

**CONFIDENTIAL**  
 For research purposes only

IDENTIFICATION				
STATE _____				
DISTRICT _____				
TEHSIL/TALUK _____				
CITY/TOWN/VILLAGE _____				
TYPE OF PSU (URBAN = 1, RURAL = 2) .....				
PSU NUMBER .....				
STRUCTURE NUMBER .....				
HOUSEHOLD NUMBER .....				
NAME AND LINE NUMBER OF WOMAN _____				
ADDRESS OF HOUSEHOLD _____				
IS HOUSEHOLD SELECTED FOR THE STATE MODULE? (YES = 1, NO = 2) .....				
IS WOMAN SELECTED FOR QUESTIONS ON HOUSEHOLD RELATIONS (SECTION 11)? (YES = 1, NO = 2) .....				
INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY _____ MONTH _____ YEAR _____
INTERVIEWER'S NAME	_____	_____	_____	INT. NO. _____
RESULT CODE*	_____	_____	_____	RESULT CODE* _____
NEXT VISIT: DATE TIME	_____ _____	_____ _____		TOTAL NUMBER OF VISITS _____
SUPERVISOR'S NAME	_____			SUPERVISOR NUMBER _____
*RESULT CODES: 1 COMPLETED      4 REFUSED 2 NOT AT HOME      5 PARTLY COMPLETED      7 OTHER _____ (SPECIFY) 3 POSTPONED      6 INCAPACITATED				
**LANGUAGE CODES: 01 ASSAMESE      08 MALAYALAM      15 TAMIL 02 BENGALI      09 MANIPURI      16 TELUGU 03 GUJARATI      10 MARATHI      17 URDU 04 HINDI      11 NEPALI      18 ENGLISH 05 KANNADA      12 ORIYA      19 GARO 06 KASHMIRI      13 PUNJABI      20 KHASI 07 KONKANI      14 SINDHI      96 OTHER _____ SPECIFY			**LANGUAGE OF QUESTIONNAIRE <b>HINDI</b> **RESPONDENT'S MOTHER TONGUE _____ **LANGUAGE OF INTERVIEW _____ TRANSLATOR USED? (YES = 1, NO = 2) .....	

SECTION 1. RESPONDENT'S BACKGROUND

INTRODUCTION AND INFORMED CONSENT

नमस्ते। मेरा नाम \_\_\_\_\_ है। मैं (NAME OF ORGANIZATION) के साथ काम कर रहा/ रही हूँ। हम पूरे भारत में स्वास्थ्य पर एक सर्वेक्षण कर रहे हैं। जो जानकारी हम परिवार कल्याण और स्वास्थ्य के बारे में घरों और व्यक्तियों से इकट्ठी करेंगे वो सरकार को स्वास्थ्य सेवाएं बनाने में मदद करेगी। आपका परिवार इस सर्वेक्षण के लिए चुना गया है। इन सवालों में लगभग 40 - 60 मिनट लगेंगे। आपके सारे जवाब गुप्त रखे जायेंगे और हमारे सर्वेक्षण के सदस्यों के अलावा किसी को भी नहीं बताये जायेंगे। आपका इस सर्वेक्षण में भाग लेना स्वैच्छिक है। अगर आप मेरे किसी सवाल का जवाब नहीं देना चाहते, तो मुझे बता दीजिये और मैं अगले सवाल पर चली जाऊँगी या आप किसी भी समय यह बातचीत रोक सकते हैं। यदि आपको इस सर्वेक्षण के बारे में और जानकारी चाहिए तो आप उस व्यक्ति को संपर्क करें, जिनका कार्ड आपके परिवार को दिया जा चुका है।

क्या आप मुझसे कुछ सवाल पूछना चाहती है?

ANSWER ANY QUESTIONS AND ADDRESS RESPONDENT'S CONCERNS.

क्या आप इस सर्वेक्षण में भाग लेने के लिए सहमत हैं?

Namaste. My name is \_\_\_\_\_. I am working with (NAME OF ORGANIZATION). We are conducting a survey about health all over India. The information on family welfare and health that we collect from households and individuals will help the government to plan health services. Your household was selected for the survey. The questions usually take about 40 - 60 minutes. All of the answers you give will be confidential and will not be shared with anyone other than members of our survey team. Your participation in the survey is voluntary. If I ask you any question you don't want to answer, just let me know and I will go on to the next question or you can stop the interview at any time.

If you have any questions about this survey you may ask me.

GIVE CARD WITH CONTACT INFORMATION.

Do you agree to participate in this survey?

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	आपका जन्म किस महीने और साल में हुआ था? 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	
103	पिछले जन्मदिन पर आपकी आयु कितनी थी? How old were you at your last birthday? COMPARE AND CORRECT 102 AND/OR 103 IF INCONSISTENT.	AGE IN COMPLETED YEARS . <input type="text"/> <input type="text"/>	
104	आप कितने समय से निरंतर (CURRENT PLACE OF RESIDENCE) में रहे हैं? How long have you been living continuously in (CURRENT PLACE OF RESIDENCE)? IF LESS THAN 1 YEAR, RECORD '00'	YEARS ..... <input type="text"/> <input type="text"/> ALWAYS ..... 95 VISITOR ..... 96	
105	क्या आप कभी स्कूल गयी हैं? Have you ever attended school?	YES ..... 1 NO ..... 2	→ 108
106	आपने कौनसा उच्चतम दर्जा पास किया है? What is the highest standard you completed?	STANDARD ..... <input type="text"/> <input type="text"/>	
107	CHECK 106: STANDARD 0-5 <input type="text"/> STANDARD 6 AND ABOVE <input type="text"/>		→ 110
108	अब मैं चाहूंगी कि आप मुझे यह वाक्य पढ़कर सुनाएं। SHOW A SENTENCE FROM THE LITERACY CARD TO THE RESPONDENT. IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE: क्या आप इस वाक्य के किसी भी भाग को पढ़कर मुझे सुना सकती हैं? 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	
109	CHECK 108: CODE '2', '3' OR '4' RECORDED <input type="text"/> CODE '1' OR '5' RECORDED <input type="text"/>		→ 111
110	क्या आप अखबार या पत्रिका लगभग प्रतिदिन, सप्ताह में कम से कम एक बार, सप्ताह में एक बार से कम या कभी नहीं पढ़ती हैं? 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	
111	क्या आप रेडियो लगभग प्रतिदिन, सप्ताह में कम से कम एक बार, सप्ताह में एक बार से कम या कभी नहीं सुनती हैं? 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	
112	क्या आप टेलीविजन लगभग प्रतिदिन, सप्ताह में कम से कम एक बार, सप्ताह में एक बार से कम या कभी नहीं देखती हैं? 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	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
113	क्या आप सामान्यतः महीने में कम से कम एक बार सिनेमाघर या थियेटर में सिनेमा देखने जाती हैं? Do you usually go to a cinema hall or theatre to see a movie at least once a month?	YES ..... 1 NO ..... 2	
114	आपका धर्म क्या है? 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)	
115	आपकी जाति या जनजाति क्या है? What is your caste or tribe?	CASTE _____ 991 (SPECIFY) TRIBE _____ 992 (SPECIFY) NO CASTE/TRIBE ..... 993 DON'T KNOW ..... 998	→ 201
116	क्या आप अनुसूचित जाति, अनुसूचित जनजाति, अन्य पिछड़े वर्ग से हैं या इनमें से कोई नहीं हैं? 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	अब मैं आपसे उन बच्चों के बारे में पूछना चाहूंगी जिन्हें आपने अपने जीवनकाल में जन्म दिया है। क्या आपने कभी किसी बच्चे को जन्म दिया है?  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	क्या आपके कोई ऐसे बेटे या बेटियां हैं जिन्हें आपने जन्म दिया है और जो अभी आपके साथ रहते हैं? Do you have any sons or daughters to whom you have given birth who are now living with you?	YES ..... 1 NO ..... 2	→ 204
203	a. कितने बेटे आपके साथ रहते हैं? How many sons live with you?  b. और कितनी बेटियां आपके साथ रहती हैं? And how many daughters live with you?  IF NONE, RECORD '00'.	SONS AT HOME ..... <input type="text"/> <input type="text"/> DAUGHTERS AT HOME ..... <input type="text"/> <input type="text"/>	
204	क्या आपके ऐसे बेटे या बेटियां हैं जिन्हें आपने जन्म दिया है और जो जीवित हैं लेकिन आपके साथ नहीं रहते हैं? 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	a. ऐसे कितने जीवित बेटे हैं जो आपके साथ नहीं रहते हैं? How many sons are alive but do not live with you?  b. और ऐसी कितनी जीवित बेटियां हैं जो आपके साथ नहीं रहती हैं? And how many daughters are alive but do not live with you?  IF NONE, RECORD '00'.	SONS ELSEWHERE ..... <input type="text"/> <input type="text"/> DAUGHTERS ELSEWHERE ..... <input type="text"/> <input type="text"/>	
206	क्या आपने कभी किसी लड़के या लड़की को जन्म दिया है जो जन्म के समय जीवित था या थी लेकिन बाद में जिसकी मृत्यु हो गई? IF NO, PROBE: कोई बच्चा जो रोया था या जिसने जीवित होने का कोई संकेत दिया लेकिन बाद में जीवित नहीं रहा?  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	a. कितने लड़कों की मृत्यु हुई है? How many boys have died?  b. और कितनी लड़कियों की मृत्यु हुई है? And how many girls have died?  IF NONE, RECORD '00'.	BOYS DEAD ..... <input type="text"/> <input type="text"/> GIRLS DEAD ..... <input type="text"/> <input type="text"/>	
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL ..... <input type="text"/> <input type="text"/>	
209	CHECK 208: यह सुनिश्चित करने के लिए कि मैंने सही लिखा है: आपने अपने जीवन में कुल _____ बच्चों को जन्म दिया है। क्या यह सही है? Just to make sure that I have this right: you have had in TOTAL _____ births during your life. Is that correct?  YES <input type="checkbox"/> NO <input type="checkbox"/> → PROBE AND CORRECT 201-208 AS NECESSARY.		
210	CHECK 208:  ONE OR MORE BIRTHS <input type="checkbox"/> NO BIRTHS <input type="checkbox"/>		→ 226

211 अब मैं आपके सभी बच्चों के नाम लिखना चाहूंगी, चाहे वे अभी जीवित हैं या नहीं। शुरूआत अपने सबसे पहले बच्चे के जन्म से करें।

Now I would like to record the names of all your births, whether still alive or not, starting with the first one you had.

RECORD NAMES OF ALL THE BIRTHS IN 212. RECORD TWINS AND TRIPLETS ON SEPARATE LINES.

(IF THERE ARE MORE THAN 12 BIRTHS, USE AN ADDITIONAL QUESTIONNAIRE STARTING WITH THE SECOND ROW).

212	213	214	215	216	217	218	219	220	221
आपके (पहले/अगले) बच्चे का नाम क्या रखा गया था?	क्या (NAME) लड़का है या लड़की है?	क्या इनमें से कोई जुड़वा बच्चे थे?	(NAME) का जन्म किस महीने और साल में हुआ है? PROBE: उसका जन्मदिन क्या था?	क्या (NAME) अभी जीवित है?	217 IF ALIVE: पिछले जन्मदिन पर (NAME) की आयु कितनी थी?	218 IF ALIVE: क्या (NAME) आपके साथ रह रहा/रही है?	219 IF ALIVE: RECORD HOUSE-HOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSE-HOLD).	220 IF DEAD: मृत्यु के समय (NAME) की आयु कितनी थी? IF '1 YR', PROBE: (NAME) उस समय कितने महीनों का था/थी?	क्या (NAME) OF PREVIOUS BIRTH) और (NAME) के बीच किसी दूसरे जीवित बच्चे का जन्म हुआ था, उन बच्चों को भी शामिल करें जिनकी जन्म के पश्चात् मृत्यु हो गई हो?
What name was given to your (first/next) baby?	Is (NAME) a boy or a girl?	Were any of these births twins?	In what month and year was (NAME) born? PROBE: What is his/her birthday?	Is (NAME) still alive?	How old was (NAME) at (his/her) last birthday?	Is (NAME) living with you?		How old was (NAME) when he/she died? IF '1 YR', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME), including any children who died after birth?
BIRTH HISTORY NUMBER AND NAME					RECORD AGE IN COMPLETED YEARS.				
01	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES... 1 NO... 2	LINE NUMBER <input type="text"/> ↓ (NEXT BIRTH)	DAYS... 1 MONTHS 2 YEARS... 3	
02	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES... 1 NO... 2	LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS... 1 MONTHS 2 YEARS... 3	YES... 1 ADD ← BIRTH NO... 2 NEXT ← BIRTH
03	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES... 1 NO... 2	LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS... 1 MONTHS 2 YEARS... 3	YES... 1 ADD ← BIRTH NO... 2 NEXT ← BIRTH
04	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES... 1 NO... 2	LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS... 1 MONTHS 2 YEARS... 3	YES... 1 ADD ← BIRTH NO... 2 NEXT ← BIRTH
05	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES... 1 NO... 2	LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS... 1 MONTHS 2 YEARS... 3	YES... 1 ADD ← BIRTH NO... 2 NEXT ← BIRTH
06	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES... 1 NO... 2	LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS... 1 MONTHS 2 YEARS... 3	YES... 1 ADD ← BIRTH NO... 2 NEXT ← BIRTH
07	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES... 1 NO... 2	LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS... 1 MONTHS 2 YEARS... 3	YES... 1 ADD ← BIRTH NO... 2 NEXT ← BIRTH

212	213	214	215	216	217	218	219	220	221
आपके (पहले/अगले) बच्चे का नाम क्या रखा गया था?	क्या (NAME) लड़का है या लड़की है?	क्या इनमें से कोई जुड़वा बच्चे थे?	(NAME) का जन्म किस महीने और साल में हुआ है? PROBE: उसका जन्मदिन क्या था?	क्या (NAME) अभी जीवित है?	217 IF ALIVE: पिछले जन्मदिन पर (NAME) की आयु कितनी थी?	218 IF ALIVE: क्या (NAME) आपके साथ रह रहा/रही है?	219 IF ALIVE: RECORD HOUSE-HOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSE-HOLD).	220 IF DEAD: मृत्यु के समय (NAME) की आयु कितनी थी? IF '1 YR', PROBE: (NAME) उस समय कितने महीनों का था/थी?	क्या (NAME) OF PREVIOUS BIRTH) और (NAME) के बीच किसी दूसरे जीवित बच्चे का जन्म हुआ था, उन बच्चों को भी शामिल करें जिनकी जन्म के पश्चात् मृत्यु हो गई हो?
What name was given to your (first/next) baby?	Is (NAME) a boy or a girl?	Were any of these births twins?	In what month and year was (NAME) born? PROBE: What is his/her birthday?	Is (NAME) still alive?	How old was (NAME) at (his/her) last birthday?	Is (NAME) living with you?		How old was (NAME) when he/she died? IF '1 YR', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME), including any children who died after birth?
BIRTH HISTORY NUMBER AND NAME					RECORD AGE IN COMPLETED YEARS.				
08	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES... 1 NO... 2	LINE NUMBER <input type="text"/> (GO TO 221)	DAYS... 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS... 3 <input type="text"/>	YES... 1 ADD ← BIRTH NO... 2 NEXT ← BIRTH
09	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES... 1 NO... 2	LINE NUMBER <input type="text"/> (GO TO 221)	DAYS... 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS... 3 <input type="text"/>	YES... 1 ADD ← BIRTH NO... 2 NEXT ← BIRTH
10	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES... 1 NO... 2	LINE NUMBER <input type="text"/> (GO TO 221)	DAYS... 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS... 3 <input type="text"/>	YES... 1 ADD ← BIRTH NO... 2 NEXT ← BIRTH
11	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES... 1 NO... 2	LINE NUMBER <input type="text"/> (GO TO 221)	DAYS... 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS... 3 <input type="text"/>	YES... 1 ADD ← BIRTH NO... 2 NEXT ← BIRTH
12	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES... 1 NO... 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES... 1 NO... 2	LINE NUMBER <input type="text"/> (GO TO 221)	DAYS... 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS... 3 <input type="text"/>	YES... 1 ADD ← BIRTH NO... 2 NEXT ← BIRTH

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
222	क्या (NAME OF LAST BIRTH) के जन्म के बाद आपको कोई जीवित बच्चा पैदा हुआ? Have you had any live births since the birth of (NAME OF LAST BIRTH)? IF YES, RECORD BIRTH(S) IN TABLE.	YES ..... 1 NO ..... 2	
223	क्या (NAME OF FIRST BIRTH) के जन्म के पहले आपको कोई जीवित बच्चा पैदा हुआ? 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	CHECK 215 AND ENTER THE NUMBER OF BIRTHS IN JANUARY 2011 OR LATER.	NUMBER OF BIRTHS ..... <input type="text"/> NONE ..... 0	→ 226
225	FOR EACH BIRTH SINCE JANUARY 2011, 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.)  <b>C</b> FOR EACH BIRTH ASK: जब आप (NAME) के समय गर्भवती थीं तब क्या आपका अल्ट्रासाउंड / सोनोग्राफी परीक्षण हुआ था? At any time when you were pregnant with (NAME), did you have an ultrasound test? RECORD 'Y' IF YES AND 'N' IF NO IN <b>COLUMN 2</b> IN THE MONTH OF BIRTH.		
226	क्या आप अभी गर्भवती हैं? Are you pregnant now?	YES ..... 1 NO ..... 2 UNSURE ..... 8	→ 231
227	आप कितने महीनों से गर्भवती हैं? How many months pregnant are you?  <b>C</b> RECORD NUMBER OF COMPLETED MONTHS. ENTER 'P's IN <b>COLUMN 1</b> OF CALENDAR, BEGINNING WITH MONTH OF INTERVIEW AND FOR THE TOTAL NUMBER OF COMPLETED MONTHS.	MONTHS ..... <input type="text"/>	
228	क्या इस गर्भावस्था के दौरान कभी भी आपका अल्ट्रासाउंड/सोनोग्राफी परीक्षण हुआ है? At any time during this pregnancy, have you had an ultrasound test?  <b>C</b> RECORD 'Y' IF YES AND 'N' IF NO IN <b>COLUMN 2</b> OF THE CALENDAR IN THE CURRENT MONTH.		
229	जब आप गर्भवती हुई उस समय क्या आप गर्भवती होना चाहती थी? When you got pregnant, did you want to get pregnant at that time?	YES ..... 1 NO ..... 2	→ 231
230	क्या आप बच्चा बाद में चाहती थी या आप कोई (और) बच्चा नहीं चाहती थी? Did you want to have the baby later on or did you not want any (more) children?	LATER ..... 1 NO MORE ..... 2	
231	क्या आपका कोई गर्भ ऐसा था जिसका अपने आप गर्भपात हो गया, गर्भपात कराया गया या मरे हुए बच्चे का जन्म हुआ? Have you ever had a pregnancy that miscarried, was aborted, or ended in a stillbirth?	YES ..... 1 NO ..... 2	→ 248
232	ऐसे सबसे आखिरी गर्भ की समाप्ति कब हुई? When did the last such pregnancy end?	MONTH ..... <input type="text"/> YEAR ..... <input type="text"/>	
233	CHECK 232: LAST PREGNANCY ENDED IN JANUARY 2011 OR LATER <input type="text"/> LAST PREGNANCY ENDED BEFORE JANUARY 2011 <input type="text"/>		→ 248



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
234	<p>क्या वह गर्भ का स्वतः गर्भपात हो गया, या गर्भपात कराया गया था या बच्चा मृत पैदा हुआ था? Did that pregnancy end in a miscarriage, an abortion, or a stillbirth?</p> <p><b>C</b> CIRCLE RESPONSE CODE AND ENTER 'M' FOR MISCARRIAGE, 'A' FOR ABORTION, OR 'S' FOR STILLBIRTH IN <b>COLUMN 1</b> OF THE CALENDAR IN MONTH IN WHICH PREGNANCY WAS TERMINATED.</p>	<p>MISCARRIAGE ..... 1 ABORTION ..... 2 STILLBIRTH ..... 3</p>	
235	<p>आखिरी ऐसे गर्भ की जब समाप्ति हुई उस समय आपको कितने महीने का गर्भ था? How many months pregnant were you when the last such pregnancy ended?</p> <p><b>C</b> RECORD NUMBER OF COMPLETED MONTHS. ENTER 'P's IN <b>COLUMN 1</b> OF CALENDAR IN MONTHS <b>BEFORE</b> THE THE PREGNANCY TERMINATED. TOTAL NUMBER OF 'P's MUST BE ONE LESS THAN NUMBER OF MONTHS PREGNANT AT TIME OF TERMINATION.</p>	<p>MONTHS ..... <input type="text"/></p>	
236	<p>क्या इस गर्भावस्था के दौरान कभी भी आपका अल्ट्रासाउंड/सोनोग्राफी परीक्षण हुआ था? At any time during this pregnancy, did you have an ultrasound test?</p> <p><b>C</b> RECORD 'Y' IF YES AND 'N' IF NO IN <b>COLUMN 2</b> OF THE CALENDAR IN MONTH IN WHICH PREGNANCY WAS TERMINATED.</p>		
237	<p>CHECK 234:</p> <p>ABORTION <input type="checkbox"/> MISCARRIAGE OR STILLBIRTH <input type="checkbox"/></p>		→ 244
238	<p>गर्भपात कहाँ कराया गया था? Where was the abortion performed?</p>	<p><b>PUBLIC HEALTH SECTOR</b> GOVT./MUNICIPAL HOSPITAL ..... 11 VAIDYA/HAKIM/HOMEOPATH (AYUSH) 12 GOVT. DISPENSARY/CLINIC ..... 13 UHC/UHP/UFWC ..... 14 CHC/RURAL HOSP./BLOCK PHC ... 15 PHC/ADDITIONAL PHC ..... 16 SUB-CENTRE ..... 17 GOVT. MOBILE CLINIC ..... 18 OTHER PUBLIC HEALTH SECTOR ..... 19 (SPECIFY)</p> <p>NGO OR TRUST HOSPITAL/CLINIC ... 21</p> <p><b>PRIVATE HEALTH SECTOR</b> PRIVATE HOSPITAL/CLINIC ..... 31 VAIDYA/HAKIM/HOMEOPATH (AYUSH) 32 DISPENSARY/CLINIC ..... 33 OTHER PRIVATE HEALTH SECTOR ..... 34 (SPECIFY)</p> <p><b>OTHER</b> AT HOME ..... 41 ELSEWHERE ..... 42 (SPECIFY)</p>	
239	<p>गर्भपात किसके द्वारा किया गया? Who performed the abortion?</p>	<p>DOCTOR ..... 1 NURSE/ANM/LHV ..... 2 DAI ..... 3 FAMILY MEMBER/RELATIVE/FRIEND . 4 SELF ..... 5 OTHER ..... 6 (SPECIFY)</p>	
240	<p>क्या गर्भपात से आपको कोई समस्या हुई? Did you have any complication from the abortion?</p>	<p>YES ..... 1 NO ..... 2</p>	→ 244

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
241	क्या आपने उस समस्या के लिए कोई इलाज करवाया था? Did you seek treatment for the complication?	YES ..... 1 NO ..... 2	→ 243
242	इलाज के लिए आप कहाँ गयी थी? Where did you go for treatment?	<b>PUBLIC HEALTH SECTOR</b> GOVT./MUNICIPAL HOSPITAL ..... 11 VAIDYA/HAKIM/HOMEOPATH (AYUSH) 12 GOVT. DISPENSARY/CLINIC ..... 13 UHC/UHP/UFWC ..... 14 CHC/RURAL HOSP./ BLOCK PHC . 15 PHC/ADDITIONAL PHC ..... 16 SUB-CENTRE ..... 17 GOVT. MOBILE CLINIC ..... 18 OTHER PUBLIC HEALTH SECTOR ..... 19 (SPECIFY) NGO OR TRUST HOSPITAL/CLINIC ... 21 <b>PRIVATE HEALTH SECTOR</b> PRIVATE HOSPITAL/CLINIC ..... 31 VAIDYA/HAKIM/HOMEOPATH (AYUSH) 32 DISPENSARY/CLINIC ..... 33 OTHER PRIVATE HEALTH SECTOR ..... 34 (SPECIFY) <b>OTHER</b> AT HOME ..... 41 ELSEWHERE ..... 42 (SPECIFY)	→ 244
243	आपने इलाज क्यों नहीं कराया था? कोई अन्य कारण? Why did you not seek treatment? Any other reason? RECORD ALL MENTIONED.	COULD NOT AFFORD TREATMENT ... A COULD NOT AFFORD TRANSPORT ... B FEAR OF STIGMA BY PROVIDER ... C FEAR OF STIGMA BY COMMUNITY ... D COMPLICATION WAS MINOR/DID NOT REQUIRE TREATMENT ..... E PROBLEM RESOLVED ITSELF ..... F COULD NOT GET AWAY FROM FAMILY RESPONSIBILITIES ..... G HUSBAND DID NOT GIVE PERMISSION H OTHER ..... X (SPECIFY)	
244	जनवरी 2011 से क्या आपके कोई ऐसे अन्य गर्भधारण हुए जिनका परिणाम जीवित जन्म में न हुआ हो? Since January 2011, have you had any other pregnancies that did not result in a live birth?	YES ..... 1 NO ..... 2	→ 246
245	ASK THE DATE AND THE DURATION OF PREGNANCY FOR EACH EARLIER NON-LIVE BIRTH PREGNANCY SINCE JANUARY 2011. <b>C</b> ENTER 'T' IN <b>COLUMN 1</b> OF CALENDAR IN MONTH THAT EACH PREGNANCY TERMINATED AND 'P' FOR REMAINING NUMBER OF COMPLETED MONTHS. FOR EACH TERMINATED PREGNANCY ASK: क्या इस गर्भावस्था के दौरान कभी भी आपका सोनोग्राफी परीक्षण हुआ है? At any time during this pregnancy, did you have an ultrasound test? <b>C</b> RECORD 'Y' IF YES AND 'N' IF NO IN <b>COLUMN 2</b> OF THE CALENDAR IN MONTH IN WHICH PREGNANCY WAS TERMINATED.		
246	क्या जनवरी 2011 से पहले आपको कोई ऐसे गर्भधारण हुए जिनका परिणाम जीवित जन्म में नहीं हुआ हो? Did you have any pregnancies that terminated before January 2011 that did not result in a live birth?	YES ..... 1 NO ..... 2	→ 248

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
247	जनवरी 2011 के पहले ऐसे सबसे आखिरी गर्भ की समाप्ति कब हुई? When did the last such pregnancy that terminated before January 2011 end?	MONTH ..... YEAR .....	
248	आपका पिछला मासिक धर्म कब शुरू हुआ? When did your last menstrual period start?  _____ (DATE, IF GIVEN)  IF LESS THAN 1 WEEK, RECORD DAYS; IF LESS THAN 1 MONTH, RECORD WEEKS; IF LESS THAN 1 YEAR, RECORD MONTHS.	DAYS AGO ..... 1 WEEKS AGO ..... 2 MONTHS AGO ..... 3 YEARS AGO ..... 4 HAS HAD HYSTERECTOMY ..... 993 IN MENOPAUSE ..... 994 BEFORE LAST BIRTH ..... 995 NEVER MENSTRUATED ..... 996	→ 251 → 250
249	CHECK 248: LAST MENSTRUAL PERIOD > 6 MONTHS AGO <input type="checkbox"/>	OTHER <input type="checkbox"/>	→ 254
249A	CHECK 226: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/>		→ 254
250	कुछ महिलाएं गर्भाशय निकालने हेतु ऑपरेशन करवाती हैं। क्या आपने कोई ऐसा ऑपरेशन करवाया है? Some women undergo an operation to remove the uterus. Have you undergone such an operation?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 254
251	आपने कितने साल पहले यह ऑपरेशन (हिस्टरेक्टमी) करवाया? How many years ago was this operation (hysterectomy) performed?  IF LESS THAN 1 YEAR AGO, RECORD '00'.	YEARS AGO ..... DON'T KNOW ..... 98	
252	यह ऑपरेशन (हिस्टरेक्टमी) कहाँ पर किया गया था? Where was this operation performed?  IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTRE, OR CLINIC IS PUBLIC OR PRIVATE HEALTH SECTOR, WRITE THE NAME OF THE PLACE.  _____ (NAME OF FACILITY/PLACE)	<b>PUBLIC HEALTH SECTOR</b> GOVT./MUNICIPAL HOSPITAL ..... 11 GOVT. DISPENSARY ..... 12 UHC/UHP/UFWC ..... 13 CHC/RURAL HOSPITAL/ BLOCK PHC ..... 14 PHC/ADDITIONAL PHC ..... 15 SUB-CENTRE ..... 16 GOVT. MOBILE CLINIC ..... 17 CAMP ..... 18 OTHER PUBLIC SECTOR HEALTH FACILITY ..... 19  NGO OR TRUST HOSPITAL/CLINIC ... 21  <b>PRIVATE HEALTH SECTOR</b> PVT. HOSPITAL ..... 31 PVT. DOCTOR/CLINIC ..... 32 PVT. MOBILE CLINIC ..... 33 OTHER PRIVATE HEALTH FACILITY ..... 34  OTHER ..... 96 (SPECIFY) DON'T KNOW ..... 98	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
253	<p>किस कारण से यह ऑपरेशन किया गया? कोई अन्य कारण?</p> <p>Why was this operation performed? Any other reason?</p> <p>RECORD ALL MENTIONED.</p>	<p>EXCESSIVE MENSTRUAL BLEEDING AND/OR PAIN ..... A FIBROIDS/CYSTS ..... B UTERINE DISORDER (RUPTURE) ..... C CANCER ..... D UTERINE PROLAPSE ..... E SEVERE POST-PARTUM HAEMORRHAGE ..... F OTHER ..... X (SPECIFY)</p>	
254	<p>CHECK 248: NEVER <input type="checkbox"/> MENSTRUATED OTHER <input type="checkbox"/></p>		→ 258
255	<p>CHECK 103: AGE 15-24 <input type="checkbox"/> AGE 25 OR MORE <input type="checkbox"/></p>		→ 258
256	<p>जब आपका पहला मासिक धर्म शुरू हुआ, तब आपकी उम्र क्या थी? How old were you when you had your first monthly period?</p>	<p>AGE IN COMPLETED YEARS ... <input type="text"/></p>	
257	<p>मासिक धर्म के दौरान खून के दाग से बचने के लिए महिलाएं विभिन्न तरीके अपनाती हैं। क्या आप कुछ प्रयोग करती हैं, यदि हां तो क्या? कुछ और? Women use different methods of protection during their menstrual period to prevent bloodstains from becoming evident. What do you use for protection, if anything? Anything else? RECORD ALL MENTIONED.</p>	<p>CLOTH ..... A LOCALLY PREPARED NAPKINS ..... B SANITARY NAPKINS ..... C TAMPONS ..... D NOTHING ..... E OTHER ..... X (SPECIFY)</p>	
258	<p>एक मासिक धर्म से अगले मासिक धर्म के दौरान क्या कुछ ऐसे दिन होते हैं जिनमें यदि महिला यौन संबंध रखती है तो उसके गर्भवती होने की संभावना अधिक रहती है? 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?</p>	<p>YES ..... 1 NO ..... 2 DON'T KNOW ..... 8</p>	→ 301
259	<p>क्या यह समय मासिक धर्म शुरू होने के ठीक पहले, मासिक धर्म के दौरान, मासिक धर्म बंद होने के ठीक बाद या दो मासिक धर्मों के बिल्कुल बीच में होता है? Is this time just before her period begins, during her period, right after her period has ended, or halfway between two periods?</p>	<p>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</p>	

**SECTION 3A. MARRIAGE AND COHABITATION**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
301	आपकी वर्तमान वैवाहिक स्थिति क्या है? 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	→ 305 → 307 → 315
302	क्या आपके पति आपके साथ रह रहे हैं या वे कहीं और रह रहे हैं? Is your husband living with you now, or is he staying elsewhere?	LIVING WITH HER ..... 1 STAYING ELSEWHERE ..... 2	→ 304
303	कितने समय से आप और आपके पति एक साथ नहीं रह रहे हैं? 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"/>	
304	RECORD THE HUSBAND'S NAME AND LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE. IF HE IS NOT LISTED IN THE HOUSEHOLD, RECORD '00' IN THE BOXES FOR LINE NUMBER.	NAME _____ LINE NO. .... <input type="text"/> <input type="text"/>	
305	आपके अलावा क्या आपके पति की और भी पत्नियाँ हैं? Besides yourself, does your husband have other wives?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 307
306	कुल मिलाकर, आपके समेत, उनकी कितनी पत्नियाँ हैं? Including yourself, in total, how many wives does he have?	NUMBER OF WIVES ..... <input type="text"/> DON'T KNOW ..... 8	
307	क्या आपका विवाह एक या एक से अधिक बार हुआ है? Have you been married once or more than once?	ONLY ONCE ..... 1 MORE THAN ONCE ..... 2	→ 308A
308	आपका विवाह किस महीने और साल में हुआ था? In what month and year did you get married?	MONTH ..... <input type="text"/> <input type="text"/> DON'T KNOW MONTH ..... 98	
308A	अब मैं आपसे पूछना चाहूँगी कि जब आपका आपके पहले पति से विवाह हुआ था वह कौन-सा महीना और साल था? Now I would like to ask about when you married your first husband. In what month and year was that?	YEAR ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR ..... 9998	→ 310
309	जब (पहली बार) आपका विवाह हुआ, आपकी आयु कितनी थी? How old were you when you (first) got married?	AGE ..... <input type="text"/> <input type="text"/>	
310	शादी से पहले क्या आपके (वर्तमान) पति की आपसे कोई रिश्तेदारी थी? Before you got married, was your (current) husband related to you in any way?	YES ..... 1 NO ..... 2	→ 312
311	आपकी कैसी रिश्तेदारी थी? What type of relationship was it?	FIRST COUSIN ON FATHER'S SIDE . 1 FIRST COUSIN ON MOTHER'S SIDE . 2 SECOND COUSIN ..... 3 UNCLE ..... 4 OTHER BLOOD RELATIVE ..... 5 BROTHER IN-LAW ..... 6 OTHER NON-BLOOD RELATIVE ..... 7	
312	CHECK 301: MARITAL STATUS  CODE '2' CIRCLED <input type="checkbox"/>  CODE '2' NOT CIRCLED <input type="checkbox"/>		→ 315

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
313	<p>CHECK 307:</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <p>MARRIED ONLY ONCE</p> <input type="checkbox"/> </div> <div style="text-align: center;"> <p>MARRIED MORE THAN ONCE</p> <input type="checkbox"/> </div> </div> <p>a. आपने अपने पति के साथ कौन से महीने और साल से रहना शुरू किया था?  In what month and year did you start living with your husband?</p> <p>b. अब मैं आपसे यह पूछना चाहूंगी कि जब आपने अपने पहले पति के साथ रहना शुरू किया, वह कौन-सा महीना और साल था?  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 style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/></p> <p>DON'T KNOW MONTH ..... 98</p> <p>YEAR ..... <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/></p> <p>DON'T KNOW YEAR ..... 9998</p>	<p style="text-align: right;">→ 316</p>
314	<p>आपने उनके साथ जब पहली बार रहना शुरू किया तब आपकी आयु कितनी थी? How old were you when you first started living with him?</p>	<p>AGE ..... <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/></p>	<p style="text-align: right;">→ 316</p>
315	<p>CHECK FOR THE PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.</p> <p>अब मैं आपसे पारिवारिक जीवन संबंधी मुद्दों को ठीक से समझने के लिए लैंगिक जीवन के बारे में कुछ प्रश्न पूछना चाहूंगी। मैं आपको फिर से विश्वास दिलाती हूँ कि आपके उत्तर पूरी तरह से गोपनीय रखे जायेंगे और किसी को नहीं बतायें जायेंगे। अगर आप फिर भी उत्तर नहीं देना चाहें तो मुझे बतायें, मैं अगले प्रश्न पर चली जाऊंगी।</p> <p>क्या आपने कभी संभोग किया है?</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 style="text-align: right;">→ 317</p>
316	<p>CHECK FOR THE PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.</p> <p>(अब मैं आपसे पारिवारिक जीवन संबंधी मुद्दों को ठीक से समझने के लिए लैंगिक जीवन के बारे में कुछ प्रश्न पूछना चाहूंगी। मैं आपको फिर से विश्वास दिलाती हूँ कि आपके उत्तर पूरी तरह से गोपनीय रखे जायेंगे और किसी को नहीं बतायें जायेंगे। अगर आप फिर भी उत्तर नहीं देना चाहें तो मुझे बतायें, मैं अगले प्रश्न पर चली जाऊंगी।)</p> <p>जब आपने सबसे पहली बार संभोग किया तब आपकी आयु कितनी थी?</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 style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/></p> <p>FIRST TIME WHEN STARTED LIVING WITH (FIRST) HUSBAND ... 95</p>	

## SECTION 3B. CONTRACEPTION

317	अब मैं आपसे परिवार नियोजन के बारे में बात करना चाहूंगी - ऐसे बहुत से तरीके या साधन हैं जिन्हें दम्पति गर्भधारण टालने या रोकने के लिए इस्तेमाल कर सकते हैं। क्या आपने कभी (METHOD) के बारे में सुना है?  Now I would like to talk about family planning - the various ways or methods that a couple can use to delay or avoid a pregnancy. Have you ever heard of (METHOD)?	
01	स्त्री नसबंदी - और अधिक बच्चों के जन्म को रोकने के लिए स्त्रियाँ ऑपरेशन करा सकती हैं। FEMALE STERILIZATION Women can have an operation to avoid having any more children.	YES ..... 1 NO ..... 2
02	पुरुष नसबंदी - और अधिक बच्चों के जन्म को रोकने के लिए पुरुष ऑपरेशन करा सकते हैं। MALE STERILIZATION Men can have an operation to avoid having any more children.	YES ..... 1 NO ..... 2
03	आइ यू डी या लूप - स्त्रियाँ डॉक्टर या नर्स से अपनी योनि में आइ यू डी या लूप लगवा सकती हैं। IUD OR PPIUD Women can have a loop or coil placed inside them by a doctor or a nurse.	YES ..... 1 NO ..... 2
04	गर्भनिरोधक इंजेक्शन - स्त्रियाँ स्वास्थ्य प्रदानकर्ता (डॉक्टर, नर्स इत्यादि) से इंजेक्शन लगवा सकती हैं जो उन्हें एक या अधिक महीनों के लिए गर्भवती होने से रोक सकता है। INJECTABLES Women can have an injection by a health provider that stops them from becoming pregnant for one or more months.	YES ..... 1 NO ..... 2
05	गर्भनिरोधक गोली - स्त्रियाँ गर्भधारण को टालने के लिए एक गोली प्रतिदिन या प्रत्येक सप्ताह ले सकती हैं। PILL Women can take a pill every day or every week to avoid becoming pregnant.	YES ..... 1 NO ..... 2
06	कंडोम या निरोध - पुरुष संभोग के पहले अपने लिंग पर रबड़ का आवरण लगा सकते हैं। CONDOM OR NIRODH Men can put a rubber sheath on their penis before sexual intercourse.	YES ..... 1 NO ..... 2
07	स्त्री कंडोम - स्त्री संभोग के पहले अपनी योनि में रबड़ का आवरण रख सकती हैं। FEMALE CONDOM Women can place a sheath in their vagina before sexual intercourse.	YES ..... 1 NO ..... 2
08	LACTATIONAL AMENORRHOEA METHOD (LAM)	YES ..... 1 NO ..... 2
09	सुरक्षित काल पद्धति - प्रत्येक महीने में जब स्त्री लैंगिक रूप से सक्रिय रहती है तब महीने के जिन दिनों में उसके गर्भवती होने की अत्यधिक संभावना रहती है उन दिनों में संभोग न करके वह गर्भधारण को टाल सकती है। 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
10	अधपतन यानि विद्व्रावल - पुरुष चरमोत्कर्ष (वीर्य आने) के पहले सावधानी पूर्वक लिंग को बाहर निकाल लेता है। WITHDRAWAL Men can be careful and pull out before climax.	YES ..... 1 NO ..... 2
11	आपातकालीन गर्भनिरोधक - स्त्रियाँ गर्भधारण को टालने के लिए संभोग होने के बाद तीन दिन तक गर्भनिरोधक गोली ले सकती हैं। EMERGENCY CONTRACEPTION Women can take pills up to three days after sexual intercourse to avoid becoming pregnant.	YES ..... 1 NO ..... 2
12	क्या आपने किन्हीं अन्य तरीकों या साधनों के बारे में सुना है जिनका उपयोग स्त्रियाँ या पुरुष गर्भधारण को टालने के लिए कर सकते हैं? Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	YES ..... 1  _____ (SPECIFY) NO ..... 2

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
318	CHECK 315: EVER HAD SEXUAL INTERCOURSE  YES OR NOT ASKED <input type="checkbox"/>	NEVER HAD SEX <input type="checkbox"/>	→ 320
319	क्या आपने कभी गर्भधारण को रोकने या टालने के लिए किसी साधन का उपयोग किया या किसी भी तरह से कोशिश की? Have you ever used anything or tried in any way to delay or avoid getting pregnant?	YES ..... 1 NO ..... 2	→ 321
320	<b>C</b> ENTER '0' IN <b>COLUMN 1</b> OF CALENDAR IN EACH BLANK MONTH.		→ 350A
321	आपने क्या उपयोग किया या अपनाया?  What have you used or done?  RECORD ALL MENTIONED. CORRECT 317 (IF NECESSARY).	FEMALE STERILIZATION ..... A MALE STERILIZATION ..... B IUD/PPIUD ..... C INJECTABLES ..... D PILL ..... E CONDOM/NIRODH ..... F FEMALE CONDOM ..... G EMERGENCY CONTRACEPTION ..... H DIAPHRAGM ..... I FOAM/JELLY ..... J STANDARD DAYS METHOD ..... K LACTATIONAL AMEN. METHOD ..... L RHYTHM METHOD ..... M WITHDRAWAL ..... N  OTHER MODERN METHOD ..... X OTHER TRADITIONAL METHOD ..... Y	
322	CHECK 321: EVER USED EMERGENCY CONTRACEPTION  CODE 'H' CIRCLED <input type="checkbox"/> CODE 'H' NOT CIRCLED <input type="checkbox"/>		→ 325
323	पिछले 12 महीनों में, आपने कितनी बार आपातकालीन गर्भनिरोधक गोलीयों का प्रयोग किया? In the last 12 months, how many times have you used emergency contraceptive pills?	NONE ..... 00  NUMBER OF TIMES ..... <input type="text"/> <input type="text"/>	→ 325



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
324	<p>आपने आपातकालीन गर्भनिरोधक गोलीयाँ कहाँ से प्राप्त किया? किसी अन्य जगह से?</p> <p>Where did you get the emergency contraceptive pills? Anywhere else?</p> <p>RECORD ALL MENTIONED.</p>	<p><b>PUBLIC HEALTH SECTOR</b></p> <p>GOVT./MUNICIPAL HOSPITAL ..... A</p> <p>VAIDYA/HAKIM/ HOMEOPATH (AYUSH) ..... B</p> <p>GOVT. DISPENSARY ..... C</p> <p>UHC/UHP/UFWC ..... D</p> <p>CHC/RURAL HOSPITAL/BLOCK PHC . E</p> <p>PHC/ADDITIONAL PHC ..... F</p> <p>SUB-CENTRE/ANM ..... G</p> <p>GOVT. MOBILE CLINIC ..... H</p> <p>ANGANWADI/ICDS CENTRE ..... I</p> <p>ASHA ..... J</p> <p>OTHER COMMUNITY-BASED WORKER ..... K</p> <p>OTHER PUBLIC HEALTH SECTOR ..... L</p> <p>NGO OR TRUST HOSPITAL/CLINIC ... M</p> <p><b>PRIVATE HEALTH SECTOR</b></p> <p>PVT. HOSPITAL ..... N</p> <p>PVT. DOCTOR/CLINIC ..... O</p> <p>PVT. MOBILE CLINIC ..... P</p> <p>VAIDYA/HAKIM/HOMEOPATH (AYUSH) Q</p> <p>TRADITIONAL HEALER ..... R</p> <p>PHARMACY/DRUGSTORE ..... S</p> <p>DAI (TBA) ..... T</p> <p>OTHER PRIVATE HEALTH SECTOR ..... U</p> <p><b>OTHER SOURCE</b></p> <p>SHOP ..... V</p> <p>FRIEND/RELATIVE ..... W</p> <p>OTHER _____ X (SPECIFY)</p>	
325	<p>CHECK 208:</p> <p>ONE OR MORE BIRTHS <input type="checkbox"/></p> <p>NO BIRTHS <input type="checkbox"/></p>		→ 327
326	<p>अब मैं आपसे उस समय के बारे में पूछना चाहूंगी जब आपने पहली बार गर्भधारण टालने के लिए कुछ किया या किसी तरीके का उपयोग किया था। उस समय क्या आपके कोई जीवित बच्चे थे? यदि हाँ तो कितने?</p> <p>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?</p> <p>IF NONE, RECORD '00'.</p>	<p>NUMBER OF CHILDREN ..... <input type="text"/><input type="text"/></p>	
327	<p>CHECK 321: RESPONDENT STERILIZED?</p> <p>CODE 'A' NOT RECORDED <input type="checkbox"/></p> <p>CODE 'A' RECORDED <input type="checkbox"/></p>		→ 330A
327A	<p>CHECK 248 AND 250:</p> <p>HAS HAD A HYSTERECTOMY <input type="checkbox"/></p> <p>HAS NOT HAD A HYSTERECTOMY <input type="checkbox"/></p>		→ 342
328	<p>CHECK 226:</p> <p>NOT PREGNANT OR UNSURE <input type="checkbox"/></p> <p>PREGNANT <input type="checkbox"/></p>		→ 342

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
329	क्या आप इस समय गर्भधारण टालने या रोकने के लिए कुछ कर रही हैं या किसी तरीके का उपयोग कर रही हैं? Are you currently doing something or using any method to delay or avoid getting pregnant?	YES ..... 1 NO ..... 2	→ 342
330	आप कौन-से तरीके का उपयोग कर रही हैं? Which method are you using?	FEMALE STERILIZATION ..... A MALE STERILIZATION ..... B IUD/PPIUD ..... C INJECTABLES ..... D PILL ..... E CONDOM/NIRODH ..... F FEMALE CONDOM ..... G DIAPHRAGM ..... H FOAM/JELLY ..... I STANDARD DAYS METHOD ..... J LACTATIONAL AMEN. METHOD ..... K RHYTHM METHOD ..... L WITHDRAWAL ..... M OTHER MODERN METHOD ..... X OTHER TRADITIONAL METHOD ..... Y	→ 331 → 339A
330A	RECORD 'A' FOR FEMALE STERILIZATION.		
331	नसबंदी कहाँ पर हुई थी? In what facility did the sterilization take place?	<b>PUBLIC HEALTH SECTOR</b> GOVT./MUNICIPAL HOSPITAL ..... 11 GOVT. DISPENSARY ..... 12 UHC/UHP/UFWC ..... 13 CHC/RURAL HOSPITAL/ BLOCK PHC ..... 14 PHC/ADDITIONAL PHC ..... 15 SUB-CENTRE ..... 16 GOVT. MOBILE CLINIC ..... 17 CAMP ..... 18 OTHER PUBLIC SECTOR HEALTH FACILITY ..... 19 NGO OR TRUST HOSPITAL/CLINIC ... 21 <b>PRIVATE HEALTH SECTOR</b> PVT. HOSPITAL ..... 31 PVT. DOCTOR/CLINIC ..... 32 PVT. MOBILE CLINIC ..... 33 OTHER PRIVATE HEALTH FACILITY ..... 34 OTHER ..... 96 (SPECIFY) DON'T KNOW ..... 98	
	IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTRE, OR CLINIC IS PUBLIC OR PRIVATE HEALTH SECTOR, WRITE THE NAME OF THE PLACE.  _____ (NAME OF FACILITY/PLACE)		
332	CHECK 330/330A: RESPONDENT STERILIZED?  CODE 'A' <input type="checkbox"/> RECORDED CODE 'A' <input type="checkbox"/> NOT RECORDED		→ 339A
333	आपके नसबंदी ऑपरेशन के पहले क्या आपको स्वास्थ्य कार्यकर्ता द्वारा यह बताया गया था कि इस ऑपरेशन के कारण आपको कोई (और) बच्चा नहीं हो पाएगा? Before your sterilization operation, were you told by a healthcare provider that you would not be able to have any (more) children because of the operation?	YES ..... 1 NO ..... 2	
334	ऑपरेशन के दौरान और उसके तुरंत बाद, आप को मिली देखभाल को आप किस श्रेणी में रखना चाहेंगी: बहुत अच्छी, ठीक-ठाक, इतनी अच्छी नहीं या खराब? 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	
335	कोई परामर्श जो आपने लिया हो उसको शामिल करते हुए नसबंदी के लिए आपने कुल कितना खर्च किया था? How much did you pay in total for the sterilization, including any consultation you may have had?	AMOUNT . Rs. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FREE ..... 99995 DON'T KNOW ..... 99998	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
336	क्या आपको नसबंदी के लिए अनुपूरक राशि प्राप्त हुई? Did you receive compensation for the sterilization?	YES ..... 1 NO ..... 2	→ 338
337	आपको कितनी अनुपूरक राशि प्राप्त हुई? How much compensation did you receive?	AMOUNT .... Rs. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW ..... 9998	
338	क्या आपको इस बात का अफसोस है कि आपने नसबंदी करा ली? Do you regret that you had the sterilization?	YES ..... 1 NO ..... 2	
339  339A	नसबंदी कौन-से महीने और साल में कराई गई थी? In what month and year was the sterilization performed?  आपने (CURRENT METHOD) का इस्तेमाल लगातार कौन-से महीने और साल से शुरू किया? PROBE: इस समय आप (CURRENT METHOD) का इस्तेमाल बिना बंद किए हुए, कितने समय से कर रही हैं?  Since what month and year have you been using (CURRENT METHOD) without stopping? PROBE: For how long have you been using (CURRENT METHOD) now without stopping?	MONTH ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> YEAR ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
340	CHECK 339/339A, 215 AND 232:  ANY BIRTH OR PREGNANCY TERMINATION AFTER MONTH AND YEAR OF START OF USE OF CONTRACEPTION IN 339/339A?  <b>FOR METHODS OTHER THAN STERILIZATION:</b> GO BACK TO 339A, PROBE AND RECORD MONTH AND YEAR AT START OF CONTINUOUS USE OF CURRENT METHOD (MUST BE AFTER LAST BIRTH OR PREGNANCY TERMINATION).  <b>FOR FEMALE STERILIZATION:</b> CORRECT 339 OR 330 (IF NECESSARY). FOLLOW CORRECT SKIP PATTERN.	YES <input type="checkbox"/> NO <input type="checkbox"/>	
341	CHECK 339/339A:  YEAR IS 2011 OR LATER <input type="checkbox"/> ↓ <b>C</b> ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN <b>COLUMN 1</b> OF CALENDAR AND IN EACH MONTH BACK TO DATE STARTED USING. ↓ THEN CONTINUE WITH 342.	YEAR IS 2010 OR EARLIER <input type="checkbox"/> ↓ <b>C</b> ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN <b>COLUMN 1</b> OF CALENDAR AND EACH MONTH BACK TO JANUARY 2010. THEN SKIP TO → 349	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
342	<p>मैं आपसे पिछले कुछ वर्षों के दौरान आप या आपके पति द्वारा गर्भधारण को टालने के लिए इस्तेमाल की गई विधि के बारे में कुछ प्रश्न पूछना चाहूंगी।</p> <p>I would like to ask you some questions about the times you or your husband may have used a method to avoid getting pregnant during the last few years.</p> <p>USE CALENDAR TO PROBE FOR EARLIER PERIODS OF USE AND NONUSE, STARTING WITH MOST RECENT USE, BACK TO JANUARY 2011.</p> <p>USE NAMES OF CHILDREN, DATES OF BIRTH, AND PERIODS OF PREGNANCY AS REFERENCE POINTS.</p> <p><b>C</b> IN COLUMN 1, ENTER METHOD USE CODE OR '0' FOR NONUSE IN EACH BLANK MONTH.</p> <p><b>C</b> ILLUSTRATIVE QUESTIONS:</p> <p><b>COLUMN 1:</b></p> <ol style="list-style-type: none"> <li>आखिरी बार आपने विधि का इस्तेमाल कब किया था? वह कौन-सी विधि थी? When was the last time you used a method? Which method was that?</li> <li>इस विधि का इस्तेमाल करना कब शुरू किया था? (NAME) के जन्म के कितने समय बाद? When did you start using that method? How long after the birth of (NAME)?</li> <li>उस समय आपने कितने समय तक विधि का इस्तेमाल किया था? How long did you use the method then?</li> </ol> <p><b>C</b> IN COLUMN 3, ENTER CODES FOR DISCONTINUATION IN THE SAME ROW AS THE LAST MONTH OF USE. NUMBER OF CODES IN COLUMN 3 MUST BE SAME AS NUMBER OF INTERRUPTIONS OF METHOD USE IN COLUMN 1.</p> <p>ASK WHY SHE STOPPED USING THE METHOD. IF A PREGNANCY FOLLOWED, ASK WHETHER SHE BECAME PREGNANT UNINTENTIONALLY WHILE USING THE METHOD OR DELIBERATELY STOPPED TO GET PREGNANT.</p> <p>ILLUSTRATIVE QUESTIONS:</p> <p><b>COLUMN 3:</b></p> <ol style="list-style-type: none"> <li>आपने (METHOD) का इस्तेमाल क्यों बंद किया? Why did you stop using the (METHOD)?</li> <li>क्या (METHOD) का इस्तेमाल करने के दौरान आप गर्भवती हुई थी, क्या आपने गर्भवती होने के लिए विधि का इस्तेमाल करना बंद कर दिया था या आपने कुछ दूसरे कारणों से इस्तेमाल करना बंद कर दिया था? Did you become pregnant while using (METHOD), did you stop using to get pregnant, or did you stop for some other reason?</li> </ol> <p><b>C</b> IF DELIBERATELY STOPPED TO BECOME PREGNANT, ASK:</p> <ol style="list-style-type: none"> <li>(METHOD) का इस्तेमाल बंद करने के बाद आपको गर्भधारण में कितने महीने लगे? How many months did it take you to get pregnant after you stopped using (METHOD)?</li> </ol> <p>AND ENTER '0' IN EACH SUCH MONTH IN <b>COLUMN 1</b>.</p>		
343	<p>CHECK 330/330A:</p> <p>RECORD 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 → 350A</p> <p>FEMALE STERILIZATION . . . . . 01</p> <p>MALE STERILIZATION . . . . . 02 → 354</p> <p>IUD/PPIUD . . . . . 03</p> <p>INJECTABLES . . . . . 04</p> <p>PILL . . . . . 05</p> <p>CONDOM/NIRODH . . . . . 06</p> <p>FEMALE CONDOM . . . . . 07</p> <p>DIAPHRAGM . . . . . 08 → 347</p> <p>FOAM/JELLY . . . . . 09</p> <p>STANDARD DAYS METHOD . . . . . 10</p> <p>LACTATIONAL AMENORRHOEA METHOD 11</p> <p>RHYTHM METHOD . . . . . 12</p> <p>WITHDRAWAL . . . . . 13 → 354</p> <p>OTHER MODERN METHOD . . . . . 14</p> <p>OTHER TRADITIONAL METHOD . . . . . 15</p>	
344	<p>आपने (MONTH/YEAR) से (CURRENT METHOD) का इस्तेमाल करना शुरू किया। उस समय क्या आपको इस विधि के इस्तेमाल से हो सकने वाले दुष्प्रभाव या समस्याओं के बारे में बताया गया था?</p> <p>You started using (CURRENT METHOD) in (MONTH/YEAR). At that time, were you told about side effects or problems you might have with the method?</p>	<p>YES . . . . . 1 → 346</p> <p>NO . . . . . 2</p>	
345	<p>क्या आपको स्वास्थ्य कार्यकर्ता ने कभी भी इस विधि से हो सकने वाले दुष्प्रभाव या समस्याओं के बारे में बताया था?</p> <p>Were you ever told by a health worker about side effects or problems you might have with the method?</p>	<p>YES . . . . . 1 → 347</p> <p>NO . . . . . 2</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
346	<p>क्या आपको बताया गया था कि यदि इस विधि के इस्तेमाल से किसी दुष्प्रभाव या समस्या का अनुभव हुआ तो आपको क्या करना चाहिए?</p> <p>Were you told what to do if you experienced side effects or problems?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	
347	<p>CHECK 343:</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>CODE '01' RECORDED <input type="checkbox"/></p> <p>↓</p> </div> <div style="text-align: center;"> <p>CODE '01' NOT RECORDED <input type="checkbox"/></p> <p>↓</p> </div> </div> <p>a. जब आपकी नसबंदी हुई, क्या आपको परिवार नियोजन की अन्य विधियों के बारे में बताया गया था जिनका इस्तेमाल आप कर सकती थीं?</p> <p>When you got sterilized, were you told about other methods of family planning that you could use?</p> <p>b. आपने जब (CURRENT METHOD) (MONTH/YEAR) में प्राप्त की थी, क्या आपको परिवार नियोजन की अन्य विधियों के बारे में बताया गया था जिनका इस्तेमाल आप कर सकती थीं?</p> <p>When you obtained (CURRENT METHOD) in (MONTH/YEAR), were you told about other methods of family planning that you could use?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	→ 349
348	<p>क्या स्वास्थ्य या परिवार नियोजन कार्यकर्ता ने कभी भी आपको परिवार नियोजन की अन्य विधियों के बारे में बताया था जिनका इस्तेमाल आप कर सकती थीं?</p> <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>	
349	<p>CHECK 330/330A:</p> <p>RECORD METHOD CODE:</p> <p>IF MORE THAN ONE METHOD CODE CIRCLED IN 330/330A, RECORD CODE FOR HIGHEST METHOD IN LIST.</p>	<p>FEMALE STERILIZATION ..... 01</p> <p>MALE STERILIZATION ..... 02</p> <p>IUD/PPIUD ..... 03</p> <p>INJECTABLES ..... 04</p> <p>PILL ..... 05</p> <p>CONDOM/NIRODH ..... 06</p> <p>FEMALE CONDOM ..... 07</p> <p>DIAPHRAGM ..... 08</p> <p>FOAM/JELLY ..... 09</p> <p>STANDARD DAYS METHOD ..... 10</p> <p>LACTATIONAL AMENORRHOEA METHOD 11</p> <p>RHYTHM METHOD ..... 12</p> <p>WITHDRAWAL ..... 13</p> <p>OTHER MODERN METHOD ..... 14</p> <p>OTHER TRADITIONAL METHOD ..... 15</p>	<p>→ 354</p> <p>→ 354</p>

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
350	<p>आपने पिछली बार (CURRENT METHOD) कहां से प्राप्त किये?</p> <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 HEALTH SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF FACILITY/PLACE)</p>	<p><b>PUBLIC HEALTH SECTOR</b></p> <p>GOVT./MUNICIPAL HOSPITAL ..... 11</p> <p>VAIDYA/HAKIM/HOMEOPATH (AYUSH) 12</p> <p>GOVT. DISPENSARY ..... 13</p> <p>UHC/UHP/UFWC ..... 14</p> <p>CHC/RURAL HOSPITAL/ BLOCK PHC ..... 15</p> <p>PHC/ADDITIONAL PHC ..... 16</p> <p>SUB-CENTRE/ANM ..... 17</p> <p>GOVT. MOBILE CLINIC ..... 18</p> <p>CAMP ..... 19</p> <p>ANGANWADI/ICDS CENTRE ..... 20</p> <p>ASHA ..... 21</p> <p>OTHER COMMUNITY- BASED WORKER ..... 22</p> <p>OTHER PUBLIC HEALTH SECTOR ..... 23</p> <p>NGO OR TRUST HOSPITAL/CLINIC ... 31</p> <p><b>PRIVATE HEALTH SECTOR</b></p> <p>PVT. HOSPITAL ..... 41</p> <p>PVT. DOCTOR/CLINIC ..... 42</p> <p>PVT. MOBILE CLINIC ..... 43</p> <p>VAIDYA/HAKIM/HOMEOPATH (AYUSH) 44</p> <p>TRADITIONAL HEALER ..... 45</p> <p>PHARMACY/DRUGSTORE ..... 46</p> <p>DAI (TBA) ..... 47</p> <p>OTHER PRIVATE HEALTH SECTOR ..... 48</p> <p><b>OTHER SOURCE</b></p> <p>SHOP ..... 51</p> <p>HUSBAND ..... 52</p> <p>FRIEND/RELATIVE ..... 53</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p>	<p>→ 354</p>
350A	<p>CHECK 248 AND 250:</p> <p>HAS HAD A <input type="checkbox"/> HYSTERECTOMY</p> <p>HAS NOT HAD <input type="checkbox"/> A HYSTERECTOMY</p>		<p>→ 354</p>
351	<p>क्या आपको स्वास्थ्य कार्यकर्ता ने कभी भी परिवार नियोजन की किसी विधि के बारे में बताया था जिसके इस्तेमाल करने से गर्भधारण टाला जा सकता है?</p> <p>Were you ever told by a health worker about any methods of family planning that you can use to avoid pregnancy?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	
352	<p>क्या आपको किसी ऐसी जगह की जानकारी है जहां से आप परिवार नियोजन की विधि प्राप्त कर सकती हैं?</p> <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>→ 354</p>

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
353	<p>वह कौन-सी जगह है? कोई अन्य जगह? Where is that? Any other place?</p> <p>RECORD ALL PLACES MENTIONED.</p> <p>IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTRE, OR CLINIC IS PUBLIC OR PRIVATE HEALTH SECTOR, WRITE THE NAME OF THE PLACE(S).</p> <p>_____</p> <p>(NAME OF FACILITY/PLACE(S))</p>	<p><b>PUBLIC HEALTH SECTOR</b></p> <p>GOVT./MUNICIPAL HOSPITAL ..... A</p> <p>VAIDYA/HAKIM</p> <p>HOMEOPATH (AYUSH) ..... B</p> <p>GOVT. DISPENSARY ..... C</p> <p>UHC/UHP/UFWC ..... D</p> <p>CHC/RURAL HOSPITAL/ BLOCK PHC ..... E</p> <p>PHC/ADDITIONAL PHC ..... F</p> <p>SUB-CENTRE/ANM ..... G</p> <p>GOVT. MOBILE CLINIC ..... H</p> <p>CAMP ..... I</p> <p>ANGANWADI/ICDS CENTRE ..... J</p> <p>ASHA ..... K</p> <p>OTHER COMMUNITY- BASED WORKER ..... L</p> <p>OTHER PUBLIC HEALTH SECTOR ..... M</p> <p>NGO OR TRUST HOSPITAL/CLINIC ... N</p> <p><b>PRIVATE HEALTH SECTOR</b></p> <p>PVT. HOSPITAL ..... O</p> <p>PVT. DOCTOR/CLINIC ..... P</p> <p>PVT. MOBILE CLINIC..... Q</p> <p>VAIDYA/HAKIM/ HOMEOPATH (AYUSH) ..... R</p> <p>TRADITIONAL HEALER ..... S</p> <p>PHARMACY/DRUGSTORE ..... T</p> <p>DAI (TBA) ..... U</p> <p>OTHER PRIVATE HEALTH SECTOR ..... V</p> <p><b>OTHER SOURCE</b></p> <p>SHOP ..... W</p> <p>FRIEND/RELATIVE ..... X</p> <p>OTHER _____ Y</p> <p>(SPECIFY)</p>	

**SECTION 3C. CONTACTS WITH COMMUNITY HEALTH WORKERS**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																				
354	<p>अब मैं आपसे ए एन एम या एल एच वी से हाल में ही हुए किसी संपर्क के बारे में बात करना चाहूँगी। पिछले तीन महीनों में, आपकी क्या ए एन एम या एल एच वी से मुलाकात हुई?</p> <p>Now I would like to talk to you about any contacts you have had recently with an ANM or LHV. In the last three months have you met with an ANM or LHV?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	→ 356																				
355	<p>पिछले तीन महीनों में, आपकी (इस व्यक्ति/इन व्यक्तियों) से कितनी बार मुलाकात हुई:</p> <p>In the last three months, how many times did you meet with (this person/these persons):</p> <p>IF NONE, RECORD '00'.</p> <p>a. घर में? At home?</p> <p>b. आंगनवाड़ी केन्द्र में? At the anganwadi centre?</p> <p>c. स्वास्थ्य सुविधा केन्द्र या शिविर में? At a health facility or camp?</p> <p>d. अन्य किसी जगह पर? Anywhere else?</p>	<p>HOME ..... <table border="1" data-bbox="1189 555 1294 808"><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></p> <p>AWC ..... <table border="1" data-bbox="1189 622 1294 689"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p> <p>HEALTH FACILITY/CAMP ..... <table border="1" data-bbox="1189 689 1294 757"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p> <p>ELSEWHERE ..... <table border="1" data-bbox="1189 757 1294 808"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p>																					
356	<p>पिछले तीन महीनों में क्या आप किसी आंगनवाड़ी कार्यकर्ता, आशा या अन्य समुदाय स्वास्थ्य कार्यकर्ता से मिली हैं?</p> <p>In the last three months, have you met with an anganwadi worker, ASHA or other community health worker?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	→ 359																				
357	<p>आप किससे मिली? अन्य किसी से?</p> <p>Who did you meet? Anyone else?</p> <p>RECORD ALL MENTIONED.</p>	<p>ANGANWADI WORKER ..... A</p> <p>ASHA ..... B</p> <p>MPW ..... C</p> <p>OTHER _____ X (SPECIFY)</p>																					
358	<p>पिछले तीन महीनों में, आपकी (इस व्यक्ति/इन व्यक्तियों) से कितनी बार मुलाकात हुई:</p> <p>In the last three months, how many times did you meet with (this person/these persons):</p> <p>IF NONE, RECORD '00'.</p> <p>a. घर में? At home?</p> <p>b. आंगनवाड़ी केन्द्र में? At the anganwadi centre?</p> <p>c. स्वास्थ्य सुविधा केन्द्र या शिविर में? At a health facility or camp?</p> <p>d. अन्य किसी जगह पर? Anywhere else?</p>	<p>HOME ..... <table border="1" data-bbox="1189 1339 1294 1592"><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></p> <p>AWC ..... <table border="1" data-bbox="1189 1406 1294 1473"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p> <p>HEALTH FACILITY/CAMP ..... <table border="1" data-bbox="1189 1473 1294 1541"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p> <p>ELSEWHERE ..... <table border="1" data-bbox="1189 1541 1294 1592"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p>																					
359	<p>CHECK 354 AND 356:</p> <p>AT LEAST ONE 'YES' <input type="checkbox"/> →</p> <p>BOTH 'NO' <input type="checkbox"/> →</p>	→ 363																					



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
360	<p>पिछले तीन महीनों में (PERSONS MENTIONED IN 354 AND 357) के साथ (इस संपर्क/इन सभी संपर्कों) के दौरान कौन सी विभिन्न सेवाएं प्रदान की गईं तथा किन विषयों पर बातचीत की गई? कुछ और?</p> <p>During (this contact/all these contacts) with (PERSONS MENTIONED IN 354 AND 357) in the last three months, what were the different services provided and matters talked about? Anything else?</p> <p>RECORD ALL MENTIONED.</p>	<p>FAMILY PLANNING ..... A</p> <p>IMMUNIZATION ..... B</p> <p>ANTENATAL CARE ..... C</p> <p>DELIVERY CARE ..... D</p> <p>BIRTH PREPAREDNESS ..... E</p> <p>COMPLICATION READINESS ..... F</p> <p>POSTNATAL CARE ..... G</p> <p>DISEASE PREVENTION ..... H</p> <p>MEDICAL TREATMENT FOR SELF ... I</p> <p>TREATMENT FOR SICK CHILD ..... J</p> <p>TREATMENT FOR OTHER PERSON . K</p> <p>MALARIA CONTROL ..... L</p> <p>SUPPLEMENTARY FOOD ..... M</p> <p>GROWTH MONITORING OF CHILD . N</p> <p>EARLY CHILDHOOD CARE ..... O</p> <p>PRE-SCHOOL EDUCATION ..... P</p> <p>NUTRITION/HEALTH EDUCATION ... Q</p> <p>FAMILY LIFE EDUCATION ..... R</p> <p>MENSTRUAL HYGIENE ..... S</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	
361	<p>आपके (पिछले) संपर्क के दौरान आपकी किससे मुलाकात हुई?</p> <p>Who did you meet during your (most recent) contact?</p>	<p>ANM ..... 1</p> <p>LHV ..... 2</p> <p>ANGANWADI WORKER ..... 3</p> <p>ASHA ..... 4</p> <p>MPW ..... 5</p> <p>OTHER _____ 6</p> <p>(SPECIFY)</p>	
362	<p>CHECK 355(c) AND 358(c):</p> <p>355(c) AND 358(c) = 00 <input type="checkbox"/> OTHER <input type="checkbox"/></p> <p>OR BLANK <input type="checkbox"/></p> <p style="text-align: right;">→ 364</p>		
363	<p>पिछले तीन महीनों में, क्या आप अपने (या अपने बच्चों के) लिए किसी कारण से स्वास्थ्य सुविधा या शिविर में गई थीं?</p> <p>In the last three 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>	→ 401
364	<p>सबसे हाल ही में आप अपने (या अपने बच्चों के) लिए किस प्रकार की स्वास्थ्य सुविधा में गई थीं?</p> <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 HEALTH SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____ (NAME OF FACILITY/PLACE)</p>	<p><b>PUBLIC HEALTH SECTOR</b></p> <p>GOVT./MUNICIPAL HOSPITAL ..... 11</p> <p>VAIDYA/HAKIM/HOMEOPATH (AYUSH) ..... 12</p> <p>GOVT. DISPENSARY ..... 13</p> <p>UHC/UHP/UFWC ..... 14</p> <p>CHC/RURAL HOSPITAL/BLOCK PHC ..... 15</p> <p>PHC/ADDITIONAL PHC ..... 16</p> <p>SUB-CENTRE ..... 17</p> <p>GOVT. MOBILE CLINIC ..... 18</p> <p>CAMP ..... 19</p> <p>ANGANWADI/ICDS CENTRE ..... 20</p> <p>OTHER PUBLIC SECTOR HEALTH FACILITY ..... 21</p> <p>NGO OR TRUST HOSPITAL/CLINIC . 22</p> <p><b>PRIVATE HEALTH SECTOR</b></p> <p>PVT. HOSPITAL/CLINIC ..... 31</p> <p>PVT. MOBILE CLINIC ..... 32</p> <p>VAIDYA/HAKIM/HOMEOPATH (AYUSH) ..... 33</p> <p>PHARMACY/DRUGSTORE ..... 34</p> <p>OTHER PRIVATE SECTOR HEALTH FACILITY ..... 35</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
365	<p>आप किस सेवा के लिए गई थीं? कोई अन्य सेवा?</p> <p>What service did you go for? Any other service?</p> <p>RECORD ALL MENTIONED.</p>	<p>FAMILY PLANNING ..... A</p> <p>IMMUNIZATION ..... B</p> <p>ANTENATAL CARE ..... C</p> <p>DELIVERY CARE ..... D</p> <p>POSTNATAL CARE ..... E</p> <p>DISEASE PREVENTION ..... F</p> <p>MEDICAL TREATMENT FOR SELF ... G</p> <p>TREATMENT FOR CHILD ..... H</p> <p>TREATMENT FOR OTHER PERSON . I</p> <p>GROWTH MONITORING OF CHILD . J</p> <p>HEALTH CHECK-UP ..... K</p> <p>MEDICAL TERMINATION OF PREGNANCY (MTP) ..... L</p> <p>OTHER _____ X (SPECIFY)</p>	

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

401	<p>CHECK 224:</p> <p>ONE OR MORE BIRTHS <input type="checkbox"/> IN JANUARY 2011 OR LATER</p> <p>NO BIRTHS <input type="checkbox"/> IN JANUARY 2011 OR LATER → 550</p>			
402	<p>ENTER IN THE TABLE BELOW THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN JANUARY 2011 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).</p> <p>अब मैं आपसे पिछले पांच वर्षों में जन्में आपके सभी बच्चों के स्वास्थ्य के बारे में कुछ प्रश्न पूछना चाहूंगी। (हम प्रत्येक बच्चे के बारे में अलग से बातचीत करेंगे)।</p> <p>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 child separately.)</p>			
403	LINE NUMBER FROM 212	<p>LAST BIRTH</p> <p>LINE NUMBER ... <input type="text"/></p>	<p>NEXT-TO-LAST BIRTH</p> <p>LINE NUMBER ... <input type="text"/></p>	<p>SECOND-FROM-LAST BIRTH</p> <p>LINE NUMBER ... <input type="text"/></p>
404	FROM 212 AND 216	<p>NAME _____</p> <p>LIVING <input type="checkbox"/> DEAD <input type="checkbox"/></p>	<p>NAME _____</p> <p>LIVING <input type="checkbox"/> DEAD <input type="checkbox"/></p>	<p>NAME _____</p> <p>LIVING <input type="checkbox"/> DEAD <input type="checkbox"/></p>
405	<p>आप (NAME) के समय जब गर्भवती हुई, क्या उस समय आप गर्भवती होना चाहती थी?</p> <p>When you got pregnant with (NAME), did you want to get pregnant at that time?</p>	<p>YES ..... 1</p> <p>(SKIP TO 408) ←</p> <p>NO ..... 2</p>	<p>YES ..... 1</p> <p>(SKIP TO 442) ←</p> <p>NO ..... 2</p>	<p>YES ..... 1</p> <p>(SKIP TO 442) ←</p> <p>NO ..... 2</p>
406	<p>क्या आप बच्चा बाद में चाहती थी या कोई (और) बच्चा नहीं चाहती थी?</p> <p>Did you want to have a baby later on, or did you not want any (more) children?</p>	<p>LATER ..... 1</p> <p>NO MORE ..... 2</p> <p>(SKIP TO 408) ←</p>	<p>LATER ..... 1</p> <p>NO MORE ..... 2</p> <p>(SKIP TO 442) ←</p>	<p>LATER ..... 1</p> <p>NO MORE ..... 2</p> <p>(SKIP TO 442) ←</p>
407	<p>आप और कितने समय तक इंतजार करना चाहती थीं?</p> <p>How much longer did you want to wait?</p>	<p>MONTHS . 1 <input type="text"/></p> <p>YEARS ... 2 <input type="text"/></p> <p>DON'T KNOW .... 998</p>	<p>MONTHS .. 1 <input type="text"/></p> <p>YEARS ... 2 <input type="text"/></p> <p>DON'T KNOW ... 998</p>	<p>MONTHS .. 1 <input type="text"/></p> <p>YEARS ... 2 <input type="text"/></p> <p>DON'T KNOW ... 998</p>
408	<p>जब आपको गर्भधारण का पता चला, उस समय आप कितने महीनों की गर्भवती थीं?</p> <p>How many months pregnant were you when you came to know about the pregnancy?</p>	<p>MONTHS ... <input type="text"/></p> <p>DON'T REMEMBER . 98</p>		
408A	<p>क्या आपने गर्भधारण को सुनिश्चित करने के लिए किसी गर्भधारण जाँच किट का प्रयोग किया?</p> <p>Did you use a pregnancy testing kit to confirm this pregnancy?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>		
409	<p>क्या इस गर्भावस्था का पंजीकरण हुआ था?</p> <p>Was this pregnancy registered?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>(SKIP TO 413) ←</p>		
410	<p>गर्भावस्था के किस महीने में आपने पंजीकरण करवाया?</p> <p>How many months pregnant were you when you registered?</p>	<p>MONTHS ... <input type="text"/></p> <p>DON'T REMEMBER . 98</p>		
411	<p>आपने पंजीकरण किससे करवाया?</p> <p>With whom did you register?</p>	<p>ANM ..... 1</p> <p>ASHA ..... 2</p> <p>AWW ..... 3</p> <p>OTHER ..... 6</p>		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
412	<p>क्या पंजीकरण के पश्चात् आपने मातृत्व एवं बाल सुरक्षा कार्ड प्राप्त किया? Did you receive a Mother and Child Protection Card after registration?</p>	<p>YES ..... 1 NO ..... 2</p>		
413	<p>इस गर्भावस्था के दौरान क्या आपने किसी से प्रसवपूर्व जाँच करवायी? Did you see anyone for antenatal care for this pregnancy?</p>	<p>YES ..... 1 NO ..... 2 (SKIP TO 422) ←</p>		
414	<p>आपने किससे जाँच करवायी? कोई अन्य? Whom did you see? Anyone else?</p> <p>PROBE TO IDENTIFY EACH TYPE OF PERSON. RECORD ALL MENTIONED.</p>	<p><b>HEALTH PERSONNEL</b> DOCTOR ..... A ANM/NURSE/MID- WIFE/LHV .... B</p> <p><b>OTHER HEALTH PERSONNEL</b> DAI/TRADITIONAL BIRTH ATTEN- DANT ..... C COMMUNITY/ VILLAGE HEALTH WORKER ..... D ANGANWADI/ICDS WORKER ..... E ASHA ..... F OTHER _____ X (SPECIFY)</p>		
415	<p>इस गर्भावस्था के लिए आपको प्रसवपूर्व देखभाल कहाँ पर मिली? कोई अन्य स्थान? Where did you receive antenatal care for this pregnancy? Any other place?</p> <p>RECORD ALL PLACES MENTIONED.</p> <p>IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTRE, OR CLINIC IS PUBLIC OR PRIVATE HEALTH SECTOR, WRITE THE NAME OF THE PLACE(S).</p> <p>_____ (NAME OF FACILITY/PLACE(S))</p>	<p><b>HOME</b> YOUR HOME ..... A PARENTS' HOME . B OTHER HOME .... C</p> <p><b>PUB. HEALTH SECTOR</b> GOVT./MUNIC. HOSPITAL .... D GOVT. DISP. .... E UHC/UHP/UFWC . F CHC/RUR. HOSP./ BLOCK PHC .... G PHC/ADD. PHC .... H SUB-CENTRE .... I ANGANWADI/ICDS CENTRE ..... J VILLAGE CLINIC BY ANM ..... K OTHER PUBLIC SECT. HEALTH FACILITY ..... L</p> <p>NGO/TRUST HOSP./ CLINIC ..... M</p> <p><b>PVT. HEALTH SECTOR</b> PVT. HOSP./ MATERNITY HOME/CLINIC . N OTHER PVT. SECT. HEALTH FACILITY ..... O</p> <p>OTHER _____ X (SPECIFY)</p>		

NO.	QUESTIONS AND FILTERS	LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH
		NAME _____	NAME _____	NAME _____
416	<p>इस गर्भावस्था के लिए जब आपको पहली बार प्रसवपूर्व देखभाल मिली, तब आप कितने महीने से गर्भवती थीं?</p> <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>		
417	<p>इस गर्भावस्था के दौरान आपको कितनी बार प्रसवपूर्व देखभाल मिली?</p> <p>How many times did you receive antenatal care during this pregnancy?</p>	<p>NUM. OF TIMES ... <input type="text"/> <input type="text"/></p> <p>DON'T KNOW ..... 98</p>		
418	<p>इस गर्भावस्था के दौरान आपकी प्रसवपूर्व देखभाल के समय, क्या इनमें से कोई भी कम से कम एक बार किया गया था?</p> <p>As part of your antenatal care during this pregnancy, were any of the following done at least once?</p> <p>YES NO</p> <p>a. क्या आपका वजन लिया गया था? Were you weighed?</p> <p>b. क्या आपका बी पी / रक्तचाप नापा गया था? Was your blood pressure measured?</p> <p>c. क्या आपने पेशाब का नमूना दिया था? Did you give a urine sample?</p> <p>d. क्या जाँच के लिए खून का नमूना लिया गया? Was a sample of your blood taken for testing?</p> <p>e. क्या आपके पेट के निचले हिस्से की जाँच की गयी? Was your abdomen examined?</p>	<p>WEIGHED ... 1 2</p> <p>BP ..... 1 2</p> <p>URINE ..... 1 2</p> <p>BLOOD ..... 1 2</p> <p>ABDOMEN . 1 2</p>		
419	<p>आपकी (किसी भी) प्रसवपूर्व देखभाल के दौरान, क्या आपको गर्भावस्था की जटिलता के इन लक्षणों के बारे में बताया गया था?</p> <p>During (any of) your antenatal care visit(s), were you told about the following signs of pregnancy complications?</p> <p>YES NO</p> <p>a. योनि से खून आना? Vaginal bleeding?</p> <p>b. ऐंठन? Convulsions?</p> <p>c. लम्बी अवधि की प्रसव पीड़ा? Prolonged labour?</p> <p>d. तीव्र (ज्यादा) पेट दर्द? Severe abdominal pain?</p> <p>e. उच्च बी पी / रक्तचाप? High blood pressure?</p>	<p>BLEEDING ... 1 2</p> <p>CONVULSIONS. 1 2</p> <p>PROLONGED LABOUR ... 1 2</p> <p>ABDOMINAL PAIN ..... 1 2</p> <p>HIGH BLOOD PRESSURE . 1 2</p>		
420	<p>क्या आपको यह बताया गया था कि गर्भावस्था की जटिलता की स्थिति में आपको कहाँ जाना है?</p> <p>Were you told where to go if you had any pregnancy complications?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
421	<p>क्या (NAME) के पिता आपकी (किसी भी) प्रसवपूर्व देखभाल के दौरान मौजूद थे?</p> <p>Was (NAME'S) father present during (any of) your antenatal visits?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>		
422	<p>इस गर्भावस्था के दौरान, क्या आपको आपकी बांह में एक टीका (इंजेक्शन) लगा था जो बच्चे को जन्म के बाद टेटनस यानि ऐंठन से बचाने के लिए होता है?</p> <p>During this pregnancy, were you given an injection in the arm to prevent the baby from getting tetanus, that is, convulsions after birth?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>(SKIP TO 425) ←</p> <p>DON'T KNOW ..... 8</p>		
423	<p>इस गर्भावस्था के दौरान आपको कितनी बार टेटनस का टीका (इंजेक्शन) लगाया गया था?</p> <p>During this pregnancy, how many times did you get a tetanus injection?</p> <p>IF 7 OR MORE TIMES, RECORD '7'.</p>	<p>TIMES ..... <input type="text"/></p> <p>DON'T KNOW ..... 8</p>		
424	CHECK 423:	<p>2 OR MORE TIMES <input type="checkbox"/></p> <p>OTHER <input type="checkbox"/></p> <p>(SKIP TO 428) ↓</p>		
425	<p>इस गर्भावस्था के पहले किसी समय, क्या आपको कोई टेटनस का टीका (इंजेक्शन) लगाया गया था?</p> <p>At any time before this pregnancy, did you receive any tetanus injections?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>(SKIP TO 428) ←</p> <p>DON'T KNOW ..... 8</p>		
426	<p>इस गर्भावस्था के पूर्व, आपको टेटनस का टीका कितनी बार लगाया गया था?</p> <p>Before this pregnancy, how many times did you receive a tetanus injection?</p> <p>IF 7 OR MORE TIMES, RECORD '7'.</p>	<p>TIMES ..... <input type="text"/></p> <p>DON'T KNOW ..... 8</p>		
427	<p>इस गर्भावस्था के कितने वर्ष पहले आपको आखिरी टेटनस का टीका (इंजेक्शन) लगाया गया था?</p> <p>How many years ago did you receive the last tetanus injection before this pregnancy?</p>	<p>YEARS AGO ..... <input type="text"/> <input type="text"/></p>		
428	<p>इस गर्भावस्था के दौरान, क्या आपको आयरन फोलिक एसिड गोलिएँ या सीरप दी गई थीं या आपने खरीदी थीं?</p> <p>During this pregnancy, were you given or did you buy any iron folic acid tablets or syrup?</p> <p>SHOW TABLETS/SYRUP.</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>(SKIP TO 430) ←</p> <p>DON'T KNOW ..... 8</p>		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
429	<p>पूरी गर्भावस्था के दौरान, आपने कितने दिनों तक गोलियाँ या सीरप ली थीं? During the whole pregnancy, for how many days did you take the tablets or syrup?</p> <p>IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER OF DAYS.</p>	<p>NUM. OF DAYS <input type="text"/> <input type="text"/> <input type="text"/></p> <p>DON'T KNOW . . . . 998</p>		
430	<p>इस गर्भावस्था के दौरान, क्या आपने अपनी आंत/पेट के कीड़ों के लिए कोई दवा ली थी? During this pregnancy, did you take any drug for intestinal worms?</p>	<p>YES . . . . . 1 NO . . . . . 2 DON'T KNOW . . . . . 8</p>		
431	<p>इस गर्भावस्था के दौरान क्या आपने मच्छरदाती का नियमित रूप से, कभी-कभी या कभी नहीं इस्तेमाल किया था? During this pregnancy, did you use a mosquito net regularly, sometimes or never?</p>	<p>REGULARLY . . . . . 1 SOMETIMES . . . . . 2 NEVER . . . . . 3</p>		
431A	<p>इस गर्भावस्था के दौरान क्या आपको दिन के उजाले में देखने में कोई परेशानी हुई? During this pregnancy, did you have difficulty with your vision during daylight?</p>	<p>YES . . . . . 1 NO . . . . . 2 DON'T KNOW . . . . . 8</p>		
432	<p>इस गर्भावस्था के दौरान, क्या आपको एंठन हुई थी जो बुखार से संबंधित नहीं थी? During this pregnancy, did you have convulsions not from fever?</p>	<p>YES . . . . . 1 NO . . . . . 2 DON'T KNOW . . . . . 8</p>		
433	<p>इस गर्भावस्था के दौरान, क्या आपके पैर, शरीर या चेहरे पर सूजन आई थी? During this pregnancy, did you have swelling of the legs, body or</p>	<p>YES . . . . . 1 NO . . . . . 2 DON'T KNOW . . . . . 8</p>		
434	<p>इस गर्भावस्था के दौरान क्या आपको आंगनवाड़ी केन्द्र से कोई अनुपूरक आहार मिला था? Did you receive any supplementary nutrition from the anganwadi centre during this pregnancy?</p>	<p>YES . . . . . 1 NO . . . . . 2 (SKIP TO 436) ←</p>		
435	<p>इस गर्भावस्था के दौरान, क्या आपको आंगनवाड़ी केन्द्र से अनुपूरक आहार हमेशा मिल जाता था? During this pregnancy, were you always able to get the supplementary nutrition from the anganwadi centre?</p>	<p>YES, ALWAYS . . . . . 1 NO . . . . . 2</p>		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
436	<p>इस गर्भावस्था के आखिरी तीन महीनों में क्या आपकी किसी ए एन एम्, एल एच वी, आशा, आंगनवाडी कार्यकर्ता या किसी अन्य समुदाय स्वास्थ्य कार्यकर्ता से मुलाकात हुई?</p> <p>During the last three months of this pregnancy, did you meet with an ANM, Lady Health Visitor, ASHA, anganwadi worker, or other community health worker?</p>	<p>YES ..... 1 NO ..... 2 (SKIP TO 439) ←</p>		
437	<p>इन (लोगों) से, आप कहाँ पर मिली?</p> <p>Where did you meet this/these person(s)?</p>	<p>HOME ONLY ..... 1 ELSEWHERE ONLY . 2 BOTH HOME AND ELSEWHERE .... 3</p>		
438	<p>इस गर्भावस्था के अंतिम तीन महीनों के दौरान किसी भी मुलाकात के समय आपको क्या इन विषयों पर कम से कम एक बार सलाह मिली थी?</p> <p>During any of these meetings in the last three months of this pregnancy, did you receive advice on the following at least once?</p> <p>YES NO</p> <p>a. संस्थागत प्रसव की महत्ता? The importance of institutional delivery?</p> <p>b. नाल की देखभाल? Cord care?</p> <p>c. स्तनपान? Breastfeeding?</p> <p>d. शिशु को गरम रखना? Keeping the baby warm?</p> <p>e. परिवार नियोजन या एक और गर्भधारण को टालना या रोकना? Family planning or delaying or avoiding another pregnancy?</p>	<p>INSTITUTIONAL DELIVERY . 1 2</p> <p>CORD CARE . 1 2</p> <p>BREASTFEED . 1 2</p> <p>BABY WARM . 1 2</p> <p>FAMILY PLANNING . 1 2</p>		
439	<p>प्रसव के दौरान, क्या बच्चा पैर की तरफ से बाहर आया?</p> <p>During delivery, did you experience a breech presentation?</p>	<p>YES ..... 1 NO ..... 2 DON'T KNOW ..... 8</p>		
440	<p>प्रसव के दौरान, क्या आपने लम्बी प्रसव पीड़ा का अनुभव किया?</p> <p>During delivery, did you experience prolonged labour?</p>	<p>YES ..... 1 NO ..... 2 DON'T KNOW ..... 8</p>		
441	<p>प्रसव के दौरान, क्या आपको अत्यधिक रक्तस्राव का अनुभव हुआ था?</p> <p>During delivery, did you experience excessive bleeding?</p>	<p>YES ..... 1 NO ..... 2 DON'T KNOW ..... 8</p>		



NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
442	<p>जब (NAME) का जन्म हुआ तो वह कैसा/कैसी था/थी: बहुत बड़ा/बड़ी, सामान्य से बड़ा/बड़ी, सामान्य, सामान्य से छोटा/छोटी या बहुत छोटा/छोटी?</p> <p>When (NAME) was born, was (he/she) very large, larger than average, average, smaller than average, or very small?</p>	<p>VERY LARGE ..... 1 LARGER THAN AVERAGE ..... 2 AVERAGE ..... 3 SMALLER THAN AVERAGE ..... 4 VERY SMALL ..... 5 DON'T KNOW ..... 8</p>	<p>VERY LARGE ..... 1 LARGER THAN AVERAGE ..... 2 AVERAGE ..... 3 SMALLER THAN AVERAGE ..... 4 VERY SMALL ..... 5 DON'T KNOW ..... 8</p>	<p>VERY LARGE ..... 1 LARGER THAN AVERAGE ..... 2 AVERAGE ..... 3 SMALLER THAN AVERAGE ..... 4 VERY SMALL ..... 5 DON'T KNOW ..... 8</p>
443	<p>क्या (NAME) के जन्म के समय उसका वजन लिया गया था?</p> <p>Was (NAME) weighed at birth?</p>	<p>YES ..... 1 NO ..... 2 (SKIP TO 445) ← DON'T KNOW ..... 8</p>	<p>YES ..... 1 NO ..... 2 (SKIP TO 445) ← DON'T KNOW ..... 8</p>	<p>YES ..... 1 NO ..... 2 (SKIP TO 445) ← DON'T KNOW ..... 8</p>
444	<p>(NAME) का वजन कितना था?</p> <p>How much did (NAME) weigh?</p> <p>RECORD WEIGHT IN KILOGRAMS FROM HEALTH CARD, IF AVAILABLE.</p>	<p>KG FROM CARD 1 <input type="text"/> . <input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>KG FROM RECALL 2 <input type="text"/> . <input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>DON'T KNOW . 99998</p>	<p>KG FROM CARD 1 <input type="text"/> . <input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>KG FROM RECALL 2 <input type="text"/> . <input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>DON'T KNOW . 99998</p>	<p>KG FROM CARD 1 <input type="text"/> . <input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>KG FROM RECALL 2 <input type="text"/> . <input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>DON'T KNOW . 99998</p>
445	<p>(NAME) के प्रसव के समय किसने आपकी सहायता की थी? कोई और?</p> <p>Who assisted with the delivery of (NAME)? Anyone else?</p> <p>PROBE FOR THE TYPE OF PERSON. RECORD ALL PERSONS ASSISTING. IF RESPONDENT SAYS NO ONE ASSISTED, PROBE TO DETERMINE WHETHER ANY ADULTS WERE PRESENT DURING THE DELIVERY.</p>	<p><b>HEALTH PERSONNEL</b> DOCTOR ..... A ANM/NURSE/ MIDWIFE/LHV . B OTHER HEALTH PERSONNEL . C</p> <p><b>OTHER PERSON</b> DAI (TBA) ..... D FRIEND/RELATIVE . E</p> <p>OTHER _____ X (SPECIFY)</p> <p>NO ONE ..... Y</p>	<p><b>HEALTH PERSONNEL</b> DOCTOR ..... A ANM/NURSE/ MIDWIFE/LHV . B OTHER HEALTH PERSONNEL . C</p> <p><b>OTHER PERSON</b> DAI (TBA) ..... D FRIEND/RELATIVE . E</p> <p>OTHER _____ X (SPECIFY)</p> <p>NO ONE ..... Y</p>	<p><b>HEALTH PERSONNEL</b> DOCTOR ..... A ANM/NURSE/ MIDWIFE/LHV . B OTHER HEALTH PERSONNEL . C</p> <p><b>OTHER PERSON</b> DAI (TBA) ..... D FRIEND/RELATIVE . E</p> <p>OTHER _____ X (SPECIFY)</p> <p>NO ONE ..... Y</p>

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
446	<p>(NAME) का जन्म कहाँ हुआ था?</p> <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 HEALTH SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____ (NAME OF FACILITY/PLACE)</p>	<p><b>HOME</b></p> <p>YOUR HOME . . . . 11 (SKIP TO 463) ←</p> <p>PARENTS' HOME . 12 OTHER HOME . . . . 13 (SKIP TO 463) ←</p> <p><b>PUB. HEALTH SECTOR</b></p> <p>GOVT./MUNIC. HOSPITAL . . . . 21 GOVT. DISP. . . . . 22 UHC/UHP/UFWC . 23 CHC/RUR. HOSP/ BLOCK PHC . . . . 24 PHC/ADD. PHC . . . 25 SUB-CENTRE . . . . 26 OTHER PUB. SECT. HEALTH FACILITY . . . . . 27</p> <p>NGO/TRUST HOSP./ CLINIC . . . . . 31</p> <p><b>PVT. HEALTH SECTOR</b></p> <p>PVT. HOSP./ MATERNITY HOME/CLINIC . 41 OTHER PVT. SECT. HEALTH FACILITY . . . . . 42 OTHER _____ 96 (SPECIFY) (SKIP TO 463) ←</p>	<p><b>HOME</b></p> <p>YOUR HOME . . . 11 (SKIP TO 476) ←</p> <p>PARENTS' HOME 12 OTHER HOME . . . 13 (SKIP TO 476) ←</p> <p><b>PUB. HEALTH SECTOR</b></p> <p>GOVT./MUNIC. HOSPITAL . . . 21 GOVT. DISP. . . . . 22 UHC/UHP/UFWC . 23 CHC/RUR. HOSP/ BLOCK PHC . . . 24 PHC/ADD. PHC . . . 25 SUB-CENTRE . . . 26 OTHER PUB. SECT. HEALTH FACILITY . . . . . 27</p> <p>NGO/TRUST HOSP./ CLINIC . . . . . 31</p> <p><b>PVT. HEALTH SECTOR</b></p> <p>PVT. HOSP./ MATERNITY HOME/CLINIC . 41 OTHER PVT. SECT. HEALTH FACILITY . . . . . 42 OTHER _____ 96 (SPECIFY) (SKIP TO 476) ←</p>	<p><b>HOME</b></p> <p>YOUR HOME . . . 11 (SKIP TO 476) ←</p> <p>PARENTS' HOME 12 OTHER HOME . . . 13 (SKIP TO 476) ←</p> <p><b>PUB. HEALTH SECTOR</b></p> <p>GOVT./MUNIC. HOSPITAL . . . 21 GOVT. DISP. . . . . 22 UHC/UHP/UFWC . 23 CHC/RUR. HOSP/ BLOCK PHC . . . 24 PHC/ADD. PHC . . . 25 SUB-CENTRE . . . 26 OTHER PUB. SECT. HEALTH FACILITY . . . . . 27</p> <p>NGO/TRUST HOSP./ CLINIC . . . . . 31</p> <p><b>PVT. HEALTH SECTOR</b></p> <p>PVT. HOSP./ MATERNITY HOME/CLINIC . 41 OTHER PVT. SECT. HEALTH FACILITY . . . . . 42 OTHER _____ 96 (SPECIFY) (SKIP TO 476) ←</p>
447	<p>प्रसव हेतु स्वास्थ्य केन्द्र जाने के लिए, आपने यातायात के कौन से मुख्य साधन का इस्तेमाल किया था?</p> <p>What was the main mode of transportation used by you to reach the health facility for delivery?</p>	<p><b>GOVERNMENT</b></p> <p>AMBULANCE . . . . 01 OTHER AMBULANCE . 02 JEEP/CAR . . . . . 03 MOTORCYCLE/ SCOOTER . . . . . 04 BUS/TRAIN . . . . . 05 TEMPO/AUTO/ TRACTOR . . . . . 06 CART . . . . . 07 ON FOOT . . . . . 08 (SKIP TO 448B) ←</p> <p>OTHER _____ 96 SPECIFY</p>		
448	<p>प्रसव हेतु स्वास्थ्य केन्द्र जाने के लिए, यातायात की व्यवस्था किसने की थी?</p> <p>Who arranged the transportation to take you to the health facility for delivery?</p> <p>RECORD ALL MENTIONED.</p>	<p>DOCTOR . . . . . A ANM . . . . . B HEALTH WORKER . C ANGANWADI WORKER D ASHA . . . . . E PRI MEMBER . . . . F NGO . . . . . G CBO . . . . . H HUSBAND . . . . . I MOTHER-IN-LAW . . . J MOTHER . . . . . K RELATIVES/FRIENDS L SELF . . . . . M OTHER _____ X SPECIFY</p>		



NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____				
453	<p>आपको कहीं से आर्थिक सहायता प्राप्त हुई?</p> <p>From where did you get assistance?</p> <p>RECORD ALL MENTIONED.</p>	<p>JANANI SURAKSHA YOJANA (JSY) . A OTHER GOVT. SCHEMES . . . . . B OTHER _____ X (SPECIFY) (SKIP TO 456) ←</p>						
454	<p>प्रसव के कितने दिनों बाद, JSY के तहत आपकी आर्थिक सहायता प्राप्त हुई?</p> <p>How many days after delivery did you receive the financial assistance under JSY?</p> <p>IF THE SAME DAY, RECORD '00'.</p>	<p>DAYS . . . . . <input type="text"/> <input type="text"/></p> <p>DON'T KNOW . . . . . 98</p>						
455	<p>आपको कुल कितनी धनराशि प्राप्त हुई?</p> <p>What was the total amount that you received?</p>	<p>Rs. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>DON'T KNOW . . 999998</p>						
456	<p>(NAME) के जन्म के बाद कितने समय तक आप स्वास्थ्य सुविधा में रही?</p> <p>How long after (NAME) was delivered did you stay in the health facility?</p> <p>IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.</p>	<p>HOURS . . 1 <input type="text"/> <input type="text"/></p> <p>DAYS . . . 2 <input type="text"/> <input type="text"/></p> <p>WEEKS . . 3 <input type="text"/> <input type="text"/></p> <p>DON'T KNOW . . . . 998</p>						
457	<p>क्या (NAME) का जन्म सीज़ेरियन ऑपरेशन से हुआ था, यानि क्या पेट का ऑपरेशन करके बच्चा निकाला गया था?</p> <p>Was (NAME) delivered by caesarean section, that is, did they cut your belly open to take the baby out?</p>	<p>YES . . . . . 1 NO . . . . . 2 (SKIP TO 459) ←</p>	<p>YES . . . . . 1 NO . . . . . 2 (SKIP TO 476) ←</p>	<p>YES . . . . . 1 NO . . . . . 2 (SKIP TO 476) ←</p>				
458	<p>यह निर्णय कब लिया गया की आपका सीज़ेरियन ऑपरेशन होगा? क्या प्रसव पीड़ा शुरू होने से पहले या प्रसव पीड़ा शुरू होने के बाद?</p> <p>When was the decision made for you to have a C-section? Was it before the onset of labour or after the onset of labour?</p>	<p>BEFORE ONSET OF LABOUR . . . . . 1 AFTER ONSET OF LABOUR . . . . . 2 DON'T KNOW . . . . . 8</p>	<p>BEFORE ONSET OF LABOUR . . . . . 1 AFTER ONSET OF LABOUR . . . . . 2 DON'T KNOW . . . . . 8</p>	<p>BEFORE ONSET OF LABOUR . . . . . 1 AFTER ONSET OF LABOUR . . . . . 2 DON'T KNOW . . . . . 8</p>				
459	<p>मैं आपके प्रसव के बाद आपके स्वास्थ्य की जांच के बारे में पूछना चाहूंगी, जैसे कि किसी ने आपके स्वास्थ्य के बारे में सवाल पूछे या आपकी जांच कि। जब आप स्वास्थ्य सुविधा/केन्द्र में थी तब क्या किसी ने आपके स्वास्थ्य की जांच की थी?</p> <p>I would like to talk to you about checks on your health after delivery, for example, someone asking you questions about your health or examining you. Did anyone check on your health while you were still in the facility?</p>	<p>YES . . . . . 1 NO . . . . . 2 (SKIP TO 462) ←</p>						

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____														
460	<p>प्रसव के कितने समय के बाद आपकी पहली जांच हुई थी? How long after delivery did the first check take place?</p> <p>IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.</p>	<p>HOURS . 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>DAYS . 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>WEEKS . 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>DON'T KNOW . . . . 998</p>																
461	<p>उस समय आपके स्वास्थ्य की जांच किसने की थी? Who checked on your health at that time?</p> <p>PROBE FOR MOST QUALIFIED PERSON.</p>	<p><b>HEALTH PERSONNEL</b> DOCTOR . . . . . 11 ANM/NURSE/ MIDWIFE/LHV . 12 OTHER HEALTH PERSONNEL . . . . 13</p> <p><b>OTHER PERSON</b> ASHA . . . . . 21 DAI (TBA) . . . . . 22</p> <p>OTHER _____ 96 (SPECIFY) (SKIP TO 470) ←</p>																
462	<p>आपको वहां से छुट्टी मिलने के बाद, दो महीनों के दौरान, क्या किसी स्वास्थ्य कर्मचारी, आंगनवाड़ी कार्यकर्ता, आशा या दाई [TBA] ने आपके स्वास्थ्य की जांच की थी? In the two months after you were discharged, did any health personnel, anganwadi worker, ASHA, or traditional birth attendant [dai] check on your health?</p>	<p>YES . . . . . 1 (SKIP TO 466) ←</p> <p>NO . . . . . 2 (SKIP TO 470) ←</p>																
463	<p>आपने अपना प्रसव स्वास्थ्य सुविधा में क्यों नहीं करवाया? PROBE: कोई अन्य कारण?</p> <p>Why didn't you deliver in a health facility? PROBE: Any other reason?</p> <p>RECORD ALL MENTIONED.</p>	<p>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)</p>																

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____						
464	<p>(NAME) के जन्म के समय इनमें से क्या-क्या किया गया था? At the time of delivery of (NAME) were the following done?</p> <p>a. एक ही बार प्रयोग किये जाने वाले प्रसव किट, यानि डी डी के, का उपयोग किया गया था? Was a disposable delivery kit used?</p> <p>b. बच्चे को तुरंत कपड़े से पोछ कर सुखाया गया और नहलाए बिना, उसको लपेटा गया था? Was the baby immediately wiped dry and then wrapped without being bathed?</p> <p>c. नाल काटने के लिए साफ ब्लेड का प्रयोग किया गया था? Was a clean blade used to cut the cord?</p>	<p>YES NO DK</p> <p>DELIVERY KIT USED 1 2 8</p> <p>WIPE AND WRAP . 1 2 8</p> <p>BLADE ... 1 2 8</p>								
465	<p>(NAME) के जन्म के दो महीनों के अन्दर, क्या किसी स्वास्थ्य कर्मचारी, आंगनवाडी कर्मचारी, आशा या दाई [TBA] ने आपके स्वास्थ्य की जांच की थी? In the two months after (NAME) was born, did any health personnel, anganwadi worker, ASHA, or traditional birth attendant (dai) check on your health?</p>	<p>YES ..... 1 NO ..... 2 (SKIP TO 470) ←</p>								
466	<p>प्रसव के कितने घंटे, दिनों या सप्ताह के बाद आपकी पहली जांच हुई थी? 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.</p>	<p>HOURS . 1 <table border="1" data-bbox="715 1211 826 1267"><tr><td></td><td></td></tr></table></p> <p>DAYS ... 2 <table border="1" data-bbox="715 1267 826 1323"><tr><td></td><td></td></tr></table></p> <p>WEEKS . 3 <table border="1" data-bbox="715 1323 826 1379"><tr><td></td><td></td></tr></table></p> <p>DON'T KNOW .... 998</p>								
467	<p>प्रसव के दस दिनों के भीतर कितनी बार जाँच की गयी? How many checkups were done in the first 10 days after delivery?  IF MORE THAN SEVEN, RECORD '7'. IF NONE, RECORD '0'.</p>	<p>NUMBER OF CHECK UPS .... <table border="1" data-bbox="767 1563 826 1630"><tr><td></td></tr></table></p> <p>DON'T KNOW ..... 8</p>								
468	<p>(पहली बार/उस समय) आपके स्वास्थ्य की जांच किसने की थी? Who checked on your health (the first time/at that time)?  PROBE FOR MOST QUALIFIED PERSON.</p>	<p><b>HEALTH PERSONNEL</b> DOCTOR ..... 11 ANM/NURSE/ MIDWIFE/LHV . 12 OTHER HEALTH PERSONNEL . 13</p> <p><b>OTHER PERSON</b> ASHA ..... 21 DAI (TBA) ..... 22 OTHER ..... 96 (SPECIFY)</p>								

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____						
469	<p>यह पहली जांच कहाँ हुई थी?</p> <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 HEALTH SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____ (NAME OF FACILITY/PLACE)</p>	<p><b>HOME</b> YOUR HOME . . . . . 11 PARENTS' HOME . . . . . 12 OTHER HOME . . . . . 13</p> <p><b>PUB. HEALTH SECTOR</b> GOVT./MUNIC. HOSPITAL . . . . . 21 GOVT. DISP. . . . . 22 UHC/UHP/UFWC . . . . . 23 CHC/RUR. HOSP/ BLOCK PHC . . . . . 24 PHC/ADDITIONAL PHC . . . . . 25 SUB-CENTRE . . . . . 26 ANGANWADI/ICDS CENTRE . . . . . 27 OTHER PUB. SECT. HEALTH FACILITY . . . . . 28</p> <p>NGO/TRUST HOSP./ CLINIC . . . . . 31</p> <p><b>PVT. HEALTH SECTOR</b> PVT. HOSP./ MATERNITY HOME/CLINIC . . . . . 41 OTHER PVT. SECT. HEALTH FACILITY . . . . . 42</p> <p>OTHER _____ 96 (SPECIFY)</p>								
470	<p>(NAME) के जन्म के दो महीनों के अन्दर , क्या किसी स्वास्थ्य कर्मचारी, आशा, या दाई ने उसके स्वास्थ्य की जांच की थी?</p> <p>In the two months after (NAME) was born, did any health personnel, ASHA or a traditional birth attendant check on his/her health?</p>	<p>YES . . . . . 1 NO . . . . . 2 (SKIP TO 474) ←   DON'T KNOW . . . . . 8</p>								
471	<p>(NAME) के जन्म के कितने घंटे, दिनों या सप्ताह के बाद पहली जांच हुई थी?</p> <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</p> <table border="1" data-bbox="715 1503 826 1682"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> <p>DAYS AFTER BIRTH . 2</p> <p>WKS AFTER BIRTH . 3</p> <p>DON'T KNOW . . . . . 998</p>								
472	<p>उस समय (NAME) के स्वास्थ्य की जांच किसने की थी?</p> <p>Who checked on (NAME)'s health at that time?</p> <p>PROBE FOR MOST QUALIFIED PERSON.</p>	<p><b>HEALTH PERSONNEL</b> DOCTOR . . . . . 11 ANM/NURSE/ MIDWIFE/LHV . . . . . 12 OTHER HEALTH PERSONNEL . . . . . 13</p> <p><b>OTHER PERSON</b> ASHA . . . . . 21 DAI (TBA) . . . . . 22 OTHER _____ 96 (SPECIFY)</p>								

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
473	<p>(NAME) की यह पहली जांच कहां हुई थी?</p> <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 HEALTH SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____ (NAME OF FACILITY/PLACE)</p>	<p><b>HOME</b> YOUR HOME . . . . 11 PARENTS' HOME . . 12 OTHER HOME . . . . 13</p> <p><b>PUB. HEALTH SECTOR</b> GOVT./MUNIC. HOSPITAL . . . . 21 GOVT. DISP. . . . 22 UHC/UHP/UFWC . . 23 CHC/RUR. HOSP./ BLOCK PHC . . . . 24 PHC/ADDITIONAL PHC . . . . . 25 SUB-CENTRE . . . . 26 ANGANWADI/ICDS CENTRE . . . . . 27 OTHER PUB. SECT. HEALTH FACILITY . . . . . 28</p> <p>NGO/TRUST HOSP./ CLINIC . . . . . 31</p> <p><b>PVT. HEALTH SECTOR</b> PVT. HOSP./ MATERNITY HOME/CLINIC . . 41 OTHER PVT. SECT. HEALTH FACILITY . . . . . 42</p> <p>OTHER _____ 96 (SPECIFY)</p>		
474	<p>प्रसव के बाद के दो महीनों में, क्या आपको:</p> <p>In the first two months after delivery, did you have:</p> <p>a. योनि से बहुत ज्यादा खून आया था? Massive vaginal bleeding?</p> <p>b. बहुत तेज बुखार आया था? Very high fever?</p>	<p>YES NO</p> <p>a) . . . . . 1 2</p> <p>b) . . . . . 1 2</p>		
475	<p>(NAME) के जन्म के बाद, क्या आपका मासिक धर्म [माहवारी] फिर से शुरू हुआ है?</p> <p>Has your menstrual period returned since the birth of (NAME)?</p>	<p>YES . . . . . 1 (SKIP TO 477) ←</p> <p>NO . . . . . 2 (SKIP TO 478) ←</p>		
476	<p>(NAME) के जन्म एवं अगले गर्भधारण के बीच क्या आपका मासिक धर्म [माहवारी] फिर से शुरू हुआ था?</p> <p>Did your period return between the birth of (NAME) and your next pregnancy?</p>		<p>YES . . . . . 1 NO . . . . . 2 (SKIP TO 480) ←</p>	<p>YES . . . . . 1 NO . . . . . 2 (SKIP TO 480) ←</p>
477	<p>(NAME) के जन्म के बाद, कितने महीनों तक आपका मासिक धर्म [माहवारी] शुरू नहीं हुआ?</p> <p>For how many months after the birth of (NAME) did you not have a period?</p>	<p>MONTHS . . . <input type="text"/> <input type="text"/></p> <p>DON'T KNOW . . . . . 98</p>	<p>MONTHS . . . <input type="text"/> <input type="text"/></p> <p>DON'T KNOW . . . . . 98</p>	<p>MONTHS . . . . <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 _____
478	CHECK 226: IS RESPONDENT PREGNANT?	NOT PREG- NANT <input type="checkbox"/> OR PREGNANT <input type="checkbox"/> UNSURE <input type="checkbox"/> (SKIP TO 480)		
479	(NAME) के जन्म के बाद, क्या आपने शारीरिक संबंध शुरू किए हैं? Have you had sexual relations since the birth of (NAME)?	YES ..... 1 NO ..... 2 (SKIP TO 481) ←		
480	(NAME) के जन्म के बाद, आपने कितने महीनों तक शारीरिक संबंध नहीं रखे? For how many months after the birth of (NAME) did you not have sexual relations?	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
481	क्या (NAME) को आपने कभी स्तनपान कराया? Did you ever breastfeed (NAME)?	YES ..... 1 NO ..... 2 (SKIP TO 488) ←	YES ..... 1 NO ..... 2 (SKIP TO 488) ←	YES ..... 1 NO ..... 2 (SKIP TO 488) ←
482	जन्म के कितने समय बाद आपने (NAME) को पहली बार स्तनपान कराया था? How long after birth did you first put (NAME) to the breast?  IF LESS THAN ONE HOUR, RECORD '00' HOURS. IF LESS THAN 24 HOURS, RECORD HOURS. OTHERWISE, RECORD DAYS.	IMMEDIATELY .... 000  HOURS . 1 <input type="text"/> <input type="text"/> DAYS ... 2 <input type="text"/> <input type="text"/>		
483	जन्म के बाद के पहले तीन दिनों में, क्या (NAME) को माँ के दूध के अलावा, कुछ और पीने को दिया गया था? In the first three days after delivery, was (NAME) given anything to drink other than breast milk?	YES ..... 1 NO ..... 2 (SKIP TO 485) ←		
484	(NAME) को पीने के लिए क्या दिया गया था? 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)		
485	CHECK 404: IS CHILD LIVING?	LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 487)		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
486	क्या आप (NAME) को अभी भी स्तनपान करा रही हैं? Are you still breastfeeding (NAME)?	YES ..... 1 (SKIP TO 489) ← NO ..... 2		
487	आपने (NAME) को कितने महीनों तक स्तनपान कराया? For how many months did you breastfeed (NAME)?	MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW ..... 98		
488	CHECK 404:  IS CHILD LIVING?	LIVING <input type="checkbox"/> ↓ DEAD <input type="checkbox"/> ↓ (GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 491)	LIVING <input type="checkbox"/> ↓ DEAD <input type="checkbox"/> ↓ (GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 491)	LIVING <input type="checkbox"/> ↓ DEAD <input type="checkbox"/> ↓ (GO BACK TO 405 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 491)
489	क्या (NAME) ने कल या पिछली रात को निप्पल वाली बोतल से कुछ पिया था?  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
490		GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 491.	GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 491.	GO BACK TO 405 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 491.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
491	<p>CHECK 215 AND 218:</p> <p>HAS AT LEAST ONE CHILD BORN IN 2014 OR LATER AND LIVING WITH HER <input type="checkbox"/></p> <p>RECORD NAME OF YOUNGEST CHILD LIVING WITH HER (AND CONTINUE WITH 492)</p> <p>_____</p> <p>(NAME)</p>	<p>DOES NOT HAVE ANY CHILDREN BORN IN 2014 OR LATER AND LIVING WITH HER <input type="checkbox"/></p>	501
492	<p>अब मैं तरल पदार्थों और खाद्य पदार्थों के बारे में पूछना चाहूँगी जो (NAME FROM 491) ने कल दिन में या रात में लिया/ली था/थी। अगर ये पदार्थ आपके बच्चे ने किसी अन्य आहार में मिलाकर भी लिया/ली हो तो भी मैं जानना चाहूँगी।</p> <p>क्या (NAME FROM 491) ने _____ (खाया / पीया)।</p> <p>Now I would like to ask you about liquids or foods that (NAME FROM 491) had yesterday during the day or at night. I am interested in whether your child had the item I mention even if it was combined with other foods.</p> <p>Did (NAME FROM 491) (drink/eat):</p>		
		<p>YES NO DK</p>	
	a. सादा पानी? Plain water?	a. 1 2 8	
	b. जूस या जूस पेय? Juice or juice drinks?	b. 1 2 8	
	c. सादा सूप? Clear broth?	c. 1 2 8	
	d. दूध जैसे डिब्बा-बंदी, पावडर या जानवर का ताजा दूध? IF YES: (NAME) को कितने बार ऐसा दूध दिया गया? Milk such as tinned, powdered, or fresh animal milk? IF YES: How many times did (NAME) drink milk? IF 7 OR MORE TIMES, RECORD '7'.	d. 1 2 8	<p>NUMBER OF TIMES DRANK MILK <input type="checkbox"/></p>
	e. व्यापारिक रूप से उत्पादित शिशु नुस्खा? IF YES: (NAME) को कितने बार ye दिया गया? Infant formula? IF YES: How many times did (NAME) drink infant formula? IF 7 OR MORE TIMES, RECORD '7'.	e. 1 2 8	<p>NUMBER OF TIMES DRANK FORMULA <input type="checkbox"/></p>
	f. कोई और तरल पदार्थ? Any other liquids?	f. 1 2 8	
	g. दही? IF YES: (NAME) को कितने बार दही दिया गया? Yogurt? IF YES: How many times did (NAME) eat yogurt? IF 7 OR MORE TIMES, RECORD '7'.	g. 1 2 8	<p>NUMBER OF TIMES ATE YOGURT <input type="checkbox"/></p>
	h. व्यापारिक रूप से उत्पादित बेबी फूड जैसे सेरेलैक्स या फॅरेक्स? Any commercially fortified baby food, e.g. Cerelac or Farex?	h. 1 2 8	
	i. कोई डबलरोटी, रोटी, चपाती, चावल, नूडल्स, बिस्किट, इडली या अन्य कोई अनाज से बना हुआ खाद्यपदार्थ? Any bread, roti, chapati, rice, noodles, biscuits, idli, or any other foods made from grains?	i. 1 2 8	
	j. कोई कद्दू, गाजर, सकरकंद या मीठे आलू जो अंदर से पीले या नारंगी रहते हैं? Any pumpkin, carrots, squash or sweet potatoes that are yellow or orange inside?	j. 1 2 8	
	k. आलू, सुरन, अरबी, रतालू या अन्य कोई कंदमूल खाद्यपदार्थ जो जड़ से बने हो? Any white potatoes, white yams, manioc, cassava, or any other foods made from roots?	k. 1 2 8	
	l. कोई गहरी हरी पत्तेदार साग (सब्जी)? Any dark green, leafy vegetables?	l. 1 2 8	
	m. पका हुआ आम, पपीता, खरबूजा या कटहल? Any ripe mangoes, papayas, cantaloupe or jackfruit?	m. 1 2 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	n. कोई अन्य फल या सब्जियां? Any other fruits or vegetables?	n. 1 2 8	
	o. कोई कलेजी, गुरदा, दिल या कोई दूसरे भाग का गोश्त? Any liver, kidney, heart or other organ meat?	o. 1 2 8	
	p. कोई मुर्गा, बत्तख या अन्य पक्षी? Any chickens, duck, or other birds?	p. 1 2 8	
	q. किसी अन्य प्रकार का गोश्त? Any other meat?	q. 1 2 8	
	r. कोई अंडे? Any eggs?	r. 1 2 8	
	s. ताजी या सूखी मछली या कड़े खोलवाली मछलियाँ या अन्य समुद्री जीव जैसे केकड़े? Any fresh or dried fish or shellfish?	s. 1 2 8	
	t. फलियों, सोयाबिन, चना, मटर, राजमा या दालों से तैयार किए गए कोई खाद्य पदार्थ? Any foods made from beans, peas, lentils, or nuts?	t. 1 2 8	
	u. पनीर या अन्य दूध से बने खाद्य पदार्थ? Any cheese or other food made from milk?	u. 1 2 8	
	v. कोई अन्य ठोस, अर्ध ठोस या नरम खाद्य पदार्थ? Any other solid, semi-solid, or soft food?	v. 1 2 8	
493	CHECK 492 CATEGORIES 'g' THROUGH 'v':  NOT A <input type="checkbox"/> SINGLE 'YES' ↓	AT LEAST ONE 'YES' <input type="checkbox"/>	→ 495
494	कल दिन में या रात में क्या (NAME) ने कोई ठोस, अर्ध ठोस या नरम आहार खाया था? IF 'YES' PROBE: किस तरह के ठोस, अर्धठोस या नरम आहार (NAME) ने खाए थे? Did (NAME) eat any solid, semi-solid, or soft foods yesterday during the day or at night? IF 'YES' PROBE: What kind of solid, semi-solid or soft foods did (NAME) eat?	YES ..... 1 (GO BACK TO 492 TO RECORD FOOD EATEN YESTERDAY) ← NO ..... 2	→ 501
495	कल दिन में या रात में (NAME) ने कितनी बार कोई ठोस, अर्ध ठोस या नरम आहार खाया था/थी? How many times did (NAME) eat solid, semi-solid, or soft foods yesterday during the day or at night? IF 7 OR MORE TIMES, RECORD '7'.	NUMBER OF TIMES ..... <input type="checkbox"/> DON'T KNOW ..... 8	

SECTION 5. CHILD IMMUNIZATIONS AND HEALTH

501	ENTER IN THE TABLE THE BIRTH HISTORY NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 2011 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	BIRTH HISTORY NUMBER FROM 212	LAST BIRTH BIRTH HISTORY NUMBER ..... <input type="text"/> <input type="text"/>	NEXT-TO-LAST BIRTH BIRTH HISTORY NUMBER ..... <input type="text"/> <input type="text"/>	SECOND-FROM-LAST BIRTH BIRTH HISTORY 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 547)	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (GO TO 503 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 547)	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 547)
504	पिछले छः महीनों में क्या (NAME) को (इसके जैसी या इनमे से कोई) विटामिन ए की खुराक दी गयी थी?  Within the last six months, was (NAME) given a vitamin A dose like (this/any of these)?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8
505	पिछले सात दिनों में क्या (NAME) को (इसके जैसी या इनमे से कोई) आयरन की गोली या सीरप दी गयी थी?  In the last seven days, was (NAME) given 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
506	पिछले छः महीनों में क्या (NAME) को आंतों के कीड़ों के लिए कोई दवा दी गई थी?  Was (NAME) given any drug for intestinal worms in the last six months?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	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 _____																																																																																																																																																																																																								
507	<p>क्या आपके पास कोई ऐसा कार्ड है जिस पर (NAME) को लगाए गए टीकों के बारे में लिखा है? IF YES: क्या मैं कृपया इसे देख सकती हूँ?</p> <p>Do you have a card where (NAME'S) vaccinations are written down? IF YES: May I see it please?</p>	<p>YES, SEEN ..... 1 (SKIP TO 509) ←</p> <p>YES, NOT SEEN ..... 2 (SKIP TO 512) ←</p> <p>NO CARD ..... 3</p>	<p>YES, SEEN ..... 1 (SKIP TO 509) ←</p> <p>YES, NOT SEEN ..... 2 (SKIP TO 512) ←</p> <p>NO CARD ..... 3</p>	<p>YES, SEEN ..... 1 (SKIP TO 509) ←</p> <p>YES, NOT SEEN ..... 2 (SKIP TO 512) ←</p> <p>NO CARD ..... 3</p>																																																																																																																																																																																																												
508	<p>क्या आपके पास कभी (NAME) को लगाये गये टीकों का कार्ड था? Did you ever have a vaccination card for (NAME)?</p>	<p>YES ..... 1 (SKIP TO 512) ←</p> <p>NO ..... 2</p>	<p>YES ..... 1 (SKIP TO 512) ←</p> <p>NO ..... 2</p>	<p>YES ..... 1 (SKIP TO 512) ←</p> <p>NO ..... 2</p>																																																																																																																																																																																																												
509	<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>HEPATITIS B 0 (GIVEN AT BIRTH)</td> <td></td><td></td><td></td> <td>H0</td> <td></td><td></td><td></td> <td>H0</td> <td></td><td></td><td></td> </tr> <tr> <td>HEPATITIS B 1</td> <td></td><td></td><td></td> <td>H1</td> <td></td><td></td><td></td> <td>H1</td> <td></td><td></td><td></td> </tr> <tr> <td>HEPATITIS B 2</td> <td></td><td></td><td></td> <td>H2</td> <td></td><td></td><td></td> <td>H2</td> <td></td><td></td><td></td> </tr> <tr> <td>HEPATITIS B 3</td> <td></td><td></td><td></td> <td>H3</td> <td></td><td></td><td></td> <td>H3</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				HEPATITIS B 0 (GIVEN AT BIRTH)				H0				H0				HEPATITIS B 1				H1				H1				HEPATITIS B 2				H2				H2				HEPATITIS B 3				H3				H3				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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510	CHECK 509:	<p>'BCG' TO 'MEASLES' <input type="checkbox"/> FILLED <input type="checkbox"/> OTHER <input type="checkbox"/> (SKIP TO 515)</p>	<p>'BCG' TO 'MEASLES' <input type="checkbox"/> FILLED <input type="checkbox"/> OTHER <input type="checkbox"/> (SKIP TO 515)</p>	<p>'BCG' TO 'MEASLES' <input type="checkbox"/> FILLED <input type="checkbox"/> OTHER <input type="checkbox"/> (SKIP TO 515)</p>																																																																																																																																																																																																												

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
511	<p>पल्स पोलियो अभियान में पिलाई गई खुराक सहित, क्या (NAME) को कोई ऐसे और टीके लगाये गये हैं, जिनकी जानकारी इस कार्ड में दर्ज नहीं है?</p> <p>Has (NAME) received any vaccinations that are not recorded on this card, including vaccinations received in a Pulse Polio campaign?</p> <p>RECORD 'YES' ONLY IF THE RESPONDENT MENTIONS AT LEAST ONE OF THE VACCINATIONS IN 509 THAT ARE NOT RECORDED AS HAVING BEEN GIVEN.</p>	<p>YES ..... 1 (PROBE FOR ←)</p> <p>VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 509) (SKIP TO 514) ←</p> <p>NO ..... 2 (SKIP TO 514) ←</p> <p>DON'T KNOW ..... 8</p>	<p>YES ..... 1 (PROBE FOR ←)</p> <p>VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 509) (SKIP TO 514) ←</p> <p>NO ..... 2 (SKIP TO 514) ←</p> <p>DON'T KNOW ..... 8</p>	<p>YES ..... 1 (PROBE FOR ←)</p> <p>VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 509) (SKIP TO 514) ←</p> <p>NO ..... 2 (SKIP TO 514) ←</p> <p>DON'T KNOW ..... 8</p>
512	<p>पल्स पोलियो अभियान में पिलाई गई खुराक सहित, क्या (NAME) को बीमारियों से बचाने के लिए कभी कोई टीके लगाये गये थे?</p> <p>Did (NAME) ever receive any vaccinations to prevent him/her from getting diseases, including vaccinations received in a Pulse Polio campaign?</p>	<p>YES ..... 1</p> <p>NO ..... 2 (SKIP TO 516) ←</p> <p>DON'T KNOW ..... 8</p>	<p>YES ..... 1</p> <p>NO ..... 2 (SKIP TO 516) ←</p> <p>DON'T KNOW ..... 8</p>	<p>YES ..... 1</p> <p>NO ..... 2 (SKIP TO 516) ←</p> <p>DON'T KNOW ..... 8</p>
513	<p>कृपया सुझे बताएं कि क्या (NAME) को इनमें से कोई टीका लगा है:</p> <p>Please tell me if (NAME) received any of the following vaccinations:</p>			
513A	<p>तपेदिक [टी बी] से बचने के लिए बी.सी.जी. का टीका जिसे इंजेक्शन के रूप में बाँह या कंधे में लगाया जाता है जिससे सामान्यतः वहाँ पर एक निशान बन जाता है?</p> <p>A BCG vaccination against tuberculosis, that is, an injection in the arm or shoulder that usually causes a scar?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>
513B	<p>पोलियो की खुराक, जिसकी बूंदें मुँह में पिलाई जाती हैं, पल्स पोलियो अभियान में पिलाई गई खुराक सहित?</p> <p>Polio vaccine, that is, drops in the mouth, including vaccine received in a Pulse Polio campaign?</p>	<p>YES ..... 1</p> <p>NO ..... 2 (SKIP TO 513E) ←</p> <p>DON'T KNOW ..... 8</p>	<p>YES ..... 1</p> <p>NO ..... 2 (SKIP TO 513E) ←</p> <p>DON'T KNOW ..... 8</p>	<p>YES ..... 1</p> <p>NO ..... 2 (SKIP TO 513E) ←</p> <p>DON'T KNOW ..... 8</p>
513C	<p>क्या पोलियो की पहली खुराक जन्म के पहले दो सप्ताहों के अंदर दी गई थी या बाद में?</p> <p>Was the first polio vaccine received in the first two weeks after birth or later?</p>	<p>FIRST 2 WEEKS ... 1</p> <p>LATER ..... 2</p>	<p>FIRST 2 WEEKS ... 1</p> <p>LATER ..... 2</p>	<p>FIRST 2 WEEKS ... 1</p> <p>LATER ..... 2</p>
513D	<p>पोलियो की खुराक कितनी बार दी गई थी?</p> <p>How many times was the polio vaccine given?</p> <p>IF MORE THAN 7, RECORD '7'.</p>	<p>NUMBER OF TIMES ... <input type="text"/></p>	<p>NUMBER OF TIMES ... <input type="text"/></p>	<p>NUMBER OF TIMES ... <input type="text"/></p>

NO.	QUESTIONS AND FILTERS	LAST BIRTH		NEXT-TO-LAST BIRTH		SECOND-FROM-LAST BIRTH	
		NAME _____	NAME _____	NAME _____	NAME _____		
513E	डी पी टी का टीका जो इंजेक्शन द्वारा जांघ या नितम्ब में लगाया जाता है और कभी-कभी पोलियो की खुराक के साथ भी दिया जाता है?  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 513G) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 513G) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 513G) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 513G) ← DON'T KNOW ..... 8		
513F	डी पी टी का टीका कितनी बार दिया गया था?  How many times was a DPT vaccination given?  IF MORE THAN 7, RECORD '7'.	NUMBER OF TIMES ... <input type="text"/>	NUMBER OF TIMES ... <input type="text"/>	NUMBER OF TIMES ... <input type="text"/>	NUMBER OF TIMES ... <input type="text"/>		
513G	हेपाटाइटिस बी को रोकने के लिए एक इंजेक्शन? An injection to prevent Hepatitis B?	YES ..... 1 NO ..... 2 (SKIP TO 513J) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 513J) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 513J) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 513J) ← DON'T KNOW ..... 8		
513H	क्या हेपाटाइटिस बी का पहला टीका जन्म के पहले दो सप्ताह में दिया गया था या बाद में?  Was the first Hepatitis B 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	FIRST 2 WEEKS ... 1 LATER ..... 2		
513I	हेपाटाइटिस बी का टीका कितनी बार दिया गया था?  How many times was a Hepatitis B vaccination given?  IF MORE THAN 7, RECORD '7'.	NUMBER OF TIMES ... <input type="text"/>	NUMBER OF TIMES ... <input type="text"/>	NUMBER OF TIMES ... <input type="text"/>	NUMBER OF TIMES ... <input type="text"/>		
513J	खसरे या MMR का टीका - यह टीका खसरे से बचने के लिए, 9 महीने या उससे बड़ी उम्र में, बांह में लगाया जाता है?  A measles injection or an MMR injection - that is, a shot in the arm at the age of 9 months or older - to prevent (him/her) from getting 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	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8		
514	CHECK 509 AND 512: ANY VACCINATIONS RECEIVED?	YES <input type="checkbox"/> NO <input type="checkbox"/> (SKIP TO 516)	YES <input type="checkbox"/> NO <input type="checkbox"/> (SKIP TO 516)	YES <input type="checkbox"/> NO <input type="checkbox"/> (SKIP TO 516)	YES <input type="checkbox"/> NO <input type="checkbox"/> (SKIP TO 516)		



NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
515	<p>(NAME) को ज्यादातर टीके कौन-सी जगह से लगवाए गए थे? Where did (NAME) receive most of (his/her) vaccinations?</p> <p>IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTRE, OR CLINIC IS PUBLIC OR PRIVATE HEALTH SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____ (NAME OF FACILITY/PLACE)</p>	<p><b>PUB. HEALTH SECTOR</b> GOVT./MUNICIPAL HOSPITAL ... 11 VAIDYA/HAKIM/HOMEOPATH (AYUSH) ... 12 GOVT. DISP. ... 13 UHC/UHP/UFWC 14 CHC/RUR. HOSP/BLOCK PHC . 15 PHC/ADDITIONAL PHC..... 16 SUB-CENTRE ... 17 GOVT. MOBILE CLINIC ..... 18 CAMP ..... 19 ANGANWADI/ICDS CENTRE ..... 20 PULSE POLIO ... 21 OTHER PUBLIC SECT. HEALTH FACILITY ..... 22 NGO/TRUST HOSP./CLINIC..... 31 <b>PVT. HEALTH SECTOR</b> PVT. HOSPITAL . 41 PVT. DOCTOR/CLINIC ..... 42 PVT. PARAMEDIC 43 VAIDYA/HAKIM/HOMEOPATH (AYUSH) ... 44 PHARMACY/DRUGSTORE . 45 OTHER PVT. HEALTH FAC. . 46 OTHER _____ 96 (SPECIFY)</p>	<p><b>PUB. HEALTH SECTOR</b> GOVT./MUNICIPAL HOSPITAL ... 11 VAIDYA/HAKIM/HOMEOPATH (AYUSH) ... 12 GOVT. DISP. ... 13 UHC/UHP/UFWC 14 CHC/RUR. HOSP/BLOCK PHC . 15 PHC/ADDITIONAL PHC..... 16 SUB-CENTRE ... 17 GOVT. MOBILE CLINIC ..... 18 CAMP ..... 19 ANGANWADI/ICDS CENTRE ..... 20 PULSE POLIO ... 21 OTHER PUBLIC SECT. HEALTH FACILITY ..... 22 NGO/TRUST HOSP./CLINIC..... 31 <b>PVT. HEALTH SECTOR</b> PVT. HOSPITAL . 41 PVT. DOCTOR/CLINIC ..... 42 PVT. PARAMEDIC 43 VAIDYA/HAKIM/HOMEOPATH (AYUSH) ... 44 PHARMACY/DRUGSTORE . 45 OTHER PVT. HEALTH FAC. . 46 OTHER _____ 96 (SPECIFY)</p>	<p><b>PUB. HEALTH SECTOR</b> GOVT./MUNICIPAL HOSPITAL ... 11 VAIDYA/HAKIM/HOMEOPATH (AYUSH) ... 12 GOVT. DISP. ... 13 UHC/UHP/UFWC 14 CHC/RUR. HOSP/BLOCK PHC . 15 PHC/ADDITIONAL PHC..... 16 SUB-CENTRE ... 17 GOVT. MOBILE CLINIC ..... 18 CAMP ..... 19 ANGANWADI/ICDS CENTRE ..... 20 PULSE POLIO ... 21 OTHER PUBLIC SECT. HEALTH FACILITY ..... 22 NGO/TRUST HOSP./CLINIC..... 31 <b>PVT. HEALTH SECTOR</b> PVT. HOSPITAL . 41 PVT. DOCTOR/CLINIC ..... 42 PVT. PARAMEDIC 43 VAIDYA/HAKIM/HOMEOPATH (AYUSH) ... 44 PHARMACY/DRUGSTORE . 45 OTHER PVT. HEALTH FAC. . 46 OTHER _____ 96 (SPECIFY)</p>
516	<p>क्या (NAME) को पिछले दो सप्ताहों में कभी दस्त हुए थे? Has (NAME) had diarrhoea in the last 2 weeks?</p>	<p>YES ..... 1 NO ..... 2 (SKIP TO 529) ← DON'T KNOW ..... 8</p>	<p>YES ..... 1 NO ..... 2 (SKIP TO 529) ← DON'T KNOW ..... 8</p>	<p>YES ..... 1 NO ..... 2 (SKIP TO 529) ← DON'T KNOW ..... 8</p>
517	<p>क्या दस्तों में खून आया था? Was there any blood in the stools?</p>	<p>YES ..... 1 NO ..... 2 DON'T KNOW ..... 8</p>	<p>YES ..... 1 NO ..... 2 DON'T KNOW ..... 8</p>	<p>YES ..... 1 NO ..... 2 DON'T KNOW ..... 8</p>

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
518	<p>अब मैं यह जानना चाहूंगी कि दस्त के दौरान, (NAME) को पीने का पदार्थ (माँ के दूध के सहित) कितना दिया गया था। क्या उसे सामान्य से कम, लगभग उतनी ही मात्रा में या सामान्य से अधिक पीने को दिया गया था? IF LESS, PROBE: क्या उसे सामान्य से बहुत कम या थोड़ा कम पीने को दिया गया था?</p> <p>Now I would like to know how much (NAME) was given to drink (including breastmilk) 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?</p>	<p>MUCH LESS ..... 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE ..... 4 NOTHING TO DRINK . 5 DON'T KNOW ..... 8</p>	<p>MUCH LESS ..... 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE ..... 4 NOTHING TO DRINK . 5 DON'T KNOW ..... 8</p>	<p>MUCH LESS ..... 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE ..... 4 NOTHING TO DRINK . 5 DON'T KNOW ..... 8</p>
519	<p>जब (NAME) को दस्त हुए तो, क्या उसे सामान्य से कम, लगभग उतनी ही मात्रा में, सामान्य से अधिक खाने के लिए दिया गया था या खाने के लिए कुछ भी नहीं दिया गया था? IF LESS, PROBE: क्या उसे सामान्य से बहुत कम या थोड़ा सा कम खाने को दिया गया था?</p> <p>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?</p>	<p>MUCH LESS ..... 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE ..... 4 STOPPED FOOD . 5 NEVER GAVE FOOD . 6 DON'T KNOW ..... 8</p>	<p>MUCH LESS ..... 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE ..... 4 STOPPED FOOD . 5 NEVER GAVE FOOD . 6 DON'T KNOW ..... 8</p>	<p>MUCH LESS ..... 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE ..... 4 STOPPED FOOD . 5 NEVER GAVE FOOD . 6 DON'T KNOW ..... 8</p>
520	<p>दस्तों के लिए क्या आपने कहीं से सलाह ली या इलाज करवाया? Did you seek advice or treatment for the diarrhoea from any source?</p>	<p>YES ..... 1 NO ..... 2 (SKIP TO 525) ←</p>	<p>YES ..... 1 NO ..... 2 (SKIP TO 525) ←</p>	<p>YES ..... 1 NO ..... 2 (SKIP TO 525) ←</p>

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
521	<p>आपने कहां से सलाह ली या इलाज करवाया? किसी अन्य जगह से?</p> <p>Where did you seek advice or treatment? Anywhere else?</p> <p>RECORD ALL SOURCES MENTIONED.</p> <p>IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTRE, OR CLINIC IS PUBLIC OR PRIVATE HEALTH SECTOR, WRITE THE NAME OF THE PLACE(S).</p> <p>_____ (NAME OF FACILITY/PLACE(S))</p>	<p><b>PUB. HEALTH SECTOR</b></p> <p>GOVT./MUNICIPAL HOSPITAL ... A VAIDYA/HAKIM/HOMEOPATH (AYUSH) ... B GOVT. DISP. ... C UHC/UHP/UFWC . D CHC/RUR. HOSP/BLOCK PHC . E PHC/ADDITIONAL PHC..... F SUB-CENTRE/ANM ..... G GOVT. MOBILE CLINIC ..... H CAMP ..... I ANGANWADI/ICDS CENTRE ..... J ASHA ..... K OTHER PUBLIC HEALTH SECTOR ..... L</p> <p>NGO/TRUST HOSP./CLINIC..... M</p> <p><b>PVT. HEALTH SECTOR</b></p> <p>PVT. HOSPITAL . N PVT. DOCTOR/CLINIC ..... O PVT. PARAMEDIC . P VAIDYA/HAKIM/HOMEOPATH (AYUSH) ... Q PHARMACY/DRUGSTORE . R OTHER PRIVATE HEALTH SECTOR ..... S</p> <p><b>OTHER SOURCE</b></p> <p>SHOP ..... T TRADITIONAL HEALER ..... U FRIEND/RELATIVE V OTHER _____ X (SPECIFY)</p>	<p><b>PUB. HEALTH SECTOR</b></p> <p>GOVT./MUNICIPAL HOSPITAL ... A VAIDYA/HAKIM/HOMEOPATH (AYUSH) ... B GOVT. DISP. ... C UHC/UHP/UFWC . D CHC/RUR. HOSP/BLOCK PHC . E PHC/ADDITIONAL PHC..... F SUB-CENTRE/ANM ..... G GOVT. MOBILE CLINIC ..... H CAMP ..... I ANGANWADI/ICDS CENTRE ..... J ASHA ..... K OTHER PUBLIC HEALTH SECTOR ..... L</p> <p>NGO/TRUST HOSP./CLINIC..... M</p> <p><b>PVT. HEALTH SECTOR</b></p> <p>PVT. HOSPITAL . N PVT. DOCTOR/CLINIC ..... O PVT. PARAMEDIC . P VAIDYA/HAKIM/HOMEOPATH (AYUSH) ... Q PHARMACY/DRUGSTORE . R OTHER PRIVATE HEALTH SECTOR ..... S</p> <p><b>OTHER SOURCE</b></p> <p>SHOP ..... T TRADITIONAL HEALER ..... U FRIEND/RELATIVE V OTHER _____ X (SPECIFY)</p>	<p><b>PUB. HEALTH SECTOR</b></p> <p>GOVT./MUNICIPAL HOSPITAL ... A VAIDYA/HAKIM/HOMEOPATH (AYUSH) ... B GOVT. DISP. ... C UHC/UHP/UFWC . D CHC/RUR. HOSP/BLOCK PHC . E PHC/ADDITIONAL PHC..... F SUB-CENTRE/ANM ..... G GOVT. MOBILE CLINIC ..... H CAMP ..... I ANGANWADI/ICDS CENTRE ..... J ASHA ..... K OTHER PUBLIC HEALTH SECTOR ..... L</p> <p>NGO/TRUST HOSP./CLINIC..... M</p> <p><b>PVT. HEALTH SECTOR</b></p> <p>PVT. HOSPITAL . N PVT. DOCTOR/CLINIC ..... O PVT. PARAMEDIC . P VAIDYA/HAKIM/HOMEOPATH (AYUSH) ... Q PHARMACY/DRUGSTORE . R OTHER PRIVATE HEALTH SECTOR ..... S</p> <p><b>OTHER SOURCE</b></p> <p>SHOP ..... T TRADITIONAL HEALER ..... U FRIEND/RELATIVE V OTHER _____ X (SPECIFY)</p>
522	CHECK 521:	<p>TWO OR ONLY MORE ONE CODES CODE CIRCLED CIRCLED</p> <p>↓ (SKIP TO 524) ←</p>	<p>TWO OR ONLY MORE ONE CODES CODE CIRCLED CIRCLED</p> <p>↓ (SKIP TO 524) ←</p>	<p>TWO OR ONLY MORE ONE CODES CODE CIRCLED CIRCLED</p> <p>↓ (SKIP TO 524) ←</p>
523	<p>आपने पहली बार कहां से सलाह ली या इलाज करवाया?</p> <p>Where did you first seek advice or treatment?</p> <p>USE LETTER CODE FROM 521.</p>	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 _____
524	<p>दस्त शुरू होने के कितने दिनों के बाद, आपने (NAME) के लिए पहली बार सलाह ली या इलाज करवाया?</p> <p>How many days after the diarrhoea began did you first seek advice or treatment for (NAME)? IF THE SAME DAY, RECORD '00'.</p>	<p>DAYS ..... <input type="text"/> <input type="text"/></p>	<p>DAYS ..... <input type="text"/> <input type="text"/></p>	<p>DAYS ..... <input type="text"/> <input type="text"/></p>
525	<p>जब से उसे दस्त शुरू हुए, क्या उसे कभी इनमें से कुछ पीने के लिए दिया गया था:</p> <p>Was (he/she) given any of the following to drink at any time since (he/she) started having the diarrhoea:</p> <p>a. एक विशेष पैकेट (LOCAL NAME FOR ORS PACKET) से बना हुआ तरल पदार्थ? A fluid made from a special packet called (LOCAL NAME FOR ORS PACKET)?</p> <p>b. चावल या (OR OTHER LOCAL GRAIN) से बना तरल पदार्थ? Gruel made from rice (OR OTHER LOCAL GRAIN)?</p>	<p>YES NO DK</p> <p>FLUID FROM ORS PKT .. 1 2 8</p> <p>GRUEL .. 1 2 8</p>	<p>YES NO DK</p> <p>FLUID FROM ORS PKT .. 1 2 8</p> <p>GRUEL .. 1 2 8</p>	<p>YES NO DK</p> <p>FLUID FROM ORS PKT .. 1 2 8</p> <p>GRUEL .. 1 2 8</p>
526	<p>दस्त शुरू होने के बाद से क्या उसे कभी जिंक दिया गया? Was (he/she) given zinc at any time since (he/she) started having diarrhoea?</p>	<p>YES ..... 1 NO ..... 2 DON'T KNOW ..... 8</p>	<p>YES ..... 1 NO ..... 2 DON'T KNOW ..... 8</p>	<p>YES ..... 1 NO ..... 2 DON'T KNOW ..... 8</p>
527	<p>क्या दस्त के इलाज के लिए कुछ (और) दिया गया था? Was anything (else) given to treat the diarrhoea?</p>	<p>YES ..... 1 NO ..... 2 (SKIP TO 529) ←   DON'T KNOW ..... 8</p>	<p>YES ..... 1 NO ..... 2 (SKIP TO 529) ←   DON'T KNOW ..... 8</p>	<p>YES ..... 1 NO ..... 2 (SKIP TO 529) ←   DON'T KNOW ..... 8</p>
528	<p>दस्त के इलाज के लिए (और) क्या दिया गया था? कोई अन्य चीज?</p> <p>What (else) was given to treat the diarrhoea? Anything else?</p> <p>RECORD ALL TREATMENTS GIVEN.</p>	<p><b>PILL OR SYRUP</b> ANTIBIOTIC ..... A ANTIMOTILITY ... B OTHER (NOT ANTI-BIOTIC, ANTI-MOTILITY, OR ZINC) ..... C UNKNOWN PILL OR SYRUP ... D</p> <p><b>INJECTION</b> ANTIBIOTIC ..... E NON-ANTIBIOTIC . F UNKNOWN INJECTION ... G INTRAVENOUS (IV) . H HOME REMEDY/ HERBAL MEDICINE ..... I OTHER _____ X (SPECIFY)</p>	<p><b>PILL OR SYRUP</b> ANTIBIOTIC ..... A ANTIMOTILITY ... B OTHER (NOT ANTI-BIOTIC, ANTI-MOTILITY, OR ZINC) ..... C UNKNOWN PILL OR SYRUP ... D</p> <p><b>INJECTION</b> ANTIBIOTIC ..... E NON-ANTIBIOTIC . F UNKNOWN INJECTION ... G INTRAVENOUS (IV) . H HOME REMEDY/ HERBAL MEDICINE ..... I OTHER _____ X (SPECIFY)</p>	<p><b>PILL OR SYRUP</b> ANTIBIOTIC ..... A ANTIMOTILITY ... B OTHER (NOT ANTI-BIOTIC, ANTI-MOTILITY, OR ZINC) ..... C UNKNOWN PILL OR SYRUP ... D</p> <p><b>INJECTION</b> ANTIBIOTIC ..... E NON-ANTIBIOTIC . F UNKNOWN INJECTION ... G INTRAVENOUS (IV) . H HOME REMEDY/ HERBAL MEDICINE ..... I OTHER _____ X (SPECIFY)</p>

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
529	(NAME) को पिछले दो सप्ताहों में क्या कभी बुखार हुआ? Has (NAME) been ill with a fever at any time in the last 2 weeks?	YES ..... 1 NO ..... 2 (SKIP TO 531) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 531) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 531) ← DON'T KNOW ..... 8
530	बीमारी के दौरान किसी भी समय क्या (NAME) की डँगली या एड़ी से जाँच के लिए खून लिया गया? At any time during illness, did (NAME) have blood taken from (his/her) finger or heel for testing?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8
531	पिछले दो सप्ताह में, (NAME) को क्या कभी बीमारी के साथ खांसी हुई? Has (NAME) had an illness with a cough at any time in the last 2 weeks?	YES ..... 1 NO ..... 2 (SKIP TO 534) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 534) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 534) ← DON'T KNOW ..... 8
532	जब (NAME) को बीमारी के साथ खांसी थी तो क्या वह छोटी-छोटी सामान्य से तेज साँसे लेता था/लेती थी या उसको साँस लेने में परेशानी हो रही थी? 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 535) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 535) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 535) ← DON'T KNOW ..... 8
533	क्या ये तेजी से साँसे लेना या साँस लेने में कठिनाई होना सीने में तकलीफ के कारण थी या उसकी नाक बंद या बहने के कारण थी? Was the fast or difficult breathing due to a problem in the chest or to a blocked or runny nose?	CHEST ONLY ..... 1 NOSE ONLY ..... 2 BOTH ..... 3 OTHER ..... 6 (SPECIFY) _____ DON'T KNOW ..... 8 (SKIP TO 535) ←	CHEST ONLY ..... 1 NOSE ONLY ..... 2 BOTH ..... 3 OTHER ..... 6 (SPECIFY) _____ DON'T KNOW ..... 8 (SKIP TO 535) ←	CHEST ONLY ..... 1 NOSE ONLY ..... 2 BOTH ..... 3 OTHER ..... 6 (SPECIFY) _____ DON'T KNOW ..... 8 (SKIP TO 535) ←
534	CHECK 529: HAD FEVER	YES      NO OR DK <input type="checkbox"/> <input type="checkbox"/> ↓      ↓ (SKIP TO 546) ←	YES      NO OR DK <input type="checkbox"/> <input type="checkbox"/> ↓      ↓ (SKIP TO 546) ←	YES      NO OR DK <input type="checkbox"/> <input type="checkbox"/> ↓      ↓ (SKIP TO 546) ←
535	अब मैं यह जानना चाहूँगी कि (बुखार / खांसी) के साथ बीमारी के दौरान, (NAME) को पीने का पदार्थ (माँ के दूध के सहित) कितना दिया गया था। क्या उसे सामान्य से कम, लगभग उतनी ही मात्रा में या सामान्य से अधिक पीने को दिया गया था? IF LESS, PROBE: क्या उसे सामान्य से बहुत कम य थोड़ा कम पीने को दिया गया था?  Now I would like to know how much (NAME) was given to drink (including breastmilk) 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

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
536	<p>जब (NAME) को (बुखार/खांसी) हुई थी तो क्या उसे सामान्य से कम, लगभग उतनी ही मात्रा में, सामान्य से अधिक खाने के लिए दिया गया था या खाने के लिए कुछ भी नहीं दिया गया था?</p> <p>IF LESS, PROBE: क्या उसे सामान्य से बहुत कम या थोड़ा सा कम खाने के लिए दिया गया था?</p> <p>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?</p> <p>IF LESS, PROBE: Was (he/she) given much less than usual to eat or somewhat less?</p>	<p>MUCH LESS ..... 1</p> <p>SOMEWHAT LESS . 2</p> <p>ABOUT THE SAME . 3</p> <p>MORE ..... 4</p> <p>STOPPED FOOD . 5</p> <p>NEVER GAVE FOOD . 6</p> <p>DON'T KNOW ..... 8</p>	<p>MUCH LESS ..... 1</p> <p>SOMEWHAT LESS . 2</p> <p>ABOUT THE SAME . 3</p> <p>MORE ..... 4</p> <p>STOPPED FOOD . 5</p> <p>NEVER GAVE FOOD . 6</p> <p>DON'T KNOW ..... 8</p>	<p>MUCH LESS ..... 1</p> <p>SOMEWHAT LESS . 2</p> <p>ABOUT THE SAME . 3</p> <p>MORE ..... 4</p> <p>STOPPED FOOD . 5</p> <p>NEVER GAVE FOOD . 6</p> <p>DON'T KNOW ..... 8</p>
537	<p>क्या आपने कहीं से बीमारी के लिए सलाह ली या इलाज करवाया?</p> <p>Did you seek advice or treatment for the illness from any source?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>(SKIP TO 542) ←</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>(SKIP TO 542) ←</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>(SKIP TO 542) ←</p>

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
538	<p>आपने कहाँ से सलाह ली या इलाज करवाया? कहीं अन्य से?</p> <p>Where did you seek advice or treatment? Anywhere else?</p> <p>RECORD ALL SOURCES MENTIONED.</p> <p>IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTRE, OR CLINIC IS PUBLIC OR PRIVATE HEALTH SECTOR, WRITE THE NAME OF THE PLACE(S).</p> <p>_____ (NAME OF FACILITY/PLACE(S))</p>	<p><b>PUB. HEALTH SECTOR</b> GOVT./MUNICIPAL HOSPITAL ... A VAIDYA/HAKIM/ HOMEOPATH (AYUSH) . B GOVT. DISP. ... C UHC/UHP/UFWC D CHC/RUR. HOSP/ BLOCK PHC . E PHC/ADDITIONAL PHC ..... F SUB-CENTRE/ ANM ..... G ANGANWADI/ICDS CENTRE ..... H GOVT. MOBILE CLINIC ..... I CAMP ..... J OTHER PUB. SECT. HEALTH FACILITY ..... K ASHA ..... L NGO/TRUST HOSP./ CLINIC ..... M</p> <p><b>PVT. HEALTH SECTOR</b> PVT. HOSPITAL . N PVT. DOCTOR/ CLINIC ..... O PVT. PARAMEDIC P VAIDYA/HAKIM/ HOMEOPATH (AYUSH) . Q PHARMACY/ DRUGSTORE . R OTHER PVT. HEALTH FAC. . S</p> <p><b>OTHER SOURCE</b> SHOP ..... T TRADITIONAL HEALER ..... U FRIEND/RELATIVE V OTHER _____ X (SPECIFY)</p>	<p><b>PUB. HEALTH SECTOR</b> GOVT./MUNICIPAL HOSPITAL ... A VAIDYA/HAKIM/ HOMEOPATH (AYUSH) . B GOVT. DISP. ... C UHC/UHP/UFWC D CHC/RUR. HOSP/ BLOCK PHC . E PHC/ADDITIONAL PHC ..... F SUB-CENTRE/ ANM ..... G ANGANWADI/ICDS CENTRE ..... H GOVT. MOBILE CLINIC ..... I CAMP ..... J OTHER PUB. SECT. HEALTH FACILITY ..... K ASHA ..... L NGO/TRUST HOSP./ CLINIC ..... M</p> <p><b>PVT. HEALTH SECTOR</b> PVT. HOSPITAL . N PVT. DOCTOR/ CLINIC ..... O PVT. PARAMEDIC P VAIDYA/HAKIM/ HOMEOPATH (AYUSH) . Q PHARMACY/ DRUGSTORE . R OTHER PVT. HEALTH FAC. . S</p> <p><b>OTHER SOURCE</b> SHOP ..... T TRADITIONAL HEALER ..... U FRIEND/RELATIVE V OTHER _____ X (SPECIFY)</p>	<p><b>PUB. HEALTH SECTOR</b> GOVT./MUNICIPAL HOSPITAL ... A VAIDYA/HAKIM/ HOMEOPATH (AYUSH) . B GOVT. DISP. ... C UHC/UHP/UFWC D CHC/RUR. HOSP/ BLOCK PHC . E PHC/ADDITIONAL PHC ..... F SUB-CENTRE/ ANM ..... G ANGANWADI/ICDS CENTRE ..... H GOVT. MOBILE CLINIC ..... I CAMP ..... J OTHER PUB. SECT. HEALTH FACILITY ..... K ASHA ..... L NGO/TRUST HOSP./ CLINIC ..... M</p> <p><b>PVT. HEALTH SECTOR</b> PVT. HOSPITAL . N PVT. DOCTOR/ CLINIC ..... O PVT. PARAMEDIC P VAIDYA/HAKIM/ HOMEOPATH (AYUSH) . Q PHARMACY/ DRUGSTORE . R OTHER PVT. HEALTH FAC. . S</p> <p><b>OTHER SOURCE</b> SHOP ..... T TRADITIONAL HEALER ..... U FRIEND/RELATIVE V OTHER _____ X (SPECIFY)</p>
539	CHECK 538:	<p>TWO OR ONLY  <input type="checkbox"/> MORE ONE <input type="checkbox"/>  <input type="checkbox"/> CODES CODE <input type="checkbox"/>  <input type="checkbox"/> CIRCLED CIRCLED <input type="checkbox"/>  ↓ (SKIP TO 541) ←</p>	<p>TWO OR ONLY  <input type="checkbox"/> MORE ONE <input type="checkbox"/>  <input type="checkbox"/> CODES CODE <input type="checkbox"/>  <input type="checkbox"/> CIRCLED CIRCLED <input type="checkbox"/>  ↓ (SKIP TO 541) ←</p>	<p>TWO OR ONLY  <input type="checkbox"/> MORE ONE <input type="checkbox"/>  <input type="checkbox"/> CODES CODE <input type="checkbox"/>  <input type="checkbox"/> CIRCLED CIRCLED <input type="checkbox"/>  ↓ (SKIP TO 541) ←</p>
540	<p>आपने पहली बार कहाँ से सलाह ली या इलाज करवाया?</p> <p>Where did you first seek advice or treatment?</p> <p>USE LETTER CODE FROM 538.</p>	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 _____
541	बीमारी शुरू होने के कितने दिनों के बाद आपने (NAME) के लिए पहली बार सलाह ली या इलाज करवाया? 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"/>
542	बीमारी के दौरान किसी भी समय, क्या (NAME) ने बीमारी के लिए कोई दवा ली थी? At any time during the illness, did (NAME) take any drugs for the illness?	YES ..... 1 NO ..... 2 (SKIP TO 546) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 546) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 546) ← DON'T KNOW ..... 8
543	(NAME) ने कौन-सी दवा ली थी? कोई अन्य दवा? What drugs did (NAME) take? Any other drugs?  RECORD ALL MENTIONED.	<b>ANTIMALARIAL DRUGS</b> CHLOROQUINE . A PRIMAQUINE ... B SP/FANSIDAR ... C QUININE ..... D ARTEMISININ COMBINATION THERAPY ... E  OTHER ANTI- MALARIAL ... F UNKNOWN ANTI- MALARIAL ... G  ANTIBIOTIC DRUG . H  <b>OTHER DRUGS</b> ASPIRIN ..... I ACETA- MINOPHEN ... J IBUPROFEN ... K  OTHER _____ X (SPECIFY) UNKNOWN DRUG . Z	<b>ANTIMALARIAL DRUGS</b> CHLOROQUINE . A PRIMAQUINE ... B SP/FANSIDAR ... C QUININE ..... D ARTEMISININ COMBINATION THERAPY ... E  OTHER ANTI- MALARIAL ... F UNKNOWN ANTI- MALARIAL ... G  ANTIBIOTIC DRUG . H  <b>OTHER DRUGS</b> ASPIRIN ..... I ACETA- MINOPHEN ... J IBUPROFEN ... K  OTHER _____ X (SPECIFY) UNKNOWN DRUG . Z	<b>ANTIMALARIAL DRUGS</b> CHLOROQUINE . A PRIMAQUINE ... B SP/FANSIDAR ... C QUININE ..... D ARTEMISININ COMBINATION THERAPY ... E  OTHER ANTI- MALARIAL ... F UNKNOWN ANTI- MALARIAL ... G  ANTIBIOTIC DRUG . H  <b>OTHER DRUGS</b> ASPIRIN ..... I ACETA- MINOPHEN ... J IBUPROFEN ... K  OTHER _____ X (SPECIFY) UNKNOWN DRUG . Z
544	CHECK 543: ANY CODE 'A-G' RECORDED	YES <input type="checkbox"/> NO <input type="checkbox"/> ↓ (SKIP TO 546) ←	YES <input type="checkbox"/> NO <input type="checkbox"/> ↓ (SKIP TO 546) ←	YES <input type="checkbox"/> NO <input type="checkbox"/> ↓ (SKIP TO 546) ←
545	बुखार आने के कितनी देर बाद (NAME) ने पहली बार (DRUG(S) FROM 543 A-G) दवा ली? How long after the fever started, did (NAME) first take (DRUG(S) FROM 543 A-G)?	SAME DAY ..... 1 NEXT DAY ..... 2 TWO DAYS AFTER FEVER ..... 3 THREE OR MORE DAYS AFTER FEVER . 4 DON'T KNOW ..... 8	SAME DAY ..... 1 NEXT DAY ..... 2 TWO DAYS AFTER FEVER ..... 3 THREE OR MORE DAYS AFTER FEVER . 4 DON'T KNOW ..... 8	SAME DAY ..... 1 NEXT DAY ..... 2 TWO DAYS AFTER FEVER ..... 3 THREE OR MORE DAYS AFTER FEVER . 4 DON'T KNOW ..... 8
546		GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 547.	GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 547.	GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 547.



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
547	<p>CHECK 215 AND 218, ALL ROWS:</p> <p>NUMBER OF CHILDREN BORN IN 2011 OR LATER LIVING WITH THE RESPONDENT</p> <p>ONE OR MORE <input type="checkbox"/> NONE <input type="checkbox"/></p> <p>RECORD NAME OF YOUNGEST CHILD LIVING WITH HER AND CONTINUE WITH 548</p> <p>_____</p> <p>(NAME)</p>		550
548	<p>पिछली बार (NAME OF YOUNGEST CHILD) ने शौच (टट्टी) की थी तो उसे फेकने के लिए क्या किया गया था?</p> <p>The last time (NAME OF YOUNGEST CHILD) passed stools, what was done to dispose of the stools?</p>	<p>CHILD USED TOILET OR LATRINE ... 01 PUT/RINSED INTO TOILET OR LATRINE ..... 02 PUT/RINSED INTO DRAIN OR DITCH ..... 03 THROWN INTO GARBAGE ..... 04 BURIED ..... 05 LEFT IN THE OPEN ..... 06 OTHER _____ 96 (SPECIFY) DON'T KNOW ..... 98</p>	
549	<p>CHECK 525(a), ALL COLUMNS:</p> <p>NO CHILD RECEIVED FLUID FROM ORS PACKET <input type="checkbox"/></p> <p>ANY CHILD RECEIVED FLUID FROM ORS PACKET <input type="checkbox"/></p>		552
550	<p>क्या आपने कभी ऐसे विशेष उत्पाद के बारे में सुना है जिसे (LOCAL NAME FOR ORS PACKET) कहते हैं और जो दस्त के इलाज में काम आता है? IF SHE HAS NEVER HEARD OF ORS, SHOW GOVERNMENT AND COMMERCIAL ORS PACKETS AND ASK: क्या आपने पहले कभी इन जैसा कोई पैकेट देखा है?</p> <p>Have you ever heard of a special product called (LOCAL NAME FOR ORS PACKET) you can get for the treatment of diarrhoea? IF SHE HAS NEVER HEARD OF ORS, SHOW GOVERNMENT AND COMMERCIAL ORS PACKETS AND ASK: Have you ever seen a packet like one of these before?</p>	<p>YES ..... 1 NO ..... 2</p>	
551	<p>CHECK 215: ANY LIVE BIRTH IN 2010 OR LATER</p> <p>ONE OR MORE <input type="checkbox"/> NONE <input type="checkbox"/></p>		601

## SECTION 5A. UTILIZATION OF ICDS SERVICES

552	ENTER IN THE TABLE THE BIRTH HISTORY NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN JANUARY 2010 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).						
553	BIRTH HISTORY NUMBER FROM 212	LAST BIRTH BIRTH HISTORY NUMBER . <input type="text"/>	NEXT-TO-LAST BIRTH BIRTH HISTORY NUMBER . <input type="text"/>	SECOND-FROM-LAST BIRTH BIRTH HISTORY NUMBER . <input type="text"/>	THIRD-FROM-LAST BIRTH BIRTH HISTORY NUMBER . <input type="text"/>	FOURTH-FROM-LAST BIRTH BIRTH HISTORY NUMBER . <input type="text"/>	
554	FROM 212 AND 216	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (GO TO 562)	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (GO TO 562)	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (GO TO 562)	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (GO TO 562)	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (GO TO 562)	
555	<p>पिछले 12 महीनों के दौरान, क्या (NAME) को आंगनवाड़ी या आई.सी.डी.एस. केन्द्र से कोई लाभ मिला है?</p> <p>IF NO, PROBE: कोई लाभ जैसे अनुपूरक आहार, बढ़त संबंधी निगरानी, टीकाकरण स्वास्थ्य संबंधी जांच या शिक्षा?</p> <p>During the last 12 months, has (NAME) received any benefits from the anganwadi or ICDS centre?</p> <p>IF NO, PROBE: Any benefits such as supplementary food, growth monitoring, immunizations, health check-ups or education?</p>	<p>YES ..... 1</p> <p>NO ..... 2 (GO TO 562) ←</p>	<p>YES ..... 1</p> <p>NO ..... 2 (GO TO 562) ←</p>	<p>YES ..... 1</p> <p>NO ..... 2 (GO TO 562) ←</p>	<p>YES ..... 1</p> <p>NO ..... 2 (GO TO 562) ←</p>	<p>YES ..... 1</p> <p>NO ..... 2 (GO TO 562) ←</p>	
556	<p>पिछले 12 महीनों में, (NAME) को प्रायः कितनी बार आंगनवाड़ी/आई.सी.डी.एस. केन्द्र से खाने पदार्थ मिला?</p> <p>In the last 12 months, how often has (NAME) received food from the anganwadi/ICDS centre?</p> <p>IF CHILD RECEIVES TAKE-HOME RATIONS FOR DAILY CONSUMPTION WEEKLY OR MONTHLY, CODE '1'.</p>	<p>NOT AT ALL .... 0</p> <p>ALMOST DAILY . 1</p> <p>AT LEAST ONCE A WEEK ..... 2</p> <p>AT LEAST ONCE A MONTH ..... 3</p> <p>LESS OFTEN ... 4</p> <p>DON'T KNOW ... 8</p>	<p>NOT AT ALL .... 0</p> <p>ALMOST DAILY . 1</p> <p>AT LEAST ONCE A WEEK ..... 2</p> <p>AT LEAST ONCE A MONTH ..... 3</p> <p>LESS OFTEN ... 4</p> <p>DON'T KNOW ... 8</p>	<p>NOT AT ALL .... 0</p> <p>ALMOST DAILY . 1</p> <p>AT LEAST ONCE A WEEK ..... 2</p> <p>AT LEAST ONCE A MONTH ..... 3</p> <p>LESS OFTEN ... 4</p> <p>DON'T KNOW ... 8</p>	<p>NOT AT ALL .... 0</p> <p>ALMOST DAILY . 1</p> <p>AT LEAST ONCE A WEEK ..... 2</p> <p>AT LEAST ONCE A MONTH ..... 3</p> <p>LESS OFTEN ... 4</p> <p>DON'T KNOW ... 8</p>	<p>NOT AT ALL .... 0</p> <p>ALMOST DAILY . 1</p> <p>AT LEAST ONCE A WEEK ..... 2</p> <p>AT LEAST ONCE A MONTH ..... 3</p> <p>LESS OFTEN ... 4</p> <p>DON'T KNOW ... 8</p>	<p>NOT AT ALL .... 0</p> <p>ALMOST DAILY . 1</p> <p>AT LEAST ONCE A WEEK ..... 2</p> <p>AT LEAST ONCE A MONTH ..... 3</p> <p>LESS OFTEN ... 4</p> <p>DON'T KNOW ... 8</p>
557	<p>पिछले 12 महीनों में आंगनवाड़ी/आई.सी.डी.एस. केन्द्र से प्रायः कितनी बार (NAME) के स्वास्थ्य की जांच की गई?</p> <p>In the last 12 months, how often has (NAME) had a health check-up from the anganwadi/ICDS centre?</p>	<p>NOT AT ALL..... 0</p> <p>AT LEAST ONCE A MONTH ..... 1</p> <p>LESS OFTEN ... 2</p> <p>DON'T KNOW .. 8</p>	<p>NOT AT ALL..... 0</p> <p>AT LEAST ONCE A MONTH ..... 1</p> <p>LESS OFTEN ... 2</p> <p>DON'T KNOW .. 8</p>	<p>NOT AT ALL..... 0</p> <p>AT LEAST ONCE A MONTH ..... 1</p> <p>LESS OFTEN ... 2</p> <p>DON'T KNOW ... 8</p>	<p>NOT AT ALL..... 0</p> <p>AT LEAST ONCE A MONTH ..... 1</p> <p>LESS OFTEN ... 2</p> <p>DON'T KNOW ... 8</p>	<p>NOT AT ALL..... 0</p> <p>AT LEAST ONCE A MONTH ..... 1</p> <p>LESS OFTEN ... 2</p> <p>DON'T KNOW ... 8</p>	
558	<p>पिछले 12 महीनों में, क्या (NAME) को आंगनवाड़ी/आई.सी.डी.एस. केन्द्र के माध्यम से कोई टीकाकरण किया गया?</p> <p>In the last 12 months, has (NAME) received any immunizations through the anganwadi/ICDS centre?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW .. 8</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW .. 8</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW .. 8</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW .. 8</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW .. 8</p>	

	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 _____
559	<p>पिछले 12 महीनों में प्रारंभिक बचपन की देखभाल के लिए या स्कूलपूर्व शिक्षा के लिए (NAME) प्रायः कितनी बार आंगनवाड़ी/आई.सी.डी.एस. केन्द्र गया/गयी: नियमित रूप से, कभी-कभी या कभी नहीं?</p> <p>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?</p>	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
560	<p>पिछले 12 महीनों में (NAME) का वजन कितनी बार आंगनवाड़ी/आई.सी.डी. एस. केन्द्र में लिया गया?</p> <p>In the last 12 months, how often has (NAME)'s weight been measured by the anganwadi/ICDS centre?</p>	NOT AT ALL .... 0 (GO TO 562) ← AT LEAST ONCE A MONTH ... 1 AT LEAST ONCE IN 3 MONTHS . 2 LESS OFTEN .. 3 DON'T KNOW .. 8 (GO TO 562) ←	NOT AT ALL .... 0 (GO TO 562) ← AT LEAST ONCE A MONTH ... 1 AT LEAST ONCE IN 3 MONTHS . 2 LESS OFTEN .. 3 DON'T KNOW .. 8 (GO TO 562) ←	NOT AT ALL .... 0 (GO TO 562) ← AT LEAST ONCE A MONTH ... 1 AT LEAST ONCE IN 3 MONTHS . 2 LESS OFTEN .. 3 DON'T KNOW .. 8 (GO TO 562) ←	NOT AT ALL .... 0 (GO TO 562) ← AT LEAST ONCE A MONTH ... 1 AT LEAST ONCE IN 3 MONTHS . 2 LESS OFTEN .. 3 DON'T KNOW .. 8 (GO TO 562) ←	NOT AT ALL .... 0 (GO TO 562) ← AT LEAST ONCE A MONTH .... 1 AT LEAST ONCE IN 3 MONTHS .. 2 LESS OFTEN ... 3 DON'T KNOW .. 8 (GO TO 562) ←
561	<p>(NAME) का वजन लेने के बाद, क्या कभी भी आंगनवाड़ी/आई.सी.डी.एस. कार्यकर्ता या ए एन एम ने आपको परामर्श दिया था?</p> <p>After (NAME) was weighed, did you ever receive counselling from the anganwadi/ICDS worker or ANM?</p>	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
562	<p>जब आप (NAME) के समय गर्भवती थीं तो क्या आपको आंगनवाड़ी/आई.सी.डी. एस. केन्द्र से कोई लाभ प्राप्त हुआ था?</p> <p>When you were pregnant with (NAME), did you receive any benefits from the anganwadi/ICDS centre?</p>	YES ..... 1 NO ..... 2 (GO TO 564) ←	YES ..... 1 NO ..... 2 (GO TO 564) ←	YES ..... 1 NO ..... 2 (GO TO 564) ←	YES ..... 1 NO ..... 2 (GO TO 564) ←	YES ..... 1 NO ..... 2 (GO TO 564) ←
563	<p>क्या आपको इनमें से कोई लाभ मिला:</p> <p>Did you receive any of the following benefits:</p> <p>a. अनुपूरक आहार? Supplementary food?</p> <p>b. स्वास्थ्य की जांच? Health check-ups?</p> <p>c. स्वास्थ्य और पोषण संबंधी शिक्षा? Health and nutrition education?</p>	YES NO a. 1 2 b. 1 2 c. 1 2	YES NO a. 1 2 b. 1 2 c. 1 2	YES NO a. 1 2 b. 1 2 c. 1 2	YES NO a. 1 2 b. 1 2 c. 1 2	YES NO a. 1 2 b. 1 2 c. 1 2

	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 _____
564	<p>जब आप (NAME) को स्तनपान करा रही थी तो क्या उस समय आंगनवाड़ी/आई.सी.डी.एस. केन्द्र से आपको कोई लाभ मिले थे?</p> <p>When you were breastfeeding (NAME) did you receive any benefits from the anganwadi/ICDS centre?</p>	<p>YES ..... 1 NO ..... 2 (GO TO 566) ←   DID NOT BREASTFEED .. 3</p>	<p>YES ..... 1 NO ..... 2 (GO TO 566) ←   DID NOT BREASTFEED .. 3</p>	<p>YES ..... 1 NO ..... 2 (GO TO 566) ←   DID NOT BREASTFEED .. 3</p>	<p>YES ..... 1 NO ..... 2 (GO TO 566) ←   DID NOT BREASTFEED .. 3</p>	<p>YES ..... 1 NO ..... 2 (GO TO 566) ←   DID NOT BREASTFEED .. 3</p>
565	<p>क्या आपको इनमें से कोई लाभ मिला: Did you receive any of the following benefits:</p> <p>a. अनुपूरक आहार? Supplementary food?</p> <p>b. स्वास्थ्य की जांच? Health check-ups?</p> <p>c. स्वास्थ्य और पोषण संबंधी शिक्षा? Health and nutrition education?</p>	<p>YES NO</p> <p>a. 1 2</p> <p>b. 1 2</p> <p>c. 1 2</p>	<p>YES NO</p> <p>a. 1 2</p> <p>b. 1 2</p> <p>c. 1 2</p>	<p>YES NO</p> <p>a. 1 2</p> <p>b. 1 2</p> <p>c. 1 2</p>	<p>YES NO</p> <p>a. 1 2</p> <p>b. 1 2</p> <p>c. 1 2</p>	<p>YES NO</p> <p>a. 1 2</p> <p>b. 1 2</p> <p>c. 1 2</p>
566		GO TO 554 IN NEXT COLUMN; OR IF NO MORE BIRTHS, GO TO 601.	GO TO 554 IN NEXT COLUMN; OR IF NO MORE BIRTHS, GO TO 601.	GO TO 554 IN NEXT COLUMN; OR IF NO MORE BIRTHS, GO TO 601.	GO TO 554 IN NEXT COLUMN; OR IF NO MORE BIRTHS, GO TO 601.	GO TO 554 IN FIRST COLUMN OF ADDITIONAL QUESTIONNAIRE; OR IF NO MORE BIRTHS, GO TO 601.

**SECTION 6. FERTILITY PREFERENCES**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	CHECK 301: NEVER MARRIED <input type="checkbox"/> _____ OTHER <input type="checkbox"/>		614
602	CHECK 330/330A: WOMAN OR MAN STERILIZED <input type="checkbox"/> _____ OTHER <input type="checkbox"/>		614
602A	CHECK 248 AND 250: HAS HAD A <input type="checkbox"/> HYSTERECTOMY HAS NOT HAD <input type="checkbox"/> A HYSTERECTOMY		614
603	CHECK 226: PREGNANT <input type="checkbox"/> _____ NOT PREGNANT OR UNSURE <input type="checkbox"/>		605
604	अब मैं भविष्य के बारे में कुछ प्रश्न पूछना चाहूंगी। अभी आपको जो बच्चा होने वाला है, उसके बाद क्या आप और बच्चा चाहेंगी या आप और बच्चा नहीं चाहेंगी?  Now I have some questions about the future. After the child you are expecting now, would you like to have another child, or would you prefer not to have any more children?	HAVE ANOTHER CHILD ..... 1 NO MORE ..... 2 UNDECIDED/DON'T KNOW ..... 8	606 612
605	अब मैं भविष्य के बारे में कुछ प्रश्न पूछना चाहूंगी। क्या आप (और) बच्चा चाहेंगी या आप कोई (और) बच्चा नहीं चाहेंगी?  Now I have some questions about the future. Would you like to have (a/another) child, or would you prefer not to have any (more) children?	HAVE (A/ANOTHER) CHILD ..... 1 NO MORE/NONE ..... 2 SAYS SHE CAN'T GET PREGNANT ... 3 UNDECIDED/DON'T KNOW ..... 8	608 614 611
606	CHECK 226: NOT PREGNANT <input type="checkbox"/> OR UNSURE PREGNANT <input type="checkbox"/>  a. आप अब से लेकर और कितने समय तक (अगला) बच्चा होने का इंतजार करना चाहेंगी?  How long would you like to wait from now before the birth of (a/another) child?  b. अभी आपको जो बच्चा होने वाला है, उसके बाद अगला बच्चा पैदा होने तक आप कितने समय तक इंतजार करना चाहेंगी?  After the birth of the child you are expecting now, how long would you like to wait before the birth of another child?	MONTHS ..... 1 YEARS ..... 2  SOON/NOW ..... 993 SAYS SHE CAN'T GET PREGNANT 994  OTHER _____ 996 (SPECIFY) DON'T KNOW ..... 998	608 614 608
607	CHECK 226: NOT PREGNANT <input type="checkbox"/> OR UNSURE PREGNANT <input type="checkbox"/>		612
608	CHECK 329: USING A CONTRACEPTIVE METHOD? NOT ASKED <input type="checkbox"/> _____ NOT CURRENTLY USING <input type="checkbox"/> _____ CURRENTLY USING <input type="checkbox"/>		614
609	CHECK 606: NOT ASKED <input type="checkbox"/> _____ 24 OR MORE MONTHS <input type="checkbox"/> OR 02 OR MORE YEARS 00-23 MONTHS <input type="checkbox"/> OR 00-01 YEAR		613

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
610	<p>CHECK 604 AND 605:</p> <p>WANTS TO HAVE <input type="checkbox"/> A/ANOTHER CHILD</p> <p>↓</p> <p>a. आपने कहा है कि आपको जल्दी (और) बच्चा नहीं चाहिए लेकिन गर्भधारण टालने के लिए आप किसी विधि का इस्तेमाल नहीं कर रही हैं। क्या आप बता सकती हैं कि आप विधि का इस्तेमाल क्यों नहीं कर रही हैं? PROBE: कोई अन्य कारण?</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>WANTS NO MORE/ <input type="checkbox"/> NONE</p> <p>↓</p> <p>b. आपने कहा है कि आपको कोई (और) बच्चे नहीं चाहिए लेकिन गर्भधारण टालने के लिए आप किसी विधि का इस्तेमाल नहीं कर रही हैं। क्या आप बता सकती हैं कि आप विधि का इस्तेमाल क्यों नहीं कर रही हैं? PROBE: कोई अन्य कारण?</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><b>FERTILITY-RELATED REASONS</b></p> <p>NOT HAVING SEX ..... B</p> <p>INFREQUENT SEX ..... C</p> <p>MENOPAUSAL ..... D</p> <p>HYSTERECTOMY ..... E</p> <p>CAN'T GET PREGNANT ..... F</p> <p>NOT MENSTRUATED SINCE LAST BIRTH ..... G</p> <p>BREASTFEEDING ..... H</p> <p>FATALISTIC/UP TO GOD ..... I</p> <p><b>OPPOSITION TO USE</b></p> <p>RESPONDENT OPPOSED ..... J</p> <p>HUSBAND OPPOSED ..... K</p> <p>OTHERS OPPOSED ..... L</p> <p>RELIGIOUS PROHIBITION ..... M</p> <p><b>LACK OF KNOWLEDGE</b></p> <p>KNOWS NO METHOD ..... N</p> <p>KNOWS NO SOURCE ..... O</p> <p><b>METHOD-RELATED REASONS</b></p> <p>FEAR OF SIDE EFFECTS/ HEALTH CONCERNS ..... 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>	
611	<p>CHECK 329: USING A CONTRACEPTIVE METHOD?</p> <p>NOT ASKED <input type="checkbox"/></p> <p>↓</p> <p>NO, NOT CURRENTLY USING <input type="checkbox"/></p> <p>↓</p> <p>YES, CURRENTLY USING <input type="checkbox"/></p>		614
612	<p>क्या आप सोचती हैं कि गर्भधारण टालने या रोकने के लिए आप अगले 12 महीनों में किसी गर्भ-निरोधक विधि का इस्तेमाल करेंगी? Do you think you will use a contraceptive method to delay or avoid pregnancy in the next 12 months?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>	614
613	<p>क्या आप सोचती हैं कि गर्भधारण टालने या रोकने के लिए आप भविष्य में किसी भी समय किसी गर्भ-निरोधक विधि का इस्तेमाल करेंगी? Do you think you will use a contraceptive method to delay or avoid pregnancy at any time in the future?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>	
614	<p>CHECK 216:</p> <p>HAS LIVING CHILDREN <input type="checkbox"/></p> <p>↓</p> <p>a. यदि आप उस समय में लौट सकें जब आपको कोई बच्चा नहीं था और आप अपने पूरे जीवन में होने वाले बच्चों की कुल संख्या को चुन सकतीं, तो वे कितने बच्चे होते? 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>NO LIVING CHILDREN <input type="checkbox"/></p> <p>↓</p> <p>b. यदि आप अपने पूरे जीवन में होने वाले बच्चों की कुल संख्या को चुन सकतीं, तो वे कितने बच्चे होते? If you could choose exactly the number of children to have in your whole life, how many would that be?</p> <p>PROBE FOR A NUMERIC RESPONSE.</p>	<p>NONE ..... 00</p> <p>NUMBER ..... <input type="text"/> <input type="text"/></p> <p>OTHER _____ 96 (SPECIFY)</p>	616

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP															
615	इन बच्चों में से आप कितनों का लड़का होना पसंद करतीं, कितनों का लड़की होना पसंद करतीं और कितने बच्चों के मामले में लड़का-लड़की होने से कोई फर्क नहीं पड़ता?  How many of these children would you like to be boys, how many would you like to be girls and for how many would it not matter if it's a boy or a girl?	<table style="margin-left: auto; margin-right: auto;"> <tr> <td></td> <td style="text-align: center;">BOYS</td> <td style="text-align: center;">GIRLS</td> <td style="text-align: center;">EITHER</td> </tr> <tr> <td></td> <td style="text-align: center;">□ □</td> <td style="text-align: center;">□ □</td> <td style="text-align: center;">□ □</td> </tr> </table> <p>NUMBER</p> <p>OTHER _____ 96 (SPECIFY)</p>		BOYS	GIRLS	EITHER		□ □	□ □	□ □								
	BOYS	GIRLS	EITHER															
	□ □	□ □	□ □															
616	पिछले कुछ महीनों में क्या आपने:  In the last few months have you: a. परिवार नियोजन के बारे में कुछ रेडियो पर कुछ सुना है? Heard about family planning on the radio? b. टेलीवीजन पर परिवार नियोजन के बारे में कुछ देखे हैं? Seen anything about family planning on the television? c. समाचारपत्र या पत्रिका में परिवार नियोजन के बारे में कुछ पढ़े हैं? Read about family planning in a newspaper or magazine? d. दीवारें या होर्डिंग पर परिवार नियोजन के बारे में कुछ देखे हैं? Seen anything about family planning 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																
617	CHECK 301:  CURRENTLY MARRIED <input type="checkbox"/> OTHER <input type="checkbox"/>		622															
618	CHECK 330/330A: USING A CONTRACEPTIVE METHOD?  ANY CODE CIRCLED <input type="checkbox"/> NO CODE CIRCLED <input type="checkbox"/>		622															
619	क्या आप यह कहेंगी कि गर्भ-निरोधक के इस्तेमाल करने का निर्णय - मुख्य रूप से आपका है, मुख्य रूप से आपके पति का है या आप दोनों ने मिलकर निर्णय लिया है?  Would you say that using contraception is mainly your decision, mainly your husband's decision, or did you both decide together?	<p>MAINLY RESPONDENT ..... 1</p> <p>MAINLY HUSBAND ..... 2</p> <p>JOINT DECISION ..... 3</p> <p>OTHER ..... 6</p>																
620	CHECK 330/330A:  WOMAN OR MAN STERILIZED <input type="checkbox"/> OTHER <input type="checkbox"/>		622															
620A	CHECK 248 AND 250:  HAS HAD A HYSTERECTOMY <input type="checkbox"/> HAS NOT HAD A HYSTERECTOMY <input type="checkbox"/>		622															

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																
621	<p>क्या आपके पति उतने ही बच्चे चाहते हैं, जितना, आप चाहती हैं या वे उससे ज्यादा या कम बच्चे चाहते हैं?</p> <p>Does your husband want the same number of children that you want, or does he want more or fewer than you want?</p>	<p>SAME NUMBER ..... 1</p> <p>MORE CHILDREN ..... 2</p> <p>FEWER CHILDREN ..... 3</p> <p>DON'T KNOW ..... 8</p>																	
622	<p>पति और पत्नी हमेशा सभी चीजों पर सहमत नहीं होते हैं। कृपया मुझे बताएं यदि आप यह सोचती हैं कि पत्नी द्वारा पति को संभोग के लिए मना करना उचित है जब:</p> <p>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:</p> <p>a. वह जानती है कि उसके पति को यौन संबंधों से फैलने वाला रोग है। She knows her husband has a sexually transmitted disease.</p> <p>b. वह जानती है कि उसके पति का दूसरी महिलाओं के साथ यौन संबंध है। She knows her husband has sex with other women.</p> <p>c. वह थकी हुई है या उसका संभोग के लिए मन (मूड) नहीं है। She is tired or not in the mood.</p>	<table> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DON'T KNOW</th> </tr> </thead> <tbody> <tr> <td>HAS STD .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>OTHER WOMEN ....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>TIRED/NOT IN MOOD</td> <td>1</td> <td>2</td> <td>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 7. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																				
701	<p>अब मैं आपसे आप ही के लिए चिकित्सा संबंधी देखभाल के बारे में कुछ प्रश्न पूछना चाहूंगी। कई विभिन्न कारण हो सकते हैं जो महिलाओं को अपने लिए डॉक्टरों से सलाह लेने या इलाज कराने से रोक सकते हैं। जब आप बीमार होती हैं और डॉक्टरों से सलाह लेना या इलाज कराना चाहती हैं, तो इनमें से प्रत्येक क्या आपके लिए बड़ी समस्या है, छोटी समस्या है, या आपके लिए यह समस्या नहीं है?</p> <p>Now I would like to ask you some questions about medical care for you yourself. Many different factors can prevent women from getting medical advice or treatment for themselves. When you are sick and want to get medical advice or treatment, is each of the following a big problem, a small problem, or no problem?</p> <p>a. जाने के लिए अनुमति लेना? Getting permission to go?</p> <p>b. इलाज के लिए पैसा लेना? Getting money needed for treatment?</p> <p>c. स्वास्थ्य सुविधा तक की दूरी? The distance to the health facility?</p> <p>d. आने जाने के लिए साधन लेना? Having to take transport?</p> <p>e. अपने साथ जाने के लिए किसी को ढूँढना? Finding someone to go with you?</p> <p>f. चिंता कि वहाँ पर कोई महिला स्वास्थ्य प्रदानकर्ता नहीं होगी? Concern that there may not be a female healthcare provider?</p> <p>g. चिंता कि वहाँ पर कोई स्वास्थ्य सेवा प्रदानकर्ता ही नहीं होगी? Concern that there may not be any healthcare provider?</p> <p>h. चिंता कि वहाँ पर दवाईयां उपलब्ध नहीं होंगी? Concern that there may be no drugs available?</p>	<table> <thead> <tr> <th></th> <th>BIG PROB- LEM</th> <th>SMALL PROB- LEM</th> <th>NO PROB- LEM</th> </tr> </thead> <tbody> <tr> <td>PERMISSION ...</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>GETTING MONEY .....</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>DISTANCE .....</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>TAKING TRANSPORT .</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>FINDING SOMEONE ...</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>NO FEMALE PROVIDER ...</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>NO PROVIDER .</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>NO DRUGS .....</td> <td>1</td> <td>2</td> <td>3</td> </tr> </tbody> </table>		BIG PROB- LEM	SMALL PROB- LEM	NO PROB- LEM	PERMISSION ...	1	2	3	GETTING MONEY .....	1	2	3	DISTANCE .....	1	2	3	TAKING TRANSPORT .	1	2	3	FINDING SOMEONE ...	1	2	3	NO FEMALE PROVIDER ...	1	2	3	NO PROVIDER .	1	2	3	NO DRUGS .....	1	2	3	
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702	<p>अब मैं आपके द्वारा पिछले 12 महीनों में लिए गए किसी इंजेक्शन के बारे में आपसे कुछ प्रश्न पूछना चाहूंगी। क्या पिछले 12 महीनों में आपने किसी कारण से इंजेक्शन लगवाया था?</p> <p>IF YES: आपने कितने इंजेक्शन लगवाये थे?</p> <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"/> <input type="text"/></p> <p>NONE ..... 00</p>	→ 704																																				
703	<p>जब आपने पिछली बार इंजेक्शन लिया था तो क्या वह सीरीज एक ही बार प्रयोग करने वाला था?</p> <p>The last time you had an injection, was a disposable syringe used?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>																																					
704	<p>क्या आपको कभी खून चढ़ाया गया है?</p> <p>Have you ever had a blood transfusion?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>																																					
705	<p>क्या आजकल आप सिगरेट पीती हैं?</p> <p>Do you currently smoke cigarettes?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	→ 707																																				
706	<p>पिछले 24 घण्टों में आपने कितने सिगरेट पीए हैं?</p> <p>In the last 24 hours, how many cigarettes did you smoke?</p>	<p>CIGARETTES ..... <input type="text"/> <input type="text"/></p>																																					
707	<p>क्या आप आजकल बीड़ी पीती हैं?</p> <p>Do you currently smoke bidis?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	→ 709																																				
708	<p>पिछले 24 घण्टों में, आपने कितनी बीड़ियां पीए?</p> <p>In the last 24 hours, how many bidis did you smoke?</p>	<p>BIDIS ..... <input type="text"/> <input type="text"/></p>																																					

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
709	क्या आजकल आप किसी अन्य प्रकार से तम्बाखू पीती या प्रयोग करती हैं? Do you currently smoke or use tobacco in any other form?	YES ..... 1 NO ..... 2	→ 711
710	आजकल आप किस अन्य प्रकार से तम्बाखू पीती या प्रयोग करती हैं? किसी अन्य प्रकार से?  In what other form do you currently smoke or use tobacco? Any other form?  RECORD ALL MENTIONED.	CIGAR ..... A PIPE ..... B HOOKAH ..... C GUTKHA/PAAN MASALA WITH TOBACCO ..... D KHAINI ..... E PAAN WITH TOBACCO ..... F OTHER CHEWING TOBACCO ..... G SNUFF ..... H OTHER ..... X (SPECIFY)	
711	CHECK 705, 707, AND 709: CURRENTLY SMOKES OR USES TOBACCO  AT LEAST ONE 'YES' <input type="checkbox"/> OTHER <input type="checkbox"/>		→ 715
712	क्या आपने पिछले 12 महीने के दौरान कभी भी, धूम्रपान छोड़ने या किसी भी रूप में तम्बाकू का सेवन न करने का प्रयास किया है? During the past 12 months, have you ever tried to stop smoking or using tobacco in any other form?	YES ..... 1 NO ..... 2	
713	पिछले 12 महीनों में क्या आपने किसी चिकित्सक अथवा अन्य स्वास्थ्य सेवा प्रदानकर्ता से मिली है? In the last 12 months, have you visited a doctor or other health care provider?	YES ..... 1 NO ..... 2	→ 715
714	इन मुलाकातों के दौरान, क्या आपको धूम्रपान छोड़ने या किसी भी रूप में तम्बाकू का सेवन न करने का सुझाव मिला?  During any of these visits, were you advised to quit smoking or using tobacco in any other form?	YES ..... 1 NO ..... 2	
715	पिछले 30 दिनों में, (आपके अलावा) किसी ने आपके घर में अथवा कहीं अन्य स्थान पर धूम्रपान किया जब आप उपस्थित थीं? In the last 30 days, did someone smoke (other than you) in your home or anywhere else when you were present?	YES ..... 1 NO ..... 2	
716	क्या आप शराब पीती हैं? Do you drink alcohol?	YES ..... 1 NO ..... 2	→ 719
717	प्रायः आप कितनी बार शराब पीती हैं: लगभग हर रोज़, लगभग हफ्ते में एक बार या हफ्ते में एक बार से कम? How often do you drink alcohol: almost every day, about once a week or less than once a week?	ALMOST EVERY DAY ..... 1 ABOUT ONCE A WEEK ..... 2 LESS THAN ONCE A WEEK ..... 3	
718	प्रायः आप किस प्रकार की शराब का सेवन करते हैं? What type of alcohol do you usually drink?  RECORD ALL MENTIONED.	TADI MADI ..... A COUNTRY LIQUOR ..... B BEER ..... C WINE ..... D HARD LIQUOR ..... E OTHER ..... X (SPECIFY)	
719	क्या आपने कभी ऐसी बीमारी के बारे में सुना है जिसे तपेदिक या टी बी कहते हैं? Have you ever heard of an illness called tuberculosis or TB?	YES ..... 1 NO ..... 2	→ 723

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																							
720	<p>तपेदिक [टी बी] एक व्यक्ति से दूसरे व्यक्ति को किस प्रकार फैलता है? PROBE: किसी अन्य तरह से?</p> <p>How does tuberculosis spread from one person to another? Any other ways?</p> <p>RECORD ALL MENTIONED.</p>	<p>THROUGH THE AIR WHEN COUGHING OR SNEEZING . . . . . A THROUGH SHARING UTENSILS . . . . . B THROUGH TOUCHING A PERSON WITH TB . . . . . C THROUGH FOOD . . . . . D THROUGH SEXUAL CONTACT . . . . . E THROUGH MOSQUITO BITES . . . . . F OTHER _____ X (SPECIFY) DON'T KNOW . . . . . Z</p>																																								
721	<p>क्या तपेदिक [टी बी] को ठीक किया जा सकता है? Can tuberculosis be cured?</p>	<p>YES . . . . . 1 NO . . . . . 2 DON'T KNOW . . . . . 8</p>																																								
722	<p>यदि आपके परिवार के किसी सदस्य को तपेदिक (टी बी) हो जाती है तो क्या आप इसे गुप्त रखना चाहेंगी या नहीं? If a member of your family got tuberculosis, would you want it to remain a secret or not?</p>	<p>YES, REMAIN A SECRET . . . . . 1 NO . . . . . 2 DON'T KNOW/NOT SURE/ DEPENDS . . . . . 8</p>																																								
723	<p>A क्या आजकल आपको _____ है: Do you currently have:</p> <p>a. मधुमेह [डायबिटीज]? Diabetes?</p> <p>b. दमा [अस्थमा]? Asthma?</p> <p>c. गलगण्ड या अन्य थाइराइड संबंधी विकार? Goiter or any other thyroid disorder?</p> <p>d. कोई हृदय रोग? Any heart disease?</p> <p>e. कैंसर? Cancer?</p>	<p>B क्या आपने इसका इलाज करवाया? Have you sought treatment for this problem?</p> <table border="1"> <thead> <tr> <th>CURRENTLY HAVE</th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>YES 1 →</td> <td>1</td> <td>2</td> </tr> <tr> <td>NO 2 ↘</td> <td></td> <td></td> </tr> <tr> <td>DK 8 ↘</td> <td></td> <td></td> </tr> <tr> <td>YES 1 →</td> <td>1</td> <td>2</td> </tr> <tr> <td>NO 2 ↘</td> <td></td> <td></td> </tr> <tr> <td>DK 8 ↘</td> <td></td> <td></td> </tr> <tr> <td>YES 1 →</td> <td>1</td> <td>2</td> </tr> <tr> <td>NO 2 ↘</td> <td></td> <td></td> </tr> <tr> <td>DK 8 ↘</td> <td></td> <td></td> </tr> <tr> <td>YES 1 →</td> <td>1</td> <td>2</td> </tr> <tr> <td>NO 2 ↘</td> <td></td> <td></td> </tr> <tr> <td>DK 8 ↘</td> <td></td> <td></td> </tr> </tbody> </table>	CURRENTLY HAVE	YES	NO	YES 1 →	1	2	NO 2 ↘			DK 8 ↘			YES 1 →	1	2	NO 2 ↘			DK 8 ↘			YES 1 →	1	2	NO 2 ↘			DK 8 ↘			YES 1 →	1	2	NO 2 ↘			DK 8 ↘			
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724	<p>क्या आप किसी स्वास्थ्य योजना या स्वास्थ्य बीमा के अंतर्गत आती है? Are you covered by any health scheme or any health insurance ?</p>	<p>YES . . . . . 1 NO . . . . . 2</p>	→ 726																																							

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725	<p>स्वास्थ्य योजना या स्वास्थ्य बीमा किस प्रकार का है? अन्य किसी प्रकार का? What type of health scheme or health insurance? Any other type?</p> <p>RECORD ALL MENTIONED.</p>	<p>EMPLOYEES STATE INSURANCE SCHEME (ESIS) . . . . . A CENTRAL GOVERNMENT HEALTH SCHEME (CGHS) . . . . . B STATE HEALTH INSURANCE SCHEME . . . . . C RASHTRIYA SWASTHYA BIMA YOJANA . . . . . D COMMUNITY HEALTH INSURANCE PROGRAMME . . . . . E OTHER HEALTH INSURANCE THROUGH EMPLOYER . . . . . F MEDICAL REIMBURSEMENT FROM EMPLOYER . . . . . G OTHER PRIVATELY PURCHASED COMMERCIAL HEALTH INSURANCE H OTHER _____ X (SPECIFY)</p>																																																			
726	<p>आप स्वयं निम्नलिखित खाद्य पदार्थों को प्रायः कितनी बार खाती हैं: रोजाना, हफ्ते में एकबार, कभी-कभी, या कभी नहीं खाते हैं? How often do you yourself eat the following food items: daily, weekly, occasionally, or never?</p> <p>a. दूध या दही? Milk or curd? b. दालें या फलियाँ? Pulses or beans? c. गहरी हरे पत्तेदार सब्जियाँ? Dark green leafy vegetables? d. फल? Fruits? e. अण्डे? Eggs? f. मछली? Fish? g. मुर्गी या गोश्त? Chicken or meat? h. तला हुआ खाद्य पदार्थ? Fried foods? i. शीत पेय Aerated drinks?</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> <tr> <td>h.</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> <tr> <td>i.</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	h.	1	2	3	4	i.	1	2	3	4	
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727	<p>क्या आपने निम्नलिखित की कभी जाँच करवायी? Have you ever undergone:</p> <p>a. ग्रीवा [सर्विक्स] संबंधित जाँच? A cervix examination? b. स्तन की जाँच? A breast examination? c. मुँह की जाँच? An oral cavity examination?</p>	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>a. CERVIX EXAMINATION . . . . .</td> <td>1</td> <td>2</td> </tr> <tr> <td>b. BREAST EXAMINATION . . . . .</td> <td>1</td> <td>2</td> </tr> <tr> <td>c. ORAL CAVITY EXAMINATION . . . . .</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	a. CERVIX EXAMINATION . . . . .	1	2	b. BREAST EXAMINATION . . . . .	1	2	c. ORAL CAVITY EXAMINATION . . . . .	1	2																																							
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728	<p>CHECK COVER PAGE: HOUSEHOLD SELECTED FOR STATE MODULE?</p> <p>NO <input type="checkbox"/></p> <p>YES <input type="checkbox"/></p>		<p>1140</p> <p>801</p>																																																		

SECTION 8. SEXUAL LIFE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
801	<p>CHECK 315 AND 316:</p> <p>HAS NOT HAD SEXUAL INTERCOURSE <input type="checkbox"/> (315 = '2' OR 316 = '00')</p>	<p>HAS HAD SEXUAL INTERCOURSE <input type="checkbox"/></p>	819								
802	<p>CHECK FOR THE PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY. READ TO RESPONDENTS:</p> <p>अब मैं आपसे संबंधों और लैंगिक जीवन के बारे में कुछ और सवाल पूछना चाहूंगी। मैं आपको फिर से विश्वास दिलाती हूँ कि आपके उत्तर पूरी तरह से गोपनीय रखे जायेंगे और किसी को नहीं बताये जायेंगे। अगर आप किसी प्रश्न का उत्तर नहीं देना चाहे तो मुझे बताये, मैं अगले प्रश्न पर चली जाऊँगी।</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>										
803	<p>CHECK 103:</p> <p>15-24 YEARS OLD <input type="checkbox"/></p> <p>25-49 YEARS OLD <input type="checkbox"/></p>		805								
804	<p>जब आपने पहली बार संभोग किया तो क्या कंडोम [निरोध] का इस्तेमाल किया गया था?</p> <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>									
805	<p>आपने आखिरी बार संभोग कब किया था?</p> <p>When was the last 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 OR MORE, ANSWER MUST BE RECORDED IN YEARS.</p>	<p>DAYS AGO ..... 1</p> <p>WEEKS AGO ..... 2</p> <p>MONTHS AGO ..... 3</p> <p>YEARS AGO ..... 4</p>	<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> <p>→ 807</p> <p>→ 818</p>								

NO.	QUESTIONS AND FILTERS	LAST SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER																
806	<p>आपने इस अन्य व्यक्ति के साथ आखिरी बार संभोग कब किया था?</p> <p>When was the last time you had sexual intercourse with this other person?</p>		<p>DAYS AGO ..... 1</p> <p>WEEKS AGO ..... 2</p> <p>MONTHS AGO ..... 3</p> <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> </table>																
807	<p>आपने आखिरी बार जब (इस अन्य व्यक्ति के साथ) संभोग किया था तो क्या निरोध का इस्तेमाल किया गया था?</p> <p>The last time you had sexual intercourse (with this other person), was a condom used?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>(SKIP TO 809) ←</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>(SKIP TO 809) ←</p>																
808	<p>पिछले 12 महीनों में इस व्यक्ति के साथ संभोग करते समय प्रत्येक बार क्या आपने कंडोम [निरोध] का इस्तेमाल किया है?</p> <p>Was a condom used every time you had sexual intercourse with this person in the last 12 months?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>																
809	<p>इस व्यक्ति का आपसे क्या संबंध था?</p> <p>What was this person's relationship to you?</p>	<p>HUSBAND ..... 01</p> <p>LIVE-IN PARTNER ..... 02</p> <p>BOYFRIEND NOT LIVING WITH RESPONDENT ..... 03</p> <p>OTHER FRIEND ..... 04</p> <p>RELATIVE ..... 05</p> <p>CASUAL ACQUAINTANCE ..... 06</p> <p>SEX WORKER/CLIENT ..... 07</p> <p>OTHER ..... 96</p> <p>(SPECIFY)</p> <p>(SKIP TO 812) ←</p>	<p>HUSBAND ..... 01</p> <p>LIVE-IN PARTNER ..... 02</p> <p>BOYFRIEND NOT LIVING WITH RESPONDENT ..... 03</p> <p>OTHER FRIEND ..... 04</p> <p>RELATIVE ..... 05</p> <p>CASUAL ACQUAINTANCE ..... 06</p> <p>SEX WORKER/CLIENT ..... 07</p> <p>OTHER ..... 96</p> <p>(SPECIFY)</p> <p>(SKIP TO 812) ←</p>																
810	CHECK 307:	<p>MARRIED ONLY ONCE</p> <p>↓</p> <p>MARRIED MORE THAN ONCE</p> <p>(SKIP TO 812) ←</p>	<p>MARRIED ONLY ONCE</p> <p>↓</p> <p>MARRIED MORE THAN ONCE</p> <p>(SKIP TO 812) ←</p>																
811	CHECK 316:	<p>FIRST TIME WHEN STARTED LIVING WITH FIRST HUSBAND</p> <p>↓</p> <p>(SKIP TO 813)</p> <p>OTHER</p> <p>↓</p>	<p>FIRST TIME WHEN STARTED LIVING WITH FIRST HUSBAND</p> <p>↓</p> <p>(SKIP TO 813)</p> <p>OTHER</p> <p>↓</p>																
812	<p>कितने समय पहले आपने अपना पहला संभोग (पिछले से पहले वाले) इस साथी के साथ किया?</p> <p>How long ago did you first have sexual intercourse with this (second-to-last) person?</p>	<p>DAYS AGO ..... 1</p> <p>WEEKS AGO ..... 2</p> <p>MONTHS AGO ..... 3</p> <p>YEARS AGO ..... 4</p> <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>									<p>DAYS AGO ..... 1</p> <p>WEEKS AGO ..... 2</p> <p>MONTHS AGO ..... 3</p> <p>YEARS AGO ..... 4</p> <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>								

NO.	QUESTIONS AND FILTERS	LAST SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER
813	<p>पिछले 12 महीनों में, आपने इस व्यक्ति के साथ कितनी बार संभोग किया?</p> <p>How many times during the last 12 months did you have sexual intercourse with this person?</p> <p>IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.</p> <p>IF NUMBER OF TIMES IS 95 OR MORE, WRITE '95'.</p>	<p>NUMBER OF TIMES ..... <input type="text"/> <input type="text"/></p>	<p>NUMBER OF TIMES ..... <input type="text"/> <input type="text"/></p>
814	CHECK 103:	<p>AGE 15-24 <input type="checkbox"/> AGE 25-49 <input type="checkbox"/></p> <p>(SKIP TO 816) ←</p>	<p>AGE 15-24 <input type="checkbox"/> AGE 25-49 <input type="checkbox"/></p> <p>(SKIP TO 817) ←</p>
815	<p>इस व्यक्ति की उम्र कितनी है?</p> <p>How old is this person?</p>	<p>AGE OF PARTNER ..... <input type="text"/> <input type="text"/></p> <p>DON'T KNOW ..... 98</p>	<p>AGE OF PARTNER ..... <input type="text"/> <input type="text"/></p> <p>DON'T KNOW ..... 98</p>
816	<p>इस व्यक्ति के अलावा, क्या पिछले 12 महीनों में आपने किसी अन्य व्यक्ति के साथ संभोग किया है?</p> <p>Apart from this person, have you had sexual intercourse with any other person in the last 12 months?</p>	<p>YES ..... 1</p> <p>(GO BACK TO 806 IN NEXT COLUMN) ←</p> <p>NO ..... 2</p> <p>(SKIP TO 818) ←</p>	
817	<p>पिछले 12 महीनों में कुल मिलाकर आपने कितने व्यक्तियों के साथ संभोग किया है?</p> <p>In total, with how many different people have you had sexual intercourse in the last 12 months?</p> <p>IF NON-NUMERIC, PROBE TO GET AN ESTIMATE.</p> <p>IF NUMBER OF PARTNERS IS 95 OR MORE, WRITE '95'.</p>		<p>NUM. OF PARTNERS IN LAST 12 MONTHS . <input type="text"/> <input type="text"/></p> <p>DON'T KNOW ..... 98</p>

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP												
818	<p>आपने अपने जीवनकाल में कुल मिलाकर कितने व्यक्तियों के साथ संभोग किया है?</p> <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>													
819	<p>PRESENCE OF OTHERS DURING THIS SECTION</p>	<table> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>CHILDREN &lt;10 .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>MALE ADULTS .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>FEMALE ADULTS .....</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	CHILDREN <10 .....	1	2	MALE ADULTS .....	1	2	FEMALE ADULTS .....	1	2	
	YES	NO													
CHILDREN <10 .....	1	2													
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FEMALE ADULTS .....	1	2													
820	<p>क्या आपको उस स्थान के बारे में जानकारी है जहां से कोई व्यक्ति निरोध प्राप्त कर सकता है?</p> <p>Do you know of a place where a person can get condoms?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	→ 901												
821	<p>वह स्थान कहां है? कोई अन्य स्थान?</p> <p>Where is that? Any other place?</p> <p>RECORD ALL SOURCES MENTIONED.</p> <p>IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTRE, OR CLINIC IS PUBLIC OR PRIVATE HEALTH SECTOR, WRITE THE NAME OF THE PLACE(S).</p> <p>_____</p> <p>(NAME OF FACILITY/PLACE(S))</p>	<p><b>PUBLIC HEALTH SECTOR</b></p> <p>GOVT./MUNICIPAL HOSPITAL ... A</p> <p>VAIDYA/HAKIM/HOMEOPATH (AYUSH) ..... B</p> <p>GOVT. DISPENSARY ..... C</p> <p>UHC/UHP/UFWC ..... D</p> <p>CHC/RURAL HOSPITAL/ BLOCK PHC ..... E</p> <p>PHC/ADDITIONAL PHC ..... F</p> <p>SUB-CENTRE/ANM ..... G</p> <p>GOVT. MOBILE CLINIC ..... H</p> <p>CAMP ..... I</p> <p>ANGANWADI/ICDS CENTRE ..... J</p> <p>ASHA ..... K</p> <p>OTHER COMMUNITY BASED WORKER ..... L</p> <p>OTHER PUBLIC HEALTH SECTOR _____ M</p> <p>(SPECIFY)</p> <p>NGO OR TRUST HOSPITAL/ CLINIC ..... N</p> <p><b>PRIVATE HEALTH SECTOR</b></p> <p>PRIVATE HOSPITAL/CLINIC/ DOCTOR ..... O</p> <p>PRIVATE PARAMEDIC ..... P</p> <p>PVT. MOBILE CLINIC ..... Q</p> <p>VAIDYA/HAKIM/HOMEOPATH (AYUSH) ..... R</p> <p>TRADITIONAL HEALER ..... S</p> <p>PHARMACY/DRUGSTORE ..... T</p> <p>DAI (TBA) ..... U</p> <p>OTHER PRIVATE HEALTH SECTOR _____ V</p> <p>(SPECIFY)</p> <p><b>OTHER SOURCE</b></p> <p>RATION SHOP ..... W</p> <p>OTHER SHOP ..... X</p> <p>VENDING MACHINE ..... Y</p> <p>OTHER _____ Z</p> <p>(SPECIFY)</p>													
822	<p>यदि आप चाहती हैं तो क्या आप स्वयं निरोध प्राप्त कर सकती हैं?</p> <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 9. HUSBAND'S BACKGROUND AND WOMAN'S WORK**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
901	<p>CHECK 301:</p> <p align="center">NEVER MARRIED OR MARRIED, GAUNA NOT PERFORMED</p> <p>CURRENTLY MARRIED <input type="checkbox"/> <span style="margin-left: 150px;"><input type="checkbox"/></span> <span style="margin-left: 150px;">OTHER <input type="checkbox"/></span></p>		<p>→ 909</p> <p>→ 903</p>
902	<p>आपके पति की उनके पिछले जन्मदिन पर आयु क्या थी? How old was your husband on his last birthday?</p>	<p>AGE IN COMPLETED YEARS ... <input type="text"/> <input type="text"/></p>	
903	<p>क्या आपके (पिछले) पति कभी स्कूल गए हैं/थे? Did your (last) husband ever attend school?</p>	<p>YES ..... 1 NO ..... 2</p>	→ 905
904	<p>उन्होंने कौन-सा उच्चतम दर्जा पास किया था? What was the highest standard he completed?</p>	<p>STANDARD ..... <input type="text"/> <input type="text"/> DON'T KNOW ..... 98</p>	
905	<p>CHECK 901:</p> <p>CURRENTLY MARRIED <input type="checkbox"/> <span style="margin-left: 100px;">OTHER <input type="checkbox"/></span></p> <p>a. आपके पति का व्यवसाय क्या है? अर्थात् मुख्य रूप से वे किस प्रकार का काम करते हैं? What is your husband's occupation? That is, what kind of work does he mainly do?</p> <p>b. आपके (पिछले) पति का व्यवसाय क्या था? अर्थात् ,मुख्य रूप से वे किस प्रकार का काम करते थे? What was your (last) husband's occupation? That is, what kind of work did he mainly do?</p>	<p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p>	
906	<p>CHECK 901:</p> <p>CURRENTLY MARRIED <input type="checkbox"/> <span style="margin-left: 150px;">OTHER <input type="checkbox"/></span></p>		→ 909
907	<p>पिछले 12 महीनों में क्या आपके पति लगातार एक महीने या उससे अधिक समय के लिए घर से बाहर रहे है? In the last 12 months, has your husband been away from home for one month or more at a time?</p>	<p>YES ..... 1 NO ..... 2</p>	→ 909
908	<p>पिछले 12 महीनों में क्या आपके पति लगातार 6 महीने या उससे अधिक समय के लिए घर से बाहर रहे है? In the last 12 months, has your husband been away from home for six months or more at a time?</p>	<p>YES ..... 1 NO ..... 2</p>	
909	<p>आपके अपने घरेलू काम के अलावा, क्या पिछले सात दिनों में आपने कोई काम किया है? Aside from your own housework, have you done any work in the last seven days?</p>	<p>YES ..... 1 NO ..... 2</p>	→ 913
910	<p>जैसा कि आप जानती हैं, कुछ महिलाएं ऐसे काम करती हैं जिनके लिए उन्हें नगद या किसी चीज के रूप में भुगतान दिया जाता है, अन्य महिलाएं सामान बेचती हैं, छोटा व्यापार करती हैं, अथवा घर की खेती या घर के व्यापार में हाथ बंटाती हैं। पिछले सात दिनों में, क्या आपने इनमें से कोई काम या कोई और काम किया है? 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>	<p>YES ..... 1 NO ..... 2</p>	→ 913

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
911	यद्यपि आपने पिछले सात दिनों में काम नहीं किया तो भी क्या आपके पास कोई नौकरी या व्यापार है जिससे आप छुट्टी, बीमारी, अवकाश, प्रसूति छुट्टी या किसी अन्य ऐसे कारण से अनुपस्थित थीं? Although you did not work in the last seven days, do you have any job or business from which you were absent for leave, illness, vacation, maternity leave or any other such reason?	YES ..... 1 NO ..... 2	→ 913
912	पिछले 12 महीनों में क्या आपने कोई काम किया है? Have you done any work in the last 12 months?	YES ..... 1 NO ..... 2	→ 917
913	आपका व्यवसाय क्या है, अर्थात् मुख्यतः आप किस प्रकार का काम करती हैं? What is your occupation, that is, what kind of work do you mainly do?	<input type="text"/> <input type="text"/>	
914	क्या आप यह काम अपने परिवार के सदस्य के लिए या किसी अन्य के लिए करती हैं या आपका खुद का व्यवसाय है? Do you do this work for a member of your family, for someone else, or are you self-employed?	FOR FAMILY MEMBER ..... 1 FOR SOMEONE ELSE ..... 2 SELF-EMPLOYED ..... 3	
915	क्या आप सामान्यतः पूरे वर्ष में काम करती हैं, किसी विशेष मौसम में काम करती हैं या केवल कभी-कभार ही काम करती हैं? Do you usually work throughout the year, or do you work seasonally, or only once in a while?	THROUGHOUT THE YEAR ..... 1 SEASONALLY/PART OF THE YEAR ... 2 ONCE IN A WHILE ..... 3	
916	इस काम के लिए क्या आपको नगद भुगतान किया जाता है या कोई वस्तु मिलती है, या कुछ भी नहीं दिया जाता है? Are you paid in cash or kind for this work, or are you not paid at all?	CASH ONLY ..... 1 CASH AND KIND ..... 2 IN KIND ONLY ..... 3 NOT PAID ..... 4	
917	पिछले 12 महीनों में क्या आप लगातार एक महीने या उससे अधिक समय के लिए घर (माता-पिता/सास-ससुर के घर के अतिरिक्त) से दूर रही है? In the last 12 months, have you been away from home other than parental/in-laws home for one month or more at a time?	YES ..... 1 NO ..... 2	→ 919
918	पिछले 12 महीनों में क्या आप लगातार 6 महीने या उससे अधिक समय के लिए घर (माता-पिता/सास-ससुर के घर के अतिरिक्त) से दूर रही है? In the last 12 months, have you been away from home other than parental/in-laws home for six months or more at a time?	YES ..... 1 NO ..... 2	
919	CHECK 301: MARITAL STATUS CURRENTLY MARRIED <input type="checkbox"/> OTHER <input type="checkbox"/>		→ 927
920	CHECK 916: CASH EARNINGS CODE '1' OR '2' CIRCLED <input type="checkbox"/> OTHER <input type="checkbox"/>		→ 923
921	आपके द्वारा कमाए गए रुपये-पैसों का उपयोग किस तरह किया जाए इसका निर्णय कौन करता है: मुख्यतः आप, मुख्यतः आपके पति या आप और आपके पति मिलकर? Who decides how the money you earn will be used: mainly you, mainly your husband, or you and your husband jointly?	RESPONDENT ..... 1 HUSBAND ..... 2 RESPONDENT AND HUSBAND JOINTLY ..... 3 OTHER ..... 6	
922	क्या आप यह कहेंगी कि आप जो रुपये-पैसे कमाती हैं वह आपके पति जो कमाते हैं उससे अधिक है, कम है या लगभग उतना ही है? Would you say that the money that you earn is more than what your husband earns, less than what he earns, or about the same?	MORE THAN HUSBAND ..... 1 LESS THAN HUSBAND ..... 2 ABOUT THE SAME ..... 3 HUSBAND HAS NO EARNINGS ..... 4 DON'T KNOW ..... 8	→ 924

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																
923	आपके पति द्वारा कमाए गए रुपये-पैसों का उपयोग किस तरह किया जाए इसका निर्णय कौन करता है: मुख्यतः आप, मुख्यतः आपके पति या आप और आपके पति मिलकर? Who decides how your husband's earnings will be used: mainly you, mainly your husband, or you and your husband jointly?	RESPONDENT ..... 1 HUSBAND ..... 2 RESPONDENT AND HUSBAND JOINTLY ..... 3 HUSBAND HAS NO EARNINGS ..... 4 OTHER ..... 6																	
924	आपके अपने स्वास्थ्य की देखभाल के बारे में आमतौर पर कौन निर्णय लेता है: मुख्यतः आप, मुख्यतः आपके पति, आप और आपके पति मिलकर या और कोई? Who usually makes decisions about health care for yourself: mainly you, mainly your husband, you and your husband jointly, or someone else?	RESPONDENT ..... 1 HUSBAND ..... 2 RESPONDENT AND HUSBAND JOINTLY ..... 3 SOMEONE ELSE ..... 4 OTHER ..... 6																	
925	घर के महीने सामानों की खरीददारी के बारे में निर्णय आमतौर पर कौन लेता है: मुख्यतः आप, मुख्यतः आपके पति, आप और आपके पति मिलकर या और कोई? Who usually makes decisions about making major household purchases: mainly you, mainly your husband, you and your husband jointly, or someone else?	RESPONDENT ..... 1 HUSBAND ..... 2 RESPONDENT AND HUSBAND JOINTLY ..... 3 SOMEONE ELSE ..... 4 OTHER ..... 6																	
926	आपके मायके के परिवार या रिश्तेदारों के पास जाने के बारे में आमतौर पर कौन निर्णय लेता है: मुख्यतः आप, मुख्यतः आपके पति, आप और आपके पति मिलकर या और कोई? Who usually makes decisions about visits to your family or relatives: mainly you, mainly your husband, you and your husband jointly, or someone else?	RESPONDENT ..... 1 HUSBAND ..... 2 RESPONDENT AND HUSBAND JOINTLY ..... 3 SOMEONE ELSE ..... 4 OTHER ..... 6																	
927	क्या आपके अपने पास कोई रूपया-पैसा है जिसका उपयोग कैसे करना है इस बारे में आप अकेले निर्णय ले सकती हैं? Do you have any money of your own that you alone can decide how to use?	YES ..... 1 NO ..... 2																	
928	क्या आपको इन स्थानों पर सामान्यतः अकेले जाने की या केवल किसी के साथ जाने की अनुमति है, या बिल्कुल अनुमति नहीं है? Are you usually allowed to go to the following places alone, only with someone else, or not at all?  a. बाजार में? To the market? b. स्वास्थ्य सुविधा में? To the health facility? c. (गांव/समुदाय) के बाहर के स्थान पर? To places outside this (village/community)?	<table border="0"> <thead> <tr> <th></th> <th>ALONE</th> <th>WITH SOMEONE ELSE ONLY</th> <th>NOT AT ALL</th> </tr> </thead> <tbody> <tr> <td>MKT ..... 1</td> <td>2</td> <td>3</td> <td></td> </tr> <tr> <td>HEALTH ..... 1</td> <td>2</td> <td>3</td> <td></td> </tr> <tr> <td>OUT ..... 1</td> <td>2</td> <td>3</td> <td></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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929	क्या आपके पास बैंक या बचत खाता है जिसका आप खुद इस्तेमाल करती हैं? Do you have a bank or savings account that you yourself use?	YES ..... 1 NO ..... 2																	
930	क्या आपके पास कोई अपना मोबाइल फोन है, जिसका उपयोग आप खुद करती हैं? Do you have any mobile phone that you yourself use?	YES ..... 1 NO ..... 2	→ 931																
930A	CHECK 106: EDUCATION STANDARD 0-5 <input type="checkbox"/> OR BLANK STANDARD 6 AND ABOVE <input type="checkbox"/>		→ 930C																
930B	CHECK 108: LITERACY CODE '2', '3' OR '4' CIRCLED <input type="checkbox"/> CODE '1' OR '5' CIRCLED <input type="checkbox"/>		→ 931																
930C	क्या आप लिखा हुआ संदेश (SMS) पढ़ सकते हैं? Are you able to read text (SMS) messages?	YES ..... 1 NO ..... 2																	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																
931	क्या आप अकेले या संयुक्त रूप से इस घर के या किसी अन्य घर के मालिक हैं? Do you own this or any other house either alone or jointly with someone else?	ALONE ONLY ..... 1 JOINTLY ONLY ..... 2 BOTH ALONE AND JOINTLY ..... 3 DOES NOT OWN ..... 4																																	
932	क्या आप अकेले या संयुक्त रूप से किसी भी जमीन के मालिक हैं? Do you own any land either alone or jointly with someone else?	ALONE ONLY ..... 1 JOINTLY ONLY ..... 2 BOTH ALONE AND JOINTLY ..... 3 DOES NOT OWN ..... 4																																	
933	क्या आप इस क्षेत्र में किसी ऐसे कार्यक्रम के बारे में जानती हैं जिसमें महिलाओं को उनका अपना व्यापार शुरू करने या उसे बढ़ाने के लिए कर्ज दिया जाता है? 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	→ 935																																
934	क्या आपने कभी अपना व्यापार शुरू करने या उसे बढ़ाने के लिए, ऐसे किसी कार्यक्रम से नगद या वस्तु के रूप में स्वयं कभी कर्ज लिया है? 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																																	
935	PRESENCE OF OTHERS AT THIS POINT (PRESENT AND LISTENING, PRESENT BUT NOT LISTENING, OR NOT PRESENT)	<table border="1"> <thead> <tr> <th></th> <th colspan="3">PRES./</th> </tr> <tr> <th></th> <th>PRES./</th> <th>NOT</th> <th>NOT</th> </tr> <tr> <th></th> <th>LISTEN.</th> <th>LISTEN.</th> <th>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./				PRES./	NOT	NOT		LISTEN.	LISTEN.	PRES.	CHILDREN < 10 ...	1	2	3	HUSBAND .....	1	2	3	OTHER MALES ...	1	2	3	OTHER FEMALES .	1	2	3					
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936	आपकी राय में, क्या इन परिस्थितियों में पति द्वारा पत्नी को मारना-पीटना उचित है: In your opinion, is a husband justified in hitting or beating his wife in the following situations: a. यदि वह पति को बिना बताए कहीं बाहर जाती है? If she goes out without telling him? b. यदि वह घर या बच्चों पर ध्यान नहीं देती है? If she neglects the house or the children? c. यदि वह पति के साथ बहस करती है? If she argues with him? d. यदि वह पति के साथ शारिरीक संबंध के लिए मना करती है? If she refuses to have sex with him? e. यदि वह ठीक तरह से खाना नहीं पकाती है? If she doesn't cook food properly? f. यदि पति उसके चाल-चलन पर सन्देह करता हो? If he suspects her of being unfaithful? g. यदि वह ससुराल वालों का अनादर करती है? If she shows disrespect for in-laws?	<table border="1"> <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 10. HIV/AIDS AND OTHER SEXUALLY TRANSMITTED INFECTIONS**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1001	अब मैं आपसे किसी अन्य विषय के बारे में बातचीत करना चाहूँगी। क्या आपने कभी ऐसी बीमारी के बारे में सुना है जिसे एड्स कहते हैं? Now I would like to talk about something else. Have you ever heard of an illness called AIDS?	YES ..... 1 NO ..... 2	
1002	क्या आपने कभी एच आइ वी के बारे में सुना है? Have you ever heard of HIV?	YES ..... 1 NO ..... 2	
1003	CHECK 1001 AND 1002: KNOWS ABOUT HIV/AIDS AT LEAST <input type="checkbox"/> ONE 'YES' ↓	OTHER <input type="checkbox"/> →	1047
1004	किन सूचना माध्यमों से आपने एड्स के विषय में जाना है? कोई अन्य माध्यम?  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)	
1005	क्या लोग एच आइ वी/एड्स से संक्रमित होने की संभावना को कम कर सकते हैं यदि वे केवल एक ही ऐसे यौन साथी से संबंध रखें, जिसे खुद एच आइ वी/एड्स ना हो और जिसका कोई दूसरा यौन साथी ना हो? 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	
1006	क्या व्यक्ति को मच्छर के काटने से एच आइ वी/एड्स हो सकता है? Can people get HIV/AIDS from mosquito bites?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
1007	क्या व्यक्ति जब भी संभोग करे तो प्रत्येक बार निरोध का इस्तेमाल करके एच आइ वी/एड्स होने की संभावना को कम कर सकता है? 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	
1008	क्या लोगों को खून या खून के पदार्थ चढ़ाने से एच आइ वी/एड्स हो सकता है? Can people get HIV/AIDS from blood products or blood transfusions?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
1009	क्या सुई से नशा लेने पर एच आइ वी/एड्स हो सकता है? Can people get HIV/AIDS by injecting drugs?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
1010	क्या एड्स से पीड़ित व्यक्ति के साथ खाना खाने से किसी व्यक्ति को एच आइ वी/एड्स हो सकता है? Can people get HIV/AIDS by sharing food with a person who has AIDS?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
1011	क्या कोई अन्य उपाय है जिससे व्यक्ति एच आइ वी/एड्स होने की संभावना को टाल या कम कर सकता है? 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	1013

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																
1012	<p>व्यक्ति क्या कर सकता है? कोई अन्य उपाय?</p> <p>What can a person do? 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>																	
1013	<p>क्या यह संभव है कि किसी स्वस्थ दिखने वाले व्यक्ति को एच आइ वी/एड्स हो?</p> <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>																	
1014	<p>क्या एच आइ वी/एड्स माँ से उसके बच्चे को हो सकता है: Can HIV/AIDS be transmitted from a mother to her baby:</p> <p>a. गर्भावस्था के दौरान? During pregnancy?</p> <p>b. बच्चे के जन्म के दौरान? During delivery?</p> <p>c. स्तनपान के द्वारा? By breastfeeding?</p>	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>DURING PREGNANCY .</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>DURING DELIVERY ...</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>BREASTFEEDING .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DK	DURING PREGNANCY .	1	2	8	DURING DELIVERY ...	1	2	8	BREASTFEEDING .....	1	2	8	
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1015	<p>CHECK 1014:</p> <p>AT LEAST <input type="checkbox"/>  ONE 'YES' ↓</p> <p>OTHER <input type="checkbox"/> → 1017</p>																		
1016	<p>क्या कोई ऐसी विशेष चिकित्सा है जो डॉक्टर या नर्स एच आइ वी/एड्स से संक्रमित महिला को देकर एच आइ वी/एड्स को माता से बच्चे में जाने के खतरे को कम कर सकता है? 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>																	
1017	<p>क्या आपने विशेष 'एन्टी-रिट्रोवायरल ड्रग्स' (USE LOCAL NAME(S)) के बारे में सुना है जिसे एच आइ वी/एड्स से संक्रमित व्यक्ति अपने जीवन की अवधि बढ़ाने के लिए डॉक्टर या नर्स से प्राप्त कर सकते हैं? 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>																	
1018	<p>CHECK 208 AND 215:</p> <p>NO BIRTHS <input type="checkbox"/> → 1033</p> <p>LAST BIRTH SINCE <input type="checkbox"/> JANUARY 2014 ↓</p> <p>LAST BIRTH BEFORE <input type="checkbox"/> JANUARY 2014 → 1033</p>																		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																
1019	CHECK 413 FOR LAST BIRTH:  HAD ANTENATAL CARE <input type="checkbox"/>	NO ANTENATAL CARE <input type="checkbox"/>	→ 1027																
1020	CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.																		
1021	आपके आखरी बच्चे के प्रसवपूर्व जाँच के दौरान निम्नलिखित से संबंधित कोई भी सूचना दी गई थी: During any of the antenatal visits for your last birth were you given any information about:  a. मां से बच्चों को एच आइ वी/एड्स का संक्रमण? Babies getting HIV/AIDS from their mother? b. आप एच आइ वी/ एड्स को होने से रोकने के लिए क्या कर सकते हैं? Things that you can do to prevent getting HIV/AIDS? c. आप एच आइ वी/एड्स के लिए जाँच करा सकते हैं? Getting tested for HIV/AIDS?	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>AIDS FROM MOTHER . . .</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>THINGS TO DO . . . . .</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>TESTED FOR AIDS . . . . .</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DK	AIDS FROM MOTHER . . .	1	2	8	THINGS TO DO . . . . .	1	2	8	TESTED FOR AIDS . . . . .	1	2	8	
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1022	प्रसवपूर्व देखभाल के दौरान क्या आपको एच आइ वी / एड्स की जाँच कराने के लिए कहा गया था? Were you offered a test for HIV/AIDS as part of your antenatal care?	<table border="0"> <tbody> <tr> <td>YES . . . . .</td> <td>1</td> </tr> <tr> <td>NO . . . . .</td> <td>2</td> </tr> </tbody> </table>	YES . . . . .	1	NO . . . . .	2													
YES . . . . .	1																		
NO . . . . .	2																		
1023	मैं जाँच का परिणाम नहीं जानना चाहती, लेकिन आपके प्रसवपूर्व देखभाल के दौरान क्या आपका एच आइ वी/एड्स की जाँच की गई थी? I don't want to know the results, but were you tested for HIV/AIDS as part of your antenatal care?	<table border="0"> <tbody> <tr> <td>YES . . . . .</td> <td>1</td> </tr> <tr> <td>NO . . . . .</td> <td>2</td> </tr> </tbody> </table>	YES . . . . .	1	NO . . . . .	2	→ 1027												
YES . . . . .	1																		
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1024	जाँच कहाँ की गयी थी? Where was the test done?  PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.  _____ (NAME OF FACILITY/PLACE)	<b>PUBLIC HEALTH SECTOR</b> GOVERNMENT HOSPITAL . . . . . 11 GOVT. HEALTH CENTRE . . . . . 12 STAND-ALONE ICTC . . . . . 13 FAMILY PLANNING CLINIC . . . . . 14 MOBILE CLINIC . . . . . 15 FIELDWORKER . . . . . 16 SCHOOL BASED CLINIC . . . . . 17 OTHER PUBLIC SECTOR _____ 18 (SPECIFY) NGO OR TRUST HOSPITAL/CLINIC . . . 20 <b>PRIVATE HEALTH SECTOR</b> PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR . . . . . 21 STAND-ALONE ICTC . . . . . 22 PHARMACY . . . . . 23 MOBILE CLINIC . . . . . 24 FIELDWORKER . . . . . 25 SCHOOL BASED CLINIC . . . . . 26 OTHER PRIVATE HEALTH SECTOR _____ 27 (SPECIFY) <b>OTHER SOURCE</b> HOME . . . . . 31 CORRECTIONAL FACILITY . . . . . 32 OTHER _____ 96 (SPECIFY)																	
1025	मैं परिणाम नहीं जानना चाहती लेकिन क्या आपको जाँच का परिणाम मिला? I don't want to know the results, but did you get the results of the test?	<table border="0"> <tbody> <tr> <td>YES . . . . .</td> <td>1</td> </tr> <tr> <td>NO . . . . .</td> <td>2</td> </tr> </tbody> </table>	YES . . . . .	1	NO . . . . .	2	→ 1031												
YES . . . . .	1																		
NO . . . . .	2																		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1026	सभी महिलाओं को जाँच के बाद परामर्श सेवा मिलना चाहिए, आपकी जांच के बाद क्या आपको परामर्श सेवा मिली थी?  All women are supposed to receive counseling after being tested. After you were tested, did you receive counseling?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 1031
1027	CHECK 446 FOR LAST BIRTH: PLACE OF BIRTH  IN A FACILITY <input type="checkbox"/> OTHER <input type="checkbox"/> ↓ PLACE		→ 1033
1028	जब आप प्रसव के लिए गयी थी, लेकिन बच्चे के जन्म से पहले क्या आपको एचआइवी/एड्स की जाँच के लिए कहा गया था? Between the time you went for delivery but before the baby was born, were you offered a test for HIV/AIDS?	YES ..... 1 NO ..... 2	
1029	मैं जांच का परिणाम नहीं जानना चाहती, लेकिन क्या आपकी उस समय एचआइवी/एड्स की जाँच की गयी थी? I don't want to know the results, but were you tested for HIV/AIDS at that time?	YES ..... 1 NO ..... 2	→ 1033
1030	मैं जांच का परिणाम नहीं जानना चाहती, लेकिन क्या आपको जांच का परिणाम मिला? I don't want to know the results, but did you get the results of the	YES ..... 1 NO ..... 2	
1031	गर्भावस्था के दौरान की गयी एच आइ वी/एड्स की जाँच के बाद क्या कभी आपने जाँच करवायी थी? Have you been tested for HIV/AIDS since that time you were tested during your pregnancy?	YES ..... 1 NO ..... 2	
1032	कितने महीने पहले आपने अपना आखरी एच आइ वी/एड्स की जांच करवायी थी?  How many months ago was your most recent HIV test?	MONTHS AGO ..... <input type="text"/> <input type="text"/> TWO OR MORE YEARS ..... 95	→ 1039
1033	मैं परिणाम नहीं जानना चाहती हूँ, लेकिन क्या कभी आपकी एच आइ वी/एड्स की जांच की गई थी? 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	→ 1037
1034	कितने महीने पहले आपने अपना अन्तिम एच आइ वी/एड्स की जांच करवायी थी?  How many months ago was your most recent HIV test?	MONTHS AGO ..... <input type="text"/> <input type="text"/> TWO OR MORE YEARS ..... 95	
1035	मैं परिणाम नहीं जानना चाहती लेकिन क्या आपको जांच का परिणाम मिला? I don't want to know the results, but did you get the results of the test?	YES ..... 1 NO ..... 2	



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1036	<p>जांच कहां की गयी थी? Where was the test done?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF FACILITY/PLACE)</p>	<p><b>PUBLIC HEALTH SECTOR</b></p> <p>GOVERNMENT HOSPITAL ..... 11</p> <p>GOVT. HEALTH CENTRE ..... 12</p> <p>STAND-ALONE ICTC ..... 13</p> <p>FAMILY PLANNING CLINIC..... 14</p> <p>MOBILE CLINIC ..... 15</p> <p>FIELDWORKER ..... 16</p> <p>SCHOOL BASED CLINIC..... 17</p> <p>OTHER PUBLIC SECTOR _____ 18</p> <p>(SPECIFY)</p> <p>NGO OR TRUST HOSPITAL/CLINIC ... 20</p> <p><b>PRIVATE HEALTH SECTOR</b></p> <p>PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR ..... 21</p> <p>STAND-ALONE ICTC ..... 22</p> <p>PHARMACY ..... 23</p> <p>MOBILE CLINIC ..... 24</p> <p>FIELDWORKER ..... 25</p> <p>SCHOOL BASED CLINIC..... 26</p> <p>OTHER PRIVATE HEALTH SECTOR _____ 27</p> <p>(SPECIFY)</p> <p><b>OTHER SOURCE</b></p> <p>HOME ..... 31</p> <p>CORRECTIONAL FACILITY..... 32</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p>	<p>→ 1039</p>
1037	<p>क्या आप ऐसे किसी स्थान को जानती हैं जहां पर एच आइ वी/एड्स की जांच कराने के लिए लोग जा सकते हैं? 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>→ 1039</p>
1038	<p>वह स्थान कहां पर है? कोई अन्य स्थान?</p> <p>Where is that? Any other place?</p> <p>RECORD ALL PLACES MENTIONED.</p> <p>IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTRE, OR CLINIC IS PUBLIC OR PRIVATE HEALTH SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF FACILITY/PLACE(S))</p>	<p><b>PUBLIC HEALTHSECTOR</b></p> <p>GOVERNMENT HOSPITAL ..... A</p> <p>GOVT. HEALTH CENTRE ..... B</p> <p>STAND-ALONE ICTC ..... C</p> <p>FAMILY PLANNING CLINIC..... D</p> <p>MOBILE CLINIC ..... E</p> <p>FIELDWORKER ..... F</p> <p>SCHOOL BASED CLINIC..... G</p> <p>OTHER PUBLIC SECTOR _____ H</p> <p>(SPECIFY)</p> <p>NGO OR TRUST HOSPITAL/CLINIC ... I</p> <p><b>PRIVATE HEALTH SECTOR</b></p> <p>PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR ..... J</p> <p>STAND-ALONE ICTC ..... K</p> <p>PHARMACY ..... L</p> <p>MOBILE CLINIC ..... M</p> <p>FIELDWORKER ..... N</p> <p>SCHOOL BASED CLINIC..... O</p> <p>OTHER PRIVATE HEALTH SECTOR _____ P</p> <p>(SPECIFY)</p> <p><b>OTHER SOURCE</b></p> <p>HOME ..... Q</p> <p>CORRECTIONAL FACILITY..... R</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1039	यदि आप जानती हैं कि इस दुकानदार या सब्जि के विक्रेता को एच आइ वी/एड्स है, तो क्या आप उससे सब्जियां खरीदेंगी? Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had HIV/AIDS?	YES ..... 1 NO ..... 2 DK/NOT SURE/DEPENDS ..... 8	
1040	क्या आपके विचार में एच आइ वी ग्रसित बच्चे को उन सब बच्चों के साथ, जिन्हें एच आइ वी नहीं है, स्कूल जाने देना चाहिए? Do you think a child with HIV should be allowed to attend school with students who are HIV negative?	SHOULD BE ALLOWED ..... 1 SHOULD NOT BE ALLOWED ..... 2 DK/NOT SURE/DEPENDS ..... 8	
1041	यदि आपके परिवार के किसी सदस्य को एच आइ वी/एड्स है तो क्या आप यह बात गुप्त रखना चाहेंगी या नहीं? 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	
1042	यदि आपका कोई रिश्तेदार एच आइ वी/एड्स के कारण बीमार हो जाता है तो क्या आप अपने घर में उनका देखभाल करने के लिए तैयार होंगी? If a relative of yours became sick with 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	
1043	आपकी राय में, यदि कोई महिला शिक्षक को एच आइ वी/एड्स है परंतु वह बीमार नहीं है, तो क्या उसे स्कूल में पढ़ाना जारी रखने की अनुमति देनी चाहिए?  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	
1044	आपकी राय में, यदि कोई पुरुष शिक्षक को एच आइ वी/एड्स है परंतु वह बीमार नहीं है, तो क्या उसे स्कूल में पढ़ाना जारी रखने की अनुमति देनी चाहिए?  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	
1045	क्या आप सोचती है कि जिन लोगों को एच आइ वी है उनका इलाज सरकारी अस्पताल में उन लोगों के साथ होना चाहिए जिन्हें एच आइ वी नहीं है?  Do you think that people living with HIV should be treated in the same public hospital with patients who are HIV negative?	SHOULD BE TREATED ..... 1 SHOULD NOT BE TREATED ..... 2 DK/NOT SURE/DEPENDS ..... 8	
1046	क्या आप सोचती है कि जिन लोगों को एच आइ वी है उनको उसी दफ्तर में काम करना चाहिए जहाँ पर लोगों को एच आइ वी नहीं है? Do you think that people living with HIV should be allowed to work in the same office with people who are HIV negative?	SHOULD BE ALLOWED ..... 1 SHOULD NOT BE ALLOWED ..... 2 DK/NOT SURE/DEPENDS ..... 8	
1047	CHECK 1001 AND 1002:  HEARD ABOUT <input type="checkbox"/> NOT HEARD <input type="checkbox"/> HIV/AIDS ↓ ABOUT HIV/AIDS ↓  a. एच आइ वी/एड्स के अलावा, क्या आपने अन्य संक्रमणों के बारे में सुना है जो यौन संबंध के माध्यम से फैलते हैं?  Apart from HIV/AIDS, have you heard about other infections that can be transmitted through sexual contact?  b. क्या आपने उन संक्रमणों के बारे में सुना है जो यौन संबंध के माध्यम से फैलते हैं?  Have you heard about infections that can be transmitted through sexual contact?	YES ..... 1 NO ..... 2	
1048	CHECK 315 AND 316: HAD SEXUAL INTERCOURSE  HAS HAD SEXUAL INTERCOURSE <input type="checkbox"/> HAS NOT HAD SEXUAL INTERCOURSE <input type="checkbox"/> (315 = '2' OR 316 = '00')		→ 1101
1049	CHECK 1047: HEARD ABOUT OTHER SEXUALLY TRANSMITTED INFECTIONS?  YES <input type="checkbox"/> NO <input type="checkbox"/>		→ 1051

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1050	<p>अब मैं आपसे पिछले 12 महीनों में आपके स्वास्थ्य के बारे में कुछ प्रश्न पूछना चाहूंगी। पिछले 12 महीनों के दौरान क्या आपको यौन संबंध के माध्यम से कोई बीमारी हुई है?</p> <p>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?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>	
1051	<p>कभी - कभी महिलायें योनि से बदबूदार असामान्य ख्राव का अनुभव करती हैं। पिछले 12 महीनों के दौरान, क्या आपकी योनि से बदबूदार असामान्य ख्राव हुआ?</p> <p>Sometimes women experience a bad smelling abnormal genital discharge. During the last 12 months, have you had a bad smelling abnormal genital discharge?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>	
1052	<p>कभी-कभी महिलाओं की योनि में फोड़ा या अल्सर (पीपदार घाव) हो जाता है। पिछले 12 महीनों के दौरान क्या आपकी योनि में फोड़ा या अल्सर (पीपदार घाव) हुआ?</p> <p>Sometimes women have a genital sore or ulcer. During the last 12 months, have you had a genital sore or ulcer?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>	
1053	<p>CHECK 1050, 1051, AND 1052: HAS HAD AN STI</p> <p>AT LEAST ONE 'YES' <input type="checkbox"/> OTHER <input type="checkbox"/> → 1101</p>		
1054	<p>पिछली बार जब आपको (PROBLEM FROM 1050/1051/1052) हुई थीं, क्या आपने कोई सलाह ली या इलाज करवाया?</p> <p>The last time you had (PROBLEM FROM 1050/1051/1052), did you seek any kind of advice or treatment?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	→ 1101
1055	<p>आप कहां गयी थी? कोई अन्य स्थान?</p> <p>Where did you go? Any other place?</p> <p>RECORD ALL PLACES MENTIONED.</p> <p>IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTRE, OR CLINIC IS PUBLIC OR PRIVATE HEALTH SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF FACILITY/PLACE(S))</p>	<p><b>PUBLIC HEALTH SECTOR</b></p> <p>GOVERNMENT HOSPITAL ..... A</p> <p>VAIDYA/HAKIM/HOMEOPATH (AYUSH) ..... B</p> <p>GOVT. HEALTH CENTER ..... C</p> <p>STAND-ALONE ICTC ..... D</p> <p>FAMILY PLANNING CLINIC ..... E</p> <p>MOBILE CLINIC ..... F</p> <p>FIELDWORKER ..... G</p> <p>SCHOOL BASED CLINIC ..... H</p> <p>OTHER PUBLIC SECTOR _____ I</p> <p>(SPECIFY)</p> <p>NGO OR TRUST HOSPITAL/CLINIC ... J</p> <p><b>PRIVATE HEALTH SECTOR</b></p> <p>PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR ..... K</p> <p>VAIDYA/HAKIM/HOMEOPATH (AYUSH) ..... L</p> <p>STAND-ALONE ICTC ..... M</p> <p>PHARMACY ..... N</p> <p>MOBILE CLINIC ..... O</p> <p>FIELDWORKER ..... P</p> <p>SCHOOL BASED CLINIC ..... Q</p> <p>OTHER PRIVATE HEALTH SECTOR _____ R</p> <p>(SPECIFY)</p> <p><b>OTHER SOURCE</b></p> <p>HOME ..... S</p> <p>CORRECTIONAL FACILITY ..... T</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	

**SECTION 11. HOUSEHOLD RELATIONS**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1101	<p>CHECK COVER PAGE: WOMAN SELECTED FOR THIS SECTION</p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>		1140
1102	<p>CHECK FOR PRESENCE OF OTHERS: DO NOT CONTINUE UNTIL EFFECTIVE PRIVACY IS ENSURED.</p> <p>PRIVACY OBTAINED ..... 1      PRIVACY NOT POSSIBLE .. 2</p>		1139
1103	<p>READ TO THE RESPONDENT</p> <p>अब मैं आपसे महिलाओं के जीवन के कुछ अन्य महत्वपूर्ण पहलुओं के बारे में प्रश्न पूछना चाहूंगी। मैं यह जानती हूँ कि इनमें से कुछ प्रश्न बहुत ही व्यक्तिगत (निजी) हैं। तथापि, आपके जवाब भारत में महिलाओं की स्थिति को समझने के लिए बहुत महत्वपूर्ण हैं। मैं आपको विश्वास दिलाती हूँ कि आपके उत्तर पूरी तरह से गोपनीय रखे जायेंगे और किसी को नहीं बताए जायेंगे और कोई अन्य व्यक्ति यह नहीं जान पाएगा कि आपसे ये प्रश्न पूछे गए थे।</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>		
1104	<p>CHECK 301:</p> <p>CURRENTLY MARRIED <input type="checkbox"/>      FORMERLY MARRIED <input type="checkbox"/> (1105 TO 1115: READ IN PAST TENSE)</p> <p>NEVER MARRIED OR MARRIED, GAUNA NOT PERFORMED <input type="checkbox"/></p>		1118
1105	<p>सर्वप्रथम, मैं आपसे कुछ परिस्थितियों के बारे में पूछने जा रही हूँ जो कुछ महिलाओं के साथ घटित होती हैं। कृपया मुझे बताएं, यदि ये आपके (पिछले) पति के साथ आपके संबंधों के विषय में लागू होती हैं।</p> <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. यदि आप दूसरे मर्द से बात करती (हैं/थीं) तो उन्हे जलन या गुस्सा आता (है/था)।</p> <p>He (is/was) jealous or angry if you (talk/talked) to other men.</p> <p>b. आपके चाल-चलन के बारे में वह प्रायःदोष लगाते (है/थे)।</p> <p>He frequently (accuses/accused) you of being unfaithful.</p> <p>c. वह आपको अपनी सहेलियों से मिलने की अनुमति नहीं देते (हैं/थे)  </p> <p>He (does/did) not permit you to meet your female friends.</p> <p>d. वह आपके मायके के परिवार के साथ आपके संपर्क को सीमित करने की कोशिश करते (है/थे)  </p> <p>He (tries/tried) to limit your contact with your family.</p> <p>e. वह हमेशा ही यह जानना चाहते (हैं/थे) कि आप हरदम कहाँ (हैं/थी)  </p> <p>He (insists/insisted) on knowing where you (are/were) at all times.</p> <p>f. रुपये पैसे के मामले में वह आप पर विश्वास नहीं करते (है/थे)  </p> <p>He (does/did) not trust you with any money.</p>	<p align="right">YES    NO    DK</p> <p>JEALOUS ..... 1    2    8</p> <p>ACCUSES ..... 1    2    8</p> <p>NOT MEET FRIENDS ... 1    2    8</p> <p>NO FAMILY ..... 1    2    8</p> <p>WHERE YOU ARE ..... 1    2    8</p> <p>MONEY ..... 1    2    8</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																				
1106	<p>A अब यदि आप मुझे अनुमति देती हैं तो, मुझे आपके (पिछले) पति के साथ आपके संबंधों के बारे में कुछ और प्रश्न पूछने हैं। क्या आपके (पिछले) पति ने कभी भी:</p> <p>Now if you will permit me, I need to ask some more questions about your relationship with your (last) husband. (Does/did) your (last) husband ever:</p> <p>a. दूसरों के सामने आपको नीचा दिखाने के लिए कुछ कहा या किया? Say or do something to humiliate you in front of others?</p> <p>b. आपको या आपके किसी नजदीकी को चोट पहुंचाने या नुकसान पहुंचाने की धमकी दी? Threaten to hurt or harm you or someone close to you?</p> <p>c. आपका अपमान किया या आपको स्वयं की नजरों में गिराने की कोशिश की? Insult you or make you feel bad about yourself?</p>	<p>B पिछले 12 महीनों के दौरान प्रायः ऐसी घटनाएं कितनी बार हुईं: अक्सर, केवल कभी-कभी या कभी नहीं?</p> <p>How often did this happen in the last 12 months: often, only sometimes, or not at all?</p> <table border="1" data-bbox="740 331 1342 786"> <thead> <tr> <th></th> <th>EVER</th> <th>OFTEN</th> <th>SOME-TIMES</th> <th>NOT IN THE LAST 12 MONTHS</th> </tr> </thead> <tbody> <tr> <td>a.</td> <td>YES 1 → NO 2 ↓</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>b.</td> <td>YES 1 → NO 2 ↓</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>c.</td> <td>YES 1 → NO 2 ↓</td> <td>1</td> <td>2</td> <td>3</td> </tr> </tbody> </table>		EVER	OFTEN	SOME-TIMES	NOT IN THE LAST 12 MONTHS	a.	YES 1 → NO 2 ↓	1	2	3	b.	YES 1 → NO 2 ↓	1	2	3	c.	YES 1 → NO 2 ↓	1	2	3	
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1107	<p>A क्या आपके (पिछले) पति ने कभी आपके साथ इनमें से कुछ भी किया (है / था) :</p> <p>(Does/did) your (last) husband ever do any of the following things to you:</p> <p>a. आपको धक्का दिया, आपको झिंझोड़ा या आपकी तरफ कोई चीज उठाकर फेंकी? Push you, shake you, or throw something at you?</p> <p>b. आपकी बांह मरोड़ी या आपके बाल खींचे? Twist your arm or pull your hair?</p> <p>c. आपको थप्पड़ मारे? Slap you?</p> <p>d. आपको मुक्के मारे या ऐसी किसी चीज का प्रयोग किया जिससे आपको चोट लग सके? Punch you with his fist or with something that could hurt you?</p> <p>e. आपको लात मारी, आपको घसीटा या आपको मारा? Kick you, drag you or beat you up?</p> <p>f. आपका गला घोटने की कोशिश की या आपको जानबूझकर जलाया? Try to choke you or burn you on purpose?</p> <p>g. आपको चाकू, बन्दूक या किसी अन्य हथियार से धमकाया या इनसे हमला किया? Threaten or attack you with a knife, gun, or any other weapon?</p> <p>h. आपके न चाहते हुए भी, शारीरिक बल के प्रयोग से संभोग करने के लिए आपको मजबूर किया? Physically force you to have sexual intercourse with him even when you did not want to?</p> <p>i. आपके न चाहते हुए भी, शारीरिक बल के प्रयोग से आपको कोई और तरह की यौन सम्बन्धी क्रिया करने के लिए मजबूर किया? Physically force you to perform any other sexual acts you did not want to?</p> <p>j. आपके न चाहते हुए भी, आपको डरा कर या कोई और तरह से यौन सम्बन्धी क्रिया करने के लिए मजबूर किया? Force you with threats or in any other way to perform sexual acts you did not want to?</p>	<p>B पिछले 12 महीनों के दौरान प्रायः ऐसी घटनाएं कितनी बार हुईं: अक्सर, केवल कभी-कभी या कभी नहीं? 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>EVER</th> <th>OFTEN</th> <th>SOME-TIMES</th> <th>NOT IN THE LAST 12 MONTHS</th> </tr> </thead> <tbody> <tr> <td>a.</td> <td>YES 1 → NO 2 ↓</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>b.</td> <td>YES 1 → NO 2 ↓</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>c.</td> <td>YES 1 → NO 2 ↓</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>d.</td> <td>YES 1 → NO 2 ↓</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>e.</td> <td>YES 1 → NO 2 ↓</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>f.</td> <td>YES 1 → NO 2 ↓</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>g.</td> <td>YES 1 → NO 2 ↓</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>h.</td> <td>YES 1 → NO 2 ↓</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>i.</td> <td>YES 1 → NO 2 ↓</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>j.</td> <td>YES 1 → NO 2 ↓</td> <td>1</td> <td>2</td> <td>3</td> </tr> </tbody> </table>		EVER	OFTEN	SOME-TIMES	NOT IN THE LAST 12 MONTHS	a.	YES 1 → NO 2 ↓	1	2	3	b.	YES 1 → NO 2 ↓	1	2	3	c.	YES 1 → NO 2 ↓	1	2	3	d.	YES 1 → NO 2 ↓	1	2	3	e.	YES 1 → NO 2 ↓	1	2	3	f.	YES 1 → NO 2 ↓	1	2	3	g.	YES 1 → NO 2 ↓	1	2	3	h.	YES 1 → NO 2 ↓	1	2	3	i.	YES 1 → NO 2 ↓	1	2	3	j.	YES 1 → NO 2 ↓	1	2	3	
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1108	<p>CHECK 1107 A (a-j): EXPERIENCED PHYSICAL VIOLENCE</p> <p>AT LEAST ONE <input type="checkbox"/> 'YES' ↓</p> <p>NOT A SINGLE <input type="checkbox"/> 'YES' →</p>		1111																																																							
1109	<p>आपकी अपने (पिछले) पति से शादी के कितने समय बाद (यह घटना / इसमें से कोई घटनाएं) आपके साथ पहली बार हुईं? 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'.</p>	<p>NUMBER OF YEARS . . . . . <input type="text"/> <input type="text"/></p> <p>BEFORE MARRIAGE . . . . . 95</p>																																																								

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1110	<p>आपके (पिछले) पति ने आपके साथ कभी भी ऐसा बर्ताव किया, क्या उसके परिणामस्वरूप कभी इनमें से कोई भी घटना हुई:</p> <p>Did the following ever happen as a result of what your (last) husband did to you?:</p> <p>a. आपको घाव हुआ था, नील पड़े थे या देर तक दर्द होता रहा था? You had cuts, bruises or aches?</p> <p>b. आप गंभीर रूप से जल गयी थी? You had severe burns?</p> <p>c. आपको आंख में चोट लगी थी, मोच आई थी, हड्डी सरक गई थी या मामूली रूप से जल गई थी? You had eye injuries, sprains, dislocations, or minor burns?</p> <p>d. आपको गहरा घाव हो गया था, हड्डियां टूट गई थी, दांत टूट गए थे या कोई अन्य गंभीर चोट लगी थी? You had deep wounds, broken bones, broken teeth, or any other serious injury?</p>	<p>YES NO</p> <p>CUTS/BRUISES . . . . . 1 2</p> <p>SEVERE BURNS . . . . . 1 2</p> <p>EYE INJURIES, SPRAINS DISLOCATIONS, ETC. . . . . 1 2</p> <p>OTHER SERIOUS INJURY. . . . . 1 2</p>																
1111	<p>क्या आपने कभी अपने (पिछले) पति को ऐसे समय पीटा, थप्पड़ मारा, लात मारी या कुछ ऐसा किया जिससे उन्हें शारीरिक रूप से चोट पहुंची जब वे आपको नहीं मार रहे थे या चोट नहीं पहुंचा रहे थे?</p> <p>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?</p>	<p>YES . . . . . 1</p> <p>NO . . . . . 2</p>	→ 1113															
1112	<p>पिछले बारह महीनों में, आपने (पिछले) पति के साथ प्रायः ऐसा कितनी बार किया: अक्सर, केवल कभी कभी या कभी नहीं?</p> <p>In the last 12 months, how often have you done this to your (last) husband: often, only sometimes, or not at all?</p>	<p>OFTEN . . . . . 1</p> <p>SOMETIMES . . . . . 2</p> <p>NOT AT ALL . . . . . 3</p>																
1113	<p>क्या आपके (पिछले) पति शराब पीते हैं (थे)? (Does/did) your (last) husband drink alcohol?</p>	<p>YES . . . . . 1</p> <p>NO . . . . . 2</p>	→ 1115															
1114	<p>वे कितनी बार शराब पीकर धुत होते (हैं/थे): अक्सर, केवल कभी-कभी या कभी नहीं?</p> <p>How often (does/did) he get drunk: often, only sometimes, or never?</p>	<p>OFTEN . . . . . 1</p> <p>SOMETIMES . . . . . 2</p> <p>NEVER . . . . . 3</p>																
1115	<p>क्या आप अपने (पिछले) पति से डरती हैं / थी : अक्सर, कभी-कभी, कभी नहीं?</p> <p>Are (Were) you afraid of your (last) husband: most of the time, sometimes, or never?</p>	<p>MOST OF THE TIME AFRAID . . . . . 1</p> <p>SOMETIMES AFRAID . . . . . 2</p> <p>NEVER AFRAID . . . . . 3</p>																
1116	<p>CHECK 307:</p> <p>MARRIED MORE THAN ONCE <input type="checkbox"/></p> <p>MARRIED ONLY ONCE <input type="checkbox"/></p>		→ 1118															
1117	<p>A अभी तक हम आपके (वर्तमान/पिछले) पति के व्यवहार के बारे में पूछ रहे थे। अब हम आपके किसी अन्य/पुराने पति के व्यवहार के बारे में भी जानना चाहते हैं।</p> <p>So far we have been talking about the behavior of your (current/last) husband. Now I want to ask you about the behavior of any previous husband.</p> <p>a. क्या किसी पहले पति कभी भी आपको मारा (थप्पड़, लात) अथवा कुछ ऐसा किया है जिससे आपको शारीरिक रूप से चोट पहुंचाया है? Did any previous husband ever hit, slap, kick, or do anything else to hurt you physically?</p> <p>b. आपके ना चाहते हुवे भी क्या आपके कोई पहले पति, आपको संभोग करने के लिए या किसी और तरह से यौन संबंधी क्रिया करने के लिए मजबूर किया? Did any previous husband physically force you to have intercourse or perform any other sexual acts against your will?</p>	<p>B पिछली बार ये कितने समय पहले हुआ था?</p> <p>How long ago did this last happen?</p> <table border="1"> <thead> <tr> <th></th> <th>EVER</th> <th>0 - 11 MONTHS AGO</th> <th>12 OR MORE MONTHS AGO</th> <th>DON'T REMEMBER</th> </tr> </thead> <tbody> <tr> <td>a.</td> <td>YES 1 → NO 2 ↓</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>b.</td> <td>YES 1 → NO 2</td> <td>1</td> <td>2</td> <td>3</td> </tr> </tbody> </table>		EVER	0 - 11 MONTHS AGO	12 OR MORE MONTHS AGO	DON'T REMEMBER	a.	YES 1 → NO 2 ↓	1	2	3	b.	YES 1 → NO 2	1	2	3	
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a.	YES 1 → NO 2 ↓	1	2	3														
b.	YES 1 → NO 2	1	2	3														

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1118	<p>CHECK 301:</p> <p>EVER MARRIED <input type="checkbox"/></p> <p>NEVER MARRIED OR MARRIED, GAUNA NOT PERFORMED <input type="checkbox"/></p> <p>a. जब आप 15 वर्ष की थीं, तबसे क्या आपको आपके (वर्तमान/पिछले) पति के अलावा किसी अन्य व्यक्ति ने मारा, थप्पड़ मारा, लात मारी या कुछ ऐसा किया जिससे आपको शारीरिक रूप से चोट पहुंची?</p> <p>b. जब आप 15 वर्ष की थीं, तबसे क्या आपको कभी किसी ने मारा, थप्पड़ मारा, लात मारी या कुछ ऐसा किया जिससे आपको शारीरिक रूप से चोट पहुंची?</p> <p>From the time you were 15 years old has anyone other than (your/any) husband hit you, slapped you, kicked you, or done anything else to hurt you physically?</p> <p>From the time you were 15 years old has anyone ever hit you, slapped you, kicked you, or done anything else to hurt you physically?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>REFUSED TO ANSWER/ NO ANSWER ..... 3</p>	<p>→ 1121</p>
1119	<p>इस तरह से आपको किसने चोट पहुंचाई? कोई अन्य?</p> <p>Who has hurt you in this way? Anyone else?</p> <p>RECORD ALL MENTIONED.</p>	<p>MOTHER/STEP-MOTHER ..... A</p> <p>FATHER/STEP-FATHER ..... B</p> <p>SISTER/BROTHER ..... C</p> <p>DAUGHTER/SON ..... D</p> <p>OTHER RELATIVE ..... E</p> <p>CURRENT BOYFRIEND ..... F</p> <p>FORMER BOYFRIEND ..... G</p> <p>MOTHER-IN-LAW ..... H</p> <p>FATHER-IN-LAW ..... I</p> <p>OTHER IN-LAW ..... J</p> <p>TEACHER ..... K</p> <p>EMPLOYER/SOMEONE AT WORK ... L</p> <p>POLICE/SOLDIER ..... M</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	
1120	<p>पिछले 12 महीनों में, (इस व्यक्ति /इन व्यक्तियों ने) कितनी बार आपको शारीरिक रूप से चोट पहुंचाई:अक्सर, केवल कभी-कभी, या कभी नहीं?</p> <p>In the last 12 months, how often has (this person/have these persons) physically hurt you: often, only sometimes, or not at all?</p>	<p>OFTEN ..... 1</p> <p>SOMETIMES ..... 2</p> <p>NOT AT ALL ..... 3</p>	
1121	<p>CHECK 201, 226, AND 231:</p> <p>EVER BEEN PREGNANT ('YES' ON 201 OR 226 OR 231) <input type="checkbox"/></p> <p>NEVER BEEN PREGNANT <input type="checkbox"/></p>		<p>→ 1124</p>
1122	<p>आपकी गर्भावस्था के दौरान आपको शारीरिक रूप से चोट पहुंचाने के लिए क्या किसी ने कभी आपको मारा, थप्पड़ मारा, लात मारी या कुछ और किया ?</p> <p>Has any one ever hit, slapped, kicked, or done anything else to hurt you physically while you were pregnant?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	<p>→ 1124</p>



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1123	<p>जब आप गर्भवती थी तो इस तरह की शारीरिक चोट पहुंचानेवाली घटना किसके द्वारा की गयी? कोई अन्य? Who has done any of these things to physically hurt you while you were pregnant? Anyone else?</p> <p>RECORD ALL MENTIONED.</p>	<p>CURRENT HUSBAND/PARTNER ... A FORMER HUSBAND/PARTNER ..... B CURRENT/FORMER BOYFRIEND ... C FATHER/STEP-FATHER ..... D BROTHER/STEP-BROTHER ..... E OTHER RELATIVE..... F IN-LAW ..... G OWN FRIEND/ACQUAINTANCE ..... H FAMILY FRIEND ..... I TEACHER ..... J EMPLOYER/SOMEONE AT WORK ... K POLICE/SOLDIER ..... L PRIEST/RELIGIOUS LEADER ..... M STRANGER ..... N OTHER _____ X (SPECIFY)</p>	
1124	<p>CHECK 301:</p> <p>EVER MARRIED <input type="checkbox"/></p> <p>NEVER MARRIED OR MARRIED, GAUNA NOT PERFORMED <input type="checkbox"/></p>		1126
1125	<p>अब मैं आपसे यह जानना चाहूंगी कि निम्न में से कोई घटना (आपके/आपके कोई भी) पति के अलावा किसी और के द्वारा किया गया है। आपके जीवन में किसी भी समय, बचपन में या बयस्क होने पर, क्या किसी ने कभी यौन सम्बन्ध के लिए या कोई और यौन क्रिया करने के लिए किसी भी तरह से आपको मजबूर किया है? Now I want to ask you about things that may have been done to you by someone other than (your/any) husband. At any time in your life, as a child or as an adult, has anyone ever forced you in any way to have sexual intercourse or perform any other sexual acts when you did not want to?</p>	<p>YES ..... 1 NO ..... 2 REFUSED TO ANSWER/ NO ANSWER ..... 3</p>	1127 1129
1126	<p>आपके जीवन में किसी भी समय, बचपन में या बयस्क होने पर, क्या किसी ने कभी यौन सम्बन्ध के लिए या कोई और यौन क्रिया करने के लिए किसी भी तरह से आपको मजबूर किया है? At any time in your life, as a child or as an adult, has anyone ever forced you in any way to have sexual intercourse or perform any other sexual acts when you did not want to?</p>	<p>YES ..... 1 NO ..... 2 REFUSED TO ANSWER/ NO ANSWER ..... 3</p>	1131
1127	<p>आपके साथ सबसे पहली बार जब ये हुआ, वह व्यक्ति कौन था जो आपको ऐसा करने के लिए मजबूर किया था? Who was the person who was forcing you the very first time this happened?</p>	<p>CURRENT HUSBAND ..... 01 FORMER HUSBAND ..... 02 CURRENT/FORMER BOYFRIEND..... 03 FATHER/STEP-FATHER ..... 04 BROTHER/STEP-BROTHER ..... 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 (SPECIFY)</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1128	<p>CHECK 301:</p> <p>EVER MARRIED <input type="checkbox"/></p> <p>NEVER MARRIED OR MARRIED, GAUNA NOT PERFORMED <input type="checkbox"/></p> <p>a. पिछले 12 महीनों में, क्या (आपके/आपके कोई भी) पति के अलावा किसी अन्य व्यक्ति ने आपके न चाहते हुए भी, शारीरिक बल से संभोग करने के लिए आपको मजबूर किया?</p> <p>In the last 12 months, has anyone other than (your/any) husband physically forced you to have sexual intercourse when you did not want to?</p> <p>b. पिछले 12 महीनों में, क्या किसी व्यक्ति ने आपके न चाहते हुए भी, शारीरिक बल से संभोग करने के लिए आपको मजबूर किया?</p> <p>In the last 12 months has anyone physically forced you to have sexual intercourse when you did not want to?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>REFUSED TO ANSWER/ NO ANSWER ..... 3</p>	<p>1130</p>
1129	<p>CHECK 1107 A (h-j) and 1117 A (b): EXPERIENCED SEXUAL VIOLENCE</p> <p>AT LEAST ONE 'YES' <input type="checkbox"/></p> <p>NOT A SINGLE 'YES' <input type="checkbox"/></p>		<p>1131</p>
1130	<p>CHECK 301:</p> <p>EVER MARRIED <input type="checkbox"/></p> <p>NEVER MARRIED OR MARRIED, GAUNA NOT PERFORMED <input type="checkbox"/></p> <p>a. जब पहली बार आपसे संभोग या कोई अन्य यौन क्रिया के लिए आपको आपके पति या कोई अन्य द्वारा मजबूर किया गया तो उस समय आपकी आयु क्या थी?</p> <p>How old were you the first time you were forced to have sexual intercourse or perform any other sexual acts by anyone, including (your/any) husband?</p> <p>b. जब पहली बार आपसे संभोग या कोई अन्य यौन क्रिया के लिए आपको मजबूर किया गया तो उस समय आपकी आयु क्या थी?</p> <p>How old were you the first time you were forced to have sexual intercourse or perform any other sexual acts?</p>	<p>AGE IN COMPLETED YEARS <input type="text"/></p> <p>DON'T REMEMBER ..... 98</p>	
1131	<p>CHECK 1107 A (a-j), 1117 (a-b), 1118, 1122, 1125, AND 1126: EXPERIENCED ANY VIOLENCE</p> <p>AT LEAST ONE 'YES' <input type="checkbox"/></p> <p>NOT A SINGLE 'YES' <input type="checkbox"/></p>		<p>1137</p>
1132	<p>हमने जिन विभिन्न विषयों पर आपसे बातचीत की उनमें से जो घटनायें आपके साथ हुई उनके लिए क्या आपने कभी किसी से सहायता ली ताकि वह व्यक्ति दुबारा आपके साथ वैसा व्यवहार न कर सके?</p> <p>Thinking about what you yourself have experienced among the different things we have been talking about, have you ever tried to seek help?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	<p>1134</p>
1133	<p>आपने किस से मदद मांगी? कोई अन्य?</p> <p>From whom have you sought help? Anyone else?</p> <p>RECORD ALL MENTIONED.</p>	<p>OWN FAMILY ..... A</p> <p>HUSBAND'S FAMILY ..... B</p> <p>CURRENT/FORMER HUSBAND ..... C</p> <p>CURRENT/FORMER BOYFRIEND ..... D</p> <p>FRIEND ..... E</p> <p>NEIGHBOUR ..... F</p> <p>RELIGIOUS LEADER ..... G</p> <p>DOCTOR/MEDICAL PERSONNEL ..... H</p> <p>POLICE ..... I</p> <p>LAWYER ..... J</p> <p>SOCIAL SERVICE ORGANIZATION ..... K</p> <p>OTHER ..... X</p> <p>(SPECIFY)</p>	<p>1135</p>

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																
1134	क्या आपने इसके बारे में कभी किसी अन्य व्यक्ति को बताया? Have you ever told any one else about this?	YES ..... 1 NO ..... 2																	
1135	CHECK 1133: 'H' IS CIRCLED <input type="checkbox"/> 'H' IS NOT CIRCLED <input type="checkbox"/>		1137																
1136	आप चिकित्सिकीय सहायता हेतु कहां गयी थी? कोई अन्य स्थान?  Where did you go for medical help? Anywhere else?  RECORD ALL MENTIONED.	<b>PUBLIC HEALTH SECTOR</b> GOVT./MUNICIPAL HOSPITAL ... A VAIDYA/HAKIM/HOMEOPATH (AYUSH) ..... B GOVT. DISPENSARY ..... C UHC/UHP/UFWC ..... D CHC/RURAL HOSPITAL/ BLOCK PHC ..... E PHC/ADDITIONAL PHC ..... F SUB-CENTRE/ANM ..... G GOVT. MOBILE CLINIC ..... H CAMP ..... I ANGANWADI/ICDS CENTRE ..... J ASHA ..... K OTHER COMMUNITY- BASED WORKER ..... L OTHER PUBLIC HEALTH SECTOR ..... M NGO OR TRUST HOSPITAL/CLINIC ... N <b>PRIVATE HEALTH SECTOR</b> PVT. HOSPITAL ..... O PVT. DOCTOR/CLINIC ..... P PVT. MOBILE CLINIC ..... Q VAIDYA/HAKIM/HOMEOPATH (AYUSH) ..... R TRADITIONAL HEALER ..... S PHARMACY/DRUGSTORE ..... T DAI (TBA) ..... U OTHER PRIVATE HEALTH SECTOR ..... V OTHER _____ X (SPECIFY)																	
1137	जहां तक आप जानती हैं, क्या कभी आपके पिता ने आपकी माता को मारा था?  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 DOMESTIC VIOLENCE MODULE ONLY.																			
1138	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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FEMALE ADULT .....	1	2	3																
1139	INTERVIEWER'S COMMENTS / EXPLANATION FOR NOT COMPLETING THE DOMESTIC VIOLENCE MODULE  _____  _____  _____																		
1140	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>																	

**INSTRUCTIONS:**

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

INFORMATION TO BE CODED FOR EACH COLUMN

**COLUMN 1:**

BIRTHS, PREGNANCIES, CONTRACEPTIVE USE

- B BIRTHS
- P PREGNANCIES
- A ABORTIONS
- M MISCARRIAGES
- S STILLBIRTHS
- T TERMINATIONS

- 0 NO METHOD
- 1 FEMALE STERILIZATION
- 2 MALE STERILIZATION
- 3 IUD/PPIUD
- 4 INJECTABLES
- 5 PILL
- 6 CONDOM/NIRODH
- 7 FEMALE CONDOM
- 8 DIAPHRAGM
- F FOAM OR JELLY
- L LACTATIONAL AMENORRHOEA METHOD
- R RHYTHM METHOD
- W WITHDRAWAL
- X OTHER MODERN METHODS
- Y OTHER TRADITIONAL METHODS

**COLUMN 2:**

ULTRASOUND CONDUCTED DURING PREGNANCY

- Y YES
- N NO

**COLUMN 3:**

DISCONTINUATION OF CONTRACEPTIVE USE

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

			1	2	3			
12	DEC	01				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
1	06	JUN	07			07	JUN	1
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
1	06	JUN	19			19	JUN	1
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
1	06	JUN	31			31	JUN	1
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
1	06	JUN	43			43	JUN	1
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
1	06	JUN	55			55	JUN	1
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
1	06	JUN	67			67	JUN	1
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	

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: \_\_\_\_\_