $y$  represents the total sample value for variable  $y$ , and  $x$  represents the total number of cases in the group or subgroup under consideration. The variance of  $r$  is computed using the formula given below, with the standard error being the square root of the variance:

$$SE^2(r) = var(r) = \frac{1-f}{x^2} \sum_{h=1}^H \left[ \frac{m_h}{m_h - 1} \left( \sum_{i=1}^{m_h} z_{hi}^2 - \frac{z_h^2}{m_h} \right) \right]$$

in which

$$z_{hi} = y_{hi} - rx_{hi}, \text{ and } z_h = y_h - rx_h$$

where  $h$  represents the stratum which varies from 1 to  $H$ ,  
 $m_h$  is the total number of clusters selected in the  $h^{\text{th}}$  stratum,  
 $y_{hi}$  is the sum of the weighted values of variable  $y$  in the  $i^{\text{th}}$  cluster in the  $h^{\text{th}}$  stratum,  
 $x_{hi}$  is the sum of the weighted number of cases in the  $i^{\text{th}}$  cluster in the  $h^{\text{th}}$  stratum, and  
 $f$  is the overall sampling fraction, which is so small that it is ignored.

The Jackknife repeated replication method derives estimates of complex rates from each of several replications of the parent sample, and calculates standard errors for these estimates using simple formulae. Each replication considers *all but one* clusters in the calculation of the estimates. Pseudo-independent replications are thus created. In the NFHS-3 sample, there were 3850 non-empty clusters. Hence, 3850 replications were created. The variance of a rate  $r$  is calculated as follows:

$$SE^2(r) = var(r) = \frac{1}{k(k-1)} \sum_{i=1}^k (r_i - r)^2$$

in which

$$r_i = kr - (k-1)r_{(i)}$$

where  $r$  is the estimate computed from the full sample of 3850 clusters,  
 $r_{(i)}$  is the estimate computed from the reduced sample of 3849 clusters ( $i^{\text{th}}$  cluster excluded), and  
 $k$  is the total number of clusters.

In addition to the standard error, the design effect (DEFT) for each estimate is also computed, which is defined as the ratio between the standard error using the given sample design and the standard error that would result if a simple random sample had been used. A DEFT value of 1.0 indicates that the sample design is as efficient as a simple random sample, while a value greater than 1.0 indicates the increase in the sampling error due to the use of a more complex and less statistically efficient design. Relative standard error (SE/R) and confidence limits ( $R \pm 2SE$ ) for each estimate are also computed.

Sampling errors for NFHS-3 are calculated for selected variables considered to be of primary interest for woman's survey and for man's surveys, respectively. The results are presented in this appendix for the country as a whole, and for the urban and rural areas. For each variable, the type of statistic (mean, proportion, or rate) and the base population are given in Table D.1. Table D.2 presents the value of the statistic (R), its standard error (SE), the number of unweighted (N) and weighted (WN) cases, the design effect (DEFT), the relative standard error (SE/R), and the 95 percent confidence limits ( $R \pm 2SE$ ), for each variable. The DEFT is

considered undefined when the standard error for a simple random sample is zero (when the estimate is close to 0 or 1). In the case of the total fertility rate, the number of unweighted cases is not relevant, as there is no known unweighted value for woman-years of exposure to childbearing.

Table D.1 List of variables for sampling errors, India, 2005-06

Variable	Estimate	Base population
Sex ratio (females per 1,000 males)	Ratio	De facto household population, all ages
No education	Proportion	De facto household population age 6+
Tuberculosis prevalence	Rate	100,000 usual household residents
Using adequately iodized salt	Proportion	Households
Urban residence	Proportion	Women/men age 15-49
No education	Proportion	Women/men age 15-49
Completed 12 or more years of education	Proportion	Women/men age 15-49
Never married, including married <i>gauna</i> not performed	Proportion	Women/men age 15-49
Currently married	Proportion	Women/men age 15-49
Married before age 18	Proportion	Women age 20-49
Married before age 21	Proportion	Men age 25-49
Children ever born	Mean	Women age 15-49
Children surviving	Mean	Women age 15-49
Ever used any contraceptive method	Proportion	Currently married women age 15-49
Currently using any method	Proportion	Currently married women age 15-49
Currently using a modern method	Proportion	Currently married women age 15-49
Currently using a traditional method	Proportion	Currently married women age 15-49
Currently using female sterilization	Proportion	Currently married women age 15-49
Currently using pill	Proportion	Currently married women age 15-49
Currently using IUD	Proportion	Currently married women age 15-49
Currently using condom	Proportion	Currently married women age 15-49
Using public medical sector source of contraception	Proportion	Women age 15-49 currently using modern methods of contraception
Want no more children	Proportion	Currently married women/men age 15-49
Want to delay next birth at least 2 years	Proportion	Currently married women/men age 15-49
Ideal number of children	Mean	Women/men age 15-49
Mother received ANC from health personnel	Proportion	Women with at least one birth in last five years (last birth)
Took iron or folic acid (IFA) for 90 days or more	Proportion	Women with at least one birth in last five years (last birth)
Births delivered by a skilled provider	Proportion	Births in last 5 years
Institutional delivery	Proportion	Births in last 5 years
Postpartum check for mother within 2 days of birth	Proportion	Women with at least one birth in last five years (last birth)
Treated with ORS packets	Proportion	Children under age 5 years with diarrhoea in last 2 weeks
Children with diarrhoea taken to a health provider	Proportion	Children under age 5 years with diarrhoea in last 2 weeks
Child's vaccination card seen by interviewer	Proportion	Children age 12-23 months
Child received BCG vaccination	Proportion	Children age 12-23 months
Child received DPT vaccination (3 doses)	Proportion	Children age 12-23 months
Child received polio vaccination (3 doses)	Proportion	Children age 12-23 months
Child received measles vaccination	Proportion	Children age 12-23 months
Child fully vaccinated	Proportion	Children age 12-23 months
Given vitamin A supplement in last 6 months	Proportion	Children age 6-59 months
Ever experienced physical or sexual violence	Proportion	Women age 15-49
Weight-for-height, wasting (below -2SD)	Proportion	Children under age 5 years who were measured
Height-for-age, stunting (below -2SD)	Proportion	Children under age 5 years who were measured
Weight-for-age, underweight (below -2SD)	Proportion	Children under age 5 years who were measured
Body mass index (BMI) < 18.5	Proportion	Women/men age 15-49 who were measured
Body mass index (BMI) ≥ 25.0	Proportion	Women/men age 15-49 who were measured
Have heard of AIDS	Proportion	Women/men age 15-49
Comprehensive knowledge about HIV/AIDS	Proportion	Women/men age 15-49
Total and age-specific fertility rates (last 3 years)	Rate	Women
Mortality rates	Rate	Births in last 5 years
Women/men with any anaemia	Proportion	Women/men age 15-49
Children with any anaemia	Proportion	Children age 6-59 months
HIV prevalence	Percentage	Women/men/total age 15-24, women/men/total age 15-49

Table D.2 Sampling errors, India, 2005-06								
Variable/ residence	Value (R)	Standard error (SE)	Number of cases		Design effect (DEFT)	Relative standard error (SE/R)	Confidence limits	
			Unweighted (N)	Weighted (WN)			R-2SE	R+2SE
Sex ratio (females per 1,000 males, all ages)								
Urban	939	5.331	116,901	82,562	1.732	0.006	928	949
Rural	1,030	4.220	140,198	175,144	1.416	0.004	1,021	1,038
Total	1,000	3.357	257,099	257,707	1.554	0.003	994	1,007
No education (household female population age 6+ years)								
Urban	0.253	0.006	98,040	69,184	3.790	0.024	0.241	0.265
Rural	0.486	0.004	124,562	156,130	2.465	0.008	0.479	0.494
Total	0.415	0.003	222,602	225,314	2.862	0.008	0.408	0.421
No education (household male population age 6+ years)								
Urban	0.125	0.004	104,202	73,341	3.381	0.034	0.116	0.133
Rural	0.265	0.004	120,273	148,779	2.477	0.014	0.258	0.273
Total	0.219	0.003	224,475	222,120	2.769	0.013	0.213	0.225
Tuberculosis prevalence (per 100,000 usual household residents)								
Urban	319	20.364	229,391	162,133	1.626	0.064	278	359
Rural	502	20.329	286,860	359,894	1.494	0.041	461	542
Total	445	15.377	516,251	522,027	1.605	0.035	414	475
Using adequately iodized salt (households)								
Urban	0.715	0.009	49,370	34,950	4.659	0.013	0.696	0.734
Rural	0.412	0.006	58,081	72,504	3.020	0.015	0.400	0.424
Total	0.511	0.005	107,451	107,455	3.466	0.010	0.500	0.521
Urban residence (women age 15-49)								
Total	0.328	0.006	124,385	124,385	4.314	0.018	0.317	0.340
Urban residence (men age 15-49)								
Total	0.366	0.006	69,834	69,751	3.438	0.017	0.353	0.378
No education (women age 15-49)								
Urban	0.220	0.007	56,961	40,817	3.949	0.031	0.206	0.233
Rural	0.497	0.005	67,424	83,568	2.689	0.010	0.487	0.507
Total	0.406	0.004	124,385	124,385	3.091	0.011	0.397	0.415
No education (men age 15-49)								
Urban	0.095	0.004	35,930	25,504	2.647	0.043	0.086	0.103
Rural	0.230	0.005	33,904	44,247	2.110	0.021	0.220	0.239
Total	0.180	0.003	69,834	69,751	2.378	0.019	0.173	0.187
Completed 12 or more years of education (women age 15-49)								
Urban	0.244	0.007	56,961	40,817	3.802	0.028	0.230	0.258
Rural	0.059	0.002	67,424	83,568	2.007	0.031	0.055	0.063
Total	0.120	0.003	124,385	124,385	2.846	0.022	0.114	0.125
Completed 12 or more years of education (men age 15-49)								
Urban	0.305	0.008	35,930	25,504	3.109	0.025	0.290	0.320
Rural	0.135	0.003	33,904	44,247	1.803	0.025	0.128	0.142
Total	0.197	0.004	69,834	69,751	2.357	0.018	0.190	0.204
Never married, including married <i>gauna</i> not performed (women age 15-49)								
Urban	0.253	0.003	56,961	40,817	1.699	0.012	0.247	0.259
Rural	0.181	0.002	67,424	83,568	1.471	0.012	0.177	0.185
Total	0.205	0.002	124,385	124,385	1.587	0.009	0.201	0.208
Never married, including married <i>gauna</i> not performed (men age 15-49)								
Urban	0.425	0.004	35,930	25,504	1.723	0.011	0.416	0.434
Rural	0.327	0.004	33,904	44,247	1.435	0.011	0.320	0.334
Total	0.363	0.003	69,834	69,751	1.580	0.008	0.357	0.369
Currently married (women age 15-49)								
Urban	0.701	0.003	56,961	40,817	1.665	0.005	0.694	0.707
Rural	0.772	0.002	67,424	83,568	1.420	0.003	0.767	0.776
Total	0.748	0.002	124,385	124,385	1.551	0.003	0.745	0.752
Currently married (men age 15-49)								
Urban	0.566	0.005	35,930	25,504	1.722	0.008	0.557	0.575
Rural	0.657	0.004	33,904	44,247	1.427	0.006	0.650	0.664
Total	0.624	0.003	69,834	69,751	1.574	0.005	0.618	0.629

Continued...

Table D.2 Sampling errors, India, 2005-06—Continued								
Variable/ residence	Value (R)	Standard error (SE)	Number of cases		Design effect (DEFT)	Relative standard error (SE/R)	Confidence limits	
			Unweighted (N)	Weighted (WN)			R-2SE	R+2SE
Married before age 18 (women age 20-49)								
Urban	0.415	0.007	46,580	33,355	3.180	0.018	0.400	0.429
Rural	0.662	0.004	53,850	66,219	2.074	0.006	0.654	0.671
Total	0.579	0.004	100,430	99,574	2.465	0.007	0.572	0.587
Married before age 21 (men age 25-49)								
Urban	0.249	0.007	22,412	16,068	2.446	0.028	0.235	0.263
Rural	0.467	0.006	21,884	28,685	1.719	0.012	0.456	0.479
Total	0.389	0.005	44,296	44,754	2.023	0.012	0.380	0.398
Children ever born (women age 15-49)								
Urban	1.874	0.019	56,961	40,817	2.424	0.010	1.836	1.912
Rural	2.446	0.013	67,424	83,568	1.537	0.005	2.419	2.472
Total	2.258	0.011	124,385	124,385	1.815	0.005	2.236	2.280
Children surviving (women age 15-49)								
Urban	1.717	0.016	56,961	40,817	2.294	0.009	1.686	1.749
Rural	2.131	0.011	67,424	83,568	1.496	0.005	2.109	2.152
Total	1.995	0.009	124,385	124,385	1.749	0.005	1.977	2.013
Ever used any contraceptive method (currently married women age 15-49)								
Urban	0.743	0.005	38,382	28,604	2.292	0.007	0.732	0.753
Rural	0.624	0.004	49,543	64,485	2.030	0.007	0.615	0.633
Total	0.660	0.004	87,925	93,089	2.194	0.005	0.653	0.667
Currently using any method (currently married women age 15-49)								
Urban	0.640	0.005	38,382	28,604	2.080	0.008	0.629	0.650
Rural	0.530	0.004	49,543	64,485	1.890	0.008	0.521	0.538
Total	0.563	0.003	87,925	93,089	2.022	0.006	0.557	0.570
Currently using a modern method (currently married women age 15-49)								
Urban	0.558	0.006	38,382	28,604	2.191	0.010	0.547	0.569
Rural	0.453	0.004	49,543	64,485	1.865	0.009	0.445	0.461
Total	0.485	0.003	87,925	93,089	2.024	0.007	0.479	0.492
Currently using a traditional method (currently married women age 15-49)								
Urban	0.081	0.003	38,382	28,604	2.315	0.040	0.075	0.088
Rural	0.076	0.002	49,543	64,485	1.742	0.027	0.072	0.081
Total	0.078	0.002	87,925	93,089	1.934	0.022	0.074	0.081
Currently using female sterilization (currently married women age 15-49)								
Urban	0.378	0.006	38,382	28,604	2.623	0.017	0.365	0.391
Rural	0.371	0.004	49,543	64,485	1.942	0.011	0.363	0.379
Total	0.373	0.004	87,925	93,089	2.168	0.009	0.366	0.380
Currently using pill (currently married women age 15-49)								
Urban	0.038	0.002	38,382	28,604	2.036	0.052	0.034	0.042
Rural	0.028	0.001	49,543	64,485	1.629	0.043	0.025	0.030
Total	0.031	0.001	87,925	93,089	1.777	0.034	0.029	0.033
Currently using IUD (currently married women age 15-49)								
Urban	0.032	0.002	38,382	28,604	1.885	0.053	0.029	0.036
Rural	0.011	0.001	49,543	64,485	1.271	0.055	0.010	0.012
Total	0.017	0.001	87,925	93,089	1.522	0.039	0.016	0.019
Currently using condom (currently married women age 15-49)								
Urban	0.098	0.003	38,382	28,604	2.096	0.033	0.091	0.104
Rural	0.032	0.001	49,543	64,485	1.418	0.035	0.030	0.035
Total	0.052	0.001	87,925	93,089	1.715	0.025	0.050	0.055
Using public medical sector source of contraception (women age 15-49 currently using modern methods of contraception)								
Urban	0.568	0.009	21,781	16,685	2.613	0.015	0.550	0.585
Rural	0.782	0.005	23,434	30,556	1.853	0.006	0.772	0.792
Total	0.706	0.005	45,215	47,241	2.166	0.007	0.697	0.716
Want no more children (currently married women age 15-49)								
Urban	0.739	0.004	38,382	28,604	1.650	0.005	0.732	0.747
Rural	0.690	0.003	49,543	64,485	1.507	0.005	0.683	0.696
Total	0.705	0.002	87,925	93,089	1.607	0.004	0.700	0.710
Want no more children (currently married men age 15-49)								
Urban	0.713	0.005	19,405	14,434	1.648	0.008	0.702	0.723
Rural	0.703	0.004	21,169	29,068	1.398	0.006	0.694	0.712
Total	0.706	0.003	40,574	43,501	1.518	0.005	0.699	0.713

Continued...

Table D.2 Sampling errors, India, 2005-06—Continued								
Variable/ residence	Value (R)	Standard error (SE)	Number of cases		Design effect (DEFT)	Relative standard error (SE/R)	Confidence limits	
			Unweighted (N)	Weighted (WN)			R-2SE	R+2SE
Want to delay next birth at least 2 years (currently married women age 15-49)								
Urban	0.102	0.003	38,382	28,604	1.674	0.025	0.096	0.107
Rural	0.124	0.002	49,543	64,485	1.402	0.017	0.120	0.128
Total	0.117	0.002	87,925	93,089	1.519	0.014	0.114	0.121
Want to delay next birth at least 2 years (currently married men age 15-49)								
Urban	0.124	0.004	19,405	14,434	1.582	0.030	0.116	0.131
Rural	0.126	0.003	21,169	29,068	1.440	0.026	0.119	0.132
Total	0.125	0.003	40,574	43,501	1.534	0.020	0.120	0.130
Ideal number of children (women age 15-49)								
Urban	2.065	0.012	55,745	39,967	3.774	0.006	2.040	2.090
Rural	2.409	0.010	65,178	81,213	2.736	0.004	2.389	2.429
Total	2.295	0.008	120,923	121,181	3.085	0.003	2.279	2.311
Ideal number of children (men age 15-49)								
Urban	2.087	0.013	35,405	25,138	2.965	0.006	2.060	2.114
Rural	2.343	0.011	33,195	43,367	2.174	0.005	2.321	2.365
Total	2.249	0.009	68,600	68,505	2.477	0.004	2.232	2.266
Mother received ANC from health personnel (women with at least one birth in last five years, last birth)								
Urban	0.894	0.008	14,527	10,626	3.041	0.009	0.878	0.909
Rural	0.687	0.006	22,323	29,051	2.070	0.009	0.675	0.700
Total	0.743	0.005	36,850	39,677	2.331	0.007	0.732	0.753
Took iron or folic acid (IFA) for 90 days or more (women with at least one birth in last five years, last birth)								
Urban	0.348	0.009	14,527	10,626	2.375	0.027	0.329	0.367
Rural	0.188	0.004	22,323	29,051	1.601	0.022	0.180	0.197
Total	0.231	0.004	36,850	39,677	1.807	0.017	0.223	0.239
Births delivered by a skilled provider (births in the last five years)								
Urban	0.735	0.012	19,483	14,303	3.009	0.016	0.711	0.758
Rural	0.375	0.007	32,072	42,135	2.082	0.018	0.361	0.388
Total	0.466	0.006	51,555	56,438	2.354	0.013	0.454	0.478
Institutional delivery (births in the last five years)								
Urban	0.675	0.013	19,483	14,303	3.111	0.019	0.649	0.700
Rural	0.289	0.006	32,072	42,135	2.085	0.021	0.277	0.301
Total	0.387	0.006	51,555	56,438	2.371	0.015	0.375	0.399
Postpartum check for mother within 2 days of birth (last birth in last five years)								
Urban	0.610	0.011	14,527	10,626	2.735	0.018	0.588	0.633
Rural	0.286	0.006	22,323	29,051	1.841	0.019	0.275	0.297
Total	0.373	0.005	36,850	39,677	2.135	0.014	0.362	0.384
Treated with ORS packets (children under age 5 years with diarrhoea in last 2 weeks)								
Urban	0.326	0.018	1,691	1,215	1.500	0.056	0.290	0.363
Rural	0.238	0.011	2,749	3,540	1.274	0.045	0.216	0.259
Total	0.260	0.009	4,440	4,755	1.365	0.035	0.242	0.279
Children with diarrhoea taken to a health provider (children under age 5 years with diarrhoea in last 2 weeks)								
Urban	0.645	0.018	1,691	1,215	1.483	0.028	0.608	0.681
Rural	0.582	0.013	2,749	3,540	1.339	0.023	0.556	0.608
Total	0.598	0.011	4,440	4,755	1.426	0.018	0.577	0.620
Child's vaccination card seen by interviewer (children age 12-23 months)								
Urban	0.462	0.014	3,666	2,723	1.741	0.031	0.433	0.490
Rural	0.345	0.009	5,916	7,696	1.461	0.026	0.327	0.363
Total	0.375	0.008	9,582	10,419	1.572	0.020	0.360	0.391
Child received BCG vaccination (children age 12-23 months)								
Urban	0.869	0.010	3,666	2,723	1.801	0.012	0.848	0.889
Rural	0.751	0.009	5,916	7,696	1.622	0.012	0.732	0.769
Total	0.781	0.007	9,582	10,419	1.756	0.009	0.767	0.796
Child received DPT vaccination (3 doses) (children age 12-23 months)								
Urban	0.691	0.014	3,666	2,723	1.875	0.021	0.662	0.720
Rural	0.504	0.010	5,916	7,696	1.553	0.020	0.484	0.525
Total	0.553	0.009	9,582	10,419	1.700	0.015	0.536	0.570
Child received polio vaccination (3 doses) (children age 12-23 months)								
Urban	0.831	0.010	3,666	2,723	1.623	0.012	0.810	0.851
Rural	0.765	0.008	5,916	7,696	1.509	0.011	0.749	0.782
Total	0.782	0.007	9,582	10,419	1.613	0.009	0.769	0.796

Continued...



Table D.2 Sampling errors, India, 2005-06—Continued								
Variable/ residence	Value (R)	Standard error (SE)	Number of cases		Design effect (DEFT)	Relative standard error (SE/R)	Confidence limits	
			Unweighted (N)	Weighted (WN)			R-2SE	R+2SE
Child received measles vaccination (children age 12-23 months)								
Urban	0.718	0.013	3,666	2,723	1.767	0.018	0.691	0.744
Rural	0.542	0.010	5,916	7,696	1.549	0.018	0.522	0.562
Total	0.588	0.008	9,582	10,419	1.682	0.014	0.571	0.605
Child fully vaccinated (children age 12-23 months)								
Urban	0.576	0.015	3,666	2,723	1.789	0.025	0.547	0.605
Rural	0.386	0.009	5,916	7,696	1.470	0.024	0.367	0.404
Total	0.435	0.008	9,582	10,419	1.606	0.018	0.419	0.451
Given vitamin A supplement in last 6 months (children age 6-59 months)								
Urban	0.197	0.007	16,926	12,417	2.188	0.037	0.182	0.211
Rural	0.177	0.005	27,097	35,324	1.805	0.026	0.168	0.186
Total	0.182	0.004	44,023	47,742	1.960	0.021	0.175	0.190
Ever experienced physical or sexual violence (women age 15-49)								
Urban	0.294	0.007	37,877	27,371	2.792	0.022	0.281	0.307
Rural	0.383	0.005	45,826	56,332	2.187	0.013	0.373	0.392
Total	0.354	0.004	83,703	83,703	2.398	0.011	0.346	0.361
Weight-for-height, wasting (children under age 5 years who were measured and are below -2SD)								
Urban	0.169	0.005	15,694	11,337	1.762	0.032	0.159	0.180
Rural	0.207	0.004	26,846	35,318	1.414	0.017	0.200	0.214
Total	0.198	0.003	42,540	46,655	1.564	0.015	0.192	0.204
Height-for-age, stunting (children under age 5 years who were measured and are below -2SD)								
Urban	0.396	0.008	15,694	11,337	1.906	0.020	0.380	0.412
Rural	0.507	0.005	26,846	35,318	1.553	0.010	0.498	0.517
Total	0.480	0.004	42,540	46,655	1.698	0.009	0.472	0.489
Weight-for-age, underweight (children under age 5 years who were measured and are below -2SD)								
Urban	0.327	0.008	15,694	11,337	1.942	0.024	0.311	0.342
Rural	0.456	0.005	26,846	35,318	1.539	0.011	0.446	0.466
Total	0.425	0.004	42,540	46,655	1.701	0.010	0.416	0.433
Body mass index (BMI) < 18.5 (women age 15-49 who were measured)								
Urban	0.250	0.005	50,690	36,366	2.364	0.018	0.241	0.259
Rural	0.406	0.003	61,293	75,416	1.724	0.008	0.400	0.413
Total	0.356	0.003	111,983	111,781	1.972	0.008	0.350	0.361
Body mass index (BMI) < 18.5 (men age 15-49 who were measured)								
Urban	0.265	0.005	32,583	23,304	1.962	0.018	0.256	0.275
Rural	0.384	0.004	32,384	42,438	1.633	0.011	0.375	0.393
Total	0.342	0.003	64,967	65,742	1.818	0.010	0.335	0.349
Body mass index (BMI) >= 25.0 (women age 15-49 who were measured)								
Urban	0.235	0.005	50,690	36,366	2.520	0.020	0.225	0.244
Rural	0.074	0.002	61,293	75,416	1.646	0.024	0.071	0.078
Total	0.126	0.002	111,983	111,781	2.085	0.016	0.122	0.131
Body mass index (BMI) >= 25.0 (men age 15-49 who were measured)								
Urban	0.159	0.004	32,583	23,304	1.960	0.025	0.151	0.167
Rural	0.056	0.002	32,384	42,438	1.428	0.032	0.052	0.060
Total	0.093	0.002	64,967	65,742	1.678	0.020	0.089	0.096
Have heard of HIV/AIDS (women age 15-49)								
Urban	0.832	0.007	56,961	40,817	4.163	0.008	0.819	0.845
Rural	0.500	0.006	67,424	83,568	3.157	0.012	0.488	0.512
Total	0.609	0.005	124,385	124,385	3.565	0.008	0.599	0.619
Have heard of HIV/AIDS (men age 15-49)								
Urban	0.948	0.003	35,930	25,504	2.687	0.003	0.942	0.954
Rural	0.771	0.005	33,904	44,247	2.355	0.007	0.760	0.782
Total	0.836	0.004	69,834	69,751	2.656	0.004	0.828	0.843
Comprehensive knowledge about HIV/AIDS (women age 15-49)								
Urban	0.303	0.007	56,961	40,817	3.692	0.023	0.289	0.317
Rural	0.110	0.003	67,424	83,568	2.403	0.026	0.104	0.115
Total	0.173	0.003	124,385	124,385	2.940	0.018	0.167	0.179
Comprehensive knowledge about HIV/AIDS (men age 15-49)								
Urban	0.466	0.008	35,930	25,504	2.882	0.016	0.451	0.481
Rural	0.251	0.005	33,904	44,247	1.988	0.019	0.242	0.261
Total	0.330	0.004	69,834	69,751	2.383	0.013	0.321	0.338

Continued...

Table D.2 Sampling errors, India, 2005-06—Continued								
Variable/ residence	Value (R)	Standard error (SE)	Number of cases		Design effect (DEFT)	Relative standard error (SE/R)	Confidence limits	
			Unweighted (N)	Weighted (WN)			R-2SE	R+2SE
Total fertility rate (last 3 years)								
Urban	2.064	0.038	na	115,817	1.999	0.019	1.988	2.141
Rural	2.977	0.039	na	234,526	1.573	0.013	2.900	3.055
Total	2.679	0.031	na	350,344	1.754	0.011	2.617	2.740
(15-19) age specific fertility rate (last 3 years)								
Urban	0.057	0.003	na	23,000	1.832	0.044	0.052	0.061
Rural	0.105	0.002	na	51,462	1.426	0.021	0.101	0.110
Total	0.090	0.002	na	74,461	1.589	0.019	0.087	0.094
(20-24) age specific fertility rate (last 3 years)								
Urban	0.166	0.004	na	21,969	1.744	0.022	0.159	0.173
Rural	0.231	0.003	na	44,583	1.399	0.013	0.225	0.236
Total	0.209	0.002	na	66,552	1.550	0.011	0.205	0.214
(25-29) age specific fertility rate (last 3 years)								
Urban	0.123	0.003	na	19,511	1.579	0.025	0.117	0.130
Rural	0.146	0.003	na	39,498	1.313	0.017	0.141	0.152
Total	0.139	0.002	na	59,010	1.430	0.014	0.135	0.143
(30-34) age specific fertility rate (last 3 years)								
Urban	0.048	0.002	na	17,367	1.571	0.045	0.044	0.053
Rural	0.069	0.002	na	34,469	1.378	0.031	0.065	0.074
Total	0.062	0.002	na	51,836	1.484	0.026	0.059	0.066
(35-39) age specific fertility rate (last 3 years)								
Urban	0.013	0.001	na	15,467	1.600	0.096	0.011	0.016
Rural	0.031	0.002	na	29,493	1.299	0.048	0.028	0.034
Total	0.025	0.001	na	44,959	1.433	0.043	0.023	0.027
(40-44) age specific fertility rate (last 3 years)								
Urban	0.004	0.001	na	12,116	1.630	0.209	0.002	0.006
Rural	0.009	0.001	na	23,505	1.242	0.098	0.007	0.011
Total	0.007	0.001	na	35,621	1.381	0.089	0.006	0.009
(45-49) age specific fertility rate (last 3 years)								
Urban	0.001	0.000	na	6,387	1.342	0.479	0.000	0.002
Rural	0.004	0.001	na	11,517	1.239	0.207	0.002	0.006
Total	0.003	0.001	na	17,904	1.356	0.192	0.002	0.004
Neonatal mortality (0-4 years)								
Urban	28.5	1.794	19,680	14,435	1.480	0.063	24.9	32.1
Rural	42.5	1.369	32,322	42,443	1.185	0.032	39.8	45.3
Total	39.0	1.130	52,002	56,878	1.314	0.029	36.7	41.2
Post-neonatal mortality (0-4 years)								
Urban	13.0	1.217	19,788	14,530	1.515	0.093	10.6	15.5
Rural	19.7	0.996	32,357	42,454	1.285	0.051	17.7	21.7
Total	18.0	0.807	52,145	56,984	1.404	0.045	16.4	19.6
Infant mortality (0-4 years)								
Urban	41.5	2.175	19,705	14,452	1.467	0.052	37.2	45.9
Rural	62.2	1.721	32,369	42,516	1.241	0.028	58.8	65.7
Total	57.0	1.417	52,074	56,968	1.363	0.025	54.1	59.8
Child mortality (0-4 years)								
Urban	10.6	1.063	20,014	14,775	1.465	0.100	8.5	12.7
Rural	21.0	1.083	32,709	43,087	1.360	0.051	18.9	23.2
Total	18.4	0.860	52,723	57,862	1.482	0.047	16.6	20.1
Under-five mortality (0-4 years)								
Urban	51.7	2.532	19,791	14,519	1.519	0.049	46.6	56.8
Rural	82.0	1.999	32,642	42,897	1.270	0.024	78.0	86.0
Total	74.3	1.661	52,433	57,416	1.401	0.022	71.0	77.6
Women with any anaemia (women age 15-49 years)								
Urban	0.509	0.005	49,813	36,967	2.421	0.010	0.499	0.520
Rural	0.574	0.004	62,901	79,888	1.916	0.007	0.566	0.581
Total	0.553	0.003	112,714	116,855	2.107	0.006	0.547	0.559
Men with any anaemia (men age 15-49 years)								
Urban	0.177	0.005	30,018	22,773	2.179	0.026	0.168	0.186
Rural	0.277	0.005	30,369	41,963	1.828	0.016	0.268	0.286
Total	0.242	0.003	60,387	64,736	2.037	0.014	0.235	0.249

Continued...

Table D.2 Sampling errors, India, 2005-06—Continued								
Variable/ residence	Value (R)	Standard error (SE)	Number of cases		Design effect (DEFT)	Relative standard error (SE/R)	Confidence limits	
			Unweighted (N)	Weighted (WN)			R-2SE	R+2SE
Children with any anaemia (children age 6-59 months)								
Urban	0.630	0.008	13,445	10,133	1.850	0.012	0.614	0.645
Rural	0.715	0.004	23,687	32,255	1.534	0.006	0.706	0.724
Total	0.695	0.004	37,132	42,388	1.665	0.006	0.687	0.702
HIV prevalence (women age 15-24)								
Urban	0.161	0.075	9,365	6,382	1.805	0.464	0.012	0.311
Rural	0.092	0.029	10,332	13,896	0.983	0.318	0.034	0.151
Total	0.114	0.031	19,697	20,278	1.289	0.272	0.052	0.176
HIV prevalence (men age 15-24)								
Urban	0.113	0.049	9,149	6,025	1.399	0.435	0.015	0.211
Rural	0.080	0.028	8,016	10,465	0.886	0.350	0.024	0.136
Total	0.092	0.025	17,165	16,490	1.091	0.275	0.041	0.142
HIV prevalence (men and women age 15-24)								
Urban	0.138	0.046	18,514	12,408	1.674	0.331	0.046	0.229
Rural	0.087	0.020	18,348	24,361	0.940	0.236	0.046	0.128
Total	0.104	0.021	36,862	36,768	1.223	0.197	0.063	0.145
HIV prevalence (women age 15-49)								
Urban	0.287	0.056	25,738	17,475	1.682	0.195	0.175	0.399
Rural	0.182	0.023	27,115	35,856	0.890	0.127	0.136	0.228
Total	0.216	0.024	52,853	53,332	1.189	0.111	0.168	0.265
HIV prevalence (men age 15-49)								
Urban	0.411	0.065	24,240	16,502	1.578	0.158	0.281	0.541
Rural	0.324	0.044	22,810	30,009	1.166	0.135	0.237	0.412
Total	0.355	0.037	47,050	46,512	1.331	0.103	0.282	0.428
HIV prevalence (men and women age 15-49)								
Urban	0.347	0.044	49,978	33,978	1.676	0.127	0.259	0.435
Rural	0.247	0.027	49,925	65,866	1.215	0.109	0.193	0.301
Total	0.281	0.023	99,903	99,843	1.391	0.083	0.234	0.328

**Table E.1 Household age distribution**  
Single-year age distribution of the de facto household population by sex (weighted), India, 2005-06

Age	Women		Men		Age	Women		Men	
	Number	Percent	Number	Percent		Number	Percent	Number	Percent
0	5,458	2.1	5,699	2.2	37	1,872	0.7	1,779	0.7
1	5,038	2.0	5,697	2.2	38	3,378	1.3	3,146	1.2
2	5,226	2.0	5,839	2.3	39	1,490	0.6	1,327	0.5
3	5,632	2.2	6,122	2.4	40	7,032	2.7	7,689	3.0
4	5,546	2.2	6,068	2.4	41	1,086	0.4	1,057	0.4
5	5,566	2.2	6,152	2.4	42	2,589	1.0	2,714	1.1
6	6,432	2.5	6,795	2.6	43	1,417	0.5	1,228	0.5
7	6,121	2.4	6,309	2.4	44	1,147	0.4	1,146	0.4
8	6,788	2.6	7,104	2.8	45	5,499	2.1	6,710	2.6
9	5,169	2.0	5,487	2.1	46	1,405	0.5	1,421	0.6
10	6,795	2.6	7,661	3.0	47	1,343	0.5	1,183	0.5
11	4,681	1.8	5,113	2.0	48	1,859	0.7	2,190	0.8
12	7,022	2.7	7,633	3.0	49	790	0.3	950	0.4
13	6,380	2.5	6,430	2.5	50	2,481	1.0	4,781	1.9
14	4,633	1.8	5,408	2.1	51	1,883	0.7	875	0.3
15	4,794	1.9	4,710	1.8	52	3,318	1.3	1,673	0.6
16	5,488	2.1	5,104	2.0	53	1,503	0.6	892	0.3
17	4,443	1.7	4,273	1.7	54	1,168	0.5	716	0.3
18	6,367	2.5	6,209	2.4	55	5,294	2.1	2,786	1.1
19	3,863	1.5	3,504	1.4	56	1,228	0.5	2,257	0.9
20	6,855	2.7	5,650	2.2	57	691	0.3	1,124	0.4
21	3,349	1.3	3,498	1.4	58	1,159	0.4	1,854	0.7
22	5,749	2.2	5,109	2.0	59	420	0.2	626	0.2
23	3,911	1.5	3,455	1.3	60	6,152	2.4	5,489	2.1
24	3,457	1.3	3,397	1.3	61	350	0.1	447	0.2
25	7,736	3.0	6,492	2.5	62	1,013	0.4	1,162	0.5
26	3,858	1.5	3,537	1.4	63	416	0.2	502	0.2
27	3,264	1.3	3,066	1.2	64	261	0.1	447	0.2
28	4,969	1.9	4,354	1.7	65	4,153	1.6	4,147	1.6
29	2,213	0.9	1,946	0.8	66	269	0.1	422	0.2
30	8,167	3.2	7,574	2.9	67	257	0.1	385	0.1
31	1,669	0.6	1,560	0.6	68	538	0.2	557	0.2
32	4,236	1.6	3,879	1.5	69	214	0.1	222	0.1
33	2,088	0.8	1,734	0.7	70+	8,250	3.2	8,422	3.3
34	2,022	0.8	1,760	0.7	Don't know/missing	35	0.0	14	0.0
35	8,338	3.2	8,585	3.3					
36	2,518	1.0	2,453	1.0	Total	257,801	100.0	257,707	100.0

Note: The de facto population includes residents and nonresidents who stayed in the household the night before the interview.

Table E.2.1 Age distribution of eligible and interviewed women

De facto household population of women age 10-54, interviewed women age 15-49, and percentage of eligible women who were interviewed (weighted), by five-year age groups, India, 2005-06

Age group	Household population of women age 10-54	Interviewed women age 15-49		Percentage of eligible women interviewed
		Number	Percent	
10-14	29,511	na	na	na
15-19	24,954	23,779	19.2	95.3
20-24	23,320	22,092	17.8	94.7
25-29	22,040	20,969	16.9	95.1
30-34	18,183	17,421	14.0	95.8
25-39	17,596	16,830	13.6	95.6
40-44	13,271	12,686	10.2	95.6
45-49	10,895	10,312	8.3	94.6
50-54	10,353	na	na	na
15-49	130,259	124,088	100.0	95.3

Note: The de facto population includes all residents and nonresidents who stayed in the household the night before the interview. For all columns, the age distribution is taken from the ages reported on the Household Questionnaire. The total number of interviewed women in this table differs from the number in earlier tables because this table uses household weights rather than individual weights for the calculations.

na = Not applicable

Table E.2.2 Age distribution of eligible and interviewed men

De facto household population of men age 10-59, interviewed men age 15-54, and percentage of eligible men who were interviewed (weighted), India, 2005-06

Age group	Household population of men age 10-59	Interviewed men age 15-54		Percentage of eligible men interviewed
		Number	Percent	
10-14	21,150	na	na	na
15-19	14,570	13,113	17.6	90.0
20-24	13,290	11,723	15.8	88.2
25-29	12,247	10,720	14.4	87.5
30-34	10,528	9,256	12.4	87.9
25-39	11,007	9,727	13.1	88.4
40-44	8,962	7,906	10.6	88.2
45-49	7,942	7,073	9.5	89.1
50-54	5,531	4,850	6.5	87.7
55-59	5,609	na	na	na
15-54	84,078	74,369	100.0	88.5

Note: The de facto population includes all residents and nonresidents who stayed in the household the night before the interview. For all columns, the age distribution is taken from the ages reported on the Household Questionnaire. The total number of interviewed men in this table differs from the number in earlier tables because this table uses household weights rather than individual weights for the calculations.  
na = Not applicable

**Table E.3 Completeness of reporting**

Percentage of observations missing information for selected demographic and health questions/measures (weighted), India, 2005-06

Subject	Reference group	Percentage with missing information	Number of cases
<b>Birth date</b>	Births in the 15 years before the survey		
Month only		1.23	180,641
Month and year		0.17	180,641
Age at death	Deceased children born in the 15 years preceding the survey	0.09	16,424
<b>Age/date at first marriage<sup>1</sup></b>			
Women	Ever-married women age 15-49	0.11	98,923
Men	Ever-married men age 15-54	0.06	49,422
<b>Respondent's education</b>			
Women	Women age 15-49	0.01	124,385
Men	Men age 15-54	0.02	74,369
Diarrhoea in past two weeks	Children age 0-59 months	0.40	52,868
<b>Anthropometry: Women</b>	Women age 15-49 (from the Household Questionnaire)		
Height		8.44	130,259
Weight		8.42	130,259
Height or weight		8.46	130,259
<b>Anthropometry: Men</b>	Men age 15-54 (from the Household Questionnaire)		
Height		16.37	84,078
Weight		16.31	84,078
Height or weight		16.39	84,078
<b>Anthropometry: Children</b>	Children age 0-59 months (from the Household Questionnaire)		
Height		11.83	56,084
Weight		11.46	56,084
Height or weight		11.86	56,084
<b>Anaemia</b>			
Women	Women age 15-49 (from the Household Questionnaire)	10.27	130,259
Men	Men age 15-54 (from the Household Questionnaire)	17.69	84,078
Children	Children age 6-59 months (from the Household Questionnaire)	16.31	50,651

<sup>1</sup> Both year and age missing.

Table E.4 Births by calendar year

Number of births, percentage with complete birth date, sex ratio at birth, and calendar year ratio by calendar year, according to living (L), dead (D), and total (T) children (weighted), India, 2005-06

Calendar year	Number of births			Percentage with complete birth date <sup>1</sup>			Sex ratio at birth <sup>2</sup>			Calendar year ratio <sup>3</sup>		
	L	D	T	L	D	T	L	D	T	L	D	T
2006	2,116	88	2,204	100.0	100.0	100.0	940	873	938	na	na	na
2005	10,699	572	11,271	100.0	100.0	100.0	952	807	944	na	na	na
2004	10,494	620	11,114	100.0	99.8	100.0	899	807	894	na	na	na
2003	10,584	796	11,380	100.0	99.7	100.0	881	1,079	893	99.8	108.1	100.3
2002	10,716	853	11,569	100.0	100.0	100.0	938	1,201	956	100.3	106.1	100.8
2001	10,774	812	11,587	100.0	98.6	99.9	904	1,068	914	97.8	92.0	97.4
2000	11,318	914	12,232	99.8	97.2	99.6	928	1,043	936	100.7	89.7	99.8
1999	11,699	1,226	12,925	98.5	94.3	98.1	931	949	933	100.7	111.4	101.6
1998	11,914	1,288	13,203	98.7	94.7	98.3	930	908	928	101.2	98.0	100.9
1997	11,849	1,403	13,252	98.3	94.6	97.9	925	959	929	106.0	108.4	106.2
2000-2004	53,886	3,995	57,881	99.9	99.0	99.9	910	1,045	919	na	na	na
1995-1999	58,122	6,653	64,775	98.4	94.7	98.0	927	953	930	na	na	na
1990-1994	50,387	6,823	57,210	97.9	93.9	97.4	916	998	925	na	na	na
1985-1989	39,591	6,639	46,230	97.1	92.7	96.5	957	937	954	na	na	na
<1985	33,341	7,959	41,301	96.3	91.8	95.4	901	864	894	na	na	na
All	248,142	32,730	280,872	98.2	94.0	97.7	923	944	926	na	na	na

na = Not applicable

<sup>1</sup> Both year and month of birth given.

<sup>2</sup>  $(B_f/B_m) \times 1000$ , where  $B_f$  and  $B_m$  are the numbers of female and male births, respectively.

<sup>3</sup>  $[2B_x/(B_{x-1}+B_{x+1})] \times 100$ , where  $B_x$  is the number of births in calendar year  $x$ .



**Table E.5 Reporting of age at death in days**

Distribution of reported deaths under one month of age by age at death in days and the percentage of neonatal deaths reported to occur at ages 0-6 days, for five-year periods of birth preceding the survey (weighted), India, 2005-06

Age at death (days)	Number of years preceding the survey				
	0-4	5-9	10-14	15-19	0-19
<1	703	988	931	847	3,468
1	367	501	499	376	1,742
2	137	216	215	183	751
3	224	336	244	228	1,031
4	88	104	137	122	451
5	91	140	138	144	512
6	77	87	139	109	412
7	49	108	141	105	403
8	73	110	128	128	439
9	31	47	61	46	185
10	41	51	57	75	225
11	23	29	21	19	92
12	22	20	64	47	154
13	14	17	23	26	80
14	9	26	13	17	65
15	93	138	126	83	439
16	7	15	16	15	53
17	5	17	9	14	45
18	6	17	26	4	53
19	9	2	6	8	25
20	42	52	38	50	182
21	20	24	16	21	81
22	9	17	28	12	66
23	3	0	3	2	8
24	3	5	0	3	11
25	11	13	23	11	58
26	0	1	7	5	13
27	7	3	9	3	22
28	1	3	6	3	13
29	5	0	3	6	14
30	0	2	2	2	7
Missing	0	2	0	2	4
Total 0-30 days	2,169	3,088	3,131	2,712	11,100
Percent early neonatal <sup>1</sup>	77.7	76.8	73.5	74.0	75.4

<sup>1</sup> ≤6 days/≤30days

**Table E.6 Reporting of age at death in months**

Distribution of reported deaths under two years of age by age at death in months and the percentage of infant deaths reported to occur at age under one month, for five-year periods of birth preceding the survey, India, 2005-06

Age at death (months)	Number of years preceding the survey				
	0-4	5-9	10-14	15-19	0-19
<1 <sup>a</sup>	2,169	3,091	3,133	2,715	11,107
1	244	283	327	341	1,195
2	121	183	177	198	679
3	134	142	191	173	639
4	68	102	109	96	376
5	55	103	84	73	316
6	91	174	191	203	659
7	38	60	76	80	254
8	57	93	79	82	311
9	49	117	78	122	366
10	39	69	100	74	282
11	28	61	82	78	248
12	41	140	205	166	552
13	20	55	43	48	166
14	15	19	34	37	106
15	17	21	21	22	81
16	5	13	12	13	43
17	10	12	4	8	33
18	73	120	130	102	424
19	4	2	6	4	15
20	4	4	2	6	16
21	0	5	4	12	21
22	3	4	3	10	21
23	6	10	11	16	43
1 year	48	136	192	202	578
Missing	2	0	2	0	4
Total 0-11 months	3,093	4,477	4,629	4,235	16,433
Percent neonatal <sup>1</sup>	70.1	69.0	67.7	64.1	67.6

<sup>a</sup> Includes deaths under one month reported in days.

<sup>1</sup> <1 month/<12 months



The three core questionnaires (the Household Questionnaire, the Woman’s Questionnaire, and the Man’s Questionnaire) used in NFHS-3 are presented in this appendix. These questionnaires were used in all 29 states. However, since the fieldwork for NFHS-3 was conducted in two phases that spanned parts of two calendar years (2005 and 2006), the reference period for questions/sections that were reference-period specific was different for Phase 1 and Phase 2 states<sup>1</sup>. The table below gives a list of the affected sections and questions with the reference year for the two phases of fieldwork.

Questionnaire	Section and question number	Reference year	
		Phase 1 states	Phase 2 states
Household	Biomarkers for children (Qs. 69-84)	2000	2001
Woman’s	Section 2: Q. 225, Q. 226, Q. 228, Q. 229, and Qs. 233-239	2000	2001
	Section 3: Q. 302, Q. 314, Q. 343, and Q. 344	2000	2001
	Section 4: Qs. 401-477	2000	2001
	Section 4: Qs. 478-482	2002	2003
	Section 5: Qs. 501-556 and Q. 576	2000	2001
	Section 5A: Qs. 577-591	1999	2000
	Calendar	2000	2001

NFHS-3 questionnaires, shown here in English, were translated into 18 languages. Questionnaires in each state were bilingual, with questions in both the principal language of the state and English.

<sup>1</sup> Fieldwork was conducted from November 2005 to May 2006 (Phase 1) in Andhra Pradesh, Assam, Chhattisgarh, Delhi, Gujarat, Maharashtra, Meghalaya, Orissa, Punjab, Rajasthan, Uttar Pradesh, and West Bengal. Fieldwork was conducted from April 2006 to August 2006 (Phase 2) in Arunachal Pradesh, Bihar, Goa, Haryana, Himachal Pradesh, Jammu and Kashmir, Jharkhand, Karnataka, Kerala, Manipur, Madhya Pradesh, Mizoram, Nagaland, Sikkim, Tamil Nadu, Tripura, and Uttaranchal.



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purposes only

Questionnaire  
Number \_\_\_\_\_

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

IDENTIFICATION	
STATE _____	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
DISTRICT _____	
TEHSIL/TALUK _____	
CITY/TOWN/VILLAGE _____	
MEGA CITY/LARGE CITY/SMALL CITY/LARGETOWN/SMALL TOWN/RURAL ..... (MEGA CITY=1, LARGE CITY=2, SMALL CITY=3, LARGE TOWN=4, SMALL TOWN=5, RURAL=6)	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
PSU NUMBER .....	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
HOUSEHOLD NUMBER .....	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
NAME OF HOUSEHOLD HEAD _____	
ADDRESS OF HOUSEHOLD _____	
HOUSEHOLD IS SELECTED FOR MAN'S INTERVIEW? (YES = 1, NO = 2) .....	<input style="width: 20px; height: 20px;" type="text"/>
HOUSEHOLD IS SELECTED FOR HIV TESTING? (YES = 1, NO = 2) .....	<input style="width: 20px; height: 20px;" type="text"/>

INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY MONTH YEAR
INTERVIEWER'S NAME	_____	_____	_____	INT. NUMBER
RESULT*	_____	_____	_____	RESULT CODE
NEXT VISIT: DATE	_____	_____	_____	TOTAL NUMBER OF VISITS
TIME	_____	_____	_____	<input style="width: 20px; height: 20px;" type="text"/>
*RESULT CODES: 1 COMPLETED 2 NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT 3 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME 4 POSTPONED 5 REFUSED 6 DWELLING VACANT OR ADDRESS NOT A DWELLING 7 DWELLING DESTROYED 8 DWELLING NOT FOUND 9 OTHER _____ (SPECIFY)				TOTAL PERSONS IN HOUSEHOLD TOTAL ELIGIBLE WOMEN TOTAL ELIGIBLE MEN LINE NO. OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE
	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY
NAME _____	NAME _____	_____	_____
DATE _____ <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	DATE _____ <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>

## INTRODUCTION AND INFORMED CONSENT

Namaste. My name is \_\_\_\_\_ and I am working with (NAME OF ORGANIZATION). We are conducting a national survey about the health of women, men, and children, including information on household membership, living conditions, and use of health facilities. We would very much appreciate the participation of your household in this survey. I would like to ask you some questions about your household. The survey usually takes about 25 minutes to complete. Whatever information you provide will be kept strictly confidential.

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

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

In case you need more information about the survey, you may contact these persons.  
GIVE CARD WITH CONTACT INFORMATION.

May I begin the interview now?

Signature of interviewer: \_\_\_\_\_ Date: \_\_\_\_\_

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

**HOUSEHOLD SCHEDULE**

Now we would like some information about the people who usually live in your household or who are staying with you now.

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX		RESIDENCE		AGE	MARITAL STATUS	ELIGIBILITY			BIRTH REGISTRATION
			Is (NAME) male or female?	Does (NAME) usually live here?	Did (NAME) stay here last night?	How old is (NAME)? (B)			What is the current marital status of (NAME)? (C)	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49	CIRCLE LINE NUMBER OF ALL MEN AGE 15-54	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	
			M F	YES NO	YES NO	IN YEARS						C R N DK
01		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	01	01	01	1 2 3 8	
02		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	02	02	02	1 2 3 8	
03		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	03	03	03	1 2 3 8	
04		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	04	04	04	1 2 3 8	
05		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	05	05	05	1 2 3 8	
06		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	06	06	06	1 2 3 8	
07		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	07	07	07	1 2 3 8	
08		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	08	08	08	1 2 3 8	
09		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	09	09	09	1 2 3 8	
10		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	10	10	10	1 2 3 8	
11		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	11	11	11	1 2 3 8	
12		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	12	12	12	1 2 3 8	
13		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	13	13	13	1 2 3 8	
14		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	14	14	14	1 2 3 8	
15		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	15	15	15	1 2 3 8	



LINE NO.	SURVIVORSHIP AND RESIDENCE OF BIOLOGICAL PARENTS		EDUCATION							
	IF AGE 0-17 YEARS		IF AGE 5 YEARS OR OLDER			IF AGE 5-18 YEARS				
(12A)	Does (NAME)'s natural mother live in this household or did she stay here last night? IF YES: What is her name? RECORD MOTHER'S LINE NUMBER. IF NO: Is she alive? IF DEAD, RECORD '95'. IF ALIVE BUT NOT LISTED IN THE HOUSEHOLD, RECORD '00'.	Does (NAME)'s natural father live in this household or did he stay here last night? IF YES: What is his name? RECORD FATHER'S LINE NUMBER. IF NO: Is he alive? IF DEAD, RECORD '95'. IF ALIVE BUT NOT LISTED IN THE HOUSEHOLD, RECORD '00'.	Can (NAME) read and write?	Has (NAME) ever attended school?	What is the highest standard (NAME) has completed? (E)	Did (NAME) attend school or college at any time during the 2005 - 2006 school year?	During this/that school year, what standard/year is/was (NAME) attending? (E)	Did (NAME) attend school or college at any time during the previous school year, that is, 2004 - 2005?	During that school year, what standard/year did (NAME) attend? (E)	What is the main reason (NAME) is not attending school? (F)
	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)
			YES NO	YES NO	STANDARD	YES NO	STANDARD	YES NO	STANDARD	REASON
01	<input type="text"/>	<input type="text"/>	1 2	1 2 ↓ GO TO 23	<input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/>	1 2 ↓ GO TO 22	<input type="text"/>	<input type="text"/>
02	<input type="text"/>	<input type="text"/>	1 2	1 2 ↓ GO TO 23	<input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/>	1 2 ↓ GO TO 22	<input type="text"/>	<input type="text"/>
03	<input type="text"/>	<input type="text"/>	1 2	1 2 ↓ GO TO 23	<input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/>	1 2 ↓ GO TO 22	<input type="text"/>	<input type="text"/>
04	<input type="text"/>	<input type="text"/>	1 2	1 2 ↓ GO TO 23	<input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/>	1 2 ↓ GO TO 22	<input type="text"/>	<input type="text"/>
05	<input type="text"/>	<input type="text"/>	1 2	1 2 ↓ GO TO 23	<input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/>	1 2 ↓ GO TO 22	<input type="text"/>	<input type="text"/>
06	<input type="text"/>	<input type="text"/>	1 2	1 2 ↓ GO TO 23	<input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/>	1 2 ↓ GO TO 22	<input type="text"/>	<input type="text"/>
07	<input type="text"/>	<input type="text"/>	1 2	1 2 ↓ GO TO 23	<input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/>	1 2 ↓ GO TO 22	<input type="text"/>	<input type="text"/>
08	<input type="text"/>	<input type="text"/>	1 2	1 2 ↓ GO TO 23	<input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/>	1 2 ↓ GO TO 22	<input type="text"/>	<input type="text"/>
09	<input type="text"/>	<input type="text"/>	1 2	1 2 ↓ GO TO 23	<input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/>	1 2 ↓ GO TO 22	<input type="text"/>	<input type="text"/>
10	<input type="text"/>	<input type="text"/>	1 2	1 2 ↓ GO TO 23	<input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/>	1 2 ↓ GO TO 22	<input type="text"/>	<input type="text"/>
11	<input type="text"/>	<input type="text"/>	1 2	1 2 ↓ GO TO 23	<input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/>	1 2 ↓ GO TO 22	<input type="text"/>	<input type="text"/>
12	<input type="text"/>	<input type="text"/>	1 2	1 2 ↓ GO TO 23	<input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/>	1 2 ↓ GO TO 22	<input type="text"/>	<input type="text"/>
13	<input type="text"/>	<input type="text"/>	1 2	1 2 ↓ GO TO 23	<input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/>	1 2 ↓ GO TO 22	<input type="text"/>	<input type="text"/>
14	<input type="text"/>	<input type="text"/>	1 2	1 2 ↓ GO TO 23	<input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/>	1 2 ↓ GO TO 22	<input type="text"/>	<input type="text"/>
15	<input type="text"/>	<input type="text"/>	1 2	1 2 ↓ GO TO 23	<input type="text"/>	1 2 ↓ GO TO 20	<input type="text"/>	1 2 ↓ GO TO 22	<input type="text"/>	<input type="text"/>

LINE NO.	CHILD LABOUR						
	IF AGE 5-14 YEARS						
	During the past week, did (NAME) do any kind of work for someone who is not a member of this household?  IF YES:  For pay?  1 YES, FOR PAY (CASH OR KIND) 2 YES, UNPAID 3 NO	Since last (DAY OF THE WEEK), about how many hours did he/she do this work for someone who is not a member of this household? (G)  IF MORE THAN ONE JOB, INCLUDE ALL HOURS AT ALL JOBS	At any time during the past year, did (NAME) do any kind of work for someone who is not a member of this household?  IF YES:  For pay?  1 YES, FOR PAY (CASH OR KIND) 2 YES, UNPAID 3 NO	During the past week, did (NAME) help with household chores such as shopping, collecting firewood, cleaning, fetching water, or caring for children?	Since last (DAY OF THE WEEK), about how many hours did he/she spend doing these chores? (G)	During the past week, did (NAME) do any other family work, such as work on the farm, or in a business or selling goods in the street?	Since last (DAY OF THE WEEK), about how many hours did he/she do this work? (G)
(22A)	(23)	(24)	(25)	(26)	(27)	(28)	(29)
	YES PAID UNPAID NO 1 2 3 ↓ GO TO 25	HOURS [ ] [ ] ↓ GO TO 26	YES PAID UNPAID NO 1 2 3	YES NO 1 2 ↓ GO TO 28	HOURS [ ] [ ]	YES NO 1 2 ↓ GO TO NEXT LINE	HOURS [ ] [ ]
01	1 2 3 ↓ GO TO 25	[ ] [ ] ↓ GO TO 26	1 2 3	1 2 ↓ GO TO 28	[ ] [ ]	1 2 ↓ GO TO NEXT LINE	[ ] [ ]
02	1 2 3 ↓ GO TO 25	[ ] [ ] ↓ GO TO 26	1 2 3	1 2 ↓ GO TO 28	[ ] [ ]	1 2 ↓ GO TO NEXT LINE	[ ] [ ]
03	1 2 3 ↓ GO TO 25	[ ] [ ] ↓ GO TO 26	1 2 3	1 2 ↓ GO TO 28	[ ] [ ]	1 2 ↓ GO TO NEXT LINE	[ ] [ ]
04	1 2 3 ↓ GO TO 25	[ ] [ ] ↓ GO TO 26	1 2 3	1 2 ↓ GO TO 28	[ ] [ ]	1 2 ↓ GO TO NEXT LINE	[ ] [ ]
05	1 2 3 ↓ GO TO 25	[ ] [ ] ↓ GO TO 26	1 2 3	1 2 ↓ GO TO 28	[ ] [ ]	1 2 ↓ GO TO NEXT LINE	[ ] [ ]
06	1 2 3 ↓ GO TO 25	[ ] [ ] ↓ GO TO 26	1 2 3	1 2 ↓ GO TO 28	[ ] [ ]	1 2 ↓ GO TO NEXT LINE	[ ] [ ]
07	1 2 3 ↓ GO TO 25	[ ] [ ] ↓ GO TO 26	1 2 3	1 2 ↓ GO TO 28	[ ] [ ]	1 2 ↓ GO TO NEXT LINE	[ ] [ ]
08	1 2 3 ↓ GO TO 25	[ ] [ ] ↓ GO TO 26	1 2 3	1 2 ↓ GO TO 28	[ ] [ ]	1 2 ↓ GO TO NEXT LINE	[ ] [ ]
09	1 2 3 ↓ GO TO 25	[ ] [ ] ↓ GO TO 26	1 2 3	1 2 ↓ GO TO 28	[ ] [ ]	1 2 ↓ GO TO NEXT LINE	[ ] [ ]
10	1 2 3 ↓ GO TO 25	[ ] [ ] ↓ GO TO 26	1 2 3	1 2 ↓ GO TO 28	[ ] [ ]	1 2 ↓ GO TO NEXT LINE	[ ] [ ]
11	1 2 3 ↓ GO TO 25	[ ] [ ] ↓ GO TO 26	1 2 3	1 2 ↓ GO TO 28	[ ] [ ]	1 2 ↓ GO TO NEXT LINE	[ ] [ ]
12	1 2 3 ↓ GO TO 25	[ ] [ ] ↓ GO TO 26	1 2 3	1 2 ↓ GO TO 28	[ ] [ ]	1 2 ↓ GO TO NEXT LINE	[ ] [ ]
13	1 2 3 ↓ GO TO 25	[ ] [ ] ↓ GO TO 26	1 2 3	1 2 ↓ GO TO 28	[ ] [ ]	1 2 ↓ GO TO NEXT LINE	[ ] [ ]
14	1 2 3 ↓ GO TO 25	[ ] [ ] ↓ GO TO 26	1 2 3	1 2 ↓ GO TO 28	[ ] [ ]	1 2 ↓ GO TO NEXT LINE	[ ] [ ]
15	1 2 3 ↓ GO TO 25	[ ] [ ] ↓ GO TO 26	1 2 3	1 2 ↓ GO TO 28	[ ] [ ]	1 2 ↓ GO TO NEXT LINE	[ ] [ ]

TICK HERE IF CONTINUATION QUESTIONNAIRE USED

4A Just to make sure that I have a complete household listing:

a) Are there any other persons such as small children or infants that we have not listed? YES  ENTER EACH IN TABLE NO

b) Are there any other people who may not be members of your family such as domestic servants, lodgers or friends who usually live here? YES  ENTER EACH IN TABLE NO

c) Are there any guests or temporary visitors staying here, or anyone else who stayed here last night, who have not been listed? YES  ENTER EACH IN TABLE NO

- (A) CODES FOR Q. 3**  
**RELATIONSHIP TO HEAD OF HOUSEHOLD:**  
 01 = HEAD  
 02 = WIFE OR HUSBAND  
 03 = SON OR DAUGHTER  
 04 = SON-IN-LAW OR DAUGHTER-IN-LAW  
 05 = GRANDCHILD  
 06 = PARENT  
 07 = PARENT-IN-LAW  
 08 = BROTHER OR SISTER  
 09 = BROTHER-IN-LAW OR SISTER-IN-LAW  
 10 = NIECE/NEPHEW  
 11 = OTHER RELATIVE  
 12 = ADOPTED/FOSTER/STEP-CHILD  
 13 = DOMESTIC SERVANT  
 14 = OTHER NOT RELATED  
 98 = DON'T KNOW

- (B) CODES FOR Q. 7**  
**AGE**  
 00 = AGE LESS THAN ONE YEAR  
 95 = AGE 95 YEARS OR MORE

- (C) CODES FOR Q. 8**  
**MARITAL STATUS**  
 1 = CURRENTLY MARRIED  
 2 = MARRIED, BUT GAUNA NOT PERFORMED  
 3 = WIDOWED  
 4 = DIVORCED  
 5 = SEPARATED  
 6 = DESERTED  
 7 = NEVER MARRIED  
 8 = DON'T KNOW

- (D) CODES FOR Q. 12**  
**BIRTH REGISTRATION**  
 C = CERTIFICATE  
 R = REGISTRATION  
 N = NEITHER  
 DK = DON'T KNOW

- (E) CODES FOR Qs. 17, 19, AND 21**  
**EDUCATION STANDARD:**  
 00 = LESS THAN 1 YEAR COMPLETED  
 (FOR Q.17 ONLY. THIS CODE IS NOT ALLOWED FOR Qs. 19 AND 21)  
 98 = DON'T KNOW

- (F) CODES FOR Q. 22**  
**REASON FOR NOT ATTENDING SCHOOL**  
 01 = SCHOOL TOO FAR AWAY  
 02 = TRANSPORT NOT AVAILABLE  
 03 = FURTHER EDUCATION NOT CONSIDERED NECESSARY  
 04 = REQUIRED FOR HOUSEHOLD WORK  
 05 = REQUIRED FOR WORK ON FARM/FAMILY BUSINESS  
 06 = REQUIRED FOR OUTSIDE WORK FOR PAYMENT IN CASH OR KIND  
 07 = COSTS TOO MUCH  
 08 = NO PROPER SCHOOL FACILITIES FOR GIRLS  
 09 = NOT SAFE TO SEND GIRLS  
 10 = NO FEMALE TEACHER  
 11 = REQUIRED FOR CARE OF SIBLINGS  
 12 = NOT INTERESTED IN STUDIES  
 13 = REPEATED FAILURES  
 14 = GOT MARRIED  
 15 = DID NOT GET ADMISSION  
 96 = OTHER  
 98 = DON'T KNOW

- (G) CODES FOR Qs. 24, 27, AND 29**  
**HOURS WORKED:**  
 00 = LESS THAN 1 HOUR  
 95 = 95 HOURS OR MORE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP															
30	Does any usual resident of your household suffer from tuberculosis?	YES ..... 1 NO ..... 2	→ 32															
31	Who suffers from tuberculosis?  Anyone else?  RECORD LINE NUMBER(S). IF NO MORE TB CASES, RECORD '95'.	31A FOR EACH PERSON, ASK:  Has (NAME) received medical treatment for the tuberculosis?  <table border="0" style="width: 100%;"> <tr> <td></td> <td style="text-align: center;">YES</td> <td style="text-align: center;">NO</td> </tr> <tr> <td style="border: 1px solid black;">LINE NO.</td> <td style="border: 1px solid black; text-align: center;">1</td> <td style="border: 1px solid black; text-align: center;">2</td> </tr> <tr> <td style="border: 1px solid black;">LINE NO.</td> <td style="border: 1px solid black; text-align: center;">1</td> <td style="border: 1px solid black; text-align: center;">2</td> </tr> <tr> <td style="border: 1px solid black;">LINE NO.</td> <td style="border: 1px solid black; text-align: center;">1</td> <td style="border: 1px solid black; text-align: center;">2</td> </tr> <tr> <td style="border: 1px solid black;">LINE NO.</td> <td style="border: 1px solid black; text-align: center;">1</td> <td style="border: 1px solid black; text-align: center;">2</td> </tr> </table>		YES	NO	LINE NO.	1	2	LINE NO.	1	2	LINE NO.	1	2	LINE NO.	1	2	
	YES	NO																
LINE NO.	1	2																
LINE NO.	1	2																
LINE NO.	1	2																
LINE NO.	1	2																
32	What is the main source of drinking water for members of your household?	PIPED WATER PIPED INTO DWELLING ..... 11 PIPED TO YARD/PLOT ..... 12 PUBLIC TAP/STANDPIPE ..... 13 TUBE WELL OR BOREHOLE ..... 21 DUG WELL PROTECTED WELL ..... 31 UNPROTECTED WELL ..... 32 WATER FROM SPRING PROTECTED SPRING ..... 41 UNPROTECTED SPRING ..... 42 RAINWATER ..... 51 TANKER TRUCK ..... 61 CART WITH SMALL TANK ..... 71 SURFACE WATER (RIVER/DAM/ LAKE/POND/STREAM/CANAL/ IRRIGATION CHANNEL) ..... 81 BOTTLED WATER ..... 91  OTHER _____ 96 (SPECIFY)	→ 37 → 34 → 37 → 34 → 34															
33	What is the main source of water used by your household for other purposes such as cooking and handwashing?	PIPED WATER PIPED INTO DWELLING ..... 11 PIPED TO YARD/PLOT ..... 12 PUBLIC TAP/STANDPIPE ..... 13 TUBE WELL OR BOREHOLE ..... 21 DUG WELL PROTECTED WELL ..... 31 UNPROTECTED WELL ..... 32 WATER FROM SPRING PROTECTED SPRING ..... 41 UNPROTECTED SPRING ..... 42 RAINWATER ..... 51 TANKER TRUCK ..... 61 CART WITH SMALL TANK ..... 71 SURFACE WATER (RIVER/DAM/ LAKE/POND/STREAM/CANAL/ IRRIGATION CHANNEL) ..... 81  OTHER _____ 96 (SPECIFY)	→ 37 → 37 → 37															
34	Where is the water source located?	IN OWN DWELLING ..... 1 IN OWN YARD/PLOT ..... 2 ELSEWHERE ..... 3	→ 37															



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
42	When members of your household get sick, where do they generally go for treatment?	PUBLIC MEDICAL SECTOR GOVT./MUNICIPAL HOSPITAL ..... 11 GOVT. DISPENSARY ..... 12 UHC/UHP/UFWC ..... 13 CHC/RURAL HOSPITAL/PHC ..... 14 SUB-CENTRE ..... 15 ANGANWADI/ICDS CENTRE ..... 16 GOVT. MOBILE CLINIC ..... 17 OTHER PUBLIC SECTOR HEALTH FACILITY ..... 18  NGO OR TRUST HOSPITAL/CLINIC ... 21  PRIVATE MEDICAL SECTOR PVT. HOSPITAL ..... 31 PVT. DOCTOR/CLINIC ..... 32 PVT. PARAMEDIC ..... 33 VAIDYA/HAKIM/HOMEOPATH ..... 34 TRADITIONAL HEALER ..... 35 PHARMACY/DRUGSTORE ..... 36 DAI (TBA) ..... 37 OTHER PRIVATE SECTOR HEALTH FACILITY ..... 38  OTHER SHOP ..... 41 HOME TREATMENT ..... 42  OTHER _____ 96 (SPECIFY)	→ 44
43	Why don't members of your household generally go to a government facility when they are sick?  Any other reason?  RECORD ALL MENTIONED.	NO NEARBY FACILITY ..... A FACILITY TIMING NOT CONVENIENT ... B HEALTH PERSONNEL OFTEN ABSENT . C WAITING TIME TOO LONG ..... D POOR QUALITY OF CARE ..... E  OTHER _____ X (SPECIFY)	
44	What is the religion of the head of the household?	HINDU ..... 01 MUSLIM ..... 02 CHRISTIAN ..... 03 SIKH ..... 04 BUDDHIST/NEO-BUDDHIST ..... 05 JAIN ..... 06 JEWISH ..... 07 PARSII/ZOROASTRIAN ..... 08 NO RELIGION ..... 09  OTHER _____ 96 (SPECIFY)	
45	What is the caste or tribe of the head of the household?	CASTE _____ 1 (SPECIFY)  TRIBE _____ 2 (SPECIFY)  NO CASTE/TRIBE ..... 3 DON'T KNOW ..... 8	→ 47
46	Is this a scheduled caste, a scheduled tribe, other backward class, or none of them?	SCHEDULED CASTE ..... 1 SCHEDULED TRIBE ..... 2 OBC ..... 3 NONE OF THEM ..... 4	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																																																								
47	Does your household have:	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: right;">YES</th> <th style="text-align: right;">NO</th> </tr> </thead> <tbody> <tr><td>Electricity?</td><td style="text-align: right;">1</td><td style="text-align: right;">2</td></tr> <tr><td>A mattress?</td><td style="text-align: right;">1</td><td style="text-align: right;">2</td></tr> <tr><td>A pressure cooker?</td><td style="text-align: right;">1</td><td style="text-align: right;">2</td></tr> <tr><td>A chair?</td><td style="text-align: right;">1</td><td style="text-align: right;">2</td></tr> <tr><td>A cot or bed?</td><td style="text-align: right;">1</td><td style="text-align: right;">2</td></tr> <tr><td>A table?</td><td style="text-align: right;">1</td><td style="text-align: right;">2</td></tr> <tr><td>An electric fan?</td><td style="text-align: right;">1</td><td style="text-align: right;">2</td></tr> <tr><td>A radio or transistor?</td><td style="text-align: right;">1</td><td style="text-align: right;">2</td></tr> <tr><td>A black and white television?</td><td style="text-align: right;">1</td><td style="text-align: right;">2</td></tr> <tr><td>A colour television?</td><td style="text-align: right;">1</td><td style="text-align: right;">2</td></tr> <tr><td>A sewing machine?</td><td style="text-align: right;">1</td><td style="text-align: right;">2</td></tr> <tr><td>A mobile telephone?</td><td style="text-align: right;">1</td><td style="text-align: right;">2</td></tr> <tr><td>Any other type of telephone?</td><td style="text-align: right;">1</td><td style="text-align: right;">2</td></tr> <tr><td>A computer?</td><td style="text-align: right;">1</td><td style="text-align: right;">2</td></tr> <tr><td>A refrigerator?</td><td style="text-align: right;">1</td><td style="text-align: right;">2</td></tr> <tr><td>A watch or clock?</td><td style="text-align: right;">1</td><td style="text-align: right;">2</td></tr> <tr><td>A bicycle?</td><td style="text-align: right;">1</td><td style="text-align: right;">2</td></tr> <tr><td>A motorcycle or scooter?</td><td style="text-align: right;">1</td><td style="text-align: right;">2</td></tr> <tr><td>An animal-drawn cart?</td><td style="text-align: right;">1</td><td style="text-align: right;">2</td></tr> <tr><td>A car?</td><td style="text-align: right;">1</td><td style="text-align: right;">2</td></tr> <tr><td>A water pump?</td><td style="text-align: right;">1</td><td style="text-align: right;">2</td></tr> <tr><td>A thresher?</td><td style="text-align: right;">1</td><td style="text-align: right;">2</td></tr> <tr><td>A tractor?</td><td style="text-align: right;">1</td><td style="text-align: right;">2</td></tr> </tbody> </table>		YES	NO	Electricity?	1	2	A mattress?	1	2	A pressure cooker?	1	2	A chair?	1	2	A cot or bed?	1	2	A table?	1	2	An electric fan?	1	2	A radio or transistor?	1	2	A black and white television?	1	2	A colour television?	1	2	A sewing machine?	1	2	A mobile telephone?	1	2	Any other type of telephone?	1	2	A computer?	1	2	A refrigerator?	1	2	A watch or clock?	1	2	A bicycle?	1	2	A motorcycle or scooter?	1	2	An animal-drawn cart?	1	2	A car?	1	2	A water pump?	1	2	A thresher?	1	2	A tractor?	1	2	
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48	What type of fuel does your household mainly use for cooking?	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr><td>ELECTRICITY .....</td><td style="text-align: right;">01</td></tr> <tr><td>LPG/NATURAL GAS .....</td><td style="text-align: right;">02</td></tr> <tr><td>BIOGAS .....</td><td style="text-align: right;">03</td></tr> <tr><td>KEROSENE .....</td><td style="text-align: right;">04</td></tr> <tr><td>COAL/LIGNITE .....</td><td style="text-align: right;">05</td></tr> <tr><td>CHARCOAL .....</td><td style="text-align: right;">06</td></tr> <tr><td>WOOD .....</td><td style="text-align: right;">07</td></tr> <tr><td>STRAW/SHRUBS/GRASS .....</td><td style="text-align: right;">08</td></tr> <tr><td>AGRICULTURAL CROP WASTE .....</td><td style="text-align: right;">09</td></tr> <tr><td>DUNG CAKES .....</td><td style="text-align: right;">10</td></tr> <tr><td>OTHER _____</td><td style="text-align: right;">96</td></tr> <tr><td style="text-align: center;">(SPECIFY)</td><td></td></tr> </tbody> </table>	ELECTRICITY .....	01	LPG/NATURAL GAS .....	02	BIOGAS .....	03	KEROSENE .....	04	COAL/LIGNITE .....	05	CHARCOAL .....	06	WOOD .....	07	STRAW/SHRUBS/GRASS .....	08	AGRICULTURAL CROP WASTE .....	09	DUNG CAKES .....	10	OTHER _____	96	(SPECIFY)		} → 51																																																
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49	In this household, is food cooked on a stove, a chullah or an open fire?	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr><td>STOVE .....</td><td style="text-align: right;">1</td></tr> <tr><td>CHULLAH .....</td><td style="text-align: right;">2</td></tr> <tr><td>OPEN FIRE .....</td><td style="text-align: right;">3</td></tr> <tr><td>OTHER _____</td><td style="text-align: right;">6</td></tr> <tr><td style="text-align: center;">(SPECIFY)</td><td></td></tr> </tbody> </table>	STOVE .....	1	CHULLAH .....	2	OPEN FIRE .....	3	OTHER _____	6	(SPECIFY)																																																																
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50	Is the cooking done under a chimney?	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr><td>YES .....</td><td style="text-align: right;">1</td></tr> <tr><td>NO .....</td><td style="text-align: right;">2</td></tr> </tbody> </table>	YES .....	1	NO .....	2																																																																					
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51	Is the cooking usually done in the house, in a separate building, or outdoors?	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr><td>IN THE HOUSE .....</td><td style="text-align: right;">1</td></tr> <tr><td>IN A SEPARATE BUILDING .....</td><td style="text-align: right;">2</td></tr> <tr><td>OUTDOORS .....</td><td style="text-align: right;">3</td></tr> <tr><td>OTHER _____</td><td style="text-align: right;">6</td></tr> <tr><td style="text-align: center;">(SPECIFY)</td><td></td></tr> </tbody> </table>	IN THE HOUSE .....	1	IN A SEPARATE BUILDING .....	2	OUTDOORS .....	3	OTHER _____	6	(SPECIFY)		} → 53																																																														
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52	Do you have a separate room which is used as a kitchen?	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr><td>YES .....</td><td style="text-align: right;">1</td></tr> <tr><td>NO .....</td><td style="text-align: right;">2</td></tr> </tbody> </table>	YES .....	1	NO .....	2																																																																					
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NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
53	MAIN MATERIAL OF THE FLOOR.  RECORD OBSERVATION.	NATURAL FLOOR MUD/CLAY/EARTH ..... 11 SAND ..... 12 DUNG ..... 13 RUDIMENTARY FLOOR RAW WOOD PLANKS ..... 21 PALM/BAMBOO ..... 22 BRICK ..... 23 STONE ..... 24 FINISHED FLOOR PARQUET OR POLISHED WOOD ... 31 VINYL OR ASPHALT ..... 32 CERAMIC TILES ..... 33 CEMENT ..... 34 CARPET ..... 35 POLISHED STONE/MARBLE/ GRANITE ..... 36 OTHER _____ 96 (SPECIFY)	
54	MAIN MATERIAL OF THE ROOF.  RECORD OBSERVATION.	NATURAL ROOFING NO ROOF ..... 11 THATCH/PALM LEAF/ REED/GRASS ..... 12 MUD ..... 13 SOD/MUD AND GRASS MIXTURE ... 14 PLASTIC/POLYTHENE SHEETING ... 15 RUDIMENTARY ROOFING RUSTIC MAT ..... 21 PALM/BAMBOO ..... 22 RAW WOOD PLANKS/TIMBER ..... 23 UNBURNT BRICK ..... 24 LOOSELY PACKED STONE ..... 25 FINISHED ROOFING METAL/GI ..... 31 WOOD ..... 32 CALAMINE/CEMENT FIBER ..... 33 ASBESTOS SHEETS ..... 34 RCC/RBC/CEMENT/CONCRETE ..... 35 ROOFING SHINGLES ..... 36 TILES ..... 37 SLATE ..... 38 BURNT BRICK ..... 39 OTHER _____ 96 (SPECIFY)	
55	MAIN MATERIAL OF THE EXTERIOR WALLS.  RECORD OBSERVATION.	NATURAL WALLS NO WALLS ..... 11 CANE/PALM/TRUNKS/BAMBOO ..... 12 MUD ..... 13 GRASS/REEDS/THATCH ..... 14 RUDIMENTARY WALLS BAMBOO WITH MUD ..... 21 STONE WITH MUD ..... 22 PLYWOOD ..... 23 CARDBOARD ..... 24 UNBURNT BRICK ..... 25 RAW WOOD/REUSED WOOD ..... 26 FINISHED WALLS CEMENT/CONCRETE ..... 31 STONE WITH LIME/CEMENT ..... 32 BURNT BRICKS ..... 33 CEMENT BLOCKS ..... 34 WOOD PLANKS/SHINGLES ..... 35 GI/METAL/ASBESTOS SHEETS ..... 36 OTHER _____ 96 (SPECIFY)	







**QUESTIONS ON SECURITY OF TENURE ASKED ONLY IN MUMBAI AND KOLKATA**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																				
58*	Does this household own this house or any other house?	THIS HOUSE ONLY ..... 1 OTHER HOUSE(S) ONLY ..... 2 BOTH THIS AND OTHER HOUSE(S) ..... 3 NEITHER ..... 4	→ 58B → 58B																																				
58A	Do you or someone else in this household have a document for the ownership of this dwelling?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 58D																																				
58B	Do you or someone else in this household pay rent for this dwelling, live here as part of your employment terms, or have some other arrangement?	RENT ..... 1 PART OF EMPLOYMENT AGREEMENT ..... 2 OTHER ARRANGEMENT ..... 3	→ 58D																																				
58C	Do you have a written rental contract for this dwelling?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8																																					
58D	Do you feel secure from eviction from this dwelling?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8																																					
58E	DWELLING LOCATED IN OR NEAR:  RECORD OBSERVATION	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>a. LANDSLIDE AREA</td> <td>1</td> <td>2</td> </tr> <tr> <td>b. FLOOD PRONE AREA</td> <td>1</td> <td>2</td> </tr> <tr> <td>c. RIVER BANK</td> <td>1</td> <td>2</td> </tr> <tr> <td>d. STEEP HILL</td> <td>1</td> <td>2</td> </tr> <tr> <td>e. GARBAGE DUMPING</td> <td></td> <td></td> </tr> <tr> <td>    GROUND</td> <td>1</td> <td>2</td> </tr> <tr> <td>f. INDUSTRIAL POLLUTION</td> <td></td> <td></td> </tr> <tr> <td>    AREA</td> <td>1</td> <td>2</td> </tr> <tr> <td>g. RAILROAD</td> <td>1</td> <td>2</td> </tr> <tr> <td>h. POWER PLANT</td> <td>1</td> <td>2</td> </tr> <tr> <td>i. FLYOVER</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	a. LANDSLIDE AREA	1	2	b. FLOOD PRONE AREA	1	2	c. RIVER BANK	1	2	d. STEEP HILL	1	2	e. GARBAGE DUMPING			GROUND	1	2	f. INDUSTRIAL POLLUTION			AREA	1	2	g. RAILROAD	1	2	h. POWER PLANT	1	2	i. FLYOVER	1	2	
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\* In Mumbai and Kolkata, this version of Q. 58 was used.

**TABLE FOR SELECTION OF WOMEN FOR THE HOUSEHOLD RELATIONS QUESTIONS**

**INSTRUCTIONS**

LOOK AT THE LAST DIGIT OF THE QUESTIONNAIRE NUMBER ON THE COVER PAGE. THIS IS THE ROW NUMBER YOU SHOULD CIRCLE. CHECK THE TOTAL NUMBER OF ELIGIBLE WOMEN ON THE COVER SHEET OF THE HOUSEHOLD QUESTIONNAIRE. THIS IS THE COLUMN NUMBER YOU SHOULD CIRCLE. FIND THE BOX WHERE THE CIRCLED ROW AND THE CIRCLED COLUMN MEET AND CIRCLE THE NUMBER THAT APPEARS IN THE BOX. THIS IS THE NUMBER OF THE ELIGIBLE WOMAN WHO WILL BE ASKED THE HOUSEHOLD RELATIONS QUESTIONS. THEN, GO TO COLUMN (9) IN THE HOUSEHOLD SCHEDULE AND PUT A \* NEXT TO THE HOUSEHOLD LINE NUMBER OF THE SELECTED ELIGIBLE WOMAN AND RECORD THIS HOUSEHOLD LINE NUMBER IN THE TWO BOXES AT THE BOTTOM OF THIS TABLE.

**FOR EXAMPLE,** IF THE HOUSEHOLD QUESTIONNAIRE NUMBER IS '3716', GO TO ROW 6 AND CIRCLE THE ROW NUMBER ('6'). IF THERE ARE THREE ELIGIBLE WOMEN IN THE HOUSEHOLD, GO TO COLUMN 3 AND CIRCLE THE COLUMN NUMBER ('3'). DRAW LINES FROM ROW 6 AND COLUMN 3 AND FIND THE BOX WHERE THE TWO MEET, AND CIRCLE THE NUMBER IN IT ('2'). THIS MEANS YOU HAVE TO SELECT THE SECOND ELIGIBLE WOMAN. SUPPOSE THE HOUSEHOLD LINE NUMBERS OF THE THREE ELIGIBLE WOMEN ARE '02', '03', AND '07'; THEN THE ELIGIBLE WOMAN FOR THE HOUSEHOLD RELATIONS QUESTIONS IS THE SECOND ELIGIBLE WOMAN, I.E., THE WOMAN WITH HOUSEHOLD LINE NUMBER '03'. PUT A \* NEXT TO THIS WOMAN'S LINE NUMBER IN COLUMN (9) OF THE HOUSEHOLD SCHEDULE AND ALSO ENTER THE TWO DIGIT LINE NUMBER IN THE TWO BOXES AT THE BOTTOM OF THIS TABLE.

LAST DIGIT OF THE QUESTIONNAIRE NUMBER	TOTAL NUMBER OF ELIGIBLE WOMEN IN THE HOUSEHOLD							
	1	2	3	4	5	6	7	8
0	1	2	2	4	3	6	5	4
1	1	1	3	1	4	1	6	5
2	1	2	1	2	5	2	7	6
3	1	1	2	3	1	3	1	7
4	1	2	3	4	2	4	2	8
5	1	1	1	1	3	5	3	1
6	1	2	2	2	4	6	4	2
7	1	1	3	3	5	1	5	3
8	1	2	1	4	1	2	6	4
9	1	1	2	1	2	3	7	5

HOUSEHOLD LINE NUMBER OF WOMAN SELECTED  
FOR HOUSEHOLD RELATIONS SECTION

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**WEIGHT, HEIGHT AND BIOMARKER MEASUREMENT**

CHECK COLUMNS (9), (10), AND (11): RECORD THE LINE NUMBER, NAME, AND AGE OF ALL WOMEN AGE 15-49 AND CHILDREN UNDER AGE 6. IF THE HOUSEHOLD IS SELECTED FOR MEN'S INTERVIEWS, ALSO RECORD THE LINE NUMBER, NAME, AND AGE OF ALL MEN AGE 15-54.

WOMEN 15-49					WEIGHT AND HEIGHT MEASUREMENT OF WOMEN 15-49			
LINE NO. FROM COL. (9)	NAME FROM COL. (2)	AGE FROM COL. (7)	NEVER MARRIED CHECK COL.(8): IS COL. (8) =7?	CURRENTLY PREGNANT CHECK Q.227 IN WOMAN'S QUESTIONNAIRE	WEIGHT (KILOGRAMS)	HEIGHT (CENTIMETERS)	MEASURED LYING DOWN OR STANDING UP	RESULT 1 MEASURED 2 NOT PRESENT 3 REFUSED 6 OTHER
(69)	(70)	(71)	(72A)	(72B)	(73)	(74)	(75)	(76)
		YEARS	YES NO	YES NO/DK				
<input type="text"/>		<input type="text"/>	1 2	1 2	<input type="text"/>	<input type="text"/>		<input type="text"/>
<input type="text"/>		<input type="text"/>	1 2	1 2	<input type="text"/>	<input type="text"/>		<input type="text"/>
<input type="text"/>		<input type="text"/>	1 2	1 2	<input type="text"/>	<input type="text"/>		<input type="text"/>

MEN 15-54				WEIGHT AND HEIGHT MEASUREMENT OF MEN 15-54			
LINE NO. FROM COL. (10)	NAME FROM COL. (2)	AGE FROM COL. (7)	NEVER MARRIED CHECK COL. (8): IS COL.(8) =7?	WEIGHT (KILOGRAMS)	HEIGHT (CENTIMETERS)	MEASURED LYING DOWN OR STANDING UP	RESULT 1 MEASURED 2 NOT PRESENT 3 REFUSED 6 OTHER
(69)	(70)	(71)	(72A)	(73)	(74)	(75)	(76)
		YEARS	YES NO				
<input type="text"/>		<input type="text"/>	1 2	<input type="text"/>	<input type="text"/>		<input type="text"/>
<input type="text"/>		<input type="text"/>	1 2	<input type="text"/>	<input type="text"/>		<input type="text"/>
<input type="text"/>		<input type="text"/>	1 2	<input type="text"/>	<input type="text"/>		<input type="text"/>

CHILDREN UNDER AGE 6				WEIGHT AND HEIGHT MEASUREMENT OF CHILDREN BORN IN 2001 OR LATER			
LINE NO. FROM COL. (11)	NAME FROM COL. (2)	AGE FROM COL. (7)	What is (NAME'S) date of birth?*	WEIGHT (KILOGRAMS)	HEIGHT (CENTIMETERS)	MEASURED LYING DOWN OR STANDING UP	RESULT 1 MEASURED 2 NOT PRESENT 3 REFUSED 6 OTHER
(69)	(70)	(71)	(72C)	(73)	(74)	(75)	(76)
			DAY MONTH YEAR			LYING STAND.	
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 2	<input type="text"/>
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 2	<input type="text"/>
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 2	<input type="text"/>
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 2	<input type="text"/>

TICK HERE IF CONTINUATION QUESTIONNAIRE USED

\* COPY MONTH AND YEAR FROM 215 IN THE MOTHER'S BIRTH HISTORY AND ASK DAY. FOR CHILDREN NOT INCLUDED IN ANY BIRTH HISTORY, ASK DAY, MONTH, AND YEAR.

HAEMOGLOBIN AND HIV FOR WOMEN 15-49				
CHECK COLUMN (71) AND (72A): IS RESPONDENT AGE 15-17 AND NEVER MARRIED?	LINE NO. OF PARENT/RESPONSIBLE ADULT. RECORD '00' IF NOT LISTED IN HOUSEHOLD SCHEDULE.	READ CONSENT STATEMENT FOR ANAEMIA TESTING TO WOMAN/PARENT/RESPONSIBLE ADULT. CIRCLE CODE (AND SIGN)	READ CONSENT STATEMENT FOR HIV TESTING TO WOMAN/PARENT/RESPONSIBLE ADULT. CIRCLE CODE (AND SIGN)	HAEMOGLOBIN LEVEL (G/DL)
(77)	(78)	(79)	(80)	(81)
YES NO 1 GO TO 79 ← 2	<input type="text"/>	GRANTED REFUSED 1 SIGN _____ 2	GRANTED REFUSED 1 SIGN _____ 2	<input type="text"/>
1 GO TO 79 ← 2	<input type="text"/>	1 SIGN _____ 2	1 SIGN _____ 2	<input type="text"/>
1 GO TO 79 ← 2	<input type="text"/>	1 SIGN _____ 2	1 SIGN _____ 2	<input type="text"/>

HAEMOGLOBIN AND HIV FOR MEN 15-54				
CHECK COLUMN (71) AND (72A): IS RESPONDENT AGE 15-17 AND NEVER MARRIED?	LINE NO. OF PARENT/RESPONSIBLE ADULT. RECORD '00' IF NOT LISTED IN HOUSEHOLD SCHEDULE.	READ CONSENT STATEMENT FOR ANAEMIA TESTING TO MAN/PARENT/RESPONSIBLE ADULT. CIRCLE CODE (AND SIGN)	READ CONSENT STATEMENT FOR HIV TESTING TO MAN/PARENT/RESPONSIBLE ADULT. CIRCLE CODE (AND SIGN)	HAEMOGLOBIN LEVEL (G/DL)
(77)	(78)	(79)	(80)	(81)
YES NO 1 GO TO 79 ← 2	<input type="text"/>	GRANTED REFUSED 1 SIGN _____ 2	GRANTED REFUSED 1 SIGN _____ 2	<input type="text"/>
1 GO TO 79 ← 2	<input type="text"/>	1 SIGN _____ 2	1 SIGN _____ 2	<input type="text"/>
1 GO TO 79 ← 2	<input type="text"/>	1 SIGN _____ 2	1 SIGN _____ 2	<input type="text"/>

HAEMOGLOBIN MEASUREMENT OF CHILDREN BORN IN 2001 OR LATER				
CHECK COLUMN (72C): CHILD BORN IN MONTH OF INTERVIEW OR PREVIOUS 5 MONTHS?	LINE NO. OF PARENT/RESPONSIBLE ADULT. RECORD '00' IF NOT LISTED IN HOUSEHOLD SCHEDULE.	READ CONSENT STATEMENT TO PARENT/RESPONSIBLE ADULT. CIRCLE CODE (AND SIGN)		HAEMOGLOBIN LEVEL (G/DL)
(77)	(78)	(79)		(81)
YES NO 1 → NEXT CHILD 2	<input type="text"/>	GRANTED REFUSED 1 SIGN _____ NEXT LINE ← 2		<input type="text"/>
1 → NEXT CHILD 2	<input type="text"/>	1 SIGN _____ NEXT LINE ← 2		<input type="text"/>
1 → NEXT CHILD 2	<input type="text"/>	1 SIGN _____ NEXT LINE ← 2		<input type="text"/>
1 → NEXT CHILD 2	<input type="text"/>	1 SIGN _____ NEXT LINE ← 2		<input type="text"/>

HAEMOGLOBIN RESULT 1 MEASURED 2 NOT PRESENT 3 REFUSED 6 OTHER	HIV RESULT 1 COLLECTED 2 NOT PRESENT 3 REFUSED 6 OTHER	PLACE BAR CODE BELOW
(82)	(83)	(84)
<input type="checkbox"/>	<input type="checkbox"/>	PUT 1st BAR CODE HERE PUT 2nd BAR CODE ON RESPONDENT'S FILTER PAPER AND THIRD BAR CODE ON THE BLOOD TRANSMITTAL SHEET.
<input type="checkbox"/>	<input type="checkbox"/>	PUT 1st BAR CODE HERE PUT 2nd BAR CODE ON RESPONDENT'S FILTER PAPER AND THIRD BAR CODE ON THE BLOOD TRANSMITTAL SHEET.
<input type="checkbox"/>	<input type="checkbox"/>	PUT 1st BAR CODE HERE PUT 2nd BAR CODE ON RESPONDENT'S FILTER PAPER AND THIRD BAR CODE ON THE BLOOD TRANSMITTAL SHEET.

HAEMOGLOBIN RESULT 1 MEASURED 2 NOT PRESENT 3 REFUSED 6 OTHER	HIV RESULT 1 COLLECTED 2 NOT PRESENT 3 REFUSED 6 OTHER	PLACE BAR CODE BELOW
(82)	(83)	(84)
<input type="checkbox"/>	<input type="checkbox"/>	PUT 1st BAR CODE HERE PUT 2nd BAR CODE ON RESPONDENT'S FILTER PAPER AND THIRD BAR CODE ON THE BLOOD TRANSMITTAL SHEET.
<input type="checkbox"/>	<input type="checkbox"/>	PUT 1st BAR CODE HERE PUT 2nd BAR CODE ON RESPONDENT'S FILTER PAPER AND THIRD BAR CODE ON THE BLOOD TRANSMITTAL SHEET.
<input type="checkbox"/>	<input type="checkbox"/>	PUT 1st BAR CODE HERE PUT 2nd BAR CODE ON RESPONDENT'S FILTER PAPER AND THIRD BAR CODE ON THE BLOOD TRANSMITTAL SHEET.

HAEMOGLOBIN RESULT 1 MEASURED 2 NOT PRESENT 3 REFUSED 6 OTHER
(82)
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

## **INFORMED CONSENT FOR ANAEMIA TESTING**

As part of this survey, we are studying anaemia among women, men, and children under age 6 years. Anaemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This information will assist the government to develop programmes to prevent and treat anaemia.

We request that (you/you and (NAME OF RESPONDENT'S CHILD(REN)/CHILD(REN) IN RESPONDENT'S CARE) born in 2001 or later participate in the anaemia testing part of this survey by giving a few drops of blood from a finger. The test uses disposable sterile instruments that are clean and completely safe. The blood will be tested with new equipment and the results of the test will be given to you immediately. The results will be kept confidential.

Do you have any questions?

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

May I now ask that (you/you and NAME OF RESPONDENT'S CHILD(REN)/CHILD(REN) IN RESPONDENT'S CARE) participate in the anaemia testing. However, if you decide not to have the test(s) done, it is your right and we will respect your decision. Now please tell me if you agree to have the test(s) done.

GO TO COLUMN 79, CIRCLE THE APPROPRIATE CODE, AND SIGN.

IF RESPONDENT IS AGE 15-17 AND NEVER MARRIED, ASK PARENT/GUARDIAN:

Now, will you tell me if you accept that (NAME OF YOUTH(S)) participate in the anaemia testing? GO TO COLUMN 78 AND WRITE THE LINE NUMBER OF THE PARENT/GUARDIAN. ASK FOR THEIR CONSENT. IF THE PARENT/GUARDIAN DOES NOT AGREE, CIRCLE CODE '2' IN COLUMN 79 AND SIGN. IF THE PARENT/GUARDIAN AGREES, READ THE PRECEDING PARAGRAPHS TO THE YOUTH FOR HIS/HER CONSENT, RECORD THE APPROPRIATE CODE IN COLUMN 79, AND SIGN. CIRCLE CODE '1' FOR 'GRANTED' ONLY IF BOTH THE PARENT/GUARDIAN AND THE YOUTH AGREE TO THE TESTING.

## **INFORMED CONSENT FOR HIV TEST FOR MEN AND WOMEN**

In addition to studying anaemia, we are also studying HIV. HIV is the virus that causes AIDS.

In order to determine how prevalent HIV is in India, we are asking women and men throughout India to give a few drops of blood. The drops of blood will be collected from your finger (at the same time as we do your anaemia test) and sent to a laboratory for testing. To ensure complete confidentiality of the collected blood, no individual names will be attached to the blood sample. This means that no one, including me, will be able to trace the blood sample or the test result back to you. Since we are only collecting blood on a filter paper with no other identifying information, we cannot give you the result of the HIV test.

However, whether or not you choose to participate in this effort to estimate the prevalence of HIV in India, you will be given a voucher for a free HIV test at a health clinic where you can get your blood tested for HIV if you want and receive your results.

Do you have any questions?

ANSWER ANY QUESTIONS AND ADDRESS RESPONDENT'S CONCERNS.

I hope you will agree to give a few drops of blood from your finger for this very important country-wide effort, as it will help the government to develop programmes to prevent the spread of HIV and AIDS. However, if you decide not to participate, it is your right and we will respect your decision.

Do you agree to give a few drops of blood for anonymous HIV testing?

GO TO COLUMN 80 AND CIRCLE THE APPROPRIATE CODE AND SIGN.

IF RESPONDENT IS AGE 15-17 AND NEVER MARRIED, ASK THE PARENT/GUARDIAN:

Now, will you tell me if you accept that (NAME OF YOUTH(S)) participate in the HIV testing? IF THE PARENT/GUARDIAN DOES NOT AGREE, CIRCLE CODE '2' IN COLUMN 80 AND SIGN. IF THE PARENT/GUARDIAN AGREES, READ THE PRECEDING PARAGRAPHS TO THE YOUTH FOR HIS/HER CONSENT, RECORD THE APPROPRIATE CODE IN COLUMN 80, AND SIGN. CIRCLE CODE '1' FOR 'GRANTED' ONLY IF BOTH THE PARENT/GUARDIAN AND THE YOUTH AGREE TO THE TESTING.



85	<p>CHECK 81:</p> <p>NUMBER OF PERSONS WITH HAEMOGLOBIN LEVEL BELOW THE CUTOFF POINT OF 7 G/DL.</p> <p style="text-align: center;">             ONE OR MORE <input type="checkbox"/> <span style="margin-left: 200px;">NONE <input type="checkbox"/></span> </p> <p style="text-align: center;">             ↓ <span style="margin-left: 200px;">↓</span> </p> <p>             GIVE EACH WOMAN/MAN/PARENT/RESPONSIBLE ADULT ANAEMIA PAMPHLET WITH RESULT OF HAEMOGLOBIN MEASUREMENT AND CONTINUE WITH 86.*             <span style="margin-left: 100px;">GIVE EACH WOMAN/MAN/PARENT/RESPONSIBLE ADULT ANAEMIA PAMPHLET WITH RESULT OF HAEMOGLOBIN MEASUREMENT AND END INTERVIEW.</span> </p>	
86	<p>We detected a low level of haemoglobin in (your blood/the blood of NAME OF CHILD(REN)). This indicates that (you/NAME OF CHILD(REN)) have severe anaemia, which is a serious health problem. We would like to inform the doctor at _____ about (your condition/the condition of NAME OF CHILD(REN)). This will assist you in obtaining appropriate treatment for the condition. Do you agree that the information about the level of haemoglobin in (your blood/the blood of NAME OF CHILD(REN)) may be given to the doctor?</p>	
	NAME OF PERSON WITH HAEMOGLOBIN BELOW 7 G/DL	NAME OF PARENT/RESPONSIBLE ADULT
	AGREES TO REFERRAL?	
	WOMEN AGE 18-49 AND MEN AGE 18-54	
		YES ..... 1 NO ..... 2
		YES ..... 1 NO ..... 2
		YES ..... 1 NO ..... 2
		YES ..... 1 NO ..... 2
	WOMEN AND MEN AGE 15-17 AND CHILDREN	
		YES ..... 1 NO ..... 2
		YES ..... 1 NO ..... 2
		YES ..... 1 NO ..... 2
		YES ..... 1 NO ..... 2
		YES ..... 1 NO ..... 2
		YES ..... 1 NO ..... 2
		YES ..... 1 NO ..... 2
		YES ..... 1 NO ..... 2
		YES ..... 1 NO ..... 2
		YES ..... 1 NO ..... 2

\* If more than one woman, man, or child is below the cutoff point, read the statement in Q. 86 to each adult who is below the cutoff point and to each parent/responsible adult of a child who is below the cutoff point. For persons age 15-17, circle code '1' only if both the person and the parent/guardian agree that the information may be provided to the doctor.

**CONFIDENTIAL**  
For research  
purposes only

IDENTIFICATION	
STATE _____	[ ] [ ]
DISTRICT _____	
TEHSIL/TALUK _____	
CITY/TOWN/VILLAGE _____	
MEGA CITY/LARGE CITY/SMALL CITY/LARGE TOWN/SMALL TOWN/RURAL ..... (MEGA CITY=1, LARGE CITY=2, SMALL CITY=3, LARGE TOWN=4, SMALL TOWN=5, RURAL=6)	[ ]
PSU NUMBER .....	[ ] [ ] [ ] [ ]
HOUSEHOLD NUMBER .....	[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
NAME AND LINE NUMBER OF WOMAN _____	[ ] [ ] [ ] [ ]
ADDRESS OF HOUSEHOLD _____ _____	
IS WOMAN SELECTED FOR QUESTIONS ON HOUSEHOLD RELATIONS (SECTION 10)? (YES = 1, NO = 2) .....	[ ]

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

\*RESULT CODES:  
 1 COMPLETED      4 REFUSED  
 2 NOT AT HOME      5 PARTLY COMPLETED      7 OTHER \_\_\_\_\_  
 3 POSTPONED      6 INCAPACITATED      (SPECIFY)

NATIVE LANGUAGE OF RESPONDENT\*\*  
 \*\* LANGUAGE CODES: [ ] [ ]

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

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY
NAME _____	NAME _____	[ ] [ ]	[ ] [ ]
DATE _____ [ ] [ ] [ ]	DATE _____ [ ] [ ] [ ]	[ ] [ ]	[ ] [ ]

SECTION 1. RESPONDENT'S BACKGROUND

INTRODUCTION AND INFORMED CONSENT

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

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

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

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

May I begin the interview now?

Signature of interviewer: \_\_\_\_\_ Date: \_\_\_\_\_

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	HOUR ..... <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 PLACE OF RESIDENCE)?  IF LESS THAN ONE YEAR, RECORD '00' YEARS.	YEARS ..... <input type="text"/> <input type="text"/> ALWAYS ..... 95 VISITOR ..... 96	→ 104
103	Just before you moved here, did you live in a city, in a town, or in the countryside?	CITY ..... 1 TOWN ..... 2 COUNTRYSIDE ..... 3	
104	In what month and year were you born?	MONTH ..... <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	
105	How old were you at your last birthday? COMPARE AND CORRECT 104 AND/OR 105 IF INCONSISTENT.	AGE IN COMPLETED YEARS ... <input type="text"/> <input type="text"/>	
106	Have you ever attended school?	YES ..... 1 NO ..... 2	→ 109
107	What is the highest standard you completed?	STANDARD ..... <input type="text"/> <input type="text"/>	

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

**SECTION 2. REPRODUCTION**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
201	Now I would like to ask about all the births you have had during your life. Have you ever given birth?	YES ..... 1 NO ..... 2	→ 206								
202	Do you have any sons or daughters to whom you have given birth who are now living with you?	YES ..... 1 NO ..... 2	→ 204								
203	How many sons live with you?  And how many daughters live with you?  IF NONE, RECORD '00'.	SONS AT HOME ..... <table border="1" data-bbox="1274 447 1377 506"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DAUGHTERS AT HOME ..... <table border="1" data-bbox="1274 520 1377 579"><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 you?	YES ..... 1 NO ..... 2	→ 206								
205	How many sons are alive but do not live with you?  And how many daughters are alive but do not live with you?  IF NONE, RECORD '00'.	SONS ELSEWHERE ..... <table border="1" data-bbox="1274 728 1377 787"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DAUGHTERS ELSEWHERE ..... <table border="1" data-bbox="1274 802 1377 861"><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 or showed signs of life but did not survive?	YES ..... 1 NO ..... 2	→ 208								
207	How many boys have died?  And how many girls have died?  IF NONE, RECORD '00'.	BOYS DEAD ..... <table border="1" data-bbox="1274 1102 1377 1161"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> GIRLS DEAD ..... <table border="1" data-bbox="1274 1176 1377 1234"><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 ..... <table border="1" data-bbox="1274 1272 1377 1331"><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"/> →	→ 227									

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

212 What name was given to your (first/next) baby?  (NAME)	213 Were any of these births twins?	214 Is (NAME) a boy or a girl?	215 In what month and year was (NAME) born?  PROBE:  What is his/her birthday?	216 Is (NAME) still alive?	217 IF ALIVE: How old was (NAME) at his/her last birthday?  RECORD AGE IN 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 '1 YR', PROBE:  How many months old was (NAME)?  RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	221 Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME), including any children who died after birth?
01	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES .. 1 NO ... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2	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	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES .. 1 NO ... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO 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 NO .... 2
03	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES .. 1 NO ... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO 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 NO .... 2
04	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES .. 1 NO ... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO 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 NO .... 2
05	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES .. 1 NO ... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO 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 NO .... 2
06	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES .. 1 NO ... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO 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 NO .... 2
07	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES .. 1 NO ... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO 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 NO .... 2

212 What name was given to your next baby?  (NAME)	213 Were any of these births twins?	214 Is (NAME) a boy or a girl?	215 In what month and year was (NAME) born?  PROBE:  What is his/her birthday?	216 Is (NAME) still alive?	217 IF ALIVE:  How old was (NAME) at his/her last birthday?  RECORD AGE IN 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 '1 YR', PROBE:  How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	221 Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME), including any children who died after birth?	
08	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES .. 1 NO ... 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES ... 1 NO ... 2	LINE NUMBER <input type="text"/> (GO TO 221)	DAYS ... 1 MONTHS 2 YEARS .. 3	YES .... 1 NO .... 2	
09	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES .. 1 NO ... 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES ... 1 NO ... 2	LINE NUMBER <input type="text"/> (GO TO 221)	DAYS ... 1 MONTHS 2 YEARS .. 3	YES .... 1 NO .... 2	
10	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES .. 1 NO ... 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES ... 1 NO ... 2	LINE NUMBER <input type="text"/> (GO TO 221)	DAYS ... 1 MONTHS 2 YEARS .. 3	YES .... 1 NO .... 2	
11	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES .. 1 NO ... 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES ... 1 NO ... 2	LINE NUMBER <input type="text"/> (GO TO 221)	DAYS ... 1 MONTHS 2 YEARS .. 3	YES .... 1 NO .... 2	
12	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES .. 1 NO ... 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES ... 1 NO ... 2	LINE NUMBER <input type="text"/> (GO TO 221)	DAYS ... 1 MONTHS 2 YEARS .. 3	YES .... 1 NO .... 2	
222	Have you had any live births since the birth of (NAME OF LASTBIRTH)? IF YES, RECORD BIRTH(S) IN TABLE.					YES .....	1			
						NO .....	2			
223	Before the birth of (NAME OF FIRST BIRTH), did you have any other live births? IF YES, RECORD BIRTH(S) IN TABLE.					YES .....	1			
						NO .....	2			
224	<p>COMPARE 208 WITH NUMBER OF BIRTHS IN HISTORY ABOVE AND MARK:</p> <p>NUMBERS ARE SAME <input type="checkbox"/> NUMBERS ARE DIFFERENT <input type="checkbox"/> (PROBE AND RECONCILE)</p> <p>CHECK: FOR EACH BIRTH: YEAR OF BIRTH IS RECORDED.</p> <p>FOR EACH LIVING CHILD: CURRENT AGE IS RECORDED.</p> <p>FOR EACH DEAD CHILD: AGE AT DEATH IS RECORDED.</p> <p>FOR AGE AT DEATH 12 MONTHS OR 1 YEAR: PROBE TO DETERMINE EXACT NUMBER OF MONTHS.</p>								<input type="text"/>	<input type="text"/>
225	CHECK 215 AND ENTER THE NUMBER OF BIRTHS IN 2000 OR LATER. IF NONE, RECORD '0'.								<input type="text"/>	<input type="text"/>

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



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
236	Since January 2001, have you had any other pregnancies that did not result in a live birth?	YES ..... 1 NO ..... 2	→ 238								
237	<p>ASK THE DATE AND THE DURATION OF PREGNANCY FOR EACH EARLIER NON-LIVE BIRTH PREGNANCY BACK TO JANUARY 2001.</p> <p>ENTER 'T' IN <b>COLUMN 1</b> OF CALENDAR IN THE MONTH THAT EACH PREGNANCY TERMINATED AND 'P' FOR THE REMAINING NUMBER OF MONTHS.</p> <p>FOR EACH TERMINATED PREGNANCY ASK: At any time this pregnancy, did you have an ultrasound test?</p> <p>RECORD 'Y' IF YES AND 'N' IF NO IN <b>COLUMN 2</b> OF THE CALENDAR IN THE MONTH IN WHICH THE PREGNANCY WAS TERMINATED.</p>										
238	Did you have any pregnancies that terminated before January 2001 that did not result in a live birth?	YES ..... 1 NO ..... 2	→ 240								
239	When did the last such pregnancy that terminated before January 2001 end?	MONTH ..... <table border="1" data-bbox="1240 751 1341 806"><tr><td></td><td></td></tr></table> YEAR ..... <table border="1" data-bbox="1143 810 1341 865"><tr><td></td><td></td><td></td><td></td></tr></table>									
240	When did your last menstrual period start?  _____ (DATE, IF GIVEN)	DAYS AGO ..... 1 <table border="1" data-bbox="1240 894 1341 949"><tr><td></td><td></td></tr></table> WEEKS AGO ..... 2 <table border="1" data-bbox="1240 953 1341 1008"><tr><td></td><td></td></tr></table> MONTHS AGO ..... 3 <table border="1" data-bbox="1240 1012 1341 1066"><tr><td></td><td></td></tr></table> YEARS AGO ..... 4 <table border="1" data-bbox="1240 1071 1341 1125"><tr><td></td><td></td></tr></table> IN MENOPAUSE/ HAS HAD HYSTERECTOMY ... 994 BEFORE LAST BIRTH ..... 995 NEVER MENSTRUATED ..... 996									
241	From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant if she has sexual relations?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 301								
242	Is this time just before her period begins, during her period, right after her period has ended, or halfway between two periods?	JUST BEFORE HER PERIOD BEGINS ..... 1 DURING HER PERIOD ..... 2 RIGHT AFTER HER PERIOD HAS ENDED ..... 3 HALFWAY BETWEEN TWO PERIODS ..... 4 OTHER _____ 6 (SPECIFY) DON'T KNOW ..... 8									

**SECTION 3A. MARRIAGE AND COHABITATION**

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

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

SECTION 3B. CONTRACEPTION

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

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

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
342	<p>CHECK 341/341A, 215 AND 232:</p> <p>ANY BIRTH OR PREGNANCY TERMINATION AFTER MONTH AND YEAR OF START OF USE OF CONTRACEPTION IN 341/341A?</p> <p><b>FOR METHODS OTHER THAN STERILIZATION:</b> GO BACK TO 341/341A, PROBE AND RECORD MONTH AND YEAR AT START OF CONTINUOUS USE OF CURRENT METHOD (MUST BE AFTER LAST BIRTH OR PREGNANCY TERMINATION).</p> <p><b>FOR FEMALE STERILIZATION:</b> GO BACK TO 329. ASK 329 AND FOLLOW CORRECT SKIP PATTERN.</p>	<p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p>	
343	<p>CHECK 341/341A:</p> <p>YEAR IS 2001 OR LATER <input type="checkbox"/></p> <p>ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN <b>COLUMN 1</b> OF THE CALENDAR AND IN EACH MONTH BACK TO THE DATE STARTED USING.</p> <p>THEN CONTINUE WITH 344.</p>	<p>YEAR IS 2000 OR EARLIER <input type="checkbox"/></p> <p>ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN <b>COLUMN 1</b> OF THE CALENDAR AND EACH MONTH BACK TO JANUARY 2001</p> <p>THEN SKIP TO <input type="checkbox"/> 351</p>	
344	<p>I would like to ask you some questions about the times you or your husband/partner may have used a method to avoid getting pregnant during the last few years.</p> <p>USE CALENDAR TO PROBE FOR EARLIER PERIODS OF USE AND NONUSE, STARTING WITH MOST RECENT USE, BACK TO JANUARY 2001. USE NAMES OF CHILDREN, DATES OF BIRTH, AND PERIODS OF PREGNANCY AS REFERENCE POINTS.</p> <p><b>IN COLUMN 1, ENTER METHOD USE CODE OR '0' FOR NONUSE IN EACH BLANK MONTH.</b></p> <p>ILLUSTRATIVE QUESTIONS: <b>COLUMN 1:</b></p> <ul style="list-style-type: none"> <li>* When was the last time you used a method? Which method was that?</li> <li>* When did you start using that method? How long after the birth of (NAME)?</li> <li>* How long did you use the method then?</li> </ul> <p><b>IN COLUMN 4, ENTER CODES FOR DISCONTINUATION IN THE SAME ROW AS THE LAST MONTH OF USE. NUMBER OF CODES IN COLUMN 4 MUST BE SAME AS NUMBER OF INTERRUPTIONS OF METHOD USE IN COLUMN 1.</b></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 TO GET PREGNANT.</p> <p>ILLUSTRATIVE QUESTIONS: <b>COLUMN 4:</b></p> <ul style="list-style-type: none"> <li>* Why did you stop using the (METHOD)?</li> <li>* Did you become pregnant while using (METHOD), did you stop using to get pregnant, or did you stop for some other reason?</li> </ul> <p>IF DELIBERATELY STOPPED TO BECOME PREGNANT, ASK:</p> <ul style="list-style-type: none"> <li>* How many months did it take you to get pregnant after you stopped using (METHOD)? AND ENTER '0' IN EACH SUCH MONTH IN <b>COLUMN 1</b>.</li> </ul>		

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



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

SECTION 3C. CONTACTS WITH HEALTH PERSONNEL

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

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

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

SECTION 4. PREGNANCY, DELIVERY, POSTNATAL CARE AND CHILDREN'S NUTRITION

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

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
410	<p>Where did you receive antenatal care for this pregnancy?</p> <p>Any other place?</p> <p>IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTRE, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL SECTOR, WRITE THE NAME OF THE PLACE(S).</p> <p>_____ (NAME OF PLACE(S))</p> <p>RECORD ALL PLACES MENTIONED.</p>	<p>HOME YOUR HOME ..... A PARENTS' HOME ..... B OTHER HOME ..... C</p> <p>PUB. MED. SECTOR GOVT./MUNIC. HOSPITAL ..... D GOVT. DISP. .... E UHC/UHP/UFWC ..... F CHC/RUR. HOSP./ PHC ..... G SUB-CENTRE ..... H ANGANWADI/ICDS CENTRE ..... I VILLAGE CLINIC BY ANM ..... J OTHER PUBLIC SECT. HEALTH FACILITY ..... K</p> <p>NGO/TRUST HOSP./ CLINIC ..... L</p> <p>PVT. MED. SECTOR PVT. HOSP./ MATERNITY HOME/CLINIC .... M OTHER PVT. SECT. HEALTH FACILITY ..... N</p> <p>OTHER _____ X (SPECIFY)</p>		
411	<p>How many months pregnant were you when you first received antenatal care for this pregnancy?</p>	<p>MONTHS ..... <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>		

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

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



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

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

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

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____								
446	Why didn't you deliver in a health facility?  PROBE:  Any other reason?  RECORD ALL MENTIONED.	COSTS TOO MUCH . . . . A FACILITY NOT OPEN . . . . B TOO FAR/ NO TRANSPORTATION . . . . C DON'T TRUST FACILITY/POOR QUALITY SERVICE . . . . D NO FEMALE PROVID- ER AT FACILITY . . . . E HUSBAND/FAMILY DID NOT ALLOW . . . . F NOT NECESSARY . . . . G NOT CUSTOMARY . . . . H OTHER _____ X (SPECIFY)										
447	At the time of delivery of (NAME) were the following done?  a. Was a disposable delivery kit used?  b. Was the baby immediately wiped dry and then wrapped without being bathed?  c. Was a clean blade used to cut the cord?	YES NO DK  DDK USED . . . 1 2 8  WIPE AND WRAP . . . 1 2 8  BLADE . . . . . 1 2 8										
448	In the two months after (NAME) was born, did any health personnel, anganwadi worker, or a traditional birth attendant check on your health?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 455) ←					YES . . . . . 1 NO . . . . . 2	YES . . . . . 1 NO . . . . . 2				
449	How many hours, days or weeks after delivery did the first check take place?  IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS . . . 1 <table border="1" data-bbox="797 1121 906 1178"><tr><td></td><td></td></tr></table> DAYS . . . . . 2 <table border="1" data-bbox="797 1188 906 1245"><tr><td></td><td></td></tr></table> WEEKS . . . 3 <table border="1" data-bbox="797 1255 906 1312"><tr><td></td><td></td></tr></table> DON'T KNOW . . . . . 998										
450	Who checked on your health at that time?  PROBE FOR MOST QUALIFIED PERSON.	HEALTH PERSONNEL DOCTOR . . . . . 11 ANM/NURSE/ MIDWIFE/LHV . . . . 12 OTHER HEALTH PERSONNEL . . . . . 13  OTHER PERSON DAI (TBA) . . . . . 21  OTHER _____ 96 (SPECIFY)										

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

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____						
456	<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>HRS AFTER BIRTH ..... 1 <table border="1" data-bbox="792 237 906 279"><tr><td></td><td></td></tr></table></p> <p>DAYS AFTER BIRTH ..... 2 <table border="1" data-bbox="792 289 906 331"><tr><td></td><td></td></tr></table></p> <p>WKS AFTER BIRTH ..... 3 <table border="1" data-bbox="792 342 906 384"><tr><td></td><td></td></tr></table></p> <p>DON'T KNOW ..... 998</p>								
457	<p>Who checked on (NAME)'s health at that time?</p> <p>PROBE FOR MOST QUALIFIED PERSON.</p>	<p>HEALTH PERSONNEL DOCTOR ..... 11 ANM/NURSE/ MIDWIFE/LHV .... 12 OTHER HEALTH PERSONNEL ..... 13</p> <p>OTHER PERSON DAI (TBA) ..... 21</p> <p>OTHER _____ 96 (SPECIFY)</p>								
458	<p>Where did this first check of (NAME) take place?</p> <p>IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTRE, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>HOME YOUR HOME ..... 11 PARENTS' HOME ..... 12 OTHER HOME ..... 13</p> <p>PUB. MED. SECTOR GOVT./MUNIC. HOSPITAL ..... 21 GOVT. DISP. .... 22 UHC/UHP/UFWC ..... 23 CHC/RUR. HOSP./ PHC ..... 24 SUB-CENTRE ..... 25 ANGANWADI/ICDS CENTRE ..... 26 OTHER PUB. SECT. HEALTH FACILITY ..... 27</p> <p>NGO/TRUST HOSP./ CLINIC ..... 31</p> <p>PVT. MED. SECTOR PVT. HOSP./ MATERNITY HOME/CLINIC .... 41 OTHER PVT. SECT. HEALTH FACILITY ..... 42</p> <p>OTHER _____ 96 (SPECIFY)</p>								

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

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



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																												
478	<p>CHECK 215 AND 218:</p> <p>HAS AT LEAST ONE CHILD BORN IN 2003 OR LATER AND LIVING WITH HER <input type="checkbox"/></p> <p>RECORD NAME OF YOUNGEST CHILD LIVING WITH HER (AND CONTINUE WITH 479)</p> <p>_____</p> <p>(NAME)</p>	<p>DOES NOT HAVE ANY CHILDREN BORN IN 2003 OR LATER AND LIVING WITH HER <input type="checkbox"/></p>	<p>→ 501</p>																												
479	<p>Now I would like to ask you about liquids (NAME FROM 478) drank yesterday during the day or at night.</p> <p>Did (NAME FROM 478) drink:</p> <p>a. Plain water?</p> <p>b. Commercially produced infant formula?</p> <p>c. Any other milk such as tinned, powdered, or fresh animal milk?</p> <p>d. Fruit juice?</p> <p>e. Tea or coffee?</p> <p>f. Any other liquids?</p>	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>PLAIN WATER .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>FORMULA .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>MILK .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>JUICE .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>TEA/COFFEE .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>OTHER LIQUIDS .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DK	PLAIN WATER .....	1	2	8	FORMULA .....	1	2	8	MILK .....	1	2	8	JUICE .....	1	2	8	TEA/COFFEE .....	1	2	8	OTHER LIQUIDS .....	1	2	8	
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NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																																																												
480	<p>Now I would like to ask you about the food (NAME FROM 478) ate yesterday during the day or at night, either separately or combined with other foods.</p> <p>Did (NAME FROM 478) eat:</p> <p>a. Any porridge or gruel?</p> <p>b. Any commercially fortified baby food such as Cerelac or Farex?</p> <p>c. Any bread, roti, chapati, rice, noodles, biscuits, idli, or any other foods made from grains?</p> <p>d. Any pumpkin, carrots, or sweet potatoes that are yellow or orange inside?</p> <p>e. Any white potatoes, white yams, cassava, or any other foods made from roots?</p> <p>f. Any dark green, leafy vegetables?</p> <p>g. Any ripe mangoes, papayas, cantaloupe, or jackfruit?</p> <p>h. Any other fruits or vegetables?</p> <p>i. Any liver, kidney, heart or other organ meats?</p> <p>j. Any chicken, duck or other birds?</p> <p>k. Any other meat?</p> <p>l. Any eggs?</p> <p>m. Any fresh or dried fish or shellfish?</p> <p>n. Any foods made from beans, peas, or lentils?</p> <p>o. Any nuts?</p> <p>p. Any cheese, yogurt or other milk products?</p> <p>q. Any food made with oil, fat, ghee or butter?</p> <p>r. Any other solid or semi-solid food?</p>	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>a .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>b .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>c .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>d .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>e .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>f .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>g .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>h .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>i .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>j .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>k .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>l .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>m .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>n .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>o .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>p .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>q .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>r .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DK	a .....	1	2	8	b .....	1	2	8	c .....	1	2	8	d .....	1	2	8	e .....	1	2	8	f .....	1	2	8	g .....	1	2	8	h .....	1	2	8	i .....	1	2	8	j .....	1	2	8	k .....	1	2	8	l .....	1	2	8	m .....	1	2	8	n .....	1	2	8	o .....	1	2	8	p .....	1	2	8	q .....	1	2	8	r .....	1	2	8	
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481	<p>CHECK 480: AT LEAST ONE "YES"</p> <p><input type="checkbox"/></p>	<p>NOT A SINGLE "YES" <input type="checkbox"/></p>	<p>→ 501</p>																																																																												
482	<p>How many times did (NAME) eat solid, semisolid, or soft foods other than liquids yesterday during the 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 5. IMMUNIZATION, HEALTH, AND WOMEN'S NUTRITION**

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

NO.	QUESTIONS AND FILTERS	LAST BIRTH			NEXT-TO-LAST BIRTH			SECOND-FROM-LAST BIRTH																																																																																																																																																										
		NAME _____			NAME _____			NAME _____																																																																																																																																																										
509	Do you have a card where (NAME'S) vaccinations are written down? IF YES: May I see it please?	YES, SEEN ..... 1 (SKIP TO 511) ←	YES, SEEN ..... 1 (SKIP TO 511) ←	YES, SEEN ..... 1 (SKIP TO 511) ←	YES, NOT SEEN ..... 2 (SKIP TO 514) ←	YES, NOT SEEN ..... 2 (SKIP TO 514) ←	YES, NOT SEEN ..... 2 (SKIP TO 514) ←	YES, NOT SEEN ..... 2 (SKIP TO 514) ←	YES, NOT SEEN ..... 2 (SKIP TO 514) ←	NO CARD ..... 3	NO CARD ..... 3	NO CARD ..... 3																																																																																																																																																						
510	Did you ever have a vaccination card for (NAME)?	YES ..... 1 (SKIP TO 514) ←	YES ..... 1 (SKIP TO 514) ←	YES ..... 1 (SKIP TO 514) ←	NO ..... 2	NO ..... 2	NO ..... 2	NO ..... 2	NO ..... 2	NO ..... 2	NO ..... 2																																																																																																																																																							
511	<p>(1) COPY VACCINATION DATE FOR EACH VACCINE FROM THE CARD.  (2) WRITE '44' IN 'DAY' COLUMN IF CARD SHOWS THAT A VACCINATION WAS GIVEN, BUT NO DATE IS RECORDED.  (3) IF ONLY PART OF DATE IS SHOWN ON CARD, RECORD '98' OR '9998' FOR 'DON'T KNOW' IN THE COLUMN FOR WHICH INFORMATION IS NOT GIVEN.</p> <table border="1"> <thead> <tr> <th rowspan="2"></th> <th colspan="3">LAST BIRTH</th> <th colspan="3">NEXT-TO-LAST BIRTH</th> <th colspan="3">SECOND-FROM-LAST BIRTH</th> </tr> <tr> <th>DAY</th> <th>MONTH</th> <th>YEAR</th> <th>DAY</th> <th>MONTH</th> <th>YEAR</th> <th>DAY</th> <th>MONTH</th> <th>YEAR</th> </tr> </thead> <tbody> <tr> <td>BCG</td> <td></td><td></td><td></td> <td>BCG</td> <td></td><td></td><td></td> <td>BCG</td> <td></td><td></td><td></td> </tr> <tr> <td>POLIO 0 (POLIO GIVEN AT BIRTH)</td> <td></td><td></td><td></td> <td>P0</td> <td></td><td></td><td></td> <td>P0</td> <td></td><td></td><td></td> </tr> <tr> <td>POLIO 1</td> <td></td><td></td><td></td> <td>P1</td> <td></td><td></td><td></td> <td>P1</td> <td></td><td></td><td></td> </tr> <tr> <td>POLIO 2</td> <td></td><td></td><td></td> <td>P2</td> <td></td><td></td><td></td> <td>P2</td> <td></td><td></td><td></td> </tr> <tr> <td>POLIO 3</td> <td></td><td></td><td></td> <td>P3</td> <td></td><td></td><td></td> <td>P3</td> <td></td><td></td><td></td> </tr> <tr> <td>DPT 1</td> <td></td><td></td><td></td> <td>D1</td> <td></td><td></td><td></td> <td>D1</td> <td></td><td></td><td></td> </tr> <tr> <td>DPT 2</td> <td></td><td></td><td></td> <td>D2</td> <td></td><td></td><td></td> <td>D2</td> <td></td><td></td><td></td> </tr> <tr> <td>DPT 3</td> <td></td><td></td><td></td> <td>D3</td> <td></td><td></td><td></td> <td>D3</td> <td></td><td></td><td></td> </tr> <tr> <td>MEASLES</td> <td></td><td></td><td></td> <td>MEA</td> <td></td><td></td><td></td> <td>MEA</td> <td></td><td></td><td></td> </tr> <tr> <td>VITAMIN A (LAST DOSE)</td> <td></td><td></td><td></td> <td>VIT A</td> <td></td><td></td><td></td> <td>VIT A</td> <td></td><td></td><td></td> </tr> <tr> <td>VITAMIN A (NEXT-TO-LAST DOSE)</td> <td></td><td></td><td></td> <td>VIT A</td> <td></td><td></td><td></td> <td>VIT A</td> <td></td><td></td><td></td> </tr> </tbody> </table>												LAST BIRTH			NEXT-TO-LAST BIRTH			SECOND-FROM-LAST BIRTH			DAY	MONTH	YEAR	DAY	MONTH	YEAR	DAY	MONTH	YEAR	BCG				BCG				BCG				POLIO 0 (POLIO GIVEN AT BIRTH)				P0				P0				POLIO 1				P1				P1				POLIO 2				P2				P2				POLIO 3				P3				P3				DPT 1				D1				D1				DPT 2				D2				D2				DPT 3				D3				D3				MEASLES				MEA				MEA				VITAMIN A (LAST DOSE)				VIT A				VIT A				VITAMIN A (NEXT-TO-LAST DOSE)				VIT A				VIT A			
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512	CHECK 511:	BCG' TO 'MEASLES' FILLED <input type="checkbox"/> OTHER <input type="checkbox"/> (SKIP TO 517) ←			BCG' TO 'MEASLES' FILLED <input type="checkbox"/> OTHER <input type="checkbox"/> (SKIP TO 517) ←			BCG' TO 'MEASLES' FILLED <input type="checkbox"/> OTHER <input type="checkbox"/> (SKIP TO 517) ←																																																																																																																																																										

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

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

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

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



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

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

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

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

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



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

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





SECTION 5A. UTILIZATION OF ICDS SERVICES

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

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

SECTION 6. SEXUAL LIFE

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

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

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

SECTION 7. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
701	CHECK 301: NEVER MARRIED <input type="checkbox"/>		→ 714								
702	CHECK 330/330A: CODE 'A' OR CODE 'B' CIRCLED <input type="checkbox"/> OTHER <input type="checkbox"/>		→ 714								
703	CHECK 227:  <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;">                         NOT PREGNANT OR UNSURE <input type="checkbox"/>                          ↓                          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?                     </div> <div style="text-align: center;">                         PREGNANT <input type="checkbox"/>                          ↓                          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?                     </div> </div>	HAVE (A/ANOTHER) CHILD ..... 1 NO MORE/NONE ..... 2 → 705 SAYS SHE CAN'T GET PREGNANT ... 3 → 714 UNDECIDED/DON'T KNOW: AND PREGNANT ..... 4 → 711 AND NOT PREGNANT OR UNSURE ..... 5 → 709									
704	CHECK 227:  <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;">                         NOT PREGNANT OR UNSURE <input type="checkbox"/>                          ↓                          How long would you like to wait from now before the birth of (a/another) child?                     </div> <div style="text-align: center;">                         PREGNANT <input type="checkbox"/>                          ↓                          After the birth of the child you are expecting now, how long would you like to wait before the birth of another child?                     </div> </div>	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/NOW ..... 993 → 709 SAYS SHE CAN'T GET PREGNANT 994 → 714  OTHER _____ 996 (SPECIFY) DON'T KNOW ..... 998 → 709									
705	CHECK 227:  NOT PREGNANT OR UNSURE <input type="checkbox"/> ↓ PREGNANT <input type="checkbox"/>		→ 711								
706	CHECK 329: USING A CONTRACEPTIVE METHOD?  NOT ASKED <input type="checkbox"/> NOT CURRENTLY USING <input type="checkbox"/> CURRENTLY USING <input type="checkbox"/>		→ 714								
707	CHECK 704:  NOT ASKED <input type="checkbox"/> 24 OR MORE MONTHS OR 02 OR MORE YEARS <input type="checkbox"/> 00-23 MONTHS OR 00-01 YEAR <input type="checkbox"/>		→ 711								

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





NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																
716	In the last few months have you heard or seen any message about family planning:  a. On the radio?  b. On the television?  c. In a newspaper or magazine?  d. On a wall painting or hoarding?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>RADIO .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>TELEVISION .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>NEWSPAPER OR MAGAZINE .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>WALL PAINTING OR HOARDING .</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	RADIO .....	1	2	TELEVISION .....	1	2	NEWSPAPER OR MAGAZINE .....	1	2	WALL PAINTING OR HOARDING .	1	2		
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TELEVISION .....	1	2																	
NEWSPAPER OR MAGAZINE .....	1	2																	
WALL PAINTING OR HOARDING .	1	2																	
717	CHECK 301:  CURRENTLY MARRIED <input type="checkbox"/>	OTHER <input type="checkbox"/>	→ 723																
718	CHECK 330/330A:  CODE 'B' OR 'G' OR 'L' CIRCLED <input type="checkbox"/>  NO CODE CIRCLED <input type="checkbox"/>  OTHER <input type="checkbox"/>		→ 720  → 722																
719	Does your husband know that you are using a method of family planning?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 721																
720	Would you say that using contraception is mainly your decision, mainly your husband's decision, or did you both decide together?	MAINLY RESPONDENT ..... 1 MAINLY HUSBAND ..... 2 JOINT DECISION ..... 3 OTHER ..... 6																	
721	CHECK 330/330A:  CODE 'A' OR CODE 'B' CIRCLED <input type="checkbox"/>  OTHER <input type="checkbox"/>		→ 723																
722	Do you think your husband wants the same number of children that you want, or does he want more or fewer than you want?	SAME NUMBER ..... 1 MORE CHILDREN ..... 2 FEWER CHILDREN ..... 3 DON'T KNOW ..... 8																	
723	Husbands and wives do not always agree on everything. Please tell me if you think a wife is justified in refusing to have sex with her husband when:  a. She knows her husband has a sexually transmitted disease.  b. She knows her husband has sex with other women.  c. She is tired or not in the mood.	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> <th style="text-align: center;">DON'T KNOW</th> </tr> </thead> <tbody> <tr> <td>HAS STD .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>OTHER WOMEN .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>TIRED/NOT IN MOOD .</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> </tbody> </table>		YES	NO	DON'T KNOW	HAS STD .....	1	2	8	OTHER WOMEN .....	1	2	8	TIRED/NOT IN MOOD .	1	2	8	
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**SECTION 8. HUSBAND'S BACKGROUND AND WOMAN'S WORK**



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



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																
823	Do you have any money of your own that you alone can decide how to use?	YES ..... 1 NO ..... 2																																	
824	Are you usually allowed to go to the following places alone, only with someone else, or not at all?  a. To the market?  b. To the health facility?  c. To places outside this (village/community)?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>ALONE</th> <th>WITH SOMEONE ELSE ONLY</th> <th>NOT AT ALL</th> </tr> </thead> <tbody> <tr> <td>MKT .....</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>HEALTH .....</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>OUT .....</td> <td>1</td> <td>2</td> <td>3</td> </tr> </tbody> </table>		ALONE	WITH SOMEONE ELSE ONLY	NOT AT ALL	MKT .....	1	2	3	HEALTH .....	1	2	3	OUT .....	1	2	3																	
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825	Do you have a bank or savings account that you yourself use?	YES ..... 1 NO ..... 2																																	
826	Do you know of any programmes in this area that give loans to women to start or expand a business of their own?	YES ..... 1 NO ..... 2	→ 828																																
827	Have you yourself ever taken a loan, in cash or in kind, from any of these programmes, to start or expand a business?	YES ..... 1 NO ..... 2																																	
828	PRESENCE OF OTHERS AT THIS POINT (PRESENT AND LISTENING, PRESENT BUT NOT LISTENING, OR NOT PRESENT)	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>PRES./ LISTEN.</th> <th>PRES./ NOT LISTEN.</th> <th>NOT PRES.</th> </tr> </thead> <tbody> <tr> <td>CHILDREN &lt; 10 .....</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>HUSBAND .....</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>OTHER MALES .....</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>OTHER FEMALES ...</td> <td>1</td> <td>2</td> <td>3</td> </tr> </tbody> </table>		PRES./ LISTEN.	PRES./ NOT LISTEN.	NOT PRES.	CHILDREN < 10 .....	1	2	3	HUSBAND .....	1	2	3	OTHER MALES .....	1	2	3	OTHER FEMALES ...	1	2	3													
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829	Sometimes a husband is annoyed or angered by things that his wife does. In your opinion, is a husband justified in hitting or beating his wife in the following situations:  a. If she goes out without telling him?  b. If she neglects the house or the children?  c. If she argues with him?  d. If she refuses to have sex with him?  e. If she doesn't cook food properly?  f. If he suspects her of being unfaithful?  g. If she shows disrespect for in-laws?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DON'T KNOW</th> </tr> </thead> <tbody> <tr> <td>GOES OUT .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>NEGL. CHILDREN ..</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>ARGUES .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>REFUSES SEX ...</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>POOR COOKING ...</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>UNFAITHFUL .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>DISRESPECT .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DON'T KNOW	GOES OUT .....	1	2	8	NEGL. CHILDREN ..	1	2	8	ARGUES .....	1	2	8	REFUSES SEX ...	1	2	8	POOR COOKING ...	1	2	8	UNFAITHFUL .....	1	2	8	DISRESPECT .....	1	2	8	
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SECTION 9. HIV/AIDS AND OTHER SEXUALLY TRANSMITTED INFECTIONS

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

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





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

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																																																																																																
936	<p>Now I would like to ask your opinion about family life education for children.</p> <p>For each of the following, please tell me whether or not it should be taught in school, and if yes, at what age the topic should first be taught.</p>	936B: At what age should boys first be taught this topic in school?																																																																																																																	
936A	<p>First we will talk about boys. Should boys be taught in school about_____ ?</p> <p>a. Moral values</p> <p>b. Changes in boys' bodies at puberty</p> <p>c. Changes in girls' bodies at puberty, including menstruation</p> <p>d. Sex and sexual behaviour</p> <p>e. Contraception</p> <p>f. HIV/AIDS</p> <p>g. Condom use to avoid sexually transmitted diseases</p>	<table border="1"> <thead> <tr> <th colspan="2"></th> <th colspan="5">AT AGE</th> </tr> <tr> <th colspan="2"></th> <th>&lt;10</th> <th>10-12</th> <th>13-15</th> <th>16 OR OLDER</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>YES</td> <td>1 →</td> <td>a. 1</td> <td>2</td> <td>3</td> <td>4</td> <td>8</td> </tr> <tr> <td>NO</td> <td>2</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>YES</td> <td>1 →</td> <td>b. 1</td> <td>2</td> <td>3</td> <td>4</td> <td>8</td> </tr> <tr> <td>NO</td> <td>2</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>YES</td> <td>1 →</td> <td>c. 1</td> <td>2</td> <td>3</td> <td>4</td> <td>8</td> </tr> <tr> <td>NO</td> <td>2</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>YES</td> <td>1 →</td> <td>d. 1</td> <td>2</td> <td>3</td> <td>4</td> <td>8</td> </tr> <tr> <td>NO</td> <td>2</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>YES</td> <td>1 →</td> <td>e. 1</td> <td>2</td> <td>3</td> <td>4</td> <td>8</td> </tr> <tr> <td>NO</td> <td>2</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>YES</td> <td>1 →</td> <td>f. 1</td> <td>2</td> <td>3</td> <td>4</td> <td>8</td> </tr> <tr> <td>NO</td> <td>2</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>YES</td> <td>1 →</td> <td>g. 1</td> <td>2</td> <td>3</td> <td>4</td> <td>8</td> </tr> <tr> <td>NO</td> <td>2</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>			AT AGE							<10	10-12	13-15	16 OR OLDER	DK	YES	1 →	a. 1	2	3	4	8	NO	2						YES	1 →	b. 1	2	3	4	8	NO	2						YES	1 →	c. 1	2	3	4	8	NO	2						YES	1 →	d. 1	2	3	4	8	NO	2						YES	1 →	e. 1	2	3	4	8	NO	2						YES	1 →	f. 1	2	3	4	8	NO	2						YES	1 →	g. 1	2	3	4	8	NO	2						
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936C	<p>Now let us talk about girls. Should girls be taught in school about_____ ?</p> <p>a. Moral values</p> <p>b. Changes in boys' bodies at puberty</p> <p>c. Changes in girls' bodies at puberty, including menstruation</p> <p>d. Sex and sexual behaviour</p> <p>e. Contraception</p> <p>f. HIV/AIDS</p> <p>g. Condom use to avoid sexually transmitted diseases</p>	<p>936D: At what age should girls first be taught this topic in school?</p> <table border="1"> <thead> <tr> <th colspan="2"></th> <th colspan="5">AT AGE</th> </tr> <tr> <th colspan="2"></th> <th>&lt;10</th> <th>10-12</th> <th>13-15</th> <th>16 OR OLDER</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>YES</td> <td>1 →</td> <td>a. 1</td> <td>2</td> <td>3</td> <td>4</td> <td>8</td> </tr> <tr> <td>NO</td> <td>2</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>YES</td> <td>1 →</td> <td>b. 1</td> <td>2</td> <td>3</td> <td>4</td> <td>8</td> </tr> <tr> <td>NO</td> <td>2</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>YES</td> <td>1 →</td> <td>c. 1</td> <td>2</td> <td>3</td> <td>4</td> <td>8</td> </tr> <tr> <td>NO</td> <td>2</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>YES</td> <td>1 →</td> <td>d. 1</td> <td>2</td> <td>3</td> <td>4</td> <td>8</td> </tr> <tr> <td>NO</td> <td>2</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>YES</td> <td>1 →</td> <td>e. 1</td> <td>2</td> <td>3</td> <td>4</td> <td>8</td> </tr> <tr> <td>NO</td> <td>2</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>YES</td> <td>1 →</td> <td>f. 1</td> <td>2</td> <td>3</td> <td>4</td> <td>8</td> </tr> <tr> <td>NO</td> <td>2</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>YES</td> <td>1 →</td> <td>g. 1</td> <td>2</td> <td>3</td> <td>4</td> <td>8</td> </tr> <tr> <td>NO</td> <td>2</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>			AT AGE							<10	10-12	13-15	16 OR OLDER	DK	YES	1 →	a. 1	2	3	4	8	NO	2						YES	1 →	b. 1	2	3	4	8	NO	2						YES	1 →	c. 1	2	3	4	8	NO	2						YES	1 →	d. 1	2	3	4	8	NO	2						YES	1 →	e. 1	2	3	4	8	NO	2						YES	1 →	f. 1	2	3	4	8	NO	2						YES	1 →	g. 1	2	3	4	8	NO	2						
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SECTION 10. HOUSEHOLD RELATIONS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																												
1000	<p>CHECK FRONT COVER: WOMAN SELECTED FOR THIS SECTION?</p> <p align="center">                     YES <input type="checkbox"/>                       ↓                 </p>	<p align="center">                     NO <input type="checkbox"/> → 1028                 </p>																													
1001	<p>CHECK FOR PRESENCE OF OTHERS: DO NOT CONTINUE UNTIL EFFECTIVE PRIVACY IS ENSURED.</p> <p>                     PRIVACY OBTAINED ..... 1 ↓                          PRIVACY NOT POSSIBLE ..... 2 →                 </p>		1027																												
<p>READ TO THE RESPONDENT</p> <p>Now I would like to ask you questions about some other important aspects of a woman's life. I know that some of these questions are very personal. However, your answers are crucial for helping to understand the condition of women in India. Let me assure you that your answers are completely confidential and will not be told to anyone and no one else will know that you were asked these questions.</p>																															
1002	<p>CHECK 301 AND 308:</p> <p>                     CURRENTLY MARRIED <input type="checkbox"/> ↓                          FORMERLY MARRIED <input type="checkbox"/> ↓ (1003 TO 1013: READ IN PAST TENSE)                          MARRIED MORE THAN ONCE <input type="checkbox"/> ↓ (1003 TO 1013: REFER TO CURRENT/LAST HUSBAND ONLY)                          NEVER MARRIED OR MARRIED, GAUNA NOT PERFORMED <input type="checkbox"/> →                 </p>		1014																												
1003	<p>First, I am going to ask you about some situations which happen to some women. Please tell me if these apply to your relationship with your (last) husband.</p> <p>a. He (is/was) jealous or angry if you (talk/talked) to other men.</p> <p>b. He frequently (accuses/accused) you of being unfaithful.</p> <p>c. He (does/did) not permit you to meet your female friends.</p> <p>d. He (tries/tried) to limit your contact with your family.</p> <p>e. He (insists/insisted) on knowing where you (are/were) at all times.</p> <p>f. He (does/did) not trust you with any money.</p>	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>JEALOUS .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>ACCUSES .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>NOT MEET FRIENDS .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>NO FAMILY .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>WHERE YOU ARE .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>MONEY .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DK	JEALOUS .....	1	2	8	ACCUSES .....	1	2	8	NOT MEET FRIENDS .....	1	2	8	NO FAMILY .....	1	2	8	WHERE YOU ARE .....	1	2	8	MONEY .....	1	2	8	
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1004A	<p>Now if you will permit me, I need to ask some more questions about your relationship with your (last) husband.</p> <p>(Does/did) your (last) husband ever:</p> <p>a. Say or do something to humiliate you in front of others?</p> <p>b. Threaten to hurt or harm you or someone close to you?</p> <p>c. Insult you or make you feel bad about yourself?</p>	<p><b>CHECK 301: ASK ONLY IF RESPONDENT IS NOT A WIDOW</b></p> <p>1004B How often did this happen during the last 12 months: often, only sometimes, or not at all?</p> <table border="1"> <thead> <tr> <th></th> <th>OFTEN</th> <th>SOME-TIMES</th> <th>NOT AT ALL</th> </tr> </thead> <tbody> <tr> <td>a. YES 1 →</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>NO 2</td> <td></td> <td></td> <td></td> </tr> <tr> <td>b. YES 1 →</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>NO 2</td> <td></td> <td></td> <td></td> </tr> <tr> <td>c. YES 1 →</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>NO 2</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		OFTEN	SOME-TIMES	NOT AT ALL	a. YES 1 →	1	2	3	NO 2				b. YES 1 →	1	2	3	NO 2				c. YES 1 →	1	2	3	NO 2				
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NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																																		
1005A	(Does/did) your (last) husband ever do any of the following things to you:	1005B <b>CHECK 301: ASK ONLY IF RESPONDENT IS NOT A WIDOW</b>  How often did this happen during the last 12 months: often, only sometimes, or not at all?																																																			
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1006	CHECK 1005A (a-i): AT LEAST ONE 'YES' <input type="checkbox"/> NOT A SINGLE 'YES' <input type="checkbox"/>		→ 1009															
1007	How long after you first got married to your (last) husband did (this/any of these things) first happen?  IF LESS THAN ONE YEAR, RECORD '00'.	NUMBER OF YEARS ..... <input type="text"/> <input type="text"/> BEFORE MARRIAGE ..... 95																
1008	Did the following ever happen as a result of what your (last) husband did to you at any time:  a. You had cuts, bruises or aches? b. You had severe burns? c. You had eye injuries, sprains, dislocations, or minor burns? d. You had deep wounds, broken bones, broken teeth, or any other serious injury?	<table border="0"> <tr> <td></td> <td style="text-align: right;">YES</td> <td style="text-align: right;">NO</td> </tr> <tr> <td>CUTS/BRUISES .....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>SEVERE BURNS .....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>EYE INJURIES, SPRAINS DISLOCATIONS, ETC. ...</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>OTHER SERIOUS INJURY ...</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> </table>		YES	NO	CUTS/BRUISES .....	1	2	SEVERE BURNS .....	1	2	EYE INJURIES, SPRAINS DISLOCATIONS, ETC. ...	1	2	OTHER SERIOUS INJURY ...	1	2	
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OTHER SERIOUS INJURY ...	1	2																
1009	Have you ever hit, slapped, kicked, or done anything else to physically hurt your (last) husband at times when he was not already beating or physically hurting you?	YES ..... 1 NO ..... 2	→ 1012															
1010	CHECK 301: RESPONDENT IS NOT A WIDOW <input type="checkbox"/> RESPONDENT IS A WIDOW <input type="checkbox"/>		→ 1012															
1011	In the last 12 months, how often have you done this to your husband: often, only sometimes, or not at all?	OFTEN ..... 1 SOMETIMES ..... 2 NOT AT ALL ..... 3																
1012	Does (did) your husband drink alcohol?	YES ..... 1 NO ..... 2	→ 1014															
1013	How often does (did) he get drunk: often, only sometimes, or never?	OFTEN ..... 1 SOMETIMES ..... 2 NEVER ..... 3																
1014	CHECK 301: <input type="checkbox"/> NEVER MARRIED OR MARRIED, GAUNA NOT PERFORMED <input type="checkbox"/> EVER MARRIED  From the time you were 15 years old has anyone ever hit, slapped, kicked, or done anything else to hurt you physically?                        From the time you were 15 years old has anyone other than your (current/last) husband hit, slapped, kicked, or done anything else to hurt you physically?	YES ..... 1 NO ..... 2 REFUSED TO ANSWER/ NO ANSWER ..... 3	→ 1017															

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1015	<p>Who has hurt you in this way?</p> <p>Anyone else?</p> <p>RECORD ALL MENTIONED.</p>	MOTHER/STEP-MOTHER ..... A FATHER/STEP-FATHER ..... B SISTER/BROTHER ..... C DAUGHTER/SON ..... D OTHER RELATIVE ..... E FORMER HUSBAND/PARTNER ..... F CURRENT BOYFRIEND ..... G FORMER BOYFRIEND ..... H MOTHER-IN-LAW ..... I FATHER-IN-LAW ..... J OTHER IN-LAW ..... K TEACHER ..... L EMPLOYER/SOMEONE AT WORK ..... M POLICE/SOLDIER ..... N  OTHER _____ X (SPECIFY)	
1016	<p>In the last 12 months, how often have you been hit, slapped, kicked, or physically hurt by this/these person(s): often, only sometimes, or not at all?</p>	OFTEN ..... 1 SOMETIMES ..... 2 NOT AT ALL ..... 3	
1017	<p>At any time in your life, as a child or as an adult, has anyone ever <u>forced you in any way</u> to have sexual intercourse or perform any other sexual acts?</p>	YES ..... 1 NO ..... 2 REFUSED TO ANSWER/ NO ANSWER ..... 3	<div style="border: 1px solid black; width: 20px; height: 20px; margin-left: auto; margin-right: 0;"></div> <div style="margin-left: 5px;">1021</div>
1018	<p>How old were you the first time you were forced to have sexual intercourse or perform any other sexual acts?</p>	AGE IN COMPLETED YEARS ..... <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> DON'T KNOW ..... 98	
1019	<p>Who was the person who was forcing you at that time?</p>	CURRENT HUSBAND ..... 01 FORMER HUSBAND ..... 02 CURRENT/FORMER BOYFRIEND ..... 03 FATHER ..... 04 STEP-FATHER ..... 05 OTHER RELATIVE ..... 06 IN-LAW ..... 07 OWN FRIEND/ACQUAINTANCE ..... 08 FAMILY FRIEND ..... 09 TEACHER ..... 10 EMPLOYER/SOMEONE AT WORK ..... 11 POLICE/SOLDIER ..... 12 PRIEST/RELIGIOUS LEADER ..... 13 STRANGER ..... 14  OTHER _____ 96	
1020	<p>CHECK 301:</p> <p><input type="checkbox"/> NEVER MARRIED OR MARRIED, GAUNA NOT PERFORMED      <input type="checkbox"/> EVER MARRIED</p> <p>In the last 12 months has anyone forced you to have sexual intercourse or perform any other sexual acts against your will?</p> <p>In the last 12 months, has anyone other than your (current/last) husband forced you to have sexual intercourse or perform any other sexual acts against your will?</p>	YES ..... 1 NO ..... 2 REFUSED TO ANSWER/ NO ANSWER ..... 3	

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

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

1026	DID YOU HAVE TO INTERRUPT THIS SECTION OF THE INTERVIEW BECAUSE SOME ADULT WAS TRYING TO LISTEN, OR CAME INTO THE ROOM, OR INTERFERED IN ANY OTHER WAY?	<table border="1"> <thead> <tr> <th></th> <th>YES ONCE</th> <th>YES, MORE THAN ONCE</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>HUSBAND</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>OTHER MALE ADULT</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>FEMALE ADULT</td> <td>1</td> <td>2</td> <td>3</td> </tr> </tbody> </table>		YES ONCE	YES, MORE THAN ONCE	NO	HUSBAND	1	2	3	OTHER MALE ADULT	1	2	3	FEMALE ADULT	1	2	3	
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1027	INTERVIEWER'S COMMENTS / EXPLANATION FOR NOT COMPLETING THE DOMESTIC VIOLENCE MODULE  _____  _____  _____																		
1028	RECORD THE TIME.	HOUR ..... <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> MINUTES ..... <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>																	



INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

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COMMENTS ON SPECIFIC QUESTIONS:

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ANY OTHER COMMENTS:

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SUPERVISOR'S OBSERVATIONS

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NAME OF SUPERVISOR: \_\_\_\_\_ DATE: \_\_\_\_\_

EDITOR'S OBSERVATIONS

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NAME OF EDITOR: \_\_\_\_\_ DATE: \_\_\_\_\_

**INSTRUCTIONS:**

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

INFORMATION TO BE CODED FOR EACH COLUMN

**COL. 1: BIRTHS, PREGNANCIES, CONTRACEPTIVE USE**

- B BIRTHS
- P PREGNANCIES
- T TERMINATIONS
  
- 0 NO METHOD
- 1 FEMALE STERILIZATION
- 2 MALE STERILIZATION
- 3 PILL
- 4 IUD/LOOP
- 5 INJECTABLES
- 6 IMPLANTS
- 7 CONDOM/NIRODH
- 8 FEMALE CONDOM
- 9 DIAPHRAGM
- J FOAM OR JELLY
- L RHYTHM METHOD
- M WITHDRAWAL
- X OTHER \_\_\_\_\_

(SPECIFY)

**COL. 2: ULTRASOUND CONDUCTED DURING PREGNANCY**

- Y YES
- N NO

**COL. 3: MARRIAGE**

- X MARRIED
- N MARRIED, GAUNA NOT PERFORMED
- 0 NOT MARRIED

**COL. 4: DISCONTINUATION OF CONTRACEPTIVE USE**

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

(SPECIFY)

- Z DONT KNOW

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



CONFIDENTIAL  
 For research  
 purposes only

IDENTIFICATION					
STATE _____	<table border="1" style="margin-left: auto; margin-right: auto;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>				
DISTRICT _____					
TEHSIL/TALUK _____					
CITY/TOWN/VILLAGE _____					
MEGA CITY/LARGE CITY/SMALL CITY/LARGE TOWN/SMALL TOWN/RURAL ..... (MEGA CITY=1, LARGE CITY=2, SMALL CITY=3, LARGE TOWN =4, SMALL TOWN=5, RURAL=6)	<table border="1" style="margin-left: auto; margin-right: auto;"> <tr><td style="width: 20px; height: 20px;"></td></tr> </table>				
PSU NUMBER .....	<table border="1" style="margin-left: auto; margin-right: auto;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>				
HOUSEHOLD NUMBER .....	<table border="1" style="margin-left: auto; margin-right: auto;"> <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>				
NAME AND LINE NUMBER OF MAN _____	<table border="1" style="margin-left: auto; margin-right: auto;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>				
ADDRESS OF HOUSEHOLD _____ _____					

INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY MONTH YEAR
INTERVIEWER'S NAME	_____	_____	_____	INT. NUMBER
RESULT*	_____	_____	_____	RESULT CODE
NEXT VISIT: DATE TIME	_____	_____	_____	TOTAL NUMBER OF VISITS
*RESULT CODES: 1 COMPLETED      4 REFUSED 2 NOT AT HOME      5 PARTLY COMPLETED      7 OTHER _____ 3 POSTPONED      6 INCAPACITATED      (SPECIFY)				
NATIVE LANGUAGE OF RESPONDENT** ** LANGUAGE CODES: 01 ASSAMESE      06 KANNADA      11 MARATHI      16 TAMIL 02 BENGALI      07 KASHMIRI      12 NEPALI      17 TELUGU 03 ENGLISH      08 KONKANI      13 ORIYA      18 URDU 04 GUJARATI      09 MALAYALAM      14 PUNJABI      19 OTHER _____ 05 HINDI      10 MANIPURI      15 SINDHI      (SPECIFY)				

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

SECTION 1. RESPONDENT'S BACKGROUND

INTRODUCTION AND INFORMED CONSENT

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

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

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

ANSWER ANY QUESTIONS AND ADDRESS RESPONDENT'S CONCERNS.

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

May I begin the interview now?

Signature of interviewer: \_\_\_\_\_ Date: \_\_\_\_\_

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	HOUR ..... <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 PLACE OF RESIDENCE)?  IF LESS THAN ONE YEAR, RECORD '00' YEARS.	YEARS ..... <input type="text"/> <input type="text"/> ALWAYS ..... 95 VISITOR ..... 96	→ 104
103	Just before you moved here, did you live in a city, in a town, or in the countryside?	CITY ..... 1 TOWN ..... 2 COUNTRYSIDE ..... 3	
104	In the last 12 months, on how many separate occasions have you traveled away from your home community for at least one night?	NUMBER OF TRIPS AWAY .. <input type="text"/> <input type="text"/> NONE ..... 00	→ 106
105	In the last 12 months, have you been away from your home community for more than 1 month at a time?	YES ..... 1 NO ..... 2	
106	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	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
107	How old were you at your last birthday?  COMPARE AND CORRECT 106 AND/OR 107 IF INCONSISTENT.	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	
108	Have you ever attended school?	YES ..... 1 NO ..... 2	→ 111
109	What is the highest standard you completed?	STANDARD ..... <input type="text"/> <input type="text"/>	
110	CHECK 109:  STANDARD 0-5 <input type="checkbox"/> STANDARD 6 AND ABOVE <input type="checkbox"/>		→ 114
111	Now I would like you to read this sentence to me.  SHOW A SENTENCE FROM THE LITERACY 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 PARTS OF SENTENCE ..... 2 ABLE TO READ WHOLE SENTENCE ..... 3 NO CARD WITH REQUIRED LANGUAGE ..... 4 (SPECIFY LANGUAGE) BLIND/VISUALLY IMPAIRED ..... 5	
112	Have you ever participated in a literacy programme or any other programme that involves learning to read or write (not including primary school)?	YES ..... 1 NO ..... 2	
113	CHECK 111:  CODE '2', '3' OR '4' CIRCLED <input type="checkbox"/> CODE '1' OR '5' CIRCLED <input type="checkbox"/>		→ 115
114	Do you read a newspaper or magazine almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY ..... 1 AT LEAST ONCE A WEEK ..... 2 LESS THAN ONCE A WEEK ..... 3 NOT AT ALL ..... 4	
115	Do you listen to the radio almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY ..... 1 AT LEAST ONCE A WEEK ..... 2 LESS THAN ONCE A WEEK ..... 3 NOT AT ALL ..... 4	
116	Do you watch television almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY ..... 1 AT LEAST ONCE A WEEK ..... 2 LESS THAN ONCE A WEEK ..... 3 NOT AT ALL ..... 4	
117	Do you usually go to a cinema hall or theatre to see a movie at least once a month?	YES ..... 1 NO ..... 2	
118	What is your religion?	HINDU ..... 01 MUSLIM ..... 02 CHRISTIAN ..... 03 SIKH ..... 04 BUDDHIST/NEO-BUDDHIST ..... 05 JAIN ..... 06 JEWISH ..... 07 PARSI/ZOROASTRIAN ..... 08 NO RELIGION ..... 09  OTHER ..... 96 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
119	What is your caste or tribe?	CASTE _____ 1 (SPECIFY) TRIBE _____ 2 (SPECIFY) NO CASTE/TRIBE ..... 3 DON'T KNOW ..... 8	→ 121
120	Do you belong to a scheduled caste, a scheduled tribe, other backward class, or none of these?	SCHEDULED CASTE ..... 1 SCHEDULED TRIBE ..... 2 OBC ..... 3 NONE OF THEM ..... 4	
121	Have you done any work in the last seven days?	YES ..... 1 NO ..... 2	→ 125
122	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, or any other such reason?	YES ..... 1 NO ..... 2	→ 125
123	Have you done any work in the last 12 months?	YES ..... 1 NO ..... 2	→ 125
124	What have you been doing for most of the time over the last 12 months?	GOING TO SCHOOL/STUDYING ..... 1 LOOKING FOR WORK ..... 2 RETIRED ..... 3 UNABLE TO WORK/ILL/ HANDICAPPED ..... 4 HOUSEWORK/CHILDCARE ..... 5 OTHER _____ 6 (SPECIFY)	→ 201
125	What is your occupation, that is, what kind of work do you mainly do?	_____ <input type="checkbox"/> <input type="checkbox"/> _____ _____	
126	CHECK 125: WORKS IN <input type="checkbox"/> AGRICULTURE DOES NOT WORK <input type="checkbox"/> IN AGRICULTURE		→ 128
127	Do you work mainly on your own land, on family land, or on land that you rent from someone else, or do you work on someone else's land?	OWN LAND ..... 1 FAMILY LAND ..... 2 RENTED LAND ..... 3 SOMEONE ELSE'S LAND ..... 4	
128	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	

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
201	Now I would like to ask about any children you have had during your life. I am interested only in the children that are biologically yours. Have you ever fathered any children with any woman?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	<input type="checkbox"/> → 206								
202	Do you have any sons or daughters that you have fathered who are now living with you?	YES ..... 1 NO ..... 2	→ 204								
203	How many sons live with you?  And how many daughters live with you?  IF NONE, RECORD '00'.	SONS AT HOME ..... <table border="1" data-bbox="1255 447 1357 562" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> DAUGHTERS AT HOME ..... <table border="1" data-bbox="1255 562 1357 678" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
204	Do you have any sons or daughters you have fathered who are alive but do not live with you?	YES ..... 1 NO ..... 2	→ 206								
205	How many sons are alive but do not live with you?  And how many daughters are alive but do not live with you?  IF NONE, RECORD '00'.	SONS ELSEWHERE ..... <table border="1" data-bbox="1255 793 1357 909" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> DAUGHTERS ELSEWHERE ..... <table border="1" data-bbox="1255 909 1357 1024" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
206	Have you ever fathered a son or a daughter who was born alive but later died?  IF NO, PROBE: Any baby who cried or showed signs of life but did not survive?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	<input type="checkbox"/> → 208								
207	How many boys have died?  And how many girls have died?  IF NONE, RECORD '00'.	BOYS DEAD ..... <table border="1" data-bbox="1255 1182 1357 1297" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> GIRLS DEAD ..... <table border="1" data-bbox="1255 1297 1357 1413" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
208	(In addition to the children that you have just told me about), do you have:  a. Any other living sons or daughters who are biologically your children but who are not legally yours or do not have your last/family name?  b. Any other sons or daughters who died who were biologically your children but who were not legally yours or did not have your last/family name?  <input type="checkbox"/> NO TO BOTH <input type="checkbox"/> OTHER → PROBE AND CORRECT 201-207 AS NECESSARY.										



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
209	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL CHILDREN ..... <input type="text"/> <input type="text"/>	
210	CHECK 209:  HAS HAD MORE THAN ONE CHILD <input type="checkbox"/> ↓ HAS HAD ONLY ONE CHILD <input type="checkbox"/> → HAS NOT HAD ANY CHILDREN <input type="checkbox"/> →		→ 213 → 301
211	Do the children that you have fathered all have the same biological mother?	YES ..... 1 NO ..... 2	→ 213
212	In all, how many women have you fathered children with?	NUMBER OF WOMEN ..... <input type="text"/> <input type="text"/>	
213	How old were you when your (first) child was born?	AGE IN YEARS ..... <input type="text"/> <input type="text"/>	
214	How many years old is your (youngest) living child?	AGE IN YEARS ..... <input type="text"/> <input type="text"/> NO LIVING CHILD ..... 95	

SECTION 3. CONTRACEPTION AND MALE INVOLVEMENT

301	<p>Now I would like to talk about family planning - the various ways or methods that a couple can use to delay or avoid a pregnancy.</p> <p>Which ways or methods have you heard about? FOR METHODS NOT MENTIONED SPONTANEOUSLY, ASK: Have you ever heard of (METHOD)?</p> <p>CIRCLE CODE 1 IN 301 FOR EACH METHOD MENTIONED SPONTANEOUSLY. THEN PROCEED DOWN COLUMN 301, READING THE NAME AND DESCRIPTION OF EACH METHOD NOT MENTIONED SPONTANEOUSLY. CIRCLE CODE 1 IF METHOD IS RECOGNIZED, AND CODE 2 IF NOT RECOGNIZED. THEN, FOR METHODS 02, 06, 08, AND 09, ASK 302 IF 301 HAS CODE 1 CIRCLED.</p>		302 Have you ever used (METHOD)?
01	FEMALE STERILIZATION Women can have an operation to avoid having any more children.	YES ..... 1 NO ..... 2	
02	MALE STERILIZATION Men can have an operation to avoid having any more children.	YES ..... 1 NO ..... 2 ↘	Have you ever had an operation to avoid having any more children? YES ..... 1 NO ..... 2
03	PILL Women can take a pill every day or every week to avoid becoming pregnant.	YES ..... 1 NO ..... 2	
04	IUD OR LOOP Women can have a loop or coil placed inside them by a doctor or a nurse.	YES ..... 1 NO ..... 2	
05	INJECTABLES Women can have an injection by a health provider that stops them from becoming pregnant for one or more months.	YES ..... 1 NO ..... 2	
06	CONDOM OR NIRODH Men can put a rubber sheath on their penis before sexual intercourse.	YES ..... 1 NO ..... 2 ↘	YES ..... 1 NO ..... 2
07	FEMALE CONDOM Women can place a sheath in their vagina before sexual intercourse.	YES ..... 1 NO ..... 2	
08	RHYTHM METHOD Every month that a woman is sexually active, she can avoid pregnancy by not having sexual intercourse on the days of the month she is most likely to get pregnant.	YES ..... 1 NO ..... 2 ↘	YES ..... 1 NO ..... 2
09	WITHDRAWAL Men can be careful and pull out before climax.	YES ..... 1 NO ..... 2 ↘	YES ..... 1 NO ..... 2
10	EMERGENCY CONTRACEPTION Women can take pills up to three days after sexual intercourse to avoid becoming pregnant.	YES ..... 1 NO ..... 2	
11	Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	YES ..... 1 _____ (SPECIFY) _____ (SPECIFY) NO ..... 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP															
303	CHECK 302 (02) RESPONDENT IS STERILIZED  YES <input type="checkbox"/> NO <input type="checkbox"/>		310															
304	Now I would like to talk about when you were sterilized.  In what facility did the sterilization take place?  IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTRE, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL SECTOR, WRITE THE NAME OF THE PLACE.  _____ (NAME OF PLACE)	PUBLIC MEDICAL SECTOR GOVT./MUNICIPAL HOSPITAL ... 11 GOVT. DISPENSARY ..... 12 UHC/UHP/UFWC ..... 13 CHC/RURAL HOSPITAL/PHC ... 14 SUB-CENTRE ..... 15 GOVT. MOBILE CLINIC ..... 16 CAMP ..... 17 OTHER PUBLIC SECTOR HEALTH FACILITY ..... 18  NGO OR TRUST HOSPITAL/CLINIC . 21  PRIVATE MEDICAL SECTOR PVT. HOSPITAL ..... 31 PVT. DOCTOR/CLINIC ..... 32 PVT. MOBILE CLINIC ..... 33 OTHER PRIVATE HEALTH FACILITY ..... 34  OTHER _____ 96 (SPECIFY) DON'T KNOW ..... 98																
305	In what month and year was the sterilization performed?	MONTH ..... <input type="text"/> <input type="text"/> YEAR ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>																
306	Before your sterilization operation, were you told that you would not be able to have any (more) children because of the operation?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8																
307	How would you rate the care you received during and immediately after the operation: very good, all right, not so good, or bad?	VERY GOOD ..... 1 ALL RIGHT ..... 2 NOT SO GOOD ..... 3 BAD ..... 4																
308	How much did you pay in total for the sterilization, including any consultation you may have had?	COST ... Rs. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>  FREE ..... 99995 DON'T KNOW ..... 99998																
309	Do you regret that you had the sterilization?	YES ..... 1 NO ..... 2																
310	In the last few months have you heard or seen any message about family planning:  a. On the radio?  b. On the television?  c. In a newspaper or magazine?  d. On a wall painting or hoarding?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">YES</th> <th style="width: 10%; text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>RADIO .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>TELEVISION .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>NEWSPAPER OR MAGAZINE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>WALL PAINTING/HOARDING .</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	RADIO .....	1	2	TELEVISION .....	1	2	NEWSPAPER OR MAGAZINE	1	2	WALL PAINTING/HOARDING .	1	2	
	YES	NO																
RADIO .....	1	2																
TELEVISION .....	1	2																
NEWSPAPER OR MAGAZINE	1	2																
WALL PAINTING/HOARDING .	1	2																

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP												
311	Now I would like to ask you about a woman's risk of pregnancy. From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant if she has sexual relations?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	<input type="checkbox"/> → 313												
312	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													
313	Do you think that a woman who is breastfeeding her baby can become pregnant?	YES ..... 1 NO ..... 2 DEPENDS ..... 3 DON'T KNOW ..... 8													
314	I will now read you some statements about contraception. Please tell me if you agree or disagree with each one.  a. Contraception is women's business and a man should not have to worry about it.  b. Women who use contraception may become promiscuous.	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">AGREE</th> <th style="text-align: center;">DIS- AGREE</th> <th style="text-align: center;">DK</th> </tr> </thead> <tbody> <tr> <td>CONTRACEPTION WOMEN'S BUSINESS</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>WOMAN MAY BECOME PROMISCUOUS</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> </tbody> </table>		AGREE	DIS- AGREE	DK	CONTRACEPTION WOMEN'S BUSINESS	1	2	8	WOMAN MAY BECOME PROMISCUOUS	1	2	8	
	AGREE	DIS- AGREE	DK												
CONTRACEPTION WOMEN'S BUSINESS	1	2	8												
WOMAN MAY BECOME PROMISCUOUS	1	2	8												
315	CHECK 301 (06) KNOWS MALE CONDOM  YES <input type="checkbox"/> NO <input type="checkbox"/>		→ 317												
316	If a male condom is used correctly, do you think that it protects against pregnancy most of the time, only sometimes, or not at all?	MOST OF THE TIME ..... 1 SOMETIMES ..... 2 NOT AT ALL ..... 3 DON'T KNOW/UNSURE ..... 8													
317	Do you know of a place where you can obtain a method of family planning?	YES ..... 1 NO ..... 2	→ 319												

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
318	<p>Where is that?</p> <p>Any other place?</p> <p>IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTRE, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL SECTOR, WRITE THE NAME OF THE PLACE(S).</p> <p>_____</p> <p>(NAME OF PLACE(S))</p> <p>RECORD ALL PLACES MENTIONED.</p>	<p>PUBLIC MEDICAL SECTOR</p> <p>GOVT./MUNICIPAL HOSPITAL . . . A</p> <p>GOVT. DISPENSARY . . . . . B</p> <p>UHC/UHP/UFWC . . . . . C</p> <p>CHC/RURAL HOSPITAL/PHC . . . D</p> <p>SUB-CENTRE/ANM . . . . . E</p> <p>GOVT. MOBILE CLINIC . . . . . F</p> <p>CAMP . . . . . G</p> <p>ANGANWADI/ICDS CENTRE . . . H</p> <p>ASHA . . . . . I</p> <p>OTHER COMMUNITY-BASED WORKER . . . . . J</p> <p>OTHER PUBLIC MEDICAL SECTOR . . . . . K</p> <p>NGO OR TRUST HOSPITAL/CLINIC . . L</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PVT. HOSPITAL . . . . . M</p> <p>PVT. DOCTOR/CLINIC . . . . . N</p> <p>PVT. MOBILE CLINIC . . . . . O</p> <p>VAIDYA/HAKIM/HOMEOPATH . . . P</p> <p>TRADITIONAL HEALER . . . . . Q</p> <p>PHARMACY/DRUGSTORE . . . . R</p> <p>DAI (TBA) . . . . . S</p> <p>OTHER PRIVATE MEDICAL SECTOR . . . . . T</p> <p>OTHER SOURCE</p> <p>SHOP . . . . . U</p> <p>FRIEND/RELATIVE . . . . . V</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	
319	<p>In the last 3 months, have you visited a health facility or camp for any reason for yourself (or for your children)?</p>	<p>YES . . . . . 1</p> <p>NO . . . . . 2</p>	<p>→ 326</p>
320	<p>What type of health facility did you visit most recently for yourself (or for your children)?</p> <p>IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTRE, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>PUBLIC MEDICAL SECTOR</p> <p>GOVT./MUNICIPAL HOSPITAL . . . 11</p> <p>GOVT. DISPENSARY . . . . . 12</p> <p>UHC/UHP/UFWC . . . . . 13</p> <p>CHC/RURAL HOSPITAL/PHC . . . 14</p> <p>SUB-CENTRE . . . . . 15</p> <p>GOVT. MOBILE CLINIC . . . . . 16</p> <p>CAMP . . . . . 17</p> <p>ANGANWADI/ICDS CENTRE . . . 18</p> <p>OTHER PUBLIC SECTOR HEALTH FACILITY . . . . . 19</p> <p>NGO OR TRUST HOSPITAL/CLINIC . . 21</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PVT. HOSPITAL . . . . . 31</p> <p>CLINIC/PVT. MOBILE CLINIC . . . 32</p> <p>PHARMACY/DRUGSTORE . . . . 33</p> <p>OTHER PRIVATE SECTOR HEALTH FACILITY . . . . . 34</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
321	What service did you go for?  Any other service?  RECORD ALL MENTIONED.	FAMILY PLANNING ..... A IMMUNIZATION ..... B DISEASE PREVENTION ..... C MEDICAL TREATMENT FOR SELF ..... D TREATMENT FOR CHILD ..... E TREATMENT FOR OTHER PERSON ..... F GROWTH MONITORING OF CHILD ..... G HEALTH CHECK-UP ..... H  OTHER _____ X (SPECIFY)	
322	How long did you have to wait before you received the service you went for?	MINUTES ..... 1 <input type="text"/> <input type="text"/>  HOURS ..... 2 <input type="text"/> <input type="text"/>  NO WAIT AT ALL ..... 995 DID NOT RECEIVE SERVICE ..... 996	▶ 325
323	Was the person who provided the service to you responsive to your problems and needs?	YES ..... 1 NO ..... 2	
324	Did she/he respect your need for privacy if you needed it?	YES ..... 1 NO ..... 2 SAYS PRIVACY NOT NEEDED ..... 3	
325	Would you say that the health facility/camp was very clean, somewhat clean, or not clean?	VERY CLEAN ..... 1 SOMEWHAT CLEAN ..... 2 NOT CLEAN ..... 3	
326	CHECK 214:  (YOUNGEST) CHILD <input type="checkbox"/> OTHER <input type="checkbox"/> IS AGE 0-3 ↓		→ 401
327	What is the name of your (youngest) child?  WRITE NAME OF (YOUNGEST) CHILD AND ENTER THE LINE NUMBER OF THE CHILD FROM THE HOUSEHOLD QUESTIONNAIRE. IF CHILD IS NOT LISTED IN THE HOUSEHOLD SCHEDULE, WRITE '00' IN THE BOXES FOR THE LINE NUMBER.	_____ (NAME OF (YOUNGEST) CHILD)  LINE NUMBER OF (YOUNGEST) CHILD FROM THE HOUSEHOLD SCHEDULE <input type="text"/> <input type="text"/>	
328	When (NAME)'s mother was pregnant with (NAME), did she have any antenatal check-ups?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 330 → 331
329	Were you ever present during any antenatal check-up?	PRESENT ..... 1 NOT PRESENT ..... 2	→ 331
330	What was the main reason why (NAME)'s mother did not have any antenatal check-up?	HE DID NOT THINK IT WAS NECESSARY/DID NOT ALLOW ..... 01 FAMILY DID NOT THINK IT NECESSARY/DID NOT ALLOW ..... 02 CHILD'S MOTHER DID NOT WANT CHECK-UP ..... 03 HAS HAD CHILDREN BEFORE ..... 04 COSTS TOO MUCH ..... 05 TOO FAR/NO TRANSPORTATION ..... 06 NO FEMALE HEALTH WORKER AVAILABLE ..... 07  OTHER _____ 96 (SPECIFY) DON'T KNOW ..... 98	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
331	At any time when (NAME)'s mother was pregnant with (NAME), did any health provider or health worker ever tell you about the following signs of pregnancy complications?  a. Vaginal bleeding?  b. Convulsions?  c. Prolonged labour?	<p style="text-align: right;">YES      NO</p> BLEEDING ..... 1      2 CONVULSIONS ..... 1      2 PROLONGED LABOUR .. 1      2	
332	Were you ever told what to do if (NAME)'s mother had any pregnancy complication?	YES ..... 1 NO ..... 2	
333	At any time during the pregnancy did any health provider or health worker speak to you about:  a. The importance of delivering the baby in a hospital or health facility?  b. The importance of proper nutrition for the mother during pregnancy?  c. Family planning or delaying your next child?	<p style="text-align: right;">YES      NO</p> DELIVERY ADVICE ..... 1      2 NUTRITION ADVICE ..... 1      2 FAMILY PLANNING ..... 1      2	
334	Was (NAME) born in a hospital or any other health facility?	HOSPITAL/HEALTH FACILITY ..... 1 SOMEWHERE ELSE ..... 2	→ 337
335	When (NAME)'s mother was pregnant with (NAME), did anyone explain to you the importance of the following:  a. The need for the mother to breastfeed the baby immediately after delivery?  b. The need to keep the baby warm immediately after birth?  c. The need for cleanliness at the time of delivery?  d. The need for a new or unused blade to cut the cord?	<p style="text-align: right;">YES      NO</p> BREASTFEEDING ..... 1      2 BABY WARM ..... 1      2 CLEANLINESS ..... 1      2 CLEAN BLADE ..... 1      2	
336	What was the main reason why (NAME)'s mother did not deliver in a hospital or health facility?	COSTS TOO MUCH ..... 01 FACILITY NOT OPEN ..... 02 TOO FAR/NO TRANSPORTATION . 03 DON'T TRUST FACILITY/POOR QUALITY SERVICE ..... 04 NO FEMALE PROVIDER ..... 05 NOT THE FIRST CHILD ..... 06 CHILD'S MOTHER DID NOT THINK IT WAS NECESSARY .... 07 HE DID NOT THINK IT NECESSARY/ DID NOT ALLOW ..... 08 FAMILY DID NOT THINK IT WAS NECESSARY/DID NOT ALLOW . 09 OTHER ..... 96 (SPECIFY) DON'T KNOW ..... 98	
337	When a child has diarrhoea, how much should he or she be given to drink: more than usual, the same amount as usual, less than usual, or should he or she not be given anything to drink at all?	MORE THAN USUAL ..... 1 ABOUT THE SAME ..... 2 LESS THAN USUAL ..... 3 NOTHING TO DRINK ..... 4 DON'T KNOW ..... 8	

SECTION 4. MARRIAGE AND SEXUAL LIFE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
401	What is your current marital status?	CURRENTLY MARRIED ..... 1 MARRIED, GAUNA NOT PERFORMED ..... 2 WIDOWED ..... 3 DIVORCED ..... 4 SEPARATED ..... 5 DESERTED ..... 6 NEVER MARRIED ..... 7	→ 407  → 414
402	Do you currently have one wife or more than one wife?  IF ONLY ONE WIFE, RECORD '01' .  IF MORE THAN ONE, ASK:  How many wives do you currently have?	NUMBER OF WIVES ..... <input type="text"/> <input type="text"/>	
403	WRITE THE LINE NUMBERS FROM THE HOUSEHOLD QUESTIONNAIRE FOR EACH WIFE. IF A WIFE IS NOT LISTED IN THE HOUSEHOLD SCHEDULE, RECORD '00' IN THE LINE NUMBER BOXES. THE NUMBER OF LINES FILLED IN MUST BE EQUAL TO THE NUMBER OF WIVES. (IF RESPONDENT HAS MORE THAN FOUR WIVES, USE SPACE AT THE BOTTOM OF THE PAGE.)  CHECK 402:  <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;">             ONLY ONE WIFE <input type="checkbox"/> </div> <div style="text-align: center;">             MORE THAN ONE WIFE <input type="checkbox"/> </div> </div> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div style="width: 45%;">             Please tell me the name of your wife.               WIFE NUMBER            NAME               1 _____               2 _____               3 _____               4 _____           </div> <div style="width: 45%; text-align: center;">             Please tell me the name of each of your wives, starting with the one you married first.               LINE NUMBER IN HOUSEHOLD QUESTIONNAIRE   <input type="text"/> <input type="text"/>   <input type="text"/> <input type="text"/>   <input type="text"/> <input type="text"/>   <input type="text"/> <input type="text"/> </div> </div>		
404	Are you living with your wife/wives now, or is she/are they staying elsewhere?	LIVING WITH WIFE/AT LEAST ONE WIFE ..... 1 NOT LIVING WITH WIFE/ANY WIVES .. 2	→ 406
405	For how long have you not been living with your wife/ any of your wives?  IF LESS THAN 1 YEAR, RECORD MONTHS; OTHERWISE RECORD COMPLETED YEARS.	MONTHS ..... 1  YEARS ..... 2	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
406	<p>CHECK 402:</p> <p>ONLY ONE WIFE <input type="checkbox"/></p> <p>MORE THAN ONE WIFE <input type="checkbox"/></p> <p>Have you ever been married to any woman other than your current wife?</p> <p>Have you ever been married to any other woman in addition to those you have told me about?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	<p>→ 408</p>
407	<p>Have you been married once or more than once?</p>	<p>ONCE ..... 1</p> <p>MORE THAN ONCE ..... 2</p>	<p>→ 409</p> <p>→ 409A</p>
408	<p>CHECK 402 AND 406:</p> <p>402=01 AND 406='2' <input type="checkbox"/></p> <p>OTHER <input type="checkbox"/></p>		<p>→ 409A</p>
409	<p>In what month and year did you get married?</p>	<p>MONTH ..... <input type="text"/></p> <p>DON'T KNOW MONTH ..... 98</p>	
409A	<p>Now I would like to ask about when you married your first wife. In what month and year was that?</p>	<p>YEAR ..... <input type="text"/></p> <p>DON'T KNOW YEAR ..... 9998</p>	<p>→ 411</p>
410	<p>How old were you when you (first) got married?</p>	<p>AGE ..... <input type="text"/></p>	
411	<p>CHECK 401:</p> <p>MARRIED, GAUNA NOT PERFORMED <input type="checkbox"/></p> <p>OTHER <input type="checkbox"/></p>		<p>→ 414</p>
412	<p>CHECK 402 AND 406 AND, IF 402 AND 406 NOT ASKED, CHECK 407:</p> <p>MARRIED ONLY ONCE (402=01 AND 406='2') OR (407='1') <input type="checkbox"/></p> <p>MARRIED MORE THAN ONCE (402&gt;01 OR 406='1') OR (407='2') <input type="checkbox"/></p> <p>In what month and year did you start living with your wife?</p> <p>Now I would like to ask about when you started living with your first wife. In what month and year was that?</p>	<p>MONTH ..... <input type="text"/></p> <p>DON'T KNOW MONTH ..... 98</p> <p>YEAR ..... <input type="text"/></p> <p>DON'T KNOW YEAR ..... 9998</p>	<p>→ 415</p>
413	<p>How old were you when you first started living with her?</p>	<p>AGE ..... <input type="text"/></p>	<p>→ 415</p>

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
414	<p>CHECK FOR THE PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.</p> <p>Now I need to ask you some questions about sexual life in order to gain a better understanding of some family life issues. Let me assure you again that your answers are completely confidential and will not be told to anyone. If you do not want to answer, just let me know and I will skip to the next question.</p> <p>Have you ever had sexual intercourse?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	<p>→ 416</p>
415	<p>CHECK FOR THE PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.</p> <p>(Now I need to ask you some questions about sexual life in order to gain a better understanding of some family life issues. Let me assure you again that your answers are completely confidential and will not be told to anyone. If you do not want to answer, just let me know and I will skip to the next question.)</p> <p>How old were you when you had sexual intercourse for the very first time?</p>	<p>NEVER HAD SEXUAL INTERCOURSE ..... 00</p> <p>AGE IN YEARS ..... <input type="text"/> <input type="text"/></p> <p>FIRST TIME WHEN STARTED LIVING WITH (FIRST) WIFE ..... 95</p>	<p>→ 446</p> <p>→ 418</p> <p>→ 418</p>
416	<p>CHECK 401:</p> <p>NEVER MARRIED <input type="checkbox"/></p> <p>OTHER <input type="checkbox"/></p>		<p>→ 446</p>
417	<p>Do you intend to wait until you get married to have sexual intercourse for the first time?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW/UNSURE ..... 8</p>	<p>→ 446</p>
418	<p>The first time you had sexual intercourse, was a condom used?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	
419	<p>When was the <u>last</u> time you had sexual intercourse?</p> <p>IF LESS THAN 12 MONTHS, ANSWER MUST BE RECORDED IN DAYS, WEEKS, OR MONTHS.</p> <p>IF 12 MONTHS (ONE YEAR) OR MORE, ANSWER MUST BE RECORDED IN YEARS.</p>	<p>DAYS AGO ..... 1 <input type="text"/> <input type="text"/></p> <p>WEEKS AGO ..... 2 <input type="text"/> <input type="text"/></p> <p>MONTHS AGO ..... 3 <input type="text"/> <input type="text"/></p> <p>YEARS AGO ..... 4 <input type="text"/> <input type="text"/></p>	<p>→ 421</p> <p>→ 434</p>

		LAST SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER	THIRD-TO-LAST SEXUAL PARTNER
420	When was the last time you had sexual intercourse with this person?		DAYS <input type="text"/> <input type="text"/> AGO . 1 WEEKS <input type="text"/> <input type="text"/> AGO . 2 MONTHS <input type="text"/> <input type="text"/> AGO . 3	DAYS <input type="text"/> <input type="text"/> AGO . 1 WEEKS <input type="text"/> <input type="text"/> AGO . 2 MONTHS <input type="text"/> <input type="text"/> AGO . 3
421	The last time you had sexual intercourse (with this second/third person), was a condom used?	YES ..... 1 NO ..... 2 (SKIP TO 423) ←	YES ..... 1 NO ..... 2 (SKIP TO 423) ←	YES ..... 1 NO ..... 2 (SKIP TO 423) ←
422	Did you use a condom every time you had sexual intercourse with this person in the last 12 months?	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2
423	What was this person's relationship to you?	WIFE ..... 01 (SKIP TO 428) ← LIVE-IN PARTNER . 02 GIRLFRIEND NOT LIVING WITH RESPONDENT . 03 OTHER FRIEND ... 04 RELATIVE ..... 05 CASUAL ACQUAINTANCE .. 06 SEX WORKER . 07  OTHER _____ 96 (SPECIFY)	WIFE ..... 01 (SKIP TO 428) ← LIVE-IN PARTNER . 02 GIRLFRIEND NOT LIVING WITH RESPONDENT . 03 OTHER FRIEND ... 04 RELATIVE ..... 05 CASUAL ACQUAINTANCE .. 06 SEX WORKER . 07  OTHER _____ 96 (SPECIFY)	WIFE ..... 01 (SKIP TO 429) ← LIVE-IN PARTNER . 02 GIRLFRIEND NOT LIVING WITH RESPONDENT . 03 OTHER FRIEND ... 04 RELATIVE ..... 05 CASUAL ACQUAINTANCE .. 06 SEX WORKER . 07  OTHER _____ 96 (SPECIFY)
424	For how long (have you had/did you have) a sexual relationship with this person?  IF ONLY HAD SEXUAL RELATIONS WITH THIS PERSON ONCE, RECORD '01' DAYS.	DAYS . 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS 3 <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 . 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/>
425	CHECK 107:	AGE 15-24 <input type="text"/> AGE 25-54 <input type="text"/> ↓ (SKIP TO 428) ←	AGE 15-24 <input type="text"/> AGE 25-54 <input type="text"/> ↓ (SKIP TO 428) ←	AGE 15-24 <input type="text"/> AGE 25-54 <input type="text"/> ↓ (SKIP TO 429) ←
426	How old is this person?	AGE OF PARTNER . <input type="text"/> <input type="text"/> (SKIP TO 428) ← DON'T KNOW ..... 98	AGE OF PARTNER . <input type="text"/> <input type="text"/> (SKIP TO 428) ← DON'T KNOW ..... 98	AGE OF PARTNER . <input type="text"/> <input type="text"/> (SKIP TO 429) ← DON'T KNOW ..... 98
427	Would you say this person is ten or more years older than you?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8
428	Apart from [this person/these two people], have you had sexual intercourse with any other person in the last 12 months?	YES ..... 1 (GO BACK TO 420 ← IN NEXT COLUMN) NO ..... 2 (SKIP TO 430) ←	YES ..... 1 (GO BACK TO 420 ← IN NEXT COLUMN) NO ..... 2 (SKIP TO 430) ←	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
429	In total, with how many different people have you had sex in the last 12 months?  IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.	NUMBER OF PARTNERS ... <input type="text"/> <input type="text"/>  DON'T KNOW ..... 98	
430	CHECK 423, ALL COLUMNS:  NO PARTNERS ARE SEX WORKERS <input type="checkbox"/>	AT LEAST ONE PARTNER IS A SEX WORKER <input type="checkbox"/>	→ 434
431	In the last 12 months, did you pay anyone in exchange for sex?	YES ..... 1 NO ..... 2	→ 434
432	The last time you paid someone in exchange for sex, was a condom used?	YES ..... 1 NO ..... 2	→ 434
433	Was a condom used every time you paid someone in exchange for sex in the last 12 months?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
434	In total, with how many different people have you had sex in your lifetime?  IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.	NUMBER OF PARTNERS ... <input type="text"/> <input type="text"/>  DON'T KNOW ..... 98	
435	CHECK 421, COLUMN 1 (CONDOM USE WITH LAST SEXUAL PARTNER):  YES <input type="checkbox"/> NO, BLANK <input type="checkbox"/>		→ 442
436	You told me that the last time you had intercourse you used a condom. What brand of condom did you use the last time?	BRAND NAME _____ <input type="text"/> <input type="text"/> <input type="text"/> (SPECIFY) DON'T KNOW ..... 998	
437	Who obtained the condom: you, your partner, or someone else?	MAN HIMSELF ..... 1 PARTNER ..... 2 SOMEONE ELSE ..... 3	→ 441
438	How many condoms did you get the last time?	NUMBER ..... <input type="text"/> <input type="text"/>  DON'T KNOW ..... 98	
439	The last time you obtained condoms, how much did you pay in total, including the cost of the method and any consultation you may have had?	COST ..... Rs. <input type="text"/> <input type="text"/> <input type="text"/>  FREE ..... 995 DON'T KNOW ..... 998	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
440	<p>From where did you obtain the condom the last time?</p> <p>IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTRE, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>PUBLIC MEDICAL SECTOR</p> <p>GOVT./MUNICIPAL HOSPITAL . . . 11</p> <p>GOVT. DISPENSARY . . . . . 12</p> <p>UHC/UHP/UFWC . . . . . 13</p> <p>CHC/RURAL HOSPITAL/PHC . . . . 14</p> <p>SUB-CENTRE/ANM . . . . . 15</p> <p>GOVT. MOBILE CLINIC . . . . . 16</p> <p>CAMP . . . . . 17</p> <p>ANGANWADI WORKER . . . . . 18</p> <p>ASHA . . . . . 19</p> <p>OTHER COMMUNITY BASED WORKER . . . . . 20</p> <p>OTHER PUBLIC MEDICAL SECTOR . . . . . 21</p> <p>NGO OR TRUST HOSPITAL/CLINIC . . 31</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PVT. HOSPITAL/CLINIC/DOCTOR . . . . . 41</p> <p>PVT. PARAMEDIC . . . . . 42</p> <p>VAIDYA/HAKIM/HOMEOPATH . . . 43</p> <p>TRADITIONAL HEALER . . . . . 44</p> <p>PHARMACY/DRUGSTORE . . . . . 45</p> <p>DAI (TBA) . . . . . 46</p> <p>OTHER PRIVATE MEDICAL SECTOR . . . . . 47</p> <p>OTHER SOURCE</p> <p>RATION SHOP . . . . . 51</p> <p>OTHER SHOP . . . . . 52</p> <p>WIFE . . . . . 53</p> <p>FRIEND/RELATIVE . . . . . 54</p> <p>VENDING MACHINE . . . . . 55</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p> <p>DON'T KNOW . . . . . 98</p>	
441	<p>This last time you used a condom, did you use it to avoid pregnancy, to avoid a sexually transmitted disease, or for some other reason?</p> <p>PROBE: Any other reason?</p> <p>RECORD ALL MENTIONED.</p>	<p>AVOID PREGNANCY . . . . . A</p> <p>AVOID STD . . . . . B</p> <p>SOME OTHER REASON . . . . . C</p>	
442	<p>CHECK 302 (02): RESPONDENT EVER STERILIZED</p> <p>NO <input type="checkbox"/> YES <input type="checkbox"/></p> <p style="text-align: right;">→ 445</p>		
443	<p>The last time you had sex did you or your partner use any method (other than a condom) to avoid or prevent a pregnancy?</p>	<p>YES . . . . . 1</p> <p>NO . . . . . 2</p> <p>DON'T KNOW . . . . . 8</p>	<p style="text-align: right;">→ 445</p>

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
444	What method did you or your partner use?  PROBE:  Did you use any other method to prevent pregnancy?  RECORD ALL MENTIONED.	FEMALE STERILIZATION ..... A PILL ..... B IUD/LOOP ..... C INJECTABLES ..... D IMPLANTS ..... E FEMALE CONDOM ..... F DIAPHRAGM ..... G FOAM/JELLY ..... H RHYTHM METHOD ..... I WITHDRAWAL ..... J  OTHER _____ X (SPECIFY)	
445	CHECK 421, ALL COLUMNS, AND 432:  OTHER <input type="checkbox"/> ANY 'YES' <input type="checkbox"/>	→ 501	
446	Do you know of a place where a person can get condoms?	YES ..... 1 NO ..... 2	→ 501
447	Where is that?  Any other place?  IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTRE, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL SECTOR, WRITE THE NAME OF THE PLACE(S).  _____ (NAME OF PLACE(S))        RECORD ALL SOURCES MENTIONED.	PUBLIC MEDICAL SECTOR GOVT./MUNICIPAL HOSPITAL ... A GOVT. DISPENSARY ..... B UHC/UHP/UFWC ..... C CHC/RURAL HOSPITAL/PHC .... D SUB-CENTRE/ANM ..... E GOVT. MOBILE CLINIC ..... F CAMP ..... G ANGANWADI/ICDS CENTRE .... H ASHA ..... I OTHER COMMUNITY-BASED WORKER ..... J OTHER PUBLIC MEDICAL SECTOR _____ K SPECIFY  NGO OR TRUST HOSPITAL/CLINIC . L  PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC/ DOCTOR ..... M PVT. PARAMEDIC ..... N VAIDYA/HAKIM/HOMEOPATH ... O TRADITIONAL HEALER ..... P PHARMACY/DRUGSTORE ..... Q DAI (TBA) ..... R OTHER PRIVATE MEDICAL SECTOR ..... S  OTHER SOURCE RATION SHOP ..... T OTHER SHOP ..... U VENDING MACHINE ..... V  OTHER _____ X (SPECIFY)	
448	If you wanted to, could you yourself get a condom?	YES ..... 1 NO ..... 2 DON'T KNOW/UNSURE ..... 8	

SECTION 5. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501	<p>CHECK 401:</p> <p>CURRENTLY MARRIED <input type="checkbox"/></p> <p>NEVER MARRIED <input type="checkbox"/></p> <p>OTHER <input type="checkbox"/></p>		<p>→ 506</p> <p>→ 503</p>
502	<p>CHECK 402:</p> <p>HAS ONE WIFE <input type="checkbox"/></p> <p>HAS MORE THAN ONE WIFE <input type="checkbox"/></p> <p>Is your wife currently pregnant?</p> <p>Are any of your wives currently pregnant?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>UNSURE ..... 3</p>	
503	<p>CHECK 302(02): EVER STERILIZED?</p> <p>NO <input type="checkbox"/></p> <p>YES <input type="checkbox"/></p>		<p>→ 506</p>
504	<p>CHECK 502:</p> <p>YES, PREGNANT <input type="checkbox"/></p> <p>NOT PREGNANT, UNSURE, OR NOT ASKED <input type="checkbox"/></p> <p>Now I have some questions about the future. After the child(ren) your wife/wives is/are expecting now, would you like to have another child or would you prefer not to have any more children at all?</p> <p>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 at all?</p>	<p>HAVE A/ANOTHER CHILD ..... 1</p> <p>NO MORE/NONE ..... 2</p> <p>WIFE/WIVES ALL INFECUND/STERILIZED ..... 3</p> <p>RESPONDENT INFECUND ..... 4</p> <p>UNDECIDED/DON'T KNOW ..... 8</p>	<p>→ 506</p>
505	<p>How long would you like to wait from now before the birth of (a/another) child?</p>	<p>MONTHS ..... 1 <input type="text"/></p> <p>YEARS ..... 2 <input type="text"/></p> <p>SOON/NOW ..... 993</p> <p>OTHER _____ 996 (SPECIFY)</p> <p>DON'T KNOW ..... 998</p>	
506	<p>CHECK 203 AND 205:</p> <p>HAS LIVING CHILDREN <input type="checkbox"/></p> <p>NO LIVING CHILDREN <input type="checkbox"/></p> <p>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>If you could choose exactly the number of children to have in your whole life, how many would that be?</p>	<p>NONE ..... 00</p> <p>NUMBER ..... <input type="text"/></p> <p>OTHER _____ 96 (SPECIFY)</p>	<p>→ 601</p> <p>→ 601</p>
507	<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 the sex not matter?</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 6. SELECTED HEALTH AND NUTRITION ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																								
601	<p>How often do you yourself consume the following food items: daily, weekly, occasionally, or never?</p> <p>a. Milk or curd?</p> <p>b. Pulses or beans?</p> <p>c. Dark green leafy vegetables?</p> <p>d. Fruits?</p> <p>e. Eggs?</p> <p>f. Fish?</p> <p>g. Chicken or meat?</p>	<table border="0"> <tr> <td></td> <td align="center">DAILY</td> <td align="center">WEEKLY</td> <td align="center">OCC.</td> <td align="center">NEVER</td> </tr> <tr> <td>a.</td> <td align="center">1</td> <td align="center">2</td> <td align="center">3</td> <td align="center">4</td> </tr> <tr> <td>b.</td> <td align="center">1</td> <td align="center">2</td> <td align="center">3</td> <td align="center">4</td> </tr> <tr> <td>c.</td> <td align="center">1</td> <td align="center">2</td> <td align="center">3</td> <td align="center">4</td> </tr> <tr> <td>d.</td> <td align="center">1</td> <td align="center">2</td> <td align="center">3</td> <td align="center">4</td> </tr> <tr> <td>e.</td> <td align="center">1</td> <td align="center">2</td> <td align="center">3</td> <td align="center">4</td> </tr> <tr> <td>f.</td> <td align="center">1</td> <td align="center">2</td> <td align="center">3</td> <td align="center">4</td> </tr> <tr> <td>g.</td> <td align="center">1</td> <td align="center">2</td> <td align="center">3</td> <td align="center">4</td> </tr> </table>		DAILY	WEEKLY	OCC.	NEVER	a.	1	2	3	4	b.	1	2	3	4	c.	1	2	3	4	d.	1	2	3	4	e.	1	2	3	4	f.	1	2	3	4	g.	1	2	3	4	
	DAILY	WEEKLY	OCC.	NEVER																																							
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e.	1	2	3	4																																							
f.	1	2	3	4																																							
g.	1	2	3	4																																							
602	<p>Now I would like to ask you some questions about any injections you have had in the last 12 months. Have you had an injection for any reason in the last 12 months?</p> <p>IF YES: How many injections have you had?</p> <p>IF NUMBER OF INJECTIONS IS GREATER THAN 90, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'. IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.</p>	<p>NUMBER OF INJECTIONS ... <input type="text" value=""/><input type="text" value=""/></p> <p>NONE ..... 00 → 607</p>																																									
603	<p>CHECK 602:</p> <table border="0"> <tr> <td align="center">ONE INJECTION <input type="checkbox"/></td> <td align="center">↓</td> <td align="center">MORE THAN ONE INJECTION <input type="checkbox"/></td> <td align="center">↓</td> </tr> <tr> <td>Was this injection administered by a doctor, a nurse, a pharmacist, a dentist, or any other health worker? IF YES, RECORD '01'.</td> <td></td> <td>Among these injections, how many were administered by a doctor, a nurse, a pharmacist, a dentist, or any other health worker?</td> <td></td> </tr> </table> <p>IF NUMBER OF INJECTIONS IS GREATER THAN 90, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'. IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.</p>	ONE INJECTION <input type="checkbox"/>	↓	MORE THAN ONE INJECTION <input type="checkbox"/>	↓	Was this injection administered by a doctor, a nurse, a pharmacist, a dentist, or any other health worker? IF YES, RECORD '01'.		Among these injections, how many were administered by a doctor, a nurse, a pharmacist, a dentist, or any other health worker?		<p>NUMBER OF INJECTIONS ... <input type="text" value=""/><input type="text" value=""/></p> <p>NONE ..... 00 → 607</p>																																	
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NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
604	<p>The last time you had an injection given to you by a health worker, where did you go to get the injection?</p> <p>IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTRE, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>PUBLIC MEDICAL SECTOR</p> <p>GOVT./MUNICIPAL HOSPITAL ... 11</p> <p>GOVT. DISPENSARY ..... 12</p> <p>UHC/UHP/UFWC ..... 13</p> <p>CHC/RURAL HOSPITAL/PHC ..... 14</p> <p>SUB-CENTRE ..... 15</p> <p>GOVT. MOBILE CLINIC ..... 16</p> <p>CAMP ..... 17</p> <p>ANGANWADI/ICDS CENTRE ..... 18</p> <p>OTHER PUBLIC MEDICAL SECTOR ..... 19</p> <p>NGO OR TRUST HOSPITAL/CLINIC . 21</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PVT. HOSPITAL ..... 31</p> <p>PVT. DOCTOR/CLINIC ..... 32</p> <p>PVT. PARAMEDIC ..... 33</p> <p>VAIDYA/HAKIM/HOMEOPATH ... 34</p> <p>PHARMACY/DRUGSTORE ..... 35</p> <p>OTHER PRIVATE MEDICAL SECTOR ..... 36</p> <p>OTHER PLACE</p> <p>SHOP ..... 41</p> <p>AT HOME ..... 42</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p>	
605	Did the person who gave you that injection take the syringe and needle from a new, unopened package?	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>	→ 607
606	As far as you know, was the needle sterilized?	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>	
607	Have you ever had a blood transfusion?	<p>YES ..... 1</p> <p>NO ..... 2</p>	
608	Do you currently smoke cigarettes or bidis?	<p>YES ..... 1</p> <p>NO ..... 2</p>	→ 610
609	<p>In the last 24 hours, how many cigarettes or bidis did you smoke?</p> <p>IF NONE, RECORD '00'.</p>	<p>CIGARETTES/BIDIS ..... <input type="text"/> <input type="text"/></p>	
610	Do you currently smoke or use tobacco in any other form?	<p>YES ..... 1</p> <p>NO ..... 2</p>	→ 612
611	<p>In what other form do you currently smoke or use tobacco?</p> <p>Any other form?</p> <p>RECORD ALL MENTIONED.</p>	<p>CIGAR/PIPE ..... A</p> <p>PAAN MASALA ..... B</p> <p>GHUTKA ..... C</p> <p>OTHER CHEWING TOBACCO ..... D</p> <p>SNUFF ..... E</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	
612	Do you drink alcohol?	<p>YES ..... 1</p> <p>NO ..... 2</p>	→ 614



SECTION 7. ATTITUDES TOWARDS GENDER ROLES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES				SKIP
701	<p>In a couple, who do you think should have the greater say in each of the following decisions: the husband, the wife or both equally:</p> <p>a. Making major household purchases?</p> <p>b. Making purchases for daily household needs?</p> <p>c. Deciding about visits to the wife's family or relatives?</p> <p>d. Deciding what to do with the money the wife earns from her work?</p> <p>e. Deciding how many children to have?</p>	HUS- BAND	WIFE	BOTH EQUAL- LY	DON'T KNOW/ DEPENDS	
	a.	1	2	3	8	
	b.	1	2	3	8	
	c.	1	2	3	8	
	d.	1	2	3	8	
	e.	1	2	3	8	
702	<p>Sometimes a husband is annoyed or angered by things that his wife does. In your opinion, is a husband justified in hitting or beating his wife in the following situations:</p> <p>a. If she goes out without telling him?</p> <p>b. If she neglects the house or the children?</p> <p>c. If she argues with him?</p> <p>d. If she refuses to have sex with him?</p> <p>e. If she doesn't cook food properly?</p> <p>f. If he suspects her of being unfaithful?</p> <p>g. If she shows disrespect for in-laws?</p>	<p align="center">YES      NO      DON'T KNOW</p> <p>GOES OUT ..... 1    2    8</p> <p>NEGL. CHILDREN ... 1    2    8</p> <p>ARGUES ..... 1    2    8</p> <p>REFUSES SEX ..... 1    2    8</p> <p>POOR COOKING ... 1    2    8</p> <p>UNFAITHFUL ..... 1    2    8</p> <p>DISRESPECT ..... 1    2    8</p>				
703	<p>When a wife knows her husband has a sexually transmitted disease, is she justified in asking that they use a condom?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>				
704	<p>Please tell me if you think a wife is justified in refusing to have sex with her husband when:</p> <p>a. She knows her husband has a sexually transmitted disease.</p> <p>b. She knows her husband has sex with other women.</p> <p>c. She is tired or not in the mood.</p>	<p align="center">YES      NO      DON'T KNOW</p> <p>HAS STD ..... 1    2    8</p> <p>OTHER WOMEN ..... 1    2    8</p> <p>TIRED/NOT IN MOOD . 1    2    8</p>				

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																														
705	Do you think that if a woman refuses to have sex with her husband when he wants her to, he has the right to:  a. Get angry and reprimand her?  b. Refuse to give her money or other means of financial support?  c. Use force and have sex with her even if she doesn't want to?  d. Go and have sex with another woman?	<table border="0"> <tr> <td></td> <td></td> <td></td> <td>YES</td> <td>NO</td> <td>DON'T KNOW</td> </tr> <tr> <td>ANGRY</td> <td>.....</td> <td>1</td> <td>2</td> <td>8</td> <td></td> </tr> <tr> <td>REFUSE SUPPORT</td> <td>...</td> <td>1</td> <td>2</td> <td>8</td> <td></td> </tr> <tr> <td>USE FORCE</td> <td>.....</td> <td>1</td> <td>2</td> <td>8</td> <td></td> </tr> <tr> <td>SEX WITH OTHER WOMEN</td> <td>.....</td> <td>1</td> <td>2</td> <td>8</td> <td></td> </tr> </table>				YES	NO	DON'T KNOW	ANGRY	.....	1	2	8		REFUSE SUPPORT	...	1	2	8		USE FORCE	.....	1	2	8		SEX WITH OTHER WOMEN	.....	1	2	8		
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SEX WITH OTHER WOMEN	.....	1	2	8																													
706	CHECK 401:  CURRENTLY MARRIED <input type="checkbox"/> OTHER <input type="checkbox"/>		<input type="checkbox"/> → 712																														
707	(Is your wife/Are any of your wives) currently employed for cash?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	<input type="checkbox"/> → 711																														
708	Who decides how the money your wife earns will be used: mainly you, mainly your wife, or you and your wife jointly?	RESPONDENT ..... 1 WIFE ..... 2 RESPONDENT AND WIFE JOINTLY . 3 OTHER ..... 6																															
709	CHECK 128:  CODE 1 OR 2 CIRCLED <input type="checkbox"/> OTHER <input type="checkbox"/>		<input type="checkbox"/> → 712																														
710	Would you say that the money you earn is more than what your wife earns, less than what she earns, or about the same?	MORE THAN WIFE ..... 1 LESS THAN WIFE ..... 2 ABOUT THE SAME ..... 3 DON'T KNOW ..... 8																															
711	Who decides how your earnings will be used: mainly you, mainly your wife, or you and your wife jointly?	RESPONDENT ..... 1 WIFE ..... 2 RESPONDENT AND WIFE JOINTLY . 3 OTHER ..... 6																															
712	As far as you know, did your father ever beat your mother?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8																															

SECTION 8. HIV/AIDS AND OTHER SEXUALLY TRANSMITTED INFECTIONS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
801	Now I would like to talk about something else. Have you ever heard of an illness called AIDS?	YES ..... 1 NO ..... 2	→ 827
802	From which sources of information have you learned about AIDS?  Any other source?  RECORD ALL MENTIONED.	RADIO ..... A TELEVISION ..... B CINEMA ..... C NEWSPAPERS/MAGAZINES ..... D POSTERS/HOARDINGS ..... E EXHIBITION/MELA ..... F HEALTH WORKERS ..... G ADULT EDUC. PROGRAMME ..... H RELIGIOUS LEADERS ..... I POLITICAL LEADERS ..... J SCHOOL/TEACHERS ..... K COMMUNITY MEETINGS ..... L WIFE ..... M FRIENDS/RELATIVES ..... N WORK PLACE ..... O  OTHER _____ X (SPECIFY)	
803	In your opinion, can people reduce their chances of getting HIV/AIDS by having just one uninfected sex partner who has no other sex partners?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
804	In your opinion, can people get HIV/AIDS from mosquito bites?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
805	In your opinion, can people reduce their chances of getting HIV/AIDS by using a condom every time they have sex?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
806	In your opinion, can people get HIV/AIDS by sharing food with a person who has AIDS?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
807	In your opinion, can people get HIV/AIDS by hugging someone who has AIDS?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
808	In your opinion, can people reduce their chance of getting HIV/AIDS by abstaining from sexual intercourse?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
809	Is there anything else a person can do to avoid or reduce the chances of getting HIV/AIDS?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 811

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
810	<p>What can a person do?</p> <p>Anything else?</p> <p>RECORD ALL WAYS MENTIONED.</p>	<p>ABSTAIN FROM SEX ..... A</p> <p>USE CONDOMS ..... B</p> <p>LIMIT SEX TO ONE PARTNER/STAY FAITHFUL TO ONE PARTNER ..... C</p> <p>LIMIT NUMBER OF SEXUAL PARTNERS ..... D</p> <p>AVOID SEX WITH SEX WORKERS ... E</p> <p>AVOID SEX WITH PERSONS WHO HAVE MANY PARTNERS ..... F</p> <p>AVOID SEX WITH HOMOSEXUALS ... G</p> <p>AVOID SEX WITH PERSONS WHO INJECT DRUGS ..... H</p> <p>AVOID BLOOD TRANSFUSIONS ..... I</p> <p>USE BLOOD ONLY FROM RELATIVES ..... J</p> <p>AVOID INJECTIONS ..... K</p> <p>USE ONLY NEW/STERILIZED NEEDLES ..... L</p> <p>AVOID IV DRIP ..... M</p> <p>AVOID SHARING RAZORS/BLADES ... N</p> <p>AVOID KISSING ..... O</p> <p>AVOID MOSQUITO BITES ..... P</p> <p>OTHER _____ W (SPECIFY)</p> <p>OTHER _____ X (SPECIFY)</p> <p>DON'T KNOW ..... Z</p>	
811	<p>Is it possible for a healthy-looking person to have HIV/AIDS?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>	
812	<p>Can HIV/AIDS be transmitted from a mother to her baby?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>	<p>→ 814</p>
813	<p>Are there any special medications that a doctor or a nurse can give to a woman infected with HIV/AIDS to reduce the risk of transmitting HIV/AIDS to the baby?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>	
814	<p>Have you heard about special antiretroviral drugs (USE LOCAL NAME(S)) that people infected with HIV/AIDS can get from a doctor or a nurse to help them live longer?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	
815	<p>I don't want to know the results, but have you ever been tested to see if you have HIV/AIDS?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	<p>→ 820</p>
816	<p>When was the last time you were tested?</p>	<p>LESS THAN 12 MONTHS AGO ..... 1</p> <p>12 - 23 MONTHS AGO ..... 2</p> <p>2 OR MORE YEARS AGO ..... 3</p>	
817	<p>The last time you had the test, did you yourself ask for the test, was it offered to you and you accepted, was it required, or was it done without your consent?</p>	<p>ASKED FOR THE TEST ..... 1</p> <p>OFFERED AND ACCEPTED ..... 2</p> <p>REQUIRED ..... 3</p> <p>WITHOUT CONSENT ..... 4</p>	
818	<p>I don't want to know the results, but did you get the results of the test?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
819	<p>Where was the test done?</p> <p>IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTRE, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>PUBLIC MEDICAL SECTOR</p> <p>GOVT./MUNICIPAL HOSPITAL ..... 11</p> <p>GOVT. DISPENSARY ..... 12</p> <p>UHC/UHP/UFWC ..... 13</p> <p>CHC/RURAL HOSP./PHC ..... 14</p> <p>SUB-CENTRE ..... 15</p> <p>GOVT. MOBILE CLINIC ..... 16</p> <p>VCT CLINIC ..... 17</p> <p>STI CLINIC ..... 18</p> <p>OTHER PUBLIC MEDICAL SECTOR _____ 19</p> <p>(SPECIFY)</p> <p>NGO OR TRUST HOSPITAL/CLINIC ..... 21</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC/PRIVATE DOCTOR ..... 31</p> <p>VCT CLINIC ..... 32</p> <p>STI CLINIC ..... 33</p> <p>OTHER PRIVATE MEDICAL SECTOR _____ 34</p> <p>(SPECIFY)</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p>	<p>→ 822</p>
820	<p>Do you know of a place where people can go to get tested for HIV/AIDS?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	<p>→ 822</p>
821	<p>Where is that?</p> <p>Any other place?</p> <p>IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTRE, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL SECTOR, WRITE THE NAME OF THE PLACE(S).</p> <p>_____</p> <p>(NAME OF PLACE(S))</p> <p>RECORD ALL PLACES MENTIONED.</p>	<p>PUBLIC MEDICAL SECTOR</p> <p>GOVT./MUNICIPAL HOSPITAL ..... A</p> <p>GOVT. DISPENSARY ..... B</p> <p>UHC/UHP/UFWC ..... C</p> <p>CHC/RURAL HOSP./PHC ..... D</p> <p>SUB-CENTRE ..... E</p> <p>GOVT. MOBILE CLINIC ..... F</p> <p>VCT CLINIC ..... G</p> <p>STI CLINIC ..... H</p> <p>OTHER PUBLIC MEDICAL SECTOR _____ I</p> <p>(SPECIFY)</p> <p>NGO OR TRUST HOSPITAL/CLINIC ..... J</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC/PRIVATE DOCTOR ..... K</p> <p>VCT CLINIC ..... L</p> <p>STI CLINIC ..... M</p> <p>OTHER PRIVATE MEDICAL SECTOR _____ N</p> <p>(SPECIFY)</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	
822	<p>Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had HIV/AIDS?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DK/NOT SURE/DEPENDS ..... 8</p>	





NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																																																																																																
834	CHECK 831, 832, AND 833 :  AT LEAST ONE YES <input type="checkbox"/> OTHER <input type="checkbox"/>		837																																																																																																																
835	The last time you had (PROBLEM FROM 831/832/833), did you seek any kind of advice or treatment?	YES ..... 1 NO ..... 2	837																																																																																																																
836	Who did you see?  Anyone else?  RECORD ALL PERSONS SEEN.	PUBLIC MEDICAL SECTOR GOVT. DOCTOR ..... A PUBLIC HEALTH NURSE ..... B MALE MPW/SUPERVISOR ..... C VILLAGE HEALTH GUIDE ..... D ASHA ..... E OTHER PUBLIC SECTOR HEALTH WORKER _____ F (SPECIFY) NGO WORKER ..... G  PRIVATE MEDICAL SECTOR PRIVATE DOCTOR ..... H PRIVATE NURSE ..... I COMPOUNDER/PHARMACIST ..... J STI CLINIC ..... K VAIDYA/HAKIM/HOMEOPATH ..... L TRADITIONAL HEALER ..... M OTHER PRIVATE SECTOR HEALTH WORKER ..... N  OTHER _____ X (SPECIFY)																																																																																																																	
837	Now I would like to ask your opinion about family life education for children. For each of the following, please tell me whether or not it should be taught in school, and if yes, at what age the topic should first be taught.  837A First we will talk about boys. Should boys be taught in school about ____?	837B: At what age should boys first be taught this topic in school?  <table border="1" data-bbox="760 1304 1398 1938"> <thead> <tr> <th colspan="2"></th> <th colspan="5">AT AGE</th> </tr> <tr> <th colspan="2"></th> <th>&lt;10</th> <th>10-12</th> <th>13-15</th> <th>16 OR OLDER</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>a. Moral values</td> <td>YES 1 →</td> <td>a. 1</td> <td>2</td> <td>3</td> <td>4</td> <td>8</td> </tr> <tr> <td></td> <td>NO 2</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>b. Changes in boys bodies at puberty</td> <td>YES 1 →</td> <td>b. 1</td> <td>2</td> <td>3</td> <td>4</td> <td>8</td> </tr> <tr> <td></td> <td>NO 2</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>c. Changes in girls bodies at puberty, including menstruation</td> <td>YES 1 →</td> <td>c. 1</td> <td>2</td> <td>3</td> <td>4</td> <td>8</td> </tr> <tr> <td></td> <td>NO 2</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>d. Sex and sexual behaviour</td> <td>YES 1 →</td> <td>d. 1</td> <td>2</td> <td>3</td> <td>4</td> <td>8</td> </tr> <tr> <td></td> <td>NO 2</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>e. Contraception</td> <td>YES 1 →</td> <td>e. 1</td> <td>2</td> <td>3</td> <td>4</td> <td>8</td> </tr> <tr> <td></td> <td>NO 2</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>f. HIV/AIDS</td> <td>YES 1 →</td> <td>f. 1</td> <td>2</td> <td>3</td> <td>4</td> <td>8</td> </tr> <tr> <td></td> <td>NO 2</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>g. Condom use to avoid sexually transmitted diseases</td> <td>YES 1 →</td> <td>g. 1</td> <td>2</td> <td>3</td> <td>4</td> <td>8</td> </tr> <tr> <td></td> <td>NO 2</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>			AT AGE							<10	10-12	13-15	16 OR OLDER	DK	a. Moral values	YES 1 →	a. 1	2	3	4	8		NO 2						b. Changes in boys bodies at puberty	YES 1 →	b. 1	2	3	4	8		NO 2						c. Changes in girls bodies at puberty, including menstruation	YES 1 →	c. 1	2	3	4	8		NO 2						d. Sex and sexual behaviour	YES 1 →	d. 1	2	3	4	8		NO 2						e. Contraception	YES 1 →	e. 1	2	3	4	8		NO 2						f. HIV/AIDS	YES 1 →	f. 1	2	3	4	8		NO 2						g. Condom use to avoid sexually transmitted diseases	YES 1 →	g. 1	2	3	4	8		NO 2						
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INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

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COMMENTS ON SPECIFIC QUESTIONS:

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ANY OTHER COMMENTS:

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SUPERVISOR'S OBSERVATIONS

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NAME OF SUPERVISOR: \_\_\_\_\_ DATE: \_\_\_\_\_

EDITOR'S OBSERVATIONS

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NAME OF EDITOR: \_\_\_\_\_ DATE: \_\_\_\_\_

**PSU INFORMATION FORM**

STATE

PAGE \_\_\_\_\_ OF \_\_\_\_\_ PAGES

DISTRICT	TEHSIL/TALUK	CITY/TOWN/VILLAGE	CITY SIZE/ RURAL AREA*	PSU NUMBER	ALTITUDE	PSU COVERAGE BY ANGANWADI/ICDS CENTRE AND YEAR ESTABLISHED (IF YES)
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\* CODES FOR CITY SIZE/RURAL AREA

MEGA CITY=1, LARGE CITY=2, SMALL CITY=3, LARGE TOWN=4, SMALL TOWN=5, RURAL=6

NAME OF SUPERVISOR \_\_\_\_\_

**PSU INFORMATION FORM (ONLY FOR 8 SPECIFIED CITIES)\*\***

STATE \_\_\_\_\_

PAGE \_\_\_\_\_ OF \_\_\_\_\_ PAGES

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							CENSUS?	SUPERVISOR?	
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\*\* Chennai, Delhi, Hyderabad, Indore, Kolkata, Meerut, Mumbai, Nagpur

NAME OF SUPERVISOR \_\_\_\_\_



Technical assistance for NFHS-3 was provided by Macro International and assistance for the HIV component was provided by NACO and NARI. Funding assistance was provided by:



The opinions expressed in this publication do not necessarily reflect the views of the funding agencies.

For additional information on NFHS-3, visit [www.nfhsindia.org](http://www.nfhsindia.org).  
For related information, visit [www.iipsindia.org](http://www.iipsindia.org) or [www.mohfw.nic.in](http://www.mohfw.nic.in).

