## SCHEDULE FOR WOMEN

1. a) Name of the slum location  
b) Name of the city/town  

2. Size of the slum  
a) Small  
b) Medium  
c) Big  

3. House Number  

4. Respondent's Name  

5. Name of the Husband  
a) Caste : (OC/BC/SC/ST Specify)  
b) Occupation :  

6. Type of Marriage of the respondent  
a) If consanguinous  
   Maternal side  
   Paternal side  

7. Type of Family  
1. Consanguineous  
2. Non-consanguineous  

8. What was the type of Marriage of your father  
   If consanguinous  
   Maternal side  
   Paternal side  

9. How old are you at present :  
   _______ Years  

10. When did you attain puberty (Age at Puberty) :  
    _______ Years  

11. When did you got Married (Year of Marriage) :  
    _______ Years  

12. What was your Age at the time of Marriage :  
    _______ Years  

13. When did you conceive your first child?  
    (Age at 1st conception)  

14. Educational level of the respondent  
    (Specify actual years of Education)  
    Primary/Secondary  
    /College  

15. If studied up to primary, can you read and write  
1. Yes  
2. No
17. Do you belong to any of the organizations
   1. DWCRA
   2. Mahila Mandal
   3. Others (specify)
   4. No Membership

18. What are the sources of drinking water for your household?
   1. Well
   2. Borewell
   3. Municipal/Corporation tap
   4. Others

19. What kind of Latrine facilities does your household have?
   1. Septic Tank
   2. Sulabh complex
   3. Latrine without Septic Tank
   4. Others (specify)

20. Does your household have electricity
   1. Yes
   2. No

21. Do you have some of the following Modern Amenities in the house.
   1. Almirah
   2. Sewing Machine
   3. Table/Chair/Bench
   4. Watch/Clock
   5. Cut/Bed
   6. Fan
   7. Telephone
   8. Radio
   9. T.V.
   10. Cycle
   11. Scooter/Moped
   12. Bullock cart
   13. Car/Lorry
   14. Auto
   15. Rickshaw
   16. Any other specify

22. a) Do you notice any changes in your location (with regard to Roads, water supply, Hospital, School etc) compared to past.
   1. Yes
   2. No

   b) If yes, what are the changes occurred
   1.
   2.
   3.

23. Does any member of your family own Agricultural Land
   1. Yes
   2. No

24. Type of House
   1. Pucca
   2. Kutcha
   3. Hut

25. Fuel used for cooking
   1. Fire Wood
   2. Kerosene
   3. Electric Stove
   4. L.P.G. Stove
   5. Other's specify
20. If yes, how you got the connubiality:
   (because of Deepam or due to any programme):
   1. Deepam
   2. Others (specify)

27. During the last two years that is between January 2000 to January 2002. How many births and deaths took place in your household?
   1. Births
   2. Deaths

28. Mention the ages and sex of the persons died in your household during the reference period?
   Age  Sex
   1.
   2.
   3.

PUBERTY AND MENSTRUATION

29. What is your experience at onset of puberty:
   1. Frightened
   2. Normal
   a) Who noticed that you attained puberty?
      i) Myself
      ii) Mother
      iii) Relative
      iv) Friend
      v) Any other

30. Whom did you inform first about the occurrence of puberty?
   1. Mother
   2. Grand Mother
   3. Sister
   4. Girl Friend
   5. Any other

31. For how many days you are kept outside the house after puberty:
   1. _________ days
   2. Not at all

32. Describe the activities done during puberty:
   a.
   b.
   c.
   d.

33. When were you have been given bath after puberty? (Days)
   a. Same day
   b. After day

34. a) Did any function organised at your house, on this occasion of attaining puberty?
   b) If yes, what type of function
   1. Yes
   2. No

35. a) Was there any diet restriction imposed during that period?
   b) If yes, give details
   1. Yes
   2. No

36. Is menstruation occurring regularly after puberty?
   1. Yes
   2. No
37. What is the duration of your menstrual cycle?:
   1. Less than 28 days
   2. 28 days
   3. 30-45 days
   4. Once in two months or above

38. How is your menstrual flow?
   1. Scanty
   2. Moderate
   3. Heavy

**DO YOU FACE ANY PROBLEMS DURING MENSTRUAL CYCLE?**

<table>
<thead>
<tr>
<th></th>
<th>Before Menstruation</th>
<th>Mid period</th>
<th>After Menstruation</th>
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<tbody>
<tr>
<td>39. Back Ache</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
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<tr>
<td>40. Stomach ache / colon Spasm/ constipation</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
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<td>41. Tiredness / Weakness/Laziness / heavy feeling</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
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<tr>
<td>42. Irritation/ fear / anxiety</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
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<tr>
<td>43. Any other</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
</tr>
</tbody>
</table>

44. What type of protection you follow during menstruation
   1. Solid cloth
   2. Washed cloth
   3. Sanitary Napkin

45. How often do you change the clothes during menstrual period?
   1. Daily
   2. Twice a day
   3. Two days Once
   4. Others

46. Do you use same clothes after washing for the other days of menstruation
   1. Yes
   2. No

47. Do you keep the same clothes for future use that is subsequent menstruation
   1. Yes
   2. No

48. a) Do you keep your self away from domestic and other activities during menstruation
   1. Yes
   2. No
   b) If yes, why?

49. What is your idea about menstruation
   1. Monthly burden
   2. Removes bad blood
   3. Regular physiological activity

50. Do you take normal food during menstruation Day
   1. Yes
   2. No
51. If no, please give the foods that are avoided during menstruation days : 1. Yes 2. No

52. Do you work during menstruation days : 

53. If no, give reasons : 

54. a) Do you participate in sex during menstruation days : 1. Yes 2. No
   b) If no, reasons ‘SEXUAL LIFE’ : 


57. a) Do your husband treats you well during sexual activity (If ‘no’ probe for details) : 1. Yes 2. No 

58. Can you tell about the favourable period of conception in a Menstrual cycle. : 1. I week after Menstruation 2. II " 3. III " 4. IV " 5. During Menstruation period 

59. a) Do your husband ever suffer from illness related to sexually transmitted diseases. : 1. Yes 2. No 
   b) If so, what are the symptoms? 
      1. Urethral discharge 4. Frequent urination 
      2. Difficult urination 5. Genital Sores 
      3. Painful urination 7. Any other 
      6. Swelling of Testicle 

60. Due to extramarital relations/STD of your husband did you suffer from any discharge? : 1. Yes 2. No
62. Do you insist your husband to use condoms (because of doubt of extra marital sex):
   a) If yes, what in the reaction of your husband:

DOMESTIC ADJUSTMENT

63. Do your husband has good understanding with you regarding day to day activities:
   1. Yes
   2. No

If yes, reasons:

If No, reasons:

64. Do your in-laws have any mis-understanding with you:
   1. Yes
   2. No

b) If yes, with whom & reasons:

65. Was any one close to you, that is family members ever hit, slapped, kicked or tried to hurt you physically:
   1. Yes
   2. No

b) If yes, whom and why:

c) On an average, how often did this happen during the last 12 months:
   1. Once
   2. A few times
   3. Many times
   4. Not beaten

67. REPRODUCTIVE HISTORY OF THE RESPONDENT

<table>
<thead>
<tr>
<th>Name of the Child</th>
<th>Age of the Mother at the birth of child</th>
<th>Birth order</th>
<th>Sex of the baby</th>
<th>Month and year of birth</th>
<th>If dead month and year of death</th>
<th>place of delivery</th>
<th>Birth attendant</th>
<th>Complications before Birth</th>
<th>After Birth</th>
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68. Any women in your area had in-fertility:
   1. Yes
   2. No
c) What she is doing to over come in fertility:

'Family Planning Adoption'

69. Have you adopted any F.P. method in the past: Yes/No.
   if yes, what type of method
   a. Permanent Method
   b. Temporary method (specify)

70. Do you use any F.P. Method currently: Yes/No
   b) If yes what type of method

71. If, adopted F.P. at what age, and after how many children.
   a. Age of adoption
   b. After ______ No. of children

72. Who suggested to go for adoption of family planning.
   1) Husband
   2) Friends/relatives
   3) Doctor/Nurse
   4) DWACRA group
   5) Any other

73. According to you how many number of children will be good per a couple

   __________________________ Children

74. How many children, actually you like to have.

   __________________________ Children

75. Among the D/Son, whom you think will be better. (Probe for reasons).
   1. Daughter
   2. Son

   a) How many children actually you had so far?
   1.
   2.

76. Do you, any time had the abortion: Yes/No.
   b) If yes, whether it is:
      a. Spontaneous (No ________) (probe for reasons)
      b. Induced (No ________)

77. How you came to known first time that you got pregnancy.
78. After how many months of pregnancy you visited the doctor.

79. *vunar is the reason for going to the doctor.*
   a) Routine
   b) To confirm pregnancy
   c) Health problem
   d) Any other

80. Are you going to Govt. Doctor / Private Doctor.
   a) Govt. Doctor
   b) Private Doctor

81. At what period generally you visit Doctor
   a) Once in 15 days
   b) Once in 30 days
   c) Any other specify

82. What type of Medical Tests, you have undergone during visit to Hospital
   1.
   2.
   3.
   4.

83. What are the different type of problems you had during pregnancy
   a) Vaginal bleeding
   b) Swelling of legs / face
   c) Fever
   d) Pain during urination
   e) Anaemia
   f) Any other

**INTRA - NATAL - CARE**

84. Where you got the delivery of last child
   a) Govt. Hospital
   b) House
   c) Private Hospital
   d) Any other

85. Who assisted during delivery
   a) Doctor/Nurse
   b) Trained Dai
   c) Relatives
   d) Others

86. a) Do you have normal delivery / Caesarean?
   b) If caesarean, what is the reason mentioned by Doctor
87. During labour / Delivery what are the problem you had.
   a) Fever
   b) Heavy bleeding
   c) Any other

88. Birth weight of the baby at the time of delivery.

____________________ Kgs

POST NATAL CARE

89. Do you have any problems in a period of 3 months after delivery Yes/No
   a) If yes, what are the problems :
      1.
      2.
      3.

90. How many months after birth of this baby you got the menstruation resumed?

____________________ months

91. How many months after this baby you participated in sex.

____________________ months

92. How many months you gave breast feeding to your child?

____________________ months

93. How long after this birth you started giving breast milk to the baby.
   a) Immediately after delivery
   b) After - 4 ours
   c) After - Days

94. How long after the delivery you come back to normal activities.

____________________ months

REPRODUCTIVE TRACT INFECTION

95. Any of your relatives/neighbours in your locality have any of the following infections.
   a) Vaginal itching
   b) Heavy white discharge
   c) Blood stained white discharge
   d) Green, yellowish white discharge
   e) Burning sensation in the genital parts
1) Pain during intercourse
2) Pain after sexual intercourse
3) Bleeding after intercourse
4) Lower abdominal pain
5) Fungal infection (patches) in the vagina.

96. Do you suffer or now suffering with regard to any of the above infection. Yes/No

97. According to you what is the reason for the above infections.

98. If you had any of the above problem, with whom you first discuss
   a) Husband
   b) Mother-in-law
   c) Friends
   d) Any other

99. Do you think that the problem of RTI is increasing day by day. Yes/No

100. What are the reasons for increase of RTI?
   a) Pre-marital Sex
   b) Extra marital Sex
   c) Prostitution
   d) Any other

101. Suppose a women had RTI, Do you think that she can consult Doctor with out any shyness/feal.
     1. Yes
     2. No

102. According to you for the women who feel fear/shyness after having RTI, which may be the best source of treatment
     a) Peer group consultants
     b) Community Centres
     c) Youth Centres
     d) Local Female health worker
     e) Trained Dai

103. To avoid RTI, what are the precautions people should take?
     a) Safe Sex
     b) Avoiding extra marital sex/prostitution
     c) Any other

104. Do you know the details of safe sex (Ask about condoms; Periodical Health checkups)
     1. Yes
     2. No

105. Do you Heard about AIDS
     1. Yes
     2. No

106. Any body in your locality died or suffering due to AIDS
     1. Yes
     2. No

If yes, Details
107. According to you, what are the methods of preventing AIDS
   a) Use of Condoms
   b) Avoid extramarital / premarital sex
   c) Any other (specify)

108. Where from you or your husband buying the condoms, if you are using.

   Sources
   1.
   2.

109. According to your opinion, which is the best place for purchase of condoms
   a) Drugs store (Medical Shop)
   b) Provision store
   c) Ration shops
   d) Through Health worker/Dai
   e) Youth clubs
   f) Vending Machines
   g) Any other specify

110. How you feel if any health department (Health worker) personnel / Voluntary organisations deliver a packet or condoms at your house at regular intervals.

   a) Approve
   b) Disapprove

111. Other than house hold work, are you doing any other work  Yes/No
   a) If yes, what type of work

112. Are you capable of saving any Money on your own, Yes/No
   a) If yes How much : ______________ Rs. per month

113. Are you having any property an your name  Yes/No
   a) If yes, worth of : ______________ Rs.

114. Do your husband consult you regarding decision on important of household activities

   1. Frequently
   2. Rarely
   3. Not at all

115. Do your husband give weightage to your views/suggestions ?

   1. Frequently
   2. Rarely
   3. Not at all

Female Autonomy
116. Do your husband consult you regarding education of your children.
   
   1. Frequently
   2. Rarely
   3. Not at all

117. Are you allowed to go for shopping on your own.
   
   1. Frequently
   2. Rarely
   3. Not at all

118. Do you had any problem because of influence of in-laws on your husband.
   
   1. Frequently
   2. Rarely
   3. Not at all

119. Do your husband and yourself discuss mutually regarding use of family planning methods.
   
   a) Frequently
   b) Rarely
   c) Not at all