APPENDIX

Questionnaire

SL.NO. _______ VILLAGE: ______________________
HOUSE NO. _____ DATE: ___________________

1. Name of informant (Mr/Mrs.): ______________________
2. Age _______ Date of birth ______________________
   Age at marriage ____________
3. Place of origin ________________________________
   Place of residence ______________________________
4. In case, place of residence is different from place of origin or birth, please specify the following:
   Name of village ___________________ Distance: ___
   Cause(s) of migration: ________________________________

5. Tribe ____________ Sub-tribe ____________
   Religion ______________________
6. (a) Name of husband/wife ______________________
   (b) Age _______ Date of birth ______________________
      Age at marriage: ____________
   (c) Place of origin ______________________
      Place of residence ______________________
   (d) In case, place of residence is different from place of origin, please specify the following:
      Name of village ____________ Distance _____
      Cause(s) of migration ________________________________
7. (a) Total number of your family members _________
    (b) Please specify the following:

<table>
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<tr>
<th>Parity</th>
<th>Name</th>
<th>Sex</th>
<th>Present age</th>
<th>Marital status</th>
<th>Relationship</th>
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</table>

8. (a) Are you your husband's first wife? YES/NO _________
    (b) If NO, please specify the following:

<table>
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<tr>
<th>Sl. No.</th>
<th>Name of wife with age</th>
<th>Age at marriage Wife</th>
<th>Age at marriage Husband</th>
<th>No. of children with age</th>
<th>No. of dead children with age</th>
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9. (a) Is it your first marriage? YES/NO _________
    (b) If NO, please specify the following:
9. (a) Is it your first marriage? YES/NO  
(b) If NO, please specify the following:

<table>
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<tr>
<th>SL. NO.</th>
<th>Name of Husband with age</th>
<th>Age at marriage</th>
<th>No. of children with age</th>
<th>No. of dead children with age</th>
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<td>Husband</td>
<td>Wife</td>
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</table>

10. Tell me in detail about your pregnancies through your present husband.

(a) Total number of living children: 
(b) Total number of dead children: 
(c) Please specify the following according to your pregnancies:

<table>
<thead>
<tr>
<th>PARITY</th>
<th>NAME</th>
<th>SEX</th>
<th>PRESENT AGE</th>
<th>MARITAL STATUS</th>
<th>IF DEAD, CAUSE OF DEATH WITH AGE</th>
<th>REMARKS</th>
</tr>
</thead>
</table>
11.(a) Is there any consanguineous relation with your husband/wife? YES/NO 

(b) If YES, please specify whether:
   Sister-brother/Uncle-Niece/First Cousin/Second Cousin
   OR ANY ____________________________

12.(a) Is there any physical deformity in any member of your family? YES/NO 

(b) If YES, please specify:

13. Your level of education: ______________________

14. Your husband/wife's level of education _________

15.(a) Are you a working woman? YES/NO _________

(b) If YES, please specify the following:
   Place of work _____________________________
   Nature of work _____________________________
   Duty hours _________ Total Remuneration per month/year ____________.

16. Please specify your husband's/wife's work:

   (a) Place of work _____________________________
   (b) Nature of work _____________________________
   (c) Duty hours _________ Total remuneration per month/year ____________.

17. Other source of income, if any ____________________

18. What is the total monthly/annual income of your family? ____________.

19. What is the total/monthly annual expenditure of your family? ________.

20.(a) In your opinion what should be the ideal size of your family? ________.
(b) How many sons and daughters?

(c) Do you have any preference to female child over male child? YES/NO

(d) If Yes, please give the reasons in order of preference.

(e) If No, why

21.(a) Are you aware of family planning method(s)?
YES/NO ________.

(b) If YES, please tell your attitude towards family planning:
Positive/Negative __________
Reasons ____________________________________________________________________________

(c) Are family planning advices readily available to you? YES/NO ________

(d) If YES, please specify the source ________________

(e) Whom do you generally consult for any family planning advice?
____________________________________________________________________________________

(f) Is family planning necessary for the welfare of your family? YES/NO ________.

(g) If YES, why?

(h) If NO, why?

22.(a) Do/Did you or your husband adopt any family planning measure(s)? YES/NO ________.

(b) If YES, please specify:
Nature of contraceptive __________________________
Duration of use ________________________________
Reason(s) for discontinuation, if any ____________
____________________

(c) If NO, why? ________________________________
____________________

23. REMARKS: _________________________________
____________________

INVESTIGATOR

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