ANNEXURES
ANNEXURE

PART-A

HOUSEHOLD QUESTIONNAIRE

1. District :

2. Town/ village :

3. Rural / urban :

4. Name of Household head :

5. Address :

<table>
<thead>
<tr>
<th>Name of person</th>
<th>Relationship with head of household</th>
<th>Sex</th>
<th>age</th>
<th>Marital status</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

6. Educational qualifications (if age 6 years or older)

<table>
<thead>
<tr>
<th>Can read and write</th>
<th>Attending to school</th>
<th>If never attending to school- main reason</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

7. Does any one used

<table>
<thead>
<tr>
<th>Chew pan masala</th>
<th>Drink alcohol</th>
<th>Smoke</th>
<th>Has any person listed ever smoked regularly</th>
<th>Has any bad habit</th>
</tr>
</thead>
<tbody>
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</table>


8. What is the main source of light for your household?
   (a) Electricity   (b) Kerosene
   (c) Gas   (d) Oil   (e) Other

9. Type of house
   (a) Pucca   (b) Semipucca   (c) Kachha

10. How many are there in your household?
   (a) 1-3   (b) 3-5   (c) 5+

11. What type of fuel does your household use for cooking?
    Wood /Crop residence / Dung cakes /Coal/coke/lignite?

12. What is the main source of drinking water for members of your household?

   • Piped water
   • Piped into residence/yard/plot
   • Public tap
   • Ground water
   • Hand pump in residence/yard/plot
   • Public hand pump
   • Well water
   • Well in residence/yard/plot
   • Covered well
   • Open well
   • Public well
   • Covered well
   • Open well
   • Surface water
• Spring / River/stream. /
• Pond/lake.
• Rainwater.
• Tanker truck.
• other

13. How long does it take to go there, get water, and come back in one trip?
Minutes

14. What do you do to purify drinking water, if anything?
Strain by Cloth/ Alum/ Water Filter/ Boiling/ Electronic Purifier/ Nothing
Other

15. What kind of toilet facility does your household have?
Flush toilet / own flush toilet/ shared flush toilet/ public flush toilet/ pit toilet/ latrine
Own pit toilet/ latrine/ shared pit toilet/ latrine/ Public pit toilet/ latrine/ no facility/ bush/ field/ other

16. What other types of fuel does your household commonly use for cooking or heating?
Wood/ crop residues/ dung cakes/ coal/ coke/ lignite/ charcoal
Kerosene/ electricity/ liquid petroleum gas/ bio-gas/ other

17. Does this household own any agricultural land?
YES / NO

18. How much agricultural land does this household own?
ACRES

19. Out of this land, how much is irrigated/ non irrigated?
ACRES
None
20. Does this household own any livestock?  

YES / NO

21. Does the household own any of the following:

A mattress  

1. A pressure cooker  

YES / NO  

2. A chair  

"  

3. A cot or bed  

"  

4. A table  

"  

5. A clock or watch  

"  

6. An electric fan  

"  

7. A bicycle  

"  

8. A radio or transistor  

"  

9. A sewing machine  

"  

10. A telephone  

"  

11. A refrigerator  

"  

12. A black and white television  

"  

13. A colour television  

"  

14. A moped, scooter, or motorcycle  

"  

15. A car  

"  

16. A water pump  

"  

17. A bullock cart  

"  

18. A thresher  

"  

19. A tractor  

"
PART-B

SECTION-1 WOMEN QUESTIONNAIRE

1. Name of the women

2. Are you living with your husband now or is he staying elsewhere?
   a) Living with husband  b) staying elsewhere

3. How old were you at the time of your marriage?

4. Age in completed years

5. Can you read and write YES / NO

6. What is the highest grade of education you completed?
   Degree grade

7. Do you usually read a newspaper or magazine at least once a week? YES / NO

8. Do you usually watch television at least once a week? YES / NO

9. Do you usually listen radio at least once a week? YES / NO

10. Do you usually go to a cinema hall or theater to see a movie at least once in month? YES / NO

SECTION-2 : MENSTRUAL CYCLE

11. Age at Menarche years

12. What is your perception regarding menstruation
   a) Impure  b) Dirty & Untouchable  c) Natural

13. Is there any restrictions imposed on you after menarche?
   a) No restrictions  b) can’t go out with brothers or male members
   c) Can go only to certain places  d) allowed if accompanied

14. Is there any restrictions imposed during menstruation?
   a) No restrictions  b) Not allowed to touch water
   c) Not allowed to enter the house  d) Not allowed to enter the pooja room
   e) Not allowed to go out  f) Not allowed do ant household work
   g) Any other.
15. What is the duration of your menstrual cycle ________ days?

16. Are you getting periods regularly?
   a) Regularly       b) Irregular

17. If irregular what would be the reason specify?

18. How is your menstrual flow?
   a) Scanty       b) Normal       c) Profuse

19. Do you experience blood clotting during menstrual period?

20. Do you experience the following in your menstruation?

<table>
<thead>
<tr>
<th>Feelings</th>
<th>Before</th>
<th>During</th>
<th>After</th>
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<tbody>
<tr>
<td>Uncomfortable</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tension and irritation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stomachache</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Calf muscles pain</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fullness of breast, abdomen, face &amp; feet</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>irritability</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>weakness</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>backache</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lower abdomen pain</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Relaxed and happy</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Normal and comfortable</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Any other(specify)</td>
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</table>

SECTION-3: REPRODUCTION

21. How many years after marriage did you have first birth? __

22. Do you have any sons and daughters to whom you given birth? YES / NO

23. Total number of births during your life time
   a) One    b) two    c) more than two    d) none
24. How many still births have you had? _______ number of still births.

25. Have you ever had an abortion? YES / NO

26. Is yes a) no. of spontaneous abortions? b) No. of induced abortions

27. If spontaneous abortion, reasons ______________

28. If induced abortions causes a) perinatal mortality b) intrauterine death c) any other(specify)

29. Which month of pregnancy that abortion has happened? _______ month of pregnancy?

30. Did you take care after abortion? YES / NO

31. Have you experienced any complication after abortion? a) Uterine perforation b) Haemorrhage c) pelvic infection d) bleeding

32. Who were attended for induced abortion? a) Relative b) Local trained Dai c) Trained Dai d) ANM e) Doctor

33. What was your age at first child birth? _______ years
SECTION - 4 : ANTENATAL, NATAL, AND POSTNATAL CARE
(Safe Motherhood)

34. At the time you became did you want to become pregnant then, did you want to wait until later, or did you want no (more) children at all?
   a) Then   b) later   c) no more

35. How much longer would you like to have waited?
   MONTHS _______ YEARS. ________

36. When you were pregnant with did you go for an antenatal check-up? YES / NO

37. Whom did you see? Anyone else?
   Health professional Doctor / ANM/NURSE/MIDWIFE/LHV / Other health professionals / Traditional birth attendant / (dai) / Other

38. When you were pregnant with, did any health worker visit you at home for an antenatal check-up? YES / NO

39. How many months pregnant were you when you first received an antenatal check-up? Months ________

40. How many times did you receive antenatal check-ups during this pregnancy? No. Of times _________

41. Did you have the following performed at least once during any of your antenatal check-ups for this pregnancy:
   - Weight measured YES / NO
   - Height measured YES / NO
   - Blood pressure checked YES / NO
   - Blood test YES / NO
   - Urine test YES / NO
   - Abdomen examined YES / NO
   - Internal exam YES / NO
   - X-ray YES / NO
   - Sonogram or ultrasound YES / NO
   - Amniocentesis YES / NO
42. Did you receive advice on any of the following during at least one of your antenatal check-ups for this pregnancy:

- Diet
- Danger signs of pregnancy
- Delivery care
- Newborn care
- Family planning

43. What is the main reason you did not receive an antenatal check-up?
   a) Not necessary
   b) Not customary
   c) Cost too much
   d) Too far
   e) No transport
   f) Family did not allow
   g) Lack of knowledge
   h) No health worker visited
   i) Other (specify)

44. When you were pregnant did you experience any of the following problems at any time:

- Night blindness
- Blurred vision
- Convulsions not from fever
- Swelling of the legs, body, or face?
- Excessive fatigue
- Anaemia
- Any vaginal bleeding

45. When you were pregnant, were you given any iron folic tablets or syrup?

46. Did you receive enough iron folic tablets or syrup to last about three months or longer?

47. Did you consume all the iron folic tablets or syrup you were given?

48. When you were pregnant, were you given an injection in the arm to prevent you and the baby from getting tetanus?
49. During this pregnancy, how many times did you get this injection?
   TIMES ______
   Where did you give birth to?
   (a) HOME: Your home / parents' home / other home
   (b) PUBLIC MEDICAL SECTOR: Public medical sector / public medical sector / govt dispensary/UHC/UHP/UFWC/CHC/rural hosp./phc....sub-centre/other public sector / other public sector health facility
   (c) PRIVATE MEDICAL SECTOR: Pvt. Hospital/clinic/ Pvt. Maternity home/ other private sector

50. What is the main reason you did not go to a health facility for delivery?
   a) Not necessary   b) cost too much   c) Too far   d) no transport
   e) poor quality service   f) no time to go   g) family did not allow
   h) better care at home   i) lack of knowledge

51. Who assisted with the delivery? Anyone else?
   (a) health professional: doctor / ANM/nurse/midwife/LHV / other health professional
   (b) other person / Dai (TBA) / friend/relative
   (c) Other____________________

52. Was baby delivered by caesarian section? YES / NO

53. When was born, were he/she:
   a) Large   b) average   c) small or Very small

54. Were you weighed at birth? YES / NO

55. How much did baby weigh?
   GRAMS ________

56. Now I would like to ask you about the 2-month period after the delivery. During that period, did a doctor or other health professional check your health or the health of your baby? YES / NO

57. How soon after the birth did you first get a check-up?
   DAYS ____ WEEKS ________
58. Where did you get the check-up?
   a) Home visit
   b) Public medical sector: govt. Dispensary/ UHC/UHP/UFWC  CHC/rural hosp./PHC. Sub-centre /Other public sector health facility/
   c) Private medical sector: Pvt. Hospital/clinic/ maternity home./other private sector/ health facility /other (specify)

59. Did any of the following happen when you had the check-up?
   a) Was your abdomen examined YES / NO
   b) Did you receive advice on family planning YES / NO
   c) Did you receive advice on breastfeeding? YES / NO
   d) Did you receive advice on baby care? YES / NO

60. At any time during the two months after the delivery of (NAME), did you have any of the following?
   Massive vaginal bleeding YES / NO
   Very high fever YES / NO

SECTION-5: CONTRACEPTION

61. The various ways or methods that a couple can use to delay or avoid a pregnancy.
   i) Pill Women can take a pill daily or weekly
      a) Has used       b) has heard, but has not used       c) has not heard
   ii) Condom or Nirodh Men can use a rubber sheath during sexual intercourse
      a) Has used       b) has heard, but has not used       c) has not heard
   iii) IUD or Loop Women can have a loop or coil placed inside them by a doctor or a nurse
      (a) has used (b) has heard, but has not used (c) has not heard
   iv) Female sterilization: women can had an operation to avoid having any more children?
   v) Have you ever heard of female sterilization? YES / NO
      If yes, have ever had an operation to avoid having any more children
   vi) Male sterilization: Men can have an operation to avoid having any more children? YES / NO
If yes, have your husband ever had an operation to avoid having any more children

vii) Rhythm or safe period method Couples can avoid having sexual intercourse on certain days of the month when the woman is more likely to become pregnant.
   a) has used b) has heard, but has not used c) has not heard

vii) Withdrawal Men can be careful and pull out before climax.
   a) has used b) has heard, but has not used c) has not heard

viii) Have you ever heard of any other ways or methods that women or men can use to delay or avoid pregnancy? YES/NO
ix) If yes
   a) has used b) has heard, but has not used c) has not heard

62. Have you ever used anything or tried in any way to delay or avoid getting pregnant YES/NO

63. When you first did something or used a method to delay or avoid getting pregnant.

64. How many living children did you have at that time? if any ________

65. Are you or your husband currently doing something or using any method to delay or avoid getting pregnant YES/NO

66. If yes which method are you using?
   a) Pill b) condom / nirodh c) IUD / loop
d) female sterilization e) male sterilization f) rhythm / safe period

67. For how many months have you been using pills / condoms continuously?
   a) Months ________ b) Years ________

68. Where did you obtain the pills/condoms the last time?
   a) public medical sector b) private medical sector c) other

69. Do you know where this person obtained the pills/condoms the last time?
   a) public medical sector b) private medical sector c) other
70. Did he/she tell you about any other methods that you might use?  YES / NO

71. Which other methods were you told about?
   (a) Pill, condom/nirodh, IUD/loop, female sterilization
   (b) male sterilization, Rhythm/safe period withdrawal, other (specify)

72. At the time when you accepted the (CURRENT METHOD) did any health or family planning worker tell you about side effects or other problems you might have using (CURRENT METHOD)?  YES / NO

73. Were you told what to do in case you experienced problems with the method?  YES / NO

74. Did you receive any follow-up, either at home or in a health facility, after you accepted the (current method)?
   a) At Home Only       b) In A health Facility Only
   c) Both               d) Neither

75. For how long have you been using this method continuously?
   a) Months _______ b) years _______

76. Have you had any problems related to the use of (CURRENT METHOD)?  YES / NO

77. If yes, what problems have you had related to the use of current method?
   (a) weight gain       (b) weight loss    (c) too much bleeding
   d) headache/body ache/backache     e) weakness/tiredness/
   f) Abdominal pain       g) white discharge h) irregular periods

78. What is the main reason you stopped using family planning?
   Method Failed / Got Pregnant / Created Menstrual Problem / Created Health Problem / Put On Weight / Wanted To Have A Child

79. What is the main reason you are not using a method of contraception to delay or avoid pregnancy?
   a) Husband away b) wants more children c) husband opposed
   d) against religion e) Lack knowledge f) worry about side effects
80. Do you think you will use a method to delay or avoid pregnancy within the next 12 months?  
   YES / NO

81. Which method would you prefer to use?  
   a) condom/nirodh  
   b) IUD/loop  
   c) female sterilization  
   d) male sterilization  
   e) rhythm/safe period  
   f) withdrawal  
   g) other (specify)

82. What is the main reason that you think you will not use a family planning method at any time in the future?

83. In the last few months, have you discussed the practice of family planning with your husband, friends, neighbors, or relatives?

84. In the last few months, have you heard or seen any message about family planning:
   On radio  
   On television  
   In a cinema or film  
   In a newspaper  
   On wall painting or boarding  
   In a drama, folk dance or street  
   YES / NO

SECTION-6 : UTILIZATION OF HEALTH CARE SERVICES

85. During last pregnancy did ANM visited your home?  
   YES / NO

86. Did ANM advise you to have medical check up at any health facility and where did you go?
   a) No  
   b) advised but not gone  
   c) Private clinic  
   d) Govt. sub center  
   e) PHC  
   f) District hospital

87. How far PHC or health facilities available?
   a) very near  
   b) 1 KM  
   c) 2KM  
   d) above 2 KM

88. Whom do you approach of you have any health problems?
   a) No help  
   b) Self treatment at home  
   c) Traditional leader  
   d) Village health worker (ANM)  
   e) Govt. Doctor
89. If you suffering from the following to whom you approach

<table>
<thead>
<tr>
<th>S No</th>
<th>No action</th>
<th>Self treatment</th>
<th>Medical help</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Menstrual problems</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>RTI</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>UTI</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Incontinence</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Uterine Prolapsed</td>
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</tr>
</tbody>
</table>

90. During the last 12 months, has a health or family planning worker visited you at home? YES / NO

91. During these visits, who were the different matters talked about?
   a) family planning  b) Breast feeding  c) Supplementary feeding
   d) Immunization  e) Nutrition  f) Disease prevention
   g) Treatment  h) Ante natal care  i) Postpartum care
   j) Delivery  k) Child Care  l) Sanitation/Cleanliness
   m) Oral Re-hydration  n) Any other (specify)

92. Who visited you at that time?
   a) Govt. doctor  b) ANM/LHV  c) AWW
   d) Private doctor  e) Private nurse  f) Dai(TAB)

93. What type of services did you receive during this visit?
   a) Pill supply  b) Condom supply  c) Follow-up for sterilization
   d) Follow-up for IUD insertion  e) Family planning advice
   f) Other Family planning service  g) Immunization
   h) Ante-natal care  i) Delivery care  j) postpartum care
   k) Disease prevention  l) Medical treatment  m) treatment for sick child

94. Did she/he spend enough time with you? YES / NO

95. Did she/he talk to you nicely, some what nicely or not nicely?
   a) Nicely  b) some what nicely  c) not nicely

96. Have you visited a health facility or camp for any reason for yourself (or) your children in last 12 months?
   a) Family planning  b) Breast feeding  c) Supplementary feeding
   d) Immunization  e) Nutrition  f) Disease prevention
   g) Treatment  h) Ante natal care  i) Postpartum care
   j) Delivery  k) Child Care  l) Sanitation / Cleanliness
97. What type of health facility did you visit most recently for yourself (or) your children?
   a) Govt. doctor  b) ANM/LHV  c) AWW
   d) Private doctor  e) Private nurse  f) Dai(TAB)

98. What service did you go for?
   a) Pill supply  b) Condom supply
   c) Follow-up for sterilization  d) Follow-up for IUD insertion
   e) Family planning advice  f) Other Family planning service
   g) Immunization  h) Ante-natal care
   i) Delivery care  j) postpartum care
   k) Disease prevention  l) Medical treatment
   m) treatment for sick child

99. Did you receive the service that you went for?  YES / NO

100. How long did you wait before being served?
   a) minutes  b) hours  c) not wait at all  d) Other(specify)

101. During this visit did the staff spend enough time with you?  YES / NO

102. Did she/he talk to you nicely, some what nicely or not nicely?
   a) nicely  b) some what nicely  c) not nicely

103. Did the staff respect your need for privacy?  YES/NO/says privacy not needed

104. Would you say the facility was very clean, somewhat clean, or not clean?
   a) Very clean  b) Some what clean  c) Not clean

SECTION -7 : FERTILITY AND FERTILITY PREFERENCES

105. Have you ever thought how many children are desirable for you?
   a) Sons  b) daughters  c) no. of children irrespective of sex

106. If respondents not pregnant, would you like to have (a/another) child or would you prefer to not have any more children?
   a) Have a (another) child  b) no more/none
   c) up to God  d) undecided/don’t know
107. If respondent pregnant, after the child you are expecting, would you like to have another child, or would you prefer not to have any more children?
   a) Have a (another) child        b) no more/ none
   c) up to God                    d) undecided/ don’t know

108. Would you prefer your next child to be a
   a) Boy     b) Girl      c) doesn’t matter   d) up to God

109. How long would you like to wait from now before wait after the birth of 
   (a/another) the child you are expecting child? Before the birth of another child?
   a) Months  b) Years    c) Soon/Now   d) says she can’t get pregnant

110. Who will decide to have total number of children in your family
   a) Self      b) Husband   c) Wife & Husband (both) d) In laws

111. Preference of son
   a) Until a son is born        b) One more chance  c) Two more chances
   d) Three more chances         e) Not applicable

SECTION -8: REPRODUCTIVE HEALTH STATUS

112. How many times did you pass urine in a day?
   a) Once    b) Twice         c) Thrice     d) Very frequency

113. During past 6 months did you have burning sensation, pain, or difficulty while Urinating

114. Did you feel urgency to pass urine?

115. During past 6 months did you experience pain in lower abdomen?

116. Did you experience pain intercourse?

117. During past 6 months did you have any problem of vaginal discharge? (White discharge)

118. If yes, what was the nature of discharge?
   a) Thick, white, cottage cheese like discharge
   b) Thin, yellow, foul smelling discharge
   c) Thin, gray or white foul smelling discharge
   d) Mucoid non foul smelling, small in amount present only
119. While vaginal discharge did you get itching or ulcers or both in the vaginal area?
   a) none  b) itching  c) ulcer  d) itching/ulcer

120. With vaginal discharge did you have severe abdominal pain?  YES / NO

121. With the vaginal discharge did you have any problems?
   a) Blood in vaginal discharge
   b) Unusual bleeding between periods
   c) Unusual bleeding after intercourse
   d) Swelling of the abdomen

122. Did you have fever with the discharge?  YES / NO

123. Knowledge about reproductive health
   a) Girl can get pregnant if she has sexual intercourse during her periods  YES / NO
   b) Teenage girls should perform a breast self examination once a month after the onset of puberty  YES / NO
   c) If a teenage girl does not get periods by the time, she is 14, she should see a doctor  YES / NO
   d) Pregnancy happens when a sperm fertilizes an ovum (egg).  YES / NO
   e) Girls cannot get pregnant if they have sex for the first time.  YES / NO
   f) Teenage girls cannot get HIV from teenage boys who had sex only a few times  YES / NO
   g) If a girl has sex only once in a while she really does not need birth control  YES / NO
   h) You cannot get HIV from people you really know well  YES / NO
   i) A highly reliable method of avoiding pregnancy and STD infections is to use a condom  YES / NO
   j) STDs usually go away on their own  YES / NO
   k) It is possible to have more than one STD at time  YES / NO
   l) Once you have a STD you cannot get the same once again  YES / NO
SECTION -9 : FAMILY LIFE EDUCATION

124. Do you think that family life education is essential for good reproductive health? YES / NO

125. In your opinion right age at marriage for girls
   a) 18 years  b) 21 years  c) any other (specify)

126. What is your opinion about marriage after conception should wait at least
   a) 1 year  b) 2 years  c) 3 years

SECTION-10 : KNOWLEDGE ON HIV/AIDS

127. Have you ever heard of an illness called AIDS? YES / NO

128. From which sources of information have you learned about AIDS?
   a) Through the mass media like:  a) Radio.  b) Television
   c) cinema  d) newspapers/magazines  e) posters/hoardings
   f) exhibition/ mela
   b) Through the people like: doctors/AWW/Religious leaders/ political leaders/teachers/Friends
   c) other source : community meeting/ adult education programme/ exhibitions
   d) Any other source

129. Is there anything a person can do to avoid getting aids? YES / NO / DK.

130. What can a person do?
   a) Abstain from sex / use condoms
   b) Have only one sex partner
   c) Avoid sex with commercial sex workers
   d) Avoid sex with homosexuals any other ways Avoid blood transfusions
   e) Avoid injections
   f) Use clean needles
   g) Avoid i.v. drug use
   h) Avoid kissing
   i) Avoid hugging
   j) Avoid hand shaking
k) Avoid sharing clothes  
l) Avoid sharing utensils  
m) Avoid sharing shaving kits / razors  
n) Avoid stepping on urine / stool  
o) Avoid mosquito bites other (specify)  

131. What do you know about AIDS?  

132. Are you aware that AIDS is a serious health hazard to man kind? YES / NO  

133. Are you thinking the following factors may result in AIDS infection?  
a) Kissing  b) shaking hands  c) hugging  
d) playing together  e) studying together  f) eating from same plate  
g) using same toilet facilities