Appendices
# APPENDIX –I

## ACRONYMS

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIDS</td>
<td>Acquired Immuno Deficiency Syndrome</td>
</tr>
<tr>
<td>ANC</td>
<td>Antenatal Care</td>
</tr>
<tr>
<td>ANM</td>
<td>Auxilary Nurse Midwife</td>
</tr>
<tr>
<td>ARI</td>
<td>Acute Respiratory Infections</td>
</tr>
<tr>
<td>AWW</td>
<td>Anganwadi Worker</td>
</tr>
<tr>
<td>BCG</td>
<td>Bacillus Calmite Guarine</td>
</tr>
<tr>
<td>CBR</td>
<td>Crude Birth Rate</td>
</tr>
<tr>
<td>CDR</td>
<td>Crude Death Rate</td>
</tr>
<tr>
<td>CHC</td>
<td>Community Health Centre</td>
</tr>
<tr>
<td>CMW</td>
<td>Currently Married Women</td>
</tr>
<tr>
<td>CPR</td>
<td>Contraceptive Prevalence Rate</td>
</tr>
<tr>
<td>DLHS</td>
<td>District Level Household Survey</td>
</tr>
<tr>
<td>DPT</td>
<td>Disphtheria, Pertussis and Tetanus</td>
</tr>
<tr>
<td>EPI</td>
<td>Expanded Programme on Immunization</td>
</tr>
<tr>
<td>EW</td>
<td>Eligible Women</td>
</tr>
<tr>
<td>FP</td>
<td>Family Planning</td>
</tr>
<tr>
<td>FRU</td>
<td>First Referral Unit</td>
</tr>
<tr>
<td>GIRH &amp; FWT</td>
<td>Gandhigram Institute of Rural Health and Family Welfare Trust.</td>
</tr>
<tr>
<td>GoI</td>
<td>Government of India</td>
</tr>
<tr>
<td>HIV</td>
<td>Human Immuno deficiency Virus</td>
</tr>
<tr>
<td>ICPD</td>
<td>International Conference on Population Development</td>
</tr>
<tr>
<td>IEC</td>
<td>Information, Education &amp; Communication</td>
</tr>
<tr>
<td>IFA</td>
<td>Iron Folic Acid</td>
</tr>
<tr>
<td>IIPS</td>
<td>International Institute for Population Sciences</td>
</tr>
<tr>
<td>IMR</td>
<td>Infant Mortality Rate</td>
</tr>
<tr>
<td>ISM</td>
<td>Indian System of Medicine</td>
</tr>
</tbody>
</table>
IUD ; Intra Uterine Device
LHV ; Lady Health Visitor
MCH ; Maternal and Child Health
MMR ; Maternal Mortality Rate
MoHFW ; Ministry of Health and Family Welfare
MTP ; Medical Termination of Pregnancy
NSSO ; National Sample Survey Organization
NSV ; No Scalpel Vasectomy
OBC ; Other Backward Classes
ORS ; Other Rehydration Salt
ORT ; Other Rehydration Therapy
PHC ; Primary Health Centre
PPC ; Post – Partum Centre
PPM ; Parts Per Million
PRC ; Population Research Centre
PSU ; Primary Sampling Unit
RCH ; Reproductive and Child Health
RTI ; Reproductive Tract Infection
SC ; Scheduled Caste
ST ; Scheduled Tribe
STI ; Sexually Transmitted Infection
TBA ; Trained Birth Attendant
TFR ; Total Fertility Rate
TT ; Tetanus Toxoid
UFS ; Urban Frame for Survey
UIP ; Universal Immunization Programme
WHO ; World Health Organization
## APPENDIX –II
DISTRICT LEVEL HOUSEHOLD SURVEY REPRODUCTIVE AND
CHILD HEALTH (RCH)
Round II, Phase II, 2003-2004

### HOUSEHOLD QUESTIONNAIRE

**Identification**

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
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<tbody>
<tr>
<td>STATE :</td>
<td></td>
</tr>
<tr>
<td>DISTRICT :</td>
<td></td>
</tr>
<tr>
<td>TEHSIL/TALUK/COMMUNITY DEVELOPMENT BLOCK/MANDAL</td>
<td></td>
</tr>
<tr>
<td>PSU (VILLAGE / URBAN WARD/UF)</td>
<td></td>
</tr>
<tr>
<td>VILLAGE SEGMENT /CENSUS /ENUMERATION BLOCK:</td>
<td></td>
</tr>
<tr>
<td>TYPE OF LOCALITY RURAL:</td>
<td>1</td>
</tr>
<tr>
<td>URBAN:</td>
<td>2</td>
</tr>
<tr>
<td>HEAD OF THE HOUSEHOLD NAME:</td>
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</tr>
<tr>
<td>ADDRESS:</td>
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</tr>
<tr>
<td>SERIAL NUMBER OF THE VILLAGE QUESTIONNAIRE</td>
<td></td>
</tr>
<tr>
<td>SERIAL NUMBER OF THE HOUSEHOLD QUESTIONNAIRE</td>
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**Interview Date**

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
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</thead>
<tbody>
<tr>
<td>DATE</td>
<td></td>
</tr>
<tr>
<td>MONTH</td>
<td></td>
</tr>
<tr>
<td>YEAR</td>
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**Result Status of the Household Questionnaire**

<table>
<thead>
<tr>
<th>Status</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMPLETED</td>
<td>1</td>
</tr>
<tr>
<td>HOUSEHOLD PRESENT BUT NO COMPETENT RESP. AT HOME</td>
<td>2</td>
</tr>
<tr>
<td>HOUSEHOLD ABSENT</td>
<td>3</td>
</tr>
<tr>
<td>REFUSED</td>
<td>4</td>
</tr>
<tr>
<td>DWELLING VACANT / ADDRESS NOT A DWELLING</td>
<td>5</td>
</tr>
<tr>
<td>DWELLING DESTROYED</td>
<td>6</td>
</tr>
<tr>
<td>DWELLING NOT FOUND</td>
<td>7</td>
</tr>
<tr>
<td>OTHER</td>
<td>8</td>
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**Result Status of the Woman / Husband Questionnaire**

<table>
<thead>
<tr>
<th>Line Number</th>
<th>Status</th>
<th>Value</th>
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</thead>
<tbody>
<tr>
<td>ELIGIBLE WOMAN</td>
<td>RESULT STATUS</td>
<td></td>
</tr>
<tr>
<td>HUSBAND OF ELIGIBLE WOMAN</td>
<td>RESULT STATUS</td>
<td></td>
</tr>
<tr>
<td>COMPLETED</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>NOT AT HOME</td>
<td>2</td>
<td>PARTLY COMPLETED</td>
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<tr>
<td>REFUSED</td>
<td>3</td>
<td>OTHER</td>
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**Number of Eligible Woman Interviewed**

<table>
<thead>
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<th>Value</th>
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**Number of Husband Interviewed**

<table>
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<th>Value</th>
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**Line Number of Respondent in Household Schedule**

<table>
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<tr>
<th>Value</th>
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**No. of Visits Made**

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<th>Value</th>
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**Spot Checked By**

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**Field Edited By**

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**Office Edited By**

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**Keyed By**

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**Name of the Investigator**

| Value |

**Signature of the Investigator**

| Value |
### HOUSEHOLD CHARACTERISTICS

Now I would like to have some information about the people who usually live in your household and the visitors to your household.

<table>
<thead>
<tr>
<th>LINE NO</th>
<th>USUAL RESIDENTS OF THE HH AND VISITORS</th>
<th>RELATIONS WITH HEAD OF HH</th>
<th>RESIDENCE</th>
<th>SEX</th>
<th>AGE</th>
<th>IF AGE ≥ 10 YEARS</th>
<th>IF AGE ≥ 7 YEARS EDUCATION</th>
<th>DOES ANYONE LISTED SUFFER FROM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q101</td>
<td>Please tell me the names of the persons who usually live in your household and visitors to the household starting with the head of the household</td>
<td>What is the relationship of (NAME) to the head of the household</td>
<td>Does (NAME) usually live here? Y=1 N=2</td>
<td>If, yes, is (NAME) away from HH tempo – rarely? How many days continuously is he/she away from HH? Y=1 N=2</td>
<td>If, No for Q103, for how many days in (NAME) staying continuously here in this HH?</td>
<td>How old is (NAME) completed year</td>
<td>What is the current marital status of (NAME)? Y=1 N=2</td>
<td>Cam (NAME) read and write Y=1 N=2</td>
</tr>
<tr>
<td>01</td>
<td>(a)</td>
<td>(b)</td>
<td>(c)</td>
<td>(d)</td>
<td>(e)</td>
<td>(f)</td>
<td>(g)</td>
<td>(h)</td>
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<tr>
<td>02</td>
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</table>

Q 100: RECORD THE TIME: HOURS __ MINUTES ___
<p>| | | | | | | | | | | | |</p>
<table>
<thead>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Total persons in HH</th>
<th>Number of Males in HH</th>
<th>Number of Female in HH</th>
</tr>
</thead>
</table>

CIRCLED THE SERIAL NUMBERS OF ALL ELIGIBLE WOMAN: (CURRENTLY MARRIED WOMAN IN THE AGE GROUP (15-44) WHOSE MARRIAGE IS CONSUMMATED AND WHO IS USUAL RESIDENT OR A VISITOR STAYED IN THIS HH ON TE LAST NIGHT

<table>
<thead>
<tr>
<th>CODES FOR Q.102</th>
<th>RELATIONSHIP TO THE HEAD OF HOUSEHOLD:</th>
</tr>
</thead>
<tbody>
<tr>
<td>01=HEAD</td>
<td></td>
</tr>
<tr>
<td>02=WIFE OR HUSBAND</td>
<td></td>
</tr>
<tr>
<td>03=SON OR DAUGHTER</td>
<td></td>
</tr>
<tr>
<td>04=SON –IN-LAW OR DAUGHTER –IN-LAW</td>
<td></td>
</tr>
<tr>
<td>05=GRANDCHILD</td>
<td></td>
</tr>
<tr>
<td>06=PARENT</td>
<td></td>
</tr>
<tr>
<td>07=PARENT-IN-LAW</td>
<td></td>
</tr>
<tr>
<td>08=BROTHER OF SISTER</td>
<td></td>
</tr>
<tr>
<td>09=BROTHER-IN-LAW OR SISTER –IN-LAW</td>
<td></td>
</tr>
<tr>
<td>10=NIECE OR NEPHEW</td>
<td></td>
</tr>
<tr>
<td>12=ADOPTED /FOSTER CHILD</td>
<td></td>
</tr>
<tr>
<td>13=NOT RELATED</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CODES FOR Q.104</th>
<th>AWAY FROM THE HH</th>
</tr>
</thead>
<tbody>
<tr>
<td>00=NOT AWAY</td>
<td></td>
</tr>
<tr>
<td>OTHER</td>
<td></td>
</tr>
<tr>
<td>WISE</td>
<td></td>
</tr>
<tr>
<td>ACTUAL DURATION</td>
<td></td>
</tr>
<tr>
<td>IN DAYS MORE THAN 3 MONTH RECORD 90</td>
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</table>

<table>
<thead>
<tr>
<th>CODES FOR Q.107</th>
</tr>
</thead>
<tbody>
<tr>
<td>00=AGE LESS THAN ONE YEAR</td>
</tr>
<tr>
<td>95=AGE 95 YEARS OR MORE</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>CODES FOR Q.108</th>
</tr>
</thead>
<tbody>
<tr>
<td>1=CURRENTLY MARRIED</td>
</tr>
<tr>
<td>2=MARRIED, BUT GAUNA NOT PERFORMED</td>
</tr>
<tr>
<td>3=WIDOWED/DIVORSED/SEPARATED</td>
</tr>
<tr>
<td>4=NEVER MARRIED</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>CODES FOR Q.110</th>
</tr>
</thead>
<tbody>
<tr>
<td>00=LESS THAN 1 YEAR</td>
</tr>
<tr>
<td>0=LESS THAN 1 YEAR</td>
</tr>
<tr>
<td>2=COMPLETE</td>
</tr>
<tr>
<td>3=NIGHT</td>
</tr>
<tr>
<td>4=NO</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>CODES FOR Q.111</th>
</tr>
</thead>
<tbody>
<tr>
<td>1=PARTIAL</td>
</tr>
<tr>
<td>2=COMPLETE</td>
</tr>
<tr>
<td>3=NIGHT</td>
</tr>
<tr>
<td>4=NO</td>
</tr>
<tr>
<td>Q.No</td>
</tr>
<tr>
<td>------</td>
</tr>
</tbody>
</table>
| Q114 | What is the religion of the head of this household? | HINDU---------- 1  
MUSLIM---------- 2  
CHRISTIAN------- 3  
SIKH------------ 4  
BUDDHIST-------- 5  
JAIN------------ 6  
ZOROASTRIAN----- 7  
NO RELIGION----- 8  
OTHER----------- 9  
(SPECIFY)      |
| Q115 | A. What is the caste / tribe of the head of this household? | SCHEDULED CASTE- 1  
SCHEDULED TRIBE- 2  
OTHER BACKWARD CLASS- 3  
OTHERES--------- 4  
DO NOT KNOW----- 5  
(SPECIFY)      |
|       | B. Does he/she belong to Scheduled Caste, Scheduled Tribe or Other Backward Class? |
| Q116 | What is the main source of drinking water for your household? | TAP (INSIDE RESIDENCE/YARD/PLOT) 1  
TAP (SHARED / PUBLIC)------- 2  
HANDPUMP/BOREWELL--------- 3  
WELL-COVERED------------ 4  
WELL-UNCOVERED--------- 5  
RIVER--------------------- 6  
POND---------------------- 7  
SPRING------------------- 8  
OTHER------------------ 9  
(SPECIFY)      |
| Q117 | Type of house? (RECORD BY OBSERVATION) | KACHCHA-------- 1  
SEMI-PUCCA------ 2  
PUCCA---------- 3  |
| Q118 | What type of toilet facility does your household have? | OWN FLUSH TOILET--- 1  
OWN PIT TOILET------ 2  
SHARED TOILET (ANY TYPE)--- 3  
PUBLIC/COMMUNITY TOILET (ANY TYPE)---- 4  
NO TOILET FACILITY-- 5  |
| Q119 | What is the main source of lighting for your household? | ELECTRICITY ------ 1  
KEROSENE-------- 2  
OTHER---------- 3  |
| Q120 | What type of fuel does your household mainly use for cooking? | LIQUID PETROLIUM--- 1  
GAS/ELECTRICITY---- 2  
KEROSENE-------- 2  
WOOD------------ 3  
OTHER---------- 4  |
| Q121 | Does your household own any of the following? (ASK ABOUT EACH ITEM SEPARATELY) | YES  NO |
|       | FAN------------- 1  | 2  |
|       | RADIO/TRANSISTER-- 1  | 2  |
|       | SEWING MACHINE--- 1  | 2  |
|       | TELEVISION------ 1  | 2  |
|       | TELEPHONE------- 1  | 2  |
|       | BICYCLE--------- 1  | 2  |
|       | MOTOR CYCLE /SCOOTER-- 1  | 2  |
|       | CAR/JEEP------- 1  | 2  |
|       | TRACTOR-------- 1  | 2  |
| Q122 | Was there any marriage of usual residents of this household since January 1, 2001? | Yes--------------------- 1  
No---------------------- 2  |
Q123  a. How many marriages were there?
    b. What was the age of the person at the time of marriage?

<table>
<thead>
<tr>
<th></th>
<th>BOYS</th>
<th>GIRLS</th>
<th>TOTAL</th>
</tr>
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<tbody>
<tr>
<td>BOY</td>
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</tr>
<tr>
<td>GIRL</td>
<td></td>
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</table>

Q124  Did any usual resident of this household die since January 1, 2001?

- Yes-----------------------------------------------1
- No------------------------------------------------2

Q125  How many persons died?

<table>
<thead>
<tr>
<th></th>
<th>MALE</th>
<th>FEMALE</th>
<th>TOTAL DEATHS</th>
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</tr>
<tr>
<td>Q126</td>
<td>Q127</td>
<td>Q128</td>
<td>Q129</td>
</tr>
<tr>
<td>------</td>
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</tr>
<tr>
<td>What (was/were) the name(s) of the person(s) who died?</td>
<td>Was (Name) a male or a female?</td>
<td>How old was he/she when he/she died</td>
<td>In what month and year did (name) die?</td>
</tr>
<tr>
<td>MALE = 1</td>
<td>FEMALE=2</td>
<td>RECORD DAYS IF LESS THAN 1 MONTH. MONTHS IF LESS THAN TWO YEARS, OR YEARS</td>
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<tr>
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</tr>
<tr>
<td></td>
<td>(Name)</td>
<td>DAYS--------1</td>
<td>MONTHS------2</td>
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<tr>
<td>01</td>
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<td>MON</td>
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</tr>
<tr>
<td></td>
<td></td>
<td>YES----------1</td>
<td>NO----------2</td>
</tr>
<tr>
<td>02</td>
<td></td>
<td>YES----------1</td>
<td>NO----------2</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(Name)</td>
<td>DAYS--------1</td>
<td>MONTHS------2</td>
</tr>
<tr>
<td>03</td>
<td></td>
<td>MON</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>YES----------1</td>
<td>NO----------2</td>
</tr>
<tr>
<td>04</td>
<td></td>
<td>YES----------1</td>
<td>NO----------2</td>
</tr>
<tr>
<td></td>
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<tr>
<td></td>
<td>(Name)</td>
<td>DAYS--------1</td>
<td>MONTHS------2</td>
</tr>
<tr>
<td>05</td>
<td></td>
<td>MON</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>YES----------1</td>
<td>NO----------2</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(Name)</td>
<td>DAYS--------1</td>
<td>MONTHS------2</td>
</tr>
</tbody>
</table>
## ASK ONLY IN CASE OF MATERNAL DEATH

<table>
<thead>
<tr>
<th>Q.NO</th>
<th>QUESTION AND FILTERS</th>
<th>CODING CATEGORIES</th>
<th>FOR DEATH</th>
<th>FOR DEATH</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q135</td>
<td>Serial number of Q.126</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q136</td>
<td>What was her parity?</td>
<td>PARITY</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q137</td>
<td>How many months pregnant was she when she died/ she delivered?</td>
<td>MONTHS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q138</td>
<td>Where did the delivery / abortion take place?</td>
<td>GOVT HOSPITAL</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>PRIVATE HOSPITAL</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>GOVT. ISM HOSPITAL</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>PRIVATE ISM HOSPITAL</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>HOME</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>OTHER</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>Q139</td>
<td>How many days after the delivery / abortion did she die?</td>
<td>DIED DURING PREGNANCY</td>
<td>99</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>DIED DURING DELIVERY ON THE SAME DAY</td>
<td>00</td>
<td></td>
</tr>
<tr>
<td>Q140</td>
<td>Did she experience any of the following health problem during pregnancy, delivery or post delivery/ abortion period? (ASK ABOUT EACH SEPARATELY)</td>
<td>PREGNANCY</td>
<td>YES NO DK</td>
<td>YES NO DK</td>
</tr>
<tr>
<td></td>
<td></td>
<td>SWELLING OF HANDS AND FEET</td>
<td>1 2 3</td>
<td>1 2 3</td>
</tr>
<tr>
<td></td>
<td></td>
<td>PALENESS</td>
<td>1 2 3</td>
<td>1 2 3</td>
</tr>
<tr>
<td></td>
<td></td>
<td>VISUAL DISTURBANCES</td>
<td>1 2 3</td>
<td>1 2 3</td>
</tr>
<tr>
<td></td>
<td></td>
<td>BLEEDING</td>
<td>1 2 3</td>
<td>1 2 3</td>
</tr>
<tr>
<td></td>
<td></td>
<td>CONVULSIONS</td>
<td>1 2 3</td>
<td>1 2 3</td>
</tr>
<tr>
<td></td>
<td></td>
<td>WEAK OR NO MOVEMENT OF FOETUS</td>
<td>1 2 3</td>
<td>1 2 3</td>
</tr>
<tr>
<td></td>
<td></td>
<td>ABNORMAL POSITION OF FOETUS</td>
<td>1 2 3</td>
<td>1 2 3</td>
</tr>
<tr>
<td></td>
<td></td>
<td>DELIVERY</td>
<td>1 2 3</td>
<td>1 2 3</td>
</tr>
<tr>
<td></td>
<td></td>
<td>PREMATURE LABOUR</td>
<td>1 2 3</td>
<td>1 2 3</td>
</tr>
<tr>
<td></td>
<td></td>
<td>PROLONGED LABOUR</td>
<td>1 2 3</td>
<td>1 2 3</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(More than 12 hours)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>BREECH PRESENTATION</td>
<td>1 2 3</td>
<td>1 2 3</td>
</tr>
<tr>
<td></td>
<td></td>
<td>POST DELIVERY / ABORTION</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>HIGHER FEVER</td>
<td>1 2 3</td>
<td>1 2 3</td>
</tr>
<tr>
<td></td>
<td></td>
<td>LOWER ABDOMINAL PAIN</td>
<td>1 2 3</td>
<td>1 2 3</td>
</tr>
<tr>
<td></td>
<td></td>
<td>FOUL SMELLING VAGINAL DISCHARGE</td>
<td>1 2 3</td>
<td>1 2 3</td>
</tr>
<tr>
<td></td>
<td></td>
<td>EXCESSIVE BLEEDING</td>
<td>1 2 3</td>
<td>1 2 3</td>
</tr>
<tr>
<td></td>
<td></td>
<td>DIZZINESS</td>
<td>1 2 3</td>
<td>1 2 3</td>
</tr>
<tr>
<td></td>
<td></td>
<td>SEVERE HEADACHE</td>
<td>1 2 3</td>
<td>1 2 3</td>
</tr>
<tr>
<td>Q141</td>
<td>(if abortion / post abortion death) was the abortion induced or spontaneous)</td>
<td>INDUCED</td>
<td>1</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>SPONTANEOUS</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>DON NOT KNOW</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Q142</td>
<td>RECORD THE TIME</td>
<td>HOURS</td>
<td></td>
<td>Minutes</td>
</tr>
</tbody>
</table>
WOMAN’S QUESTIONNAIRE
Identification

STATE: ______________________________________________________

DISTRICT: __________________________________________________

TEHESIL/TALUK/COMMUNITY DEVELOPMENT BLOCK/MANDAL______

PSU (VILLAGE / URBAN WARD/UFS)_______________________________

VILLAGE SEGMENT /CENSUS /ENUMERATION BLOCK:_________________

TYPE OF LOCALITY  RURAL:___________  URBAN:________________2

HEAD OF THE HOUSEHOLD

NAME: ____________________________________________________

ADDRESS: __________________________________________________

________________________________________________

NAME OF THE ELIGIBLE WOMEN___________________________________________________

SERIAL NUMBER OF VILLAGE QUESTIONNAIRE______________________________________

SERIAL NUMBER OF HOUSEHOLD QUESTIONNAIRE_________________________________

SERIAL NUMBER OF WOMAN’S QUESTIONNAIRE_______________________________________

SERIAL NUMBER OF HUSBAND’S QUESTIONNAIRE______________________________________

(TO BE ENTERED AT OFFICE)

INTERVIEW DATE

DATE MONTH YEAR

________________________

NAME OF THE INVESTIGATOR __________________________________

SIGNATURE OF THE INVESTIGATOR

NO. OF VISITS MADE

SPOT CHECKED BY  FIELD Edited BY  OFFICE EDITED BY  KEYED BY

NAME

DATE

NAME OF THE INVESTIGATOR

viii
## SECTION –I
### WOMAN’S CHARACTERISTICS

<table>
<thead>
<tr>
<th>Q.NO</th>
<th>QUESTION AND FILTER</th>
<th>CODING CATEGORIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q100</td>
<td>RECORD THE TIME</td>
<td>HOURS</td>
</tr>
<tr>
<td></td>
<td></td>
<td>MINUTES</td>
</tr>
<tr>
<td>Q100A</td>
<td>LINE NUMBER OF THE WOMAN IN HH QUESTIONNAIRE</td>
<td></td>
</tr>
<tr>
<td>Q100B</td>
<td>LINE NUMBER OF THE HUSBAND IN HH QUESTIONNAIRE</td>
<td></td>
</tr>
<tr>
<td>Q101</td>
<td>How old are you?</td>
<td>AGE IN COMPLETED YEARS</td>
</tr>
<tr>
<td>Q102</td>
<td>Can you read and write?</td>
<td></td>
</tr>
<tr>
<td>Q103</td>
<td>How many years of schooling have you completed?</td>
<td>YEARS</td>
</tr>
<tr>
<td>Q104</td>
<td>Can your husband read and write?</td>
<td>YES--------------------------1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>NO--------------------------2</td>
</tr>
<tr>
<td></td>
<td></td>
<td>DO NOT KNOWN--------------------------99</td>
</tr>
<tr>
<td>Q105</td>
<td>How many years of schooling have you completed?</td>
<td>YEARS</td>
</tr>
<tr>
<td></td>
<td></td>
<td>DO NOT KNOWN--------------------------99</td>
</tr>
<tr>
<td>Q106</td>
<td>How old were you when you started living with your husband?</td>
<td>AGE IN COMPLETED YEARS</td>
</tr>
<tr>
<td>Q107</td>
<td>Now I would like to ask about all the live births you have had during your life?</td>
<td>YES--------------------------1</td>
</tr>
<tr>
<td></td>
<td>Have you ever given birth? (INCLUD E ONLY BIOLOGICAL CHILDREN)</td>
<td>NO--------------------------2</td>
</tr>
<tr>
<td>Q108</td>
<td>Do you have any sons or daughters to whom you have given birth who are now living with you?</td>
<td>YES--------------------------1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>NO--------------------------2</td>
</tr>
<tr>
<td>Q109</td>
<td>How many sons live with you? And how many daughters live with you?</td>
<td>SONS AT HOME</td>
</tr>
<tr>
<td></td>
<td>IF NONE, RECORD ‘00’</td>
<td>DAUGHTERS AT HOME</td>
</tr>
<tr>
<td>Q110</td>
<td>Do you have any sons or daughters to whom you have given birth who are alive but do not live with you?</td>
<td>YES--------------------------1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>NO--------------------------2</td>
</tr>
<tr>
<td>Q.NO</td>
<td>QUESTION AND FILTER</td>
<td>CODING CATEGORIES</td>
</tr>
<tr>
<td>------</td>
<td>-------------------------------------------------------------------------------------</td>
<td>-----------------------------------</td>
</tr>
<tr>
<td>Q111</td>
<td>How many sons are alive but do not live with you? And how many daughters are alive but do not live with you? IF NONE, RECORD ‘00’</td>
<td>SONS ELSEWERE</td>
</tr>
<tr>
<td></td>
<td></td>
<td>DAUGHTERS ELSEWERE</td>
</tr>
<tr>
<td>Q112</td>
<td>Have you ever given birth to a boy or a girl who was born alive but later died? IF NO, PROBE: ANY ONLY SURVIVED A FEW HOURS OR DAYS</td>
<td>YES------------------------------------1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>NO--------------------------------------2</td>
</tr>
<tr>
<td>Q113</td>
<td>In all, how many boys have died? And how many girls have died? IF NONE, RECORD ‘00’</td>
<td>BOYS DIED</td>
</tr>
<tr>
<td></td>
<td></td>
<td>GIRLS DIED</td>
</tr>
</tbody>
</table>
Now I would like to talk to you about all the births in your lifetime, whether currently alive or not, stating with the first one you had, RECORD NAMES OF ALL THE LIVE BIRTHS IN 114. RECORD TWINS AND TRIPLET ON SEPRATE LINES

<table>
<thead>
<tr>
<th>Q114</th>
<th>Q115</th>
<th>Q116</th>
<th>Q117</th>
<th>Q118</th>
<th>Q119</th>
<th>Q120</th>
</tr>
</thead>
<tbody>
<tr>
<td>What name was given to your (first, next) baby?</td>
<td>Was (his/her) a single or multiple birth? SINGLE=1 MULTIPLE=2</td>
<td>Is (name) a boy or a girl? BOY =1 GIRL=2</td>
<td>In what month and year was (name) born? Probe: What is his/her birth date?</td>
<td>What was your age at the time of (Name)’s birth?</td>
<td>Is (Name) still alive?</td>
<td>If DEAD how old was (Name) when he / she died?</td>
</tr>
<tr>
<td>RECORD DAYS IF LESS THAN 1 MONTH, MONTHS IF LESS THAN TWO YEARS OR YEARS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1) (Name) MON YEAR AGE IN YEARS YES --------1 Go to next birth NO---------- Q120 |

2) (Name) MON YEAR AGE IN YEARS YES --------1 Go to next birth NO---------- Q120 |

3) (Name) MON YEAR AGE IN YEARS YES --------1 Go to next birth NO---------- Q120 |

4) (Name) MON YEAR AGE IN YEARS YES --------1 Go to next birth NO---------- Q120 |

5) (Name) MON YEAR AGE IN YEARS YES --------1 Go to next birth NO---------- Q120 |
<table>
<thead>
<tr>
<th>Q.NO</th>
<th>QUESTION AND FILTER</th>
<th>CODING CATEGORIES</th>
</tr>
</thead>
</table>
| Q121 | Besides these live births did you have any pregnancy which terminated into still birth? If yes, How many? | NO--------------------------0  
|      |                     | YES, NUMBER----------------  |
| Q122 | Did any of your pregnancy terminate into induced or spontaneous abortion? If Yes, How many? | NO--------------------------0  
|      |                     | INDUCED ABORTION  
|      |                     | SPONTANEOUS ABORTION  |
| Q123 | How many of these still birth or abortions occur after January 1, 2001? | STILL BIRTH  
|      |                     | INDUCED ABORTION  
|      |                     | SPONTANEOUS ABORTION  |
| Q124 | So in all (add numbers in Q109, Q111, Q113, Q121 and Q122) you were pregnant ------------------ times Am I correct? (EXCLUDE CURRENT PREGNANCY, IF ANY) | Yes--------------------------1  
|      |                     | No--------------------------2  
|      |                     | (if No, check for inconsistency and correct)  |
## SECTION –II

ANTE-NATAL, NATAL AND POST –NATAL CARE
(For women who had live birth/still birth/spontaneous abortion/induced abortion since January 1, 2001)

<table>
<thead>
<tr>
<th>Q.NO</th>
<th>QUESTION AND FILTER</th>
<th>CODING CATEGORIES</th>
</tr>
</thead>
</table>
| Q201 | When was your last child birth / still birth/ spontaneous abortion/ induced abortion? 
(EXCLUDING CURRENT PREGNANCY IF ANY) | NO PREGNANCY-------------------0 
2000 OR BEFORE-------------------1 
2001----------------------------------2 
2002----------------------------------3 
2003----------------------------------4 
2004----------------------------------5 |
| Q202 | What was the outcome of your last pregnancy? | LIVE BIRTH-------------------------------1 
STILL BIRTH-------------------------------2 
INDUCED ABORTION------------------------3 
SPONTANEOUS ABORTION-----------------4 |
| Q203 | If induced abortion, where was the abortion performed? 
.DO NOT READ OUT THE OPTIONS | YES  NO 
GOVERNMENT /MUNICIPAL HOSPITAL-------------------1 
GOVERNMENT DISPENSARY-------------------1 
UHC/UHP/UFWC-----------------------------1 
CHC/RURAL HOSPITAL---------------------1 
PHC-----------------------------1 
SUB CENTER-----------------------------1 
NGO/TRUST HOSPITAL/CLINIC-------1 
GOVT.ISM HOSPITAL/CLINIC-------------------1 
PRIVATE ISM HOSPITAL/CLINIC-------------------1 
PRIVATE HOSPITAL /CLINIC-------------------1 
HOME-----------------------------1 
OTHER-----------------------------1 |
| Q204 | Who performed the abortion? | DOCTOR-------------------------------1 
ANM/NURSE/MIDWIFE/LHV-------------------2 
TRAINED DAI------------------------3 
UNTRAINED DAI-----------------------4 
OTHER-----------------------------5 |
| Q205 | Why did you abort the pregnancy? 
.RECORD THE MOST IMPORTANT REASON) | UNPLANNED PREGNANCY-------------------1 
DUE TO CONTRACEPTIVE FAILURE/ACCIDENTAL PREGNANCY-------------------2 
COMPLICATION IN PREGNANCY-------------------3 
HEALTH DID NOT PERMIT-------------------4 
FEMALE FOETUS------------------------5 
ECONOMIC REASON---------------------6 
LAST CHILD TOO YOUNG-------------------7 
OTHER-----------------------------8 |
| Q206 | At what month of pregnancy did it happen? | MONTH |
| Q207 | Did you go for sonography or amniocentesis before this abortion? | YES, SONOGRAPHY-------------------1 
YES, AMNIOCENTESIS-------------------2 
YES, BOTH-----------------3 
NONE-----------------------------4 |
<table>
<thead>
<tr>
<th>Q208</th>
<th>Did you have any health problem after abortion (within 6 weeks of abortion)?</th>
<th>YES--------------------------------------------------------1</th>
<th>NO--------------------------------------------------------2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q209</td>
<td>If yes, what was the health problem? (ASK ABOUT EACH SEPARATELY)</td>
<td>YES NO</td>
<td>EXCESSIVE BLEEDING ------ 1 2</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>HIGH FEVER------------------------ 1 2</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>FOUL SMELLING DISCHARGE--------- 1 2</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>PAIN IN LOWER ABDOMEN----------- 1 2</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>CONVULSION---------------------- 1 2</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>SEVERE HEADACHE------------------ 1 2</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>OTHER------------------------------- 1 2</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>SPECIFY</td>
</tr>
<tr>
<td>Q210</td>
<td>Did you consult anybody or did you seek treatment for the health problem?</td>
<td>YES--------------------------------------------------------1</td>
<td>NO----------------------------------------------------------2</td>
</tr>
<tr>
<td>Q211</td>
<td>If yes, where did you go for consultation for treatment? (DO NOT READ OUT THE OPTIONS)</td>
<td>YES NO</td>
<td>GOVERNMENT/MUNICPAL HOSPITAL 1 2</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>GOVERNMENT DISPENSARY---------- 1 2</td>
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<td></td>
<td></td>
<td></td>
<td>UHC/UHP/UFWC------------------- 1 2</td>
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<td></td>
<td>CHC/RURAL HOSPITAL------------ 1 2</td>
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<td></td>
<td>PHC------------------------------ 1 2</td>
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<td></td>
<td>SUB CENTER--------------------- 1 2</td>
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<td></td>
<td>NGO/TRUST HOSPITAL/CLINIC------ 1 2</td>
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<td></td>
<td>GOVT.ISM HOSPITAL CLINIC------- 1 2</td>
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<td></td>
<td></td>
<td>PRIVATE ISM HOSPITAL/CLINIC---- 1 2</td>
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<td></td>
<td>PRIVATE HOSPITAL / CLINIC----- 1 2</td>
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<td></td>
<td>CHEMIST/ MEDICAL SHOP--------- 1 2</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>ISM------------------------------- 1 2</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>OTHER------------------------------- 1 2</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>SPECIFY</td>
</tr>
<tr>
<td>Q212</td>
<td>Whom did you consult or from whom did you seek treatment?</td>
<td>YES NO</td>
<td>DOCTOR--------------------------- 1</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>ANM/NURSE/LHV----------------- 2</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>TRAINED DAI--------------------- 3</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>UNTRAINED DAI------------------- 4</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>RELATIVES/FRIENDS---------------- 5</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>HOME REMEDY--------------------- 6</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>CHEMIST/MEDICAL SHOP------------- 7</td>
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<td></td>
<td></td>
<td></td>
<td>ISM------------------------------- 8</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>OTHER------------------------------- 9</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>SPECIFY</td>
</tr>
</tbody>
</table>
**ANC INFORMATION FOR WOMEN WITH LIVE BIRTH OR STILL BIRTH**

<table>
<thead>
<tr>
<th>Question</th>
<th>Description</th>
<th>Options</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q213</td>
<td>When you were pregnant with (NAME / THE STILL BORN CHILD ) did you go for an antenatal check-up?</td>
<td>YES--------------------------------------------------------1  NO----------------------------------------------------------2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q214</td>
<td>If yes, where did you go? (DO NOT RED OUT THE OPTIONS)</td>
<td>GOVERNMENT /MUNICIPAL HOSPITAL  1 O  GOVERNMENT DISPENSARY-------- 1 2  UHC/UHP/UFWC----------------------- 1 2  CHC/RURAL HOSPITAL------------------------ 1 2  PHC----------------------------- 1 2  SUB CENTER------------------------- 1 2  NGO/TRUST HOSPITAL/CLINIC-------- 1 2  GOVT.ISM HOSPITAL/CLINIC---------- 1 2  PRIVATE ISM HOSPITAL/CLINIC------- 1 2  PRIVATE HOSPITAL /CLINIC-------- 1 2  OTHER----------------------------------- 1 2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q215</td>
<td>Who did your check-ups? (DO NOT RED OUT THE OPTIONS)</td>
<td>DOCTOR--------------------------------------------------------1  ANM/NURSE/MIDWIFE/LHV------------------------2  TRAINED DAI-------------------------3  UNTRAINED DAI------------------------4  OTHER-----------------------------------5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q216</td>
<td>In which month of pregnancy did you visit first?</td>
<td>MONTHS -------------------------------------------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q217</td>
<td>During entire pregnancy period how many times did you visit the health facility for antenatal check-ups?</td>
<td>NUMBER-------------------------------------------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q218</td>
<td>When you were pregnant with (NAME/ STILL BORN CHILD), did any health worker visit you at home for an antenatal check-up?</td>
<td>YES--------------------------------------------------------1  NO----------------------------------------------------------2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q219</td>
<td>How many months pregnant were you when ANM/ health worker first visited you for an antenatal check-up?</td>
<td>MONTHS-------------------------------------------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q220</td>
<td>How many times did she visit you for antenatal check-ups during this pregnancy?</td>
<td>NUMBER-------------------------------------------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q221</td>
<td>Did you have the following performed at least one during the pregnancy? (ASK ABOUT EACH SEPARATELY)</td>
<td>WEIGHT------------------------------------------------------- 1 2  HEIGHT------------------------------------- 1 2  BLOOD PRESSURE----------------------- 1 2  BLOOD TEST-------------------------- 1 2  URINE TEST------------------------ 1 2  ABDOMEN EXAMINED------------------ 1 2  INTERNAL EXAMINATION------------------- 1 2  BREAST EXAMINED------------------- 1 2  X-RAY------------------------------------- 1 2  SONOGRAM/ULTRASOUND--------------- 1 2  AMNIOCENTESIS----------------------- 1 2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Question</td>
<td>Instructions</td>
<td>YES</td>
<td>NO</td>
<td></td>
</tr>
<tr>
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</tr>
<tr>
<td>Q222</td>
<td>Did you receive advice on any of the following at least once during this pregnancy? (ASK ABOUT EACH SEPARATELY)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diet?</td>
<td>DIET--------------------------------------------</td>
<td>1</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Danger signs of pregnancy?</td>
<td>DANGER SIGNS-----------------------------</td>
<td>1</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Delivery Care?</td>
<td>DELIVERY CARE-------------------------------</td>
<td>1</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Breast feeding?</td>
<td>BREAST FEEDING-----------------------------</td>
<td>1</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Newborn care?</td>
<td>NEW BORN CARE---------------------------------</td>
<td>1</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Family Planning?</td>
<td>FAMILY PLANNING---------------------------</td>
<td>1</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Q223</td>
<td>(FOR THOSE WOMEN WHO SAID NO FOR Q213 &amp; Q218) Why did you not go for an antenatal check-up? (DON NOT READ OUT THE OPTION)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NOT NECESSARY</td>
<td>NOT NECESSARY-------------------------------</td>
<td>1</td>
<td>2</td>
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<tr>
<td>NOT CUSTOMARY</td>
<td>NOT CUSTOMARY---------------------------</td>
<td>1</td>
<td>2</td>
<td></td>
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<tr>
<td>COST TOO MUCH</td>
<td>COST TOO MUCH------------------------------</td>
<td>1</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>TOO FAR/NO TRANSPORT</td>
<td>TOO FAR/NO TRANSPORT-----------------</td>
<td>1</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>POOR QUALITY SERVICE</td>
<td>POOR QUALITY SERVICE---------------</td>
<td>1</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>NO TIME TO GO</td>
<td>NO TIME TO GO-------------------------------</td>
<td>1</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>FAMILY DID NOT ALLOW</td>
<td>FAMILY DID NOT ALLOW-----------------</td>
<td>1</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>LACK OF KNOWLEDGE</td>
<td>LACK OF KNOWLEDGE---------------------</td>
<td>1</td>
<td>2</td>
<td></td>
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<tr>
<td>OTHER</td>
<td>OTHER------------------------------------------</td>
<td>1</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Q224</td>
<td>Were you given Iron and Folic Acid (IFA) tablets/ syrup during pregnancy?</td>
<td>YES--------------------------------------------------------</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>NO----------------------------------------------------------</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q225</td>
<td>How many tablets of IFA/ tablespoons of syrup in a day were you taking regularly?</td>
<td>NOT TAKEN AT ALL---------------------------------</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>NUMBER TAKEN---------------------------------------------------</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q226</td>
<td>How many tablets did you take during entire pregnancy period.</td>
<td>NUMBER----------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BOTTELS---------------------</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q227</td>
<td>From where did you get IFA tablets? (DO NOT READ OUT THE OPTIONS)</td>
<td>GOVERNMENT/MUNICIPAL HOSPITAL-</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>GOVERNMENTT MIN DISPENSARY------</td>
<td>GOVERNMENTT MIN DISPENSARY----------</td>
<td>1</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>UHC/UHP/UFWC----------------------</td>
<td>UHC/UHP/UFWC-----------------------</td>
<td>1</td>
<td>2</td>
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</tr>
<tr>
<td>CHC/RURAL HOSPITAL-------------------</td>
<td>CHC/RURAL HOSPITAL-------------------</td>
<td>1</td>
<td>2</td>
<td></td>
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<tr>
<td>PHC------------------------</td>
<td>PHC-----------------------------------</td>
<td>1</td>
<td>2</td>
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<tr>
<td>SUB CENTER------------------------</td>
<td>SUB CENTER--------------------------</td>
<td>1</td>
<td>2</td>
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<tr>
<td>NGO/TRUST HOSPITAL /CLINIC--------</td>
<td>NGO/TRUST HOSPITAL /CLINIC----------</td>
<td>1</td>
<td>2</td>
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<tr>
<td>GOVT.ISM HOSPITAL/CLINIC--------------</td>
<td>GOVT.ISM HOSPITAL/CLINIC--------------</td>
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<td>2</td>
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<tr>
<td>PRIVATE HOSPITAL/CLINIC----------------</td>
<td>PRIVATE HOSPITAL/CLINIC---------------</td>
<td>1</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>CHEMIST/PHARMACY-------------------</td>
<td>CHEMIST/PHARMACY---------------------</td>
<td>1</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>HOME(Health worker)-----------------</td>
<td>HOME(Health worker)-------------------</td>
<td>1</td>
<td>2</td>
<td></td>
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<tr>
<td>OTHER------------------------</td>
<td>OTHER-------------------------------</td>
<td>1</td>
<td>2</td>
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<tr>
<td>(SPECIFY)</td>
<td>(SPECIFY)</td>
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<tr>
<td>Q228</td>
<td>Were you given an injection in the arm during pregnancy to prevent Tetanus?</td>
<td>YES--------------------------------------------------------</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>NO----------------------------------------------------------</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q229</td>
<td>If, yes, how many times did you take Tetanus injection?</td>
<td>NOT TAKEN AT ALL---------------------------------</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>NUMBER TAKEN---------------------------------------------------</td>
<td></td>
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xvi
<table>
<thead>
<tr>
<th>Q230</th>
<th>During your pregnancy did you suffer from any of the following health problems? (ASK ABOUT EACH SEPARATELY)</th>
<th>YES</th>
<th>NO</th>
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<tbody>
<tr>
<td></td>
<td>SWELLING OF HANDS AND FEET------ 1 2</td>
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<td></td>
<td>PALENESS---------------------------------------- 1 2</td>
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<td>VISUAL DISTURBANCES---------------------- 1 2</td>
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<td></td>
<td>EXCESSIVE BLEEDING ------------------------ 1 2</td>
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<td>CONVULSIONS---------------------------------- 1 2</td>
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<td></td>
<td>WEAK OR NO MOVEMENT OF FOETUS------ 1 2</td>
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<td></td>
<td>ABNORMAL POSITION OF FOETUS------ 1 2</td>
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<td>OTHER-------------------------------------- 1 2</td>
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<td></td>
<td>(SPECIFY)</td>
<td></td>
<td></td>
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<tr>
<td>Q231</td>
<td>Did you consult anybody or seek treatment for your health problem?</td>
<td>YES--------------------------------------------------------1</td>
<td></td>
</tr>
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<td></td>
<td></td>
<td>NO----------------------------------------------------------2</td>
<td></td>
</tr>
<tr>
<td>Q232</td>
<td>If yes, where did you go for consultation or to seek treatment? (DO NOT READ OUT THE OPTIONS)</td>
<td>YES</td>
<td>NO</td>
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<tr>
<td></td>
<td>GOVERNMENT/MUNICIPAL HOSPITAL- 1 2</td>
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<td></td>
<td>GOVERNMENT DISPENSARY------------------- 1 2</td>
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<td>UHC/UHP/UFWC--------------------------------- 1 2</td>
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<td>CHC/RURAL HOSPITAL----------------------- 1 2</td>
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<td>PHC------------------------------------------ 1 2</td>
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<td>SUB CENTER---------------------------------- 1 2</td>
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<td>NGO/TRUST HOSPITAL/CLINIC------------------ 1 2</td>
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<td>GOVT.ISM HOSPITAL/CLINIC------------------- 1 2</td>
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<td></td>
<td>PRIVATE ISM HOSPITAL/CLINIC------------------ 1 2</td>
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<td>PRIVATE HOSPITAL/CLINIC-------------------- 1 2</td>
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<td>OTHER-------------------------------------- 1 2</td>
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<td></td>
<td>(SPECIFY)</td>
<td></td>
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<tr>
<td>Q233</td>
<td>Whom did you consult or form whom did you seek treatment? DOCTOR-------------------------- 1</td>
<td></td>
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<tr>
<td></td>
<td>AMN/NURSE/MIDWIFE/LHV---------------------- 2</td>
<td></td>
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<td></td>
<td>OTHER HEALTH PROFESSIONAL------------------- 3</td>
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<td></td>
<td>TRAINED DAI---------------------------------- 4</td>
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<td></td>
<td>UNTRAINED DAI----------------------------- 5</td>
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<tr>
<td></td>
<td>ISM------------------------------------------ 6</td>
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<td></td>
<td>OTHER--------------------------------------- 7</td>
<td></td>
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</tr>
<tr>
<td>Q234</td>
<td>Were you advised by doctor/ health worker to go to health facility for delivery?        YES--------------------------------------------------------1</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>NO----------------------------------------------------------2</td>
<td></td>
</tr>
<tr>
<td>Q235</td>
<td>Where did the delivery take place? GOVERNMENT/MUNICIPAL HOSPITAL- 1 1</td>
<td></td>
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<tr>
<td></td>
<td>GOVERNMENT DISPENSARY------------------- 1 2</td>
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<td></td>
<td>UHC/UHP/UFWC--------------------------------- 1 2</td>
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<td></td>
<td>CHC/RURAL HOSPITAL----------------------- 1 2</td>
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<td></td>
<td>PHC------------------------------------------ 1 2</td>
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<td>SUB CENTER---------------------------------- 1 2</td>
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<td></td>
<td>NGO/TRUST HOSPITAL/CLINIC------------------ 1 2</td>
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<td></td>
<td>GOVT.ISM HOSPITAL/CLINIC------------------- 1 2</td>
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<td></td>
<td>PRIVATE ISM HOSPITAL/CLINIC------------------ 1 2</td>
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<td></td>
<td>PRIVATE HOSPITAL/CLINIC-------------------- 1 2</td>
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<tr>
<td></td>
<td>AT HOME-------------------------------------- 11</td>
<td></td>
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<tr>
<td></td>
<td>OTHER--------------------------------------- 12</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(SPECIFY)</td>
<td></td>
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</tr>
<tr>
<td>Q236</td>
<td>(if home delivery) What is the main reason you did not go to a health facility for delivery? (RECORD MOST IMPORTANT REASON)</td>
<td>NOT NECESSARY-------------------------- 1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>NOT CUSTOMARY--------------------------- 2</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>COST TOO MUCH------------------------------- 3</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>TOO FAR/NO TRANSPORT----------------------- 4</td>
<td></td>
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<td></td>
<td>POOR QUALITY SERVICE----------------------- 5</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>NO TIMETO GO------------------------------- 6</td>
<td></td>
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<tr>
<td></td>
<td>FAMILY DID NOT ALLOW----------------------- 7</td>
<td></td>
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<td></td>
<td>BETTER CARE AT HOME------------------------ 8</td>
<td></td>
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<td></td>
<td>LCK OF KNOWLEDGE--------------------------- 9</td>
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<td></td>
<td>OTHER--------------------------------------- 10</td>
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<td></td>
<td>(SPECIFY)</td>
<td></td>
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<tr>
<td>Q237</td>
<td>Who conducted the delivery</td>
<td>DOCTOR---------------------- 1</td>
<td>ANM/NURSE/MIDWIFE/LHV------ 2</td>
</tr>
<tr>
<td>Q238</td>
<td>Was the delivery normal?</td>
<td>YES---------------------------------------------------------1</td>
<td>NO--------------------------------------------------------2</td>
</tr>
<tr>
<td>Q239</td>
<td>Was the delivery caesarean or assisted?</td>
<td>CAESARIAN---------------------------------------------------1</td>
<td>BY INSTRUMENT OR ASSISTED---------2</td>
</tr>
<tr>
<td>Q240</td>
<td>During delivery, did you experience any of the following problems? (ASK ABOUT EACH SEPARATELY)</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td></td>
<td>PREMATURE LABOUR--------------------- 1</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td></td>
<td>EXCESSIVE BLEEDING------------------- 1</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td></td>
<td>PROLONGED LABOUR--------------------- 1</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(More than 12 Hours)</td>
<td></td>
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</tr>
<tr>
<td></td>
<td>OBSTRUCTED LABOUR------------------- 1</td>
<td>2</td>
<td></td>
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<tr>
<td></td>
<td>BREECH PRESENTATION------------------ 1</td>
<td>2</td>
<td></td>
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<tr>
<td></td>
<td>OTHER----------------------------- 1</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Q241</td>
<td>During the first six weeks after delivery did you experience any of the following health problems? (ASK ABOUT EACH SEPARATELY)</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td></td>
<td>HIGH FEVER-------------------------- 1</td>
<td>2</td>
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<td></td>
<td>LOWER ABDOMINAL L.PAIN------------- 1</td>
<td>2</td>
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<td></td>
<td>FOUL SMELLING VAGINAL-------------------------- 1</td>
<td>2</td>
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<td></td>
<td>DISCHARGE-------------------------- 1</td>
<td>2</td>
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<td></td>
<td>EXCESSIVE BLEEDING------------------ 1</td>
<td>2</td>
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<td></td>
<td>CONVULSION-------------------------- 1</td>
<td>2</td>
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<td></td>
<td>SERVERE HEADACHE------------------ 1</td>
<td>2</td>
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<tr>
<td></td>
<td>OTHER----------------------------- 1</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Q242</td>
<td>Did you consult anybody or did you seek treatment for health problem?</td>
<td>YES--------------------------------------------------------1</td>
<td>NO--------------------------------------------------------2</td>
</tr>
<tr>
<td>Q243</td>
<td>Where did you go for consultation or to seek treatment? (DONNOT READ OUT THE OPTIONS)</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td></td>
<td>GOVERNMENT/MUNICIPAL HOSPITAL------- 1</td>
<td>2</td>
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<td>GOVERNEMENT DISPENSARY------------- 1</td>
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<td></td>
<td>UHC/UHP/UFWFC------------------------ 1</td>
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<td></td>
<td>CHC/RURAL HOSPITAL------------------ 1</td>
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<td></td>
<td>PHC-------------------------------- 1</td>
<td>2</td>
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<td>SUB CENTER-------------------------- 1</td>
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<td></td>
<td>NGO/TRUST HOSPITAL /CLINIC---------- 1</td>
<td>2</td>
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<td></td>
<td>GOVT.ISM HOSPITAL/CLINIC------------- 1</td>
<td>2</td>
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<td>PRIVATE ISM HOSPITAL/CLINIC--------- 1</td>
<td>2</td>
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<td>PRIVATE HOSPITAL/CLINIC-------------- 1</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td></td>
<td>OTHER----------------------------- 1</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Q244</td>
<td>Whom did you consult or from whom did you seek treatment?</td>
<td>DOCTOR---------------------- 1</td>
<td>ANM/NURSE/MIDWIFE/LHV------ 2</td>
</tr>
<tr>
<td>Q245</td>
<td>Did ANM visit you within 2 weeks of delivery?</td>
<td>YES--------------------------------------------------------1</td>
<td>NO--------------------------------------------------------2</td>
</tr>
<tr>
<td>Q246</td>
<td>How many times did she visit you within six weeks of delivery?</td>
<td>NUMBER------------------------------------------------------</td>
<td>NOT VISITED---------------------0</td>
</tr>
</tbody>
</table>
### SECTION –III

**IMMUNIZATION AND CHILD CARE**

**(IMMUNIZATION OF LAST AND LAST BUT ONE LIVING CHILD; BOTH BORN AFTER JANUARY 1, 2001)**

<table>
<thead>
<tr>
<th>Q.NO</th>
<th>QUESTION AND FILTER</th>
<th>CODING CATEGORIES</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>LAST CHILD</td>
</tr>
<tr>
<td>Q301</td>
<td>Name of the (index) child</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Line number of child</td>
<td></td>
</tr>
<tr>
<td>Q302</td>
<td>Sex of the child</td>
<td>BOY -----------1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>GIRL -----------2</td>
</tr>
<tr>
<td>Q303</td>
<td>Month and year of birth</td>
<td>MONTH--------</td>
</tr>
<tr>
<td></td>
<td></td>
<td>DO NOT KNOW --------99</td>
</tr>
<tr>
<td></td>
<td></td>
<td>YEAR</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2001</td>
</tr>
</tbody>
</table>

**ASK Q304 TO Q307 FOR THE YOUNGEST CHILD**

| Q304 | When did you start breastfeeding your child? | IMMEDIATELY, WITHIN TWO HOURS OF BIRTH -----------1 |
|      |                                               | SAME DAY AFTER TWO HOURS OF BIRTH -----------2 |
|      |                                               | 1-3 DAYS -----------3 |
|      |                                               | AFTER 3 DAYS -----------4 |
|      |                                               | NEVER -----------5 |

| Q305 | When you first breastfed your child, did you squeeze out the milk before feeding the child? | YES -----------1 |
|      |                                               | NO -----------2 |

| Q306 | Are you currently breastfeeding the child? | YES -----------1 |
|      |                                               | NO -----------2 |

| Q307 | How many months did you breastfeed the child exclusively (Nothing other than mother’s milk) | MONTHS |
|      |                                               | CONTINUING -----------88 |

| Q308 | Do you know what to do when child gets Diarrhoea? (DO NOT READ OUT THE OPTIONS) | GIVE ORS ----------- YES 1 |
|      |                                               | SALT AND SUGAR SOLUTION ----------- 1 |
|      |                                               | CONTINUE NORMAL FOOD ----------- 1 |
|      |                                               | CONTINUE BREAST FEEDING ----------- 1 |
|      |                                               | GIVE PLENTY OF FLUIDS ----------- 1 |
|      |                                               | OTHER ----------- 1 |
|      |                                               | (SPECIFY) |
|      |                                               | DO NOT KNOW ----------- 1 |

<p>| Q309 | Has ANM/ health worker told you what to do if a child has Diarrhoea? | YES -----------1 |
|      |                                               | NO -----------2 |</p>
<table>
<thead>
<tr>
<th>Question</th>
<th>Description</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q310</td>
<td>Did any of your child born since January 1, 2001 suffer from Diarrhoea during last 2 weeks?</td>
<td>YES: 1, NO: 2, NOT APPLICABLE: 3</td>
</tr>
<tr>
<td>Q311</td>
<td>Did you continue the breastfeeding to child same way as before diarrhoea?</td>
<td>YES: 1, NO: 2, NOT APPLICABLE: 3</td>
</tr>
<tr>
<td>Q312</td>
<td>Did you give the same amount of drink as before the diarrhoea, or more, or less</td>
<td>SAME: 1, LESS: 2, MORE: 3, CHILD ON BREAST MILK: 4</td>
</tr>
<tr>
<td>Q313</td>
<td>Did you give the same amount of food as before the diarrhoea, or more, or less</td>
<td>SAME: 1, LESS: 2, MORE: 3, CHILD ON BREAST MILK: 4</td>
</tr>
<tr>
<td>Q314</td>
<td>Did you give ORS to child?</td>
<td>YES: 1, NO: 2, CHILD ON BREAST MILK: 3</td>
</tr>
<tr>
<td>Q315</td>
<td>Did you consult some body or seek treatment for the child’s diarrhoea?</td>
<td>YES: 1, NO: 2</td>
</tr>
<tr>
<td>Q316</td>
<td>Where did you go for consultation or treatment of child’s diarrhoea?</td>
<td>GOVERNMENT/MUNICIPAL HOSPITAL: 1, GOVERNMENT DISPENSARY: 1, UHC/UHP/UFWC: 1, CHC/RURAL HOSPITAL: 1, PHC: 1, SUB CENTER: 1, NGO/TRUST HOSPITAL/CLINIC: 1, GOVT.ISM HOSPITAL/CLINIC: 1, PRIVATE ISM HOSPITAL/CLINIC: 1, PRIVATE HOSPITAL/CLINIC: 1, HOME REMEDY: 1, OTHER: 1, (SPECIFY)</td>
</tr>
<tr>
<td>Q317</td>
<td>Whom did you consult or from whom did you seek treatment?</td>
<td>DOCTOR: 1, ANM/NURSE/MIDWIFE/LHV: 2, TRAINED DAI: 3, UNTRAINED DAI: 4, RELATIVES/FRIENDS: 5, ISM PRACTITIONER: 6, NONE: 7</td>
</tr>
<tr>
<td>Q318</td>
<td>Do you know the danger signs of Pneumonia?</td>
<td>YES: 1, NO: 2</td>
</tr>
<tr>
<td>Q319</td>
<td>If yes, what are they? (DO NOT READ OUT THE OPTIONS)</td>
<td></td>
</tr>
<tr>
<td>------</td>
<td>--------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>YES</td>
<td>DIFFICULTY IN BREATHING ------------------------- 1</td>
<td></td>
</tr>
<tr>
<td>NO</td>
<td>CHEST INDRAWING----------------------------------------------- 1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>NOT ABLE TO DRINK OR TAKE A FEED------------------- 1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>EXCESSIVELY DROWSY AND DIFFICULT TO KEEP A WAK--- 1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>PAIN IN CHEST AND PRODUCTIVE COUGH---------------- 1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>CONDITION GETS WORSE THAN BEFORE------------------ 1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>WHEEZING /WHISTLING------------------------------ 1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>RAPID BREATHING------------------------------- 1</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Q320</th>
<th>Has ANM/ Health Worker told you danger signs of Pneumonia?</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>--------------------------------------------------------- 1</td>
</tr>
<tr>
<td>NO</td>
<td>---------------------------------------------------------- 2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Q321</th>
<th>Did any of your child born since January 1, 2001 suffer from cough, cold along with difficulty in breathing in the past two weeks?</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>---------------------------------------------------------------------------- 1</td>
</tr>
<tr>
<td>NO</td>
<td>---------------------------------------------------------------------------- 2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Q322</th>
<th>Did you consult some body or seek treatment for the child’s cough and cold?</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>---------------------------------------------------------------------------- 1</td>
</tr>
<tr>
<td>NO</td>
<td>---------------------------------------------------------------------------- 2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Q323</th>
<th>Where did you go for consultation or treatment? (DO NOT READ OUT THE OPTIONS)</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>GOVERNMENT/MUNICIPAL HOSPITAL-------- 1</td>
</tr>
<tr>
<td>NO</td>
<td>GOVERNMENT DISPENSARY------------------------ 2</td>
</tr>
<tr>
<td></td>
<td>UHC/UHP/UFWC----------------------------- 1</td>
</tr>
<tr>
<td></td>
<td>CHC/RURAL HOSPITAL------------------------ 1</td>
</tr>
<tr>
<td></td>
<td>PHC---------------------------------------- 1</td>
</tr>
<tr>
<td></td>
<td>SUB CENTER--------------------------------- 1</td>
</tr>
<tr>
<td></td>
<td>NGO/TRUST HOSPITAL/CLINIC------------------ 1</td>
</tr>
<tr>
<td></td>
<td>GOVT.ISM HOSPITAL/CLINIC------------------- 1</td>
</tr>
<tr>
<td></td>
<td>PRIVATE ISM HOSPITAL/CLINIC--------------- 1</td>
</tr>
<tr>
<td></td>
<td>PRIVATE HOSPITAL/CLINIC-------------------- 1</td>
</tr>
<tr>
<td></td>
<td>HOME REMEDY------------------------------- 1</td>
</tr>
<tr>
<td></td>
<td>OTHER-------------------------------------------------------------------------------- 1</td>
</tr>
<tr>
<td></td>
<td>(SPECIFY)--------------------------------------------------------------------------------</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Q324</th>
<th>Whom did you consult or from whom did you seek treatment for child cough and cold?</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>DOCTOR------------------------------- 1</td>
</tr>
<tr>
<td>NO</td>
<td>ANM/NURSE/MIDWIFE/LHV--------------- 2</td>
</tr>
<tr>
<td></td>
<td>TRAINED DAI------------------------- 3</td>
</tr>
<tr>
<td></td>
<td>UNTRAINED DAI----------------------- 4</td>
</tr>
<tr>
<td></td>
<td>RELATIVES / FRIENDS------------------ 5</td>
</tr>
<tr>
<td></td>
<td>CHEMIST/MEDICAL SHOP---------------- 6</td>
</tr>
<tr>
<td></td>
<td>ISM PRACTITIONER--------------------- 7</td>
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<tr>
<td></td>
<td>NONE----------------------------------- 8</td>
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</table>
## FOR BOTH LIVING CHILDREN

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<th>Q.NO</th>
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<th>CODING CATEGORIES</th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>LAST CHILD</td>
</tr>
<tr>
<td>Q325</td>
<td><strong>Do you have a card where (Name’s) vaccination are written down? (IF YES, MAY I SEE IT, PLEASE)</strong></td>
<td>YES, SEEN--------------------------</td>
</tr>
<tr>
<td></td>
<td><strong>Was polio vaccine (OPV '0') given to the child ? (drop in the mouth immediately after birth)</strong></td>
<td>YES-------------------------------</td>
</tr>
<tr>
<td></td>
<td><strong>Was BCG vaccination against Tuberculosis given to the child</strong></td>
<td>YES-------------------------------</td>
</tr>
<tr>
<td></td>
<td><strong>Was a vaccination against Diphtheria , Whooping Cough and Tetanus given to the child as a injection (DTP)?</strong></td>
<td>YES-------------------------------</td>
</tr>
<tr>
<td></td>
<td><strong>How many DPT injections were given?</strong></td>
<td>NUMBER</td>
</tr>
<tr>
<td></td>
<td><strong>Was Polio vaccine (i.e drops in the mouth, (excluding polio '0' and pulse polio) given to the child?</strong></td>
<td>YES-------------------------------</td>
</tr>
<tr>
<td></td>
<td><strong>If, yes how many Polio doses (excluding Polio'0') were given?</strong></td>
<td>NUMBER</td>
</tr>
<tr>
<td></td>
<td><strong>Was an injection against Measles given?</strong></td>
<td>YES-------------------------------</td>
</tr>
<tr>
<td></td>
<td><strong>Was Hepatitis B Injection given to the child?</strong></td>
<td>YES-------------------------------</td>
</tr>
<tr>
<td></td>
<td><strong>Did ANM/ Doctor/ Health Worker advise you to give vaccines to your child?</strong></td>
<td>YES-------------------------------</td>
</tr>
<tr>
<td></td>
<td><strong>Where from the last immunization was given?</strong></td>
<td>GOVT.HOSPITAL----------</td>
</tr>
<tr>
<td></td>
<td><strong>Ask this question only to those women who reported at least one immunization</strong></td>
<td>CHC/PHC----------------------</td>
</tr>
<tr>
<td></td>
<td><strong>Where from the last immunization was given?</strong></td>
<td>SUB -CENTRE---------------</td>
</tr>
<tr>
<td></td>
<td><strong>Where from the last immunization was given?</strong></td>
<td>PRIVATE HOSPITAL--------</td>
</tr>
<tr>
<td></td>
<td><strong>Where from the last immunization was given?</strong></td>
<td>GOVT.ISM HOSPITAL/CLINIC--</td>
</tr>
<tr>
<td></td>
<td><strong>Where from the last immunization was given?</strong></td>
<td>PRIVATE ISM HOSPITAL/CLINIC--</td>
</tr>
<tr>
<td></td>
<td><strong>Where from the last immunization was given?</strong></td>
<td>OUT REACHI /MCP CLINIC IN VILLAGE</td>
</tr>
<tr>
<td></td>
<td><strong>Where from the last immunization was given?</strong></td>
<td>PRIVATE DOCTOR-----------</td>
</tr>
<tr>
<td></td>
<td><strong>Where from the last immunization was given?</strong></td>
<td>OTHER---------------------</td>
</tr>
<tr>
<td></td>
<td><strong>Where from the last immunization was given?</strong></td>
<td>(SPECIFY)</td>
</tr>
<tr>
<td></td>
<td><strong>Where from the last immunization was given?</strong></td>
<td>DO NOT REMEMBER--------</td>
</tr>
<tr>
<td>Q.NO</td>
<td>QUESTION AND FILTERS</td>
<td>CODING CATEGORIES</td>
</tr>
<tr>
<td>------</td>
<td>----------------------</td>
<td>-------------------</td>
</tr>
<tr>
<td></td>
<td></td>
<td>LAST CHILD</td>
</tr>
<tr>
<td>Q336</td>
<td><strong>(IF NOT FOR Q327, Q328, Q330 AND Q332)</strong> Why (Name) was not given any vaccination? <strong>(RECORD ONE IMPORTANT REASON)</strong></td>
<td>CHILD TOO YOUNG FOR IMMUNIZATION------------------------------- 01 01</td>
</tr>
<tr>
<td></td>
<td></td>
<td>UNAWARE OF NEED FOR IMMUNIZATION-------------------------- 02 02</td>
</tr>
<tr>
<td></td>
<td></td>
<td>PLACE OF IMMUNIZATION UNKNOWN------------------------- 03 03</td>
</tr>
<tr>
<td></td>
<td></td>
<td>TIME OF IMMUNIZATION UNKNOWN-------------------------- 04 04</td>
</tr>
<tr>
<td></td>
<td></td>
<td>FEAR OF SIDE EFFECTS------------------------------------- 05 05</td>
</tr>
<tr>
<td></td>
<td></td>
<td>NO FAITH IN IMMUNIZATION---------------------------------- 06 06</td>
</tr>
<tr>
<td></td>
<td></td>
<td>PLACE OF IMMUNIZATION TOO FAR TO GO----------------------- 07 07</td>
</tr>
<tr>
<td></td>
<td></td>
<td>TIME OF IMMUNIZATION INCONVENIENT-------------------------- 08 08</td>
</tr>
<tr>
<td></td>
<td></td>
<td>ANM ABSENT----------------------------------------------- 09 09</td>
</tr>
<tr>
<td></td>
<td></td>
<td>VACCINE NOT AVAILABLE------------------------------------ 10 10</td>
</tr>
<tr>
<td></td>
<td></td>
<td>MOTHER TOO BUSY------------------------------------------- 11 11</td>
</tr>
<tr>
<td></td>
<td></td>
<td>FAMILY PROBLEM INCLUDING ILLNESS OF MOTHER----------------- 12 12</td>
</tr>
<tr>
<td></td>
<td></td>
<td>CHILD ILL NOT BROUGHT------------------------------------- 13 13</td>
</tr>
<tr>
<td></td>
<td></td>
<td>CHILD ILL BROUGHT BUT NOT GIVEN--------------------------- 14 14</td>
</tr>
<tr>
<td></td>
<td></td>
<td>LONG WAITING TIME------------------------------------------ 14 14</td>
</tr>
<tr>
<td></td>
<td></td>
<td>OTHER----------------------------------------------------- 16 16</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(SPECIFY)</td>
</tr>
<tr>
<td>Q337</td>
<td>Was a dose of Vitamin A liquid given to (name) protect him/her from night blindness?</td>
<td>YES----------------------------- 1 1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>NO----------------------------- 2 2</td>
</tr>
<tr>
<td></td>
<td></td>
<td>DO NOT REMEMBER---------------- 3 3</td>
</tr>
<tr>
<td>Q338</td>
<td>If yes, how many liquid given to the (name) child?</td>
<td>NUMBER</td>
</tr>
<tr>
<td></td>
<td></td>
<td>DO NOT REMEMBER---------------- 9</td>
</tr>
<tr>
<td>Q339</td>
<td>Was IFA tablets / liquid given to the (name) child?</td>
<td>YES----------------------------- 1 1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>NO----------------------------- 2 2</td>
</tr>
<tr>
<td></td>
<td></td>
<td>DO NOT REMEMBER---------------- 3 3</td>
</tr>
<tr>
<td>Q340</td>
<td>If yes, how many IFA tablets/ liquid in quantity were given?</td>
<td>IN NUMBER ------------------</td>
</tr>
<tr>
<td></td>
<td></td>
<td>DO NOT REMEMBER---------------- 99</td>
</tr>
<tr>
<td></td>
<td></td>
<td>IN ml.-----------------</td>
</tr>
</tbody>
</table>
**SECTION –IV
CONTRACEPTION
( FOR ALL ELIGIBLE WOMEN)**

<table>
<thead>
<tr>
<th>Q.NO</th>
<th>QUESTIONS AND FILTERS</th>
<th>CODING CATEGORIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q401</td>
<td>Which of the Family Planning methods are you aware of?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1. FEMALE STERILIZATION-----------------------------------------------------</td>
<td>YES</td>
</tr>
<tr>
<td></td>
<td>2. TUBECTOMY-----------------------------------------------------------------</td>
<td>NO</td>
</tr>
<tr>
<td></td>
<td>3. LAPAROSCOPE’S------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td></td>
<td>4. MALE STERILIZATION--------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td></td>
<td>5. VASECTOMY----------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td></td>
<td>6. NO SCALPEL/ VASECTOMY----------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td></td>
<td>7. COPPER-T/IUD----------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td></td>
<td>8. PILLS---------------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td></td>
<td>9. DAILY---------------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td></td>
<td>10. WEEKLY-------------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td></td>
<td>11. CONDOM/NIRODH------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td></td>
<td>12. SPONGE(TODAY)------------------------------------------------------------</td>
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</tr>
<tr>
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<td>13. INJECTABLES----------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
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<td>14. NORPLANT----------------------------------------------------------------</td>
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</tr>
<tr>
<td></td>
<td>15. CONTRACEPTIVE HERBS------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td></td>
<td>16. RHYTHM/PERIODIC ABSTINENCE----------------------------------------------</td>
<td></td>
</tr>
<tr>
<td></td>
<td>17. WITHDRAWAL----------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td></td>
<td>18. ANY OTHER CONTRACEPTIVES FROM INDIAN SYSTEM OF MEDICINE-----------------</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q402</td>
<td>Are you currently pregnant?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>YES---------------------1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>NO----------------------2</td>
<td></td>
</tr>
<tr>
<td>Q403</td>
<td>Are you/ your husband currently using any Family Planning method (including sterilization)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>YES----------------------1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>NO----------------------2</td>
<td></td>
</tr>
<tr>
<td>Q404</td>
<td>Which method you/ your husband is using?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>FEMALE STERILIZATION--------------------------------------------------------</td>
<td></td>
</tr>
<tr>
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<td>MALE STERILIZATION----------------------------------------------------------</td>
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</tr>
<tr>
<td></td>
<td>VASECTOMY------------------------------------------------------------------</td>
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</tr>
<tr>
<td></td>
<td>NO SCALPEL VASECTOMY--------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td></td>
<td>IUD/COPPER-T/LOOP-----------------------------------------------------------</td>
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</tr>
<tr>
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<td>ORAL PILLS------------------------------------------------------------------</td>
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</tr>
<tr>
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<td>CONDOM/NIRODH----------------------------------------------------------------</td>
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<td>RHYTHM/PERIODIC ABSTINENCE-------------------------------------------------</td>
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<tr>
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<td>WITHDRAWAL------------------------------------------------------------------</td>
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</tr>
<tr>
<td></td>
<td>OTHER MOD.METHOD------------------------------------------------------------</td>
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</tr>
<tr>
<td></td>
<td>OTHER TRAD METHOD-----------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(SPECIFY)</td>
<td></td>
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<tr>
<td></td>
<td>(SPECIFY)</td>
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</tr>
<tr>
<td>Q405</td>
<td>For how long have you been using this method contionusly?</td>
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<tr>
<td></td>
<td>OR How long ago did you/ your husband undergo sterilization?</td>
<td></td>
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<tr>
<td></td>
<td>MONTHS</td>
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</tr>
<tr>
<td></td>
<td>MORE THAN 8 YEARS-----------------------------------------------------------</td>
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<tr>
<td></td>
<td>DO NOT REMEMBER-------------------------------------------------------------</td>
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</table>
FOR THE USERS OF COOPER-T/LOOP/CONDOM AND THOSE WOMEN WHO / WHOSE HUSBAND HAD UNDERGONE STERILIZATION, ASK Q406-Q417. FOR THE USERS OF WITHDRAWAL/ THYTHM METHOD / ANY OTHER METHOD, GO TO NEXT SECTION.

<table>
<thead>
<tr>
<th>Q.NO</th>
<th>QUESTIONS AND FILTERS</th>
<th>CODING CATEGORIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q406</td>
<td>Where did you / your husband go for sterilization? OR where did you go for Copper-T insertion? OR form where did you obtain the pills usually? OR from where did you get condom/Nirodh usually?</td>
<td>GOVERNMENT /MUNICIPAL HOSPITAL--- 1</td>
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<tr>
<td></td>
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<td>CHC/PHC-------------------------------------------------- 2</td>
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<td>FAMILY PLANNING CAMP/RCH CAMP----- 3</td>
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<td>OUT REACH/ MCP CLINIC IN VILLAGE----- 7</td>
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<td>PRIVATE DOCTOR---------------------------------------- 8</td>
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<td>MOBILE CLINIC----------------------------------------- 11</td>
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<td>CHEMIST----------------------------------------------- 12</td>
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<td>OTHER------------------------------------------------- 13</td>
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<tr>
<td></td>
<td></td>
<td>(SPECIFY)</td>
</tr>
<tr>
<td>Q407</td>
<td>(ONLY FOR THOSE WHO/WHOSE HUSBANDS ARE STERLISED)</td>
<td>YES--------------------------------------------------- 1</td>
</tr>
<tr>
<td></td>
<td>Before sterilization were you/your husband informed about all the methods of contraception?</td>
<td>NO--------------------------------------------------- 2</td>
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<td>Q408</td>
<td>Who inserted Copper-T?</td>
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<td>GOVERNMENT ANM/NURSE/LHV------ 3</td>
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<td>PRIVATE NURSE----------------------------------------- 4</td>
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<tr>
<td>Q409</td>
<td>Have you ever found difficulty in getting pills/condoms?</td>
<td>NO PROBLEM------------------------------------------- 1</td>
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<td></td>
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<td>NOT REGULARLY AVAIL.WITH MEDICAL SHOPS/ CHEMIST------- 4</td>
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<tr>
<td>Q410</td>
<td>When you started using this method, did doctor/nurse/ANM/ inform you about possible health problems that may occur?</td>
<td>YES--------------------------------------------------- 1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>NO--------------------------------------------------- 2</td>
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<td></td>
<td></td>
<td>DO NOT REMEMBER-------------------------------------- 3</td>
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<tr>
<td>Q411</td>
<td>After you adopted this method, did any health worker/ ANM visit you for enquiring about your/ your husband’s health?</td>
<td>YES--------------------------------------------------- 1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>NO--------------------------------------------------- 2</td>
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<tr>
<td>Q412</td>
<td>Have you /your husband had any health problem after you/your husband started to use this method?</td>
<td>YES--------------------------------------------------- 1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>NO--------------------------------------------------- 2</td>
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<tr>
<td>Q413</td>
<td>If yes, what health problem did you/your husband have?</td>
<td>YES--------------------------------------------------- 1</td>
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<tr>
<td></td>
<td></td>
<td>NO--------------------------------------------------- 2</td>
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<td>WEAKNESS/INABILITY TO WORK-- 1</td>
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<td>BODY ACHE/BACKACHE-------- 1</td>
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<td>WEIGHT GAIN----------------------------------------- 1</td>
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<td>WHITE DISCHARGE------------------------------- 1</td>
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<td>(SPECIFY)</td>
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<td>Q414</td>
<td>Did you/your husband consult anybody</td>
<td>YES--------------------------------------------------- 1</td>
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<tr>
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<td>NO--------------------------------------------------- 2</td>
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<tr>
<td>Question</td>
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<tr>
<td>----------</td>
<td>-------------</td>
<td>-----</td>
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<tr>
<td><strong>Q415</strong></td>
<td>If yes, where did you/your husband go to consult or seek treatment?</td>
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<tr>
<td><strong>Q416</strong></td>
<td>Whom did you consult or from whom did you seek treatment?</td>
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<td></td>
<td>DOCTOR</td>
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<td>UNTRAINED DAI</td>
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<td>RELATIVES/FRIENDS</td>
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<td><strong>Q417</strong></td>
<td>Are you satisfied with the method?</td>
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<td>YES</td>
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<td>NO</td>
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<td><strong>Q418</strong></td>
<td>Have you/your husband used any method in the past and discontinued?</td>
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<td></td>
<td>YES</td>
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<td>NO</td>
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<td><strong>Q419</strong></td>
<td>If yes, what was the last method you/your husband used?</td>
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<td>IUD/COPPER-T/LOOP</td>
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<td>ORAL PILLS</td>
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<td>RHYTHM/PERIODIC ABSTINENCE</td>
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<td><strong>Q420</strong></td>
<td>What was the main reason for discontinuing use of the method?</td>
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<td>WANTED CHILD</td>
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<td>SUPPLY NOT AVAILABLE</td>
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<td>DIFFICULT TO GET METHOD</td>
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<td>SPOTTING</td>
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<td>LACK OF PLEASURE</td>
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<td>METHOD WAS INCONVENIENT</td>
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<td>(SPECIFY)</td>
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<td><strong>Q421</strong></td>
<td>Are you currently menstruating?</td>
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<tr>
<td></td>
<td>YES</td>
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<tr>
<td></td>
<td>IN AMENORRHOEA</td>
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<tr>
<td></td>
<td>NEVER MENSTRUATED</td>
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<td>IN MENOPAUSE/HYSTERECTOMY</td>
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<td>Question</td>
<td>Description</td>
<td>Option 1</td>
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<td>-------------</td>
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<tr>
<td>Q422</td>
<td>Has ANM/health worker ever advised you to adopt any family planning method?</td>
<td>YES------------------------------------------1</td>
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<tr>
<td>Q423</td>
<td>If yes, what method did she/he advise you to use?</td>
<td>FEMALE STERILIZATION------------------------1</td>
</tr>
<tr>
<td>Q424</td>
<td>Do you intend to use any method of Family Planning at any time in the future?</td>
<td>YES------------------------------------------1</td>
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<tr>
<td>Q425</td>
<td>If yes, when you want to use</td>
<td>WITHIN ONE YEAR-----------------------------1</td>
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<tr>
<td>Q426</td>
<td>Which method you would prefer to use?</td>
<td>FEMALE STERILIZATION------------------------1</td>
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<tr>
<td>Q427</td>
<td>Would you like to have another child?</td>
<td>WANT MORE CHILDREN------------------------1</td>
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<tr>
<td>Q428</td>
<td>Would you prefer your next child to be a girl or boy or doesn’t it matter?</td>
<td>BOY------------------------------------------1</td>
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<tr>
<td>Q429</td>
<td>How long would you like to wait to have another child?</td>
<td>SOON/NOW/LESS THAN 24 MONTH------------------00</td>
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<tr>
<td>Q430</td>
<td>What is the main reason for currently not using any method of family planning?</td>
<td>LACK OF KNOWLEDGE ABOUT FAMILY PLANNING METHODS-------------1</td>
</tr>
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xxvii
**SECTION –V**

**ASSESSMENT OF QUALITY OF GOVERNMENT HEALTH SERVICES AND CLIENT SATISFACTION**

**(FOR ALL ELIGIBLE WOMEN)**

<table>
<thead>
<tr>
<th>Q.NO</th>
<th>QUESTIONS ND FILTERS</th>
<th>CODING CATEGORIES</th>
</tr>
</thead>
</table>
| Q501 | During the last three months, has a health or family planning worker visited you at home? | YES--------------------------- 1  
NO--------------------------- 2 |
| Q502 | If yes, who has visited you at home? | YES | NO |
|      | DOCTOR------------------------- 1 | 2 |
|      | ANM/LHV------------------------ 1 | 2 |
|      | HEALTH WORKER (MALE)------------- 1 | 2 |
| Q503 | During these visits, what were the different matters talked about? | YES | NO |
|      | FAMILY PLANNING------------------ 1 | 2 |
|      | BREAST FEEDING------------------- 1 | 2 |
|      | SUPPLEMENTARY FEEDING------------- 1 | 2 |
|      | IMMUNIZATION--------------------- 1 | 2 |
|      | NUTRITION------------------------ 1 | 2 |
|      | DISEASE PREVENTION--------------- 1 | 2 |
|      | JTREATMENT OF HEALTH PROBLEM----- 1 | 2 |
|      | ANTENATAL CARE------------------- 1 | 2 |
|      | DELIVERY CARE-------------------- 1 | 2 |
|      | POSTPARTUM CARE------------------ 1 | 2 |
|      | CHILD CARE----------------------- 1 | 2 |
|      | SANITATION/CLEANLINESS------------ 1 | 2 |
|      | ORAL REHYDRATION----------------- 1 | 2 |
|      | OTHER----------------------------- 1 | 2 |
|      | SPECIFY-------------------------- 1 | 2 |
| Q504 | What type of services did you receive during these visits? | YES | NO |
|      | PILL SUPPLY---------------------- 1 | 2 |
|      | CONDOM SUPPLY--------------------- 1 | 2 |
|      | FOLLOW-UP FOR STERILIZATION------- 1 | 2 |
|      | FOLLOW—UP FOR IUD INSERTION------- 1 | 2 |
|      | FAMILY PLANNING ADVICE------------ 1 | 2 |
|      | OTHER FAMILY PLANNING SERVICE----- 1 | 2 |
|      | IMMUNIZATION--------------------- 1 | 2 |
|      | ANTENATAL CARE-------------------- 1 | 2 |
|      | DELIVERY CARE--------------------- 1 | 2 |
|      | POSTPARTUM CARE-------------------- 1 | 2 |
|      | DISEASE PREVENTION---------------- 1 | 2 |
|      | MEDICAL TREATMENT FOR SELF--------- 1 | 2 |
|      | TREATMENT FOR SICK CHILD----------- 1 | 2 |
|      | OTHER----------------------------- 1 | 2 |
| Q505 | Did she /he spend enough time with you? | YES--------------------------- 1  
NO--------------------------- 2 |
| Q506 | Were you satisfied with services /advice given by her/him? | YES--------------------------- 1  
NO--------------------------- 2 |
| Q507 | During last three months did you visit any health facility for any of your health problem? | NO, THERE WAS NO HEALTH PROBLEM------- 1  
DID NOT VISIT ANY--------------------------- 2  
YES, VISITED--------------------------- 3 |
**Q508** If yes, where did you go last?

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<th>Yes</th>
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<tr>
<td>Government Dispensary</td>
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<tr>
<td>PHC</td>
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</tr>
<tr>
<td>Sub-Center</td>
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<tr>
<td>Govt.Ism Hospital/Dispensary</td>
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<td></td>
</tr>
<tr>
<td>Private Hospital</td>
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<td>Private Dispensary</td>
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<tr>
<td>Private Ism Hospital/Dispensary</td>
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<td>Other</td>
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**Q509** What topics were discussed during the visit?

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<tr>
<td>Breast Feeding</td>
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<tr>
<td>Supplementary Feeding</td>
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<tr>
<td>Immunization</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Nutrition</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Disease Prevention</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Treatment of Health Problem</td>
<td>1</td>
<td>2</td>
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<tr>
<td>Antenatal Care</td>
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<td>2</td>
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<tr>
<td>Delivery Care</td>
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<td>2</td>
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<tr>
<td>Postpartum Care</td>
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<td>2</td>
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<tr>
<td>Child Care</td>
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<td>2</td>
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<tr>
<td>Sanitation/Cleanliness</td>
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<td>2</td>
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<tr>
<td>Oral Rehydration</td>
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<tr>
<td>Other</td>
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*(Specify)*

**Q510** What services received?

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<td>Condom Supply</td>
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<td>Follow-Up For Sterilization</td>
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<td>Follow-Up For IUD Insertion</td>
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<td>Family Planning Advice</td>
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<td>Other Family Planning Service</td>
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<td>Immunization</td>
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<td>Antenatal Care</td>
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</tr>
<tr>
<td>Delivery Care</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Postpartum Care</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Disease Prevention</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Medical Treatment For Self</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Treatment For Sick Child</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Other</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>
### Q511 How will you rate the health facilities you visited last?

<table>
<thead>
<tr>
<th>Statement</th>
<th>POOR(1)</th>
<th>GOOD(2)</th>
<th>EXCELLENT(3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The Convenience of the health facility location</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Length of time spend towards waiting</td>
<td>LONG-1</td>
<td>AVERAGE-2</td>
<td>NOWAITING-3</td>
</tr>
<tr>
<td>3. Personal manner (courtesy, respect, sensitivity, friendliness) of the physician (Only for PHC &amp; above facility)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. The technical skills and quality (thoroughness, carefulness, competence) of physician (only for PHC &amp; above facility)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Personal manner (courtesy, respect, sensitivity, friendliness) of the nurse/ANM</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. The technical skills and quality (thoroughness, carefulness, competence) of nurse/ANM</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Personal manner (courtesy, respect, sensitivity, carefulness, friendliness) of other staff (only for PHC &amp; above facility)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. The technical skills and quality (thoroughness, carefulness, competence) of other (paramedical) staff.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. The explanation of what was done to you</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Medical, surgical and diagnostic equipment.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Q512 What is the main reason for not visiting the government health facility?

<table>
<thead>
<tr>
<th>Reason</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>NOT CONVENIENTLY LOCATED</td>
<td>1</td>
</tr>
<tr>
<td>TIME IS NOT SUITED</td>
<td>2</td>
</tr>
<tr>
<td>POOR QUALITY OF SERVICES</td>
<td>3</td>
</tr>
<tr>
<td>HEAVY RUSH</td>
<td>4</td>
</tr>
<tr>
<td>NON-AVAILABILITY OF DOCTORS/ HW</td>
<td>5</td>
</tr>
<tr>
<td>RARE AVAILABILITY OF DOCTORS/HW</td>
<td>6</td>
</tr>
<tr>
<td>DOCTORS / HW DO NOT EXAMINE PROPERLY</td>
<td>7</td>
</tr>
<tr>
<td>MEDICINE NOT/RARELY GIVEN</td>
<td>8</td>
</tr>
<tr>
<td>MEDICINE ARE OF BAD QUALITY</td>
<td>9</td>
</tr>
<tr>
<td>DR./PM STAFF DOES NOT BEHAVE PROPERLY</td>
<td>10</td>
</tr>
<tr>
<td>SERVICES ARE CHARGED</td>
<td>11</td>
</tr>
<tr>
<td>REFERRED BY GOVT.DOCTOR</td>
<td>12</td>
</tr>
<tr>
<td>OTHER</td>
<td>88</td>
</tr>
</tbody>
</table>
HUSBAND’S QUESTIONNAIRE

Identification

STATE :____________________________________________________

DISTRICT :_________________________________________________

TEHESIL/TALUK/COMMUNITY DEVELOPMENT BLOCK/MANDAL_____

PSU (VILLAGE / URBAN WARD/UFS)___________________________

VILLAGE SEGMENT /CENSUS /ENUMERATION BLOCK:______________

TYPE OF LOCALITY RURAL:___________ 1 URBAN:_______________ 2

HEAD OF THE HOUSEHOLD

NAME :__________________________________________________

ADDRESS:________________________________________________

__________________________________________________________________________________________

NAME OF THE HUSBAND OF ELIGIBLE WOMEN___________________________________

SERIAL NUMBER OF VILLAGE QUESTIONNAIRE___________________________________

SERIAL NUMBER OF HOUSEHOLD QUESTIONNAIRE________________________________________

SERIAL NUMBER OF WIFE’S QUESTIONNAIRE____________________________________________

SERIAL NUMBER OF HUSBAND’S QUESTIONNAIRE____________________________________________

(TO BE ENTERED AT OFFICE)

INTERVIEW DATE MONTH YEAR

DATE

NO. OF VISITS MADE____________________________________________________

SPOT CHECKED BY FIELD EDITED BY OFFICE EDITED BY KEYED BY

NAME

DATE

NAME OF THE INVESTIGATOR

SIGNATURE OF THE INVESTIGATOR
<table>
<thead>
<tr>
<th>Q.NO</th>
<th>QUESTION AND FILTER</th>
<th>CODING CATEGORIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q100</td>
<td>RECORD THE TIME</td>
<td>HOURS</td>
</tr>
<tr>
<td></td>
<td></td>
<td>MINUTES</td>
</tr>
<tr>
<td>Q1001</td>
<td>LINE NUMBER OF THE RESPONDENT IN HH QUESTIONNAIRE</td>
<td></td>
</tr>
<tr>
<td>Q1002</td>
<td>LINE NUMBER OF THE WIFE OF RESPONDENT IN HH QUESTIONNAIRE</td>
<td></td>
</tr>
<tr>
<td>Q103</td>
<td>How old are you?</td>
<td>AGE IN COMPLETED YEARS</td>
</tr>
<tr>
<td>Q104</td>
<td>Can you read and write?</td>
<td></td>
</tr>
<tr>
<td>Q105</td>
<td>How many years of schooling have you completed?</td>
<td>YEARS</td>
</tr>
<tr>
<td>Q106</td>
<td>How many sons and daughters do you have?</td>
<td>SONS</td>
</tr>
<tr>
<td></td>
<td></td>
<td>DAUGHTERS</td>
</tr>
<tr>
<td></td>
<td></td>
<td>TOTAL</td>
</tr>
<tr>
<td>Q107</td>
<td>Are you / your wife currently using any family planning method?</td>
<td>YES-----------------------------1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>NO-------------------------2</td>
</tr>
<tr>
<td></td>
<td></td>
<td>NO, PREGNANT-----------3</td>
</tr>
<tr>
<td></td>
<td></td>
<td>NO, IN HYSTERECTOMY/MENOPAUSE----4</td>
</tr>
<tr>
<td>Q108</td>
<td>Which method you and your wife is currently using?</td>
<td>FEMALE STERILIZATION--1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>MALE STERILIZATION-----2</td>
</tr>
<tr>
<td></td>
<td></td>
<td>IUD/COPPER-T/LOOP-----3</td>
</tr>
<tr>
<td></td>
<td></td>
<td>PILLS---------------4</td>
</tr>
<tr>
<td></td>
<td></td>
<td>CONDOM/NIRODH-------5</td>
</tr>
<tr>
<td></td>
<td></td>
<td>RHYTHM/PERIODIC ABSTINENCE---6</td>
</tr>
<tr>
<td></td>
<td></td>
<td>WITHDRAWAL---------7</td>
</tr>
<tr>
<td></td>
<td></td>
<td>OTHER-------------8</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(SPECIFY)</td>
</tr>
<tr>
<td>Q109</td>
<td>What is the main reason for not accepting any male method?</td>
<td>FEAR OF IMPOTENCY------1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>LACK OF SEXUAL PLEASURE------1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>FEAR OF METHOD FAILURE-----1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>FEAR OF OPERATION-----1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>FEAR OF WEAKNESS------1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>FEMALE METHODS ARE POPULAR------1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>OTHER--------------1</td>
</tr>
<tr>
<td>Q110</td>
<td>Would you like to have another child?</td>
<td>WANT MORE CHILDREN-----1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>WANT NO MORE CHILD-----2</td>
</tr>
<tr>
<td></td>
<td></td>
<td>NOT DECIDED----------3</td>
</tr>
<tr>
<td></td>
<td></td>
<td>UPTO GOD-------------4</td>
</tr>
<tr>
<td>Q111</td>
<td>Would you prefer your next child to be a girl or boy or doesn’t it matter?</td>
<td>BOY----------------------1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>GIRL------------------2</td>
</tr>
<tr>
<td></td>
<td></td>
<td>DOESN'T MATTER-------3</td>
</tr>
<tr>
<td></td>
<td></td>
<td>UP TO GOD-----------4</td>
</tr>
<tr>
<td>Q112</td>
<td>How long would you like to wait to have another child?</td>
<td>SOON/NOW/LESS THAN 24 MONTH----------</td>
</tr>
<tr>
<td></td>
<td></td>
<td>MORE THAN 24 MONTHS</td>
</tr>
<tr>
<td></td>
<td></td>
<td>NOT DECIDED---------------------</td>
</tr>
<tr>
<td>Q113</td>
<td>What is the main reason for currently not using any method of family planning?</td>
<td>LACK OF KNOWLEDGE ABOUT FAMILY PLANNING METHODS-----------------------------</td>
</tr>
<tr>
<td></td>
<td></td>
<td>AGAINST THE RELIGION-----------------</td>
</tr>
<tr>
<td></td>
<td></td>
<td>OPPOSED TO FAMILY PLANNING--------------</td>
</tr>
<tr>
<td></td>
<td></td>
<td>HUSBAND OPPOSED---------------------</td>
</tr>
<tr>
<td></td>
<td></td>
<td>OTHER FAMILY MEMBERS[opposed]-------</td>
</tr>
<tr>
<td></td>
<td></td>
<td>NOT LIKE EXISTING METHOD----------------</td>
</tr>
<tr>
<td></td>
<td></td>
<td>AFRAID OF STERILIZATION----------------</td>
</tr>
<tr>
<td></td>
<td></td>
<td>CAN NOT WORK AFTER STERILIZATION-----</td>
</tr>
<tr>
<td></td>
<td></td>
<td>WORRY ABOUT SIDE EFFECTS-------------</td>
</tr>
<tr>
<td></td>
<td></td>
<td>COSTS TOO MUCH----------------------</td>
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<tr>
<td></td>
<td></td>
<td>HEALTH DOES NOT PERMIT----------------</td>
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<tr>
<td></td>
<td></td>
<td>HARD/INCONVENIENT TO GET METHOD-----</td>
</tr>
<tr>
<td></td>
<td></td>
<td>INCONVENIENT TO USE METHOD-----------</td>
</tr>
<tr>
<td></td>
<td></td>
<td>DIFFICULT TO BECOME PREGNANT--------</td>
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<td></td>
<td></td>
<td>OTHER---------------------------------</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(SPECIFY)</td>
</tr>
<tr>
<td>Q114</td>
<td>Do you intend to use any method of Family Planning at any time in the future?</td>
<td>YES---------------------------------</td>
</tr>
<tr>
<td></td>
<td></td>
<td>NO----------------------------------</td>
</tr>
<tr>
<td></td>
<td></td>
<td>CAN'T SAY/ NOT DECIDED--------------</td>
</tr>
<tr>
<td>Q115</td>
<td>If yes, which method you would prefer to use?</td>
<td>FEMALE STERILIZATION-----------------</td>
</tr>
<tr>
<td></td>
<td></td>
<td>IUD/COPPER-T/LOOP-------------------</td>
</tr>
<tr>
<td></td>
<td></td>
<td>PILLS-----------------------------</td>
</tr>
<tr>
<td></td>
<td></td>
<td>MALE STERILIZATION-------------------</td>
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<tr>
<td></td>
<td></td>
<td>CONDOM/ NIRODH---------------------</td>
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<td></td>
<td></td>
<td>RHYTHM/ PERIODIC ABSTINENCE--------</td>
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<tr>
<td></td>
<td></td>
<td>WITHDRAWAL-------------------------</td>
</tr>
<tr>
<td></td>
<td></td>
<td>OTHER-------------------------------</td>
</tr>
<tr>
<td>Q116</td>
<td>What is the main reason for not intending to use any male method?</td>
<td>FEAR OF IMPOTENCY------------------</td>
</tr>
<tr>
<td></td>
<td></td>
<td>LACK OF SEXUAL PLEASURE-------------</td>
</tr>
<tr>
<td></td>
<td></td>
<td>FEAR OF METHOD FAILURE-------------</td>
</tr>
<tr>
<td></td>
<td></td>
<td>FEAR OF OPERATION-------------------</td>
</tr>
<tr>
<td></td>
<td></td>
<td>FEAR OF WEAKNESS-------------------</td>
</tr>
<tr>
<td></td>
<td></td>
<td>FEMALE METHODS ARE POPULAR--------</td>
</tr>
<tr>
<td></td>
<td></td>
<td>OTHER-------------------------------</td>
</tr>
<tr>
<td>Q117</td>
<td>Have you heard of No Scalpel Vasectomy(NSV)</td>
<td>YES---------------------------------</td>
</tr>
<tr>
<td></td>
<td></td>
<td>NO----------------------------------</td>
</tr>
<tr>
<td>Q118</td>
<td>Among NSV and conventional vasectomy, which is simpler?</td>
<td>NSV-----------------------------</td>
</tr>
<tr>
<td></td>
<td></td>
<td>CONVENTIONAL VASECTOMY-----------------</td>
</tr>
<tr>
<td></td>
<td></td>
<td>BOTH-----------------------------</td>
</tr>
<tr>
<td></td>
<td></td>
<td>NONE-----------------------------</td>
</tr>
<tr>
<td></td>
<td></td>
<td>DON'T KNOW-----------------------</td>
</tr>
<tr>
<td>Q119</td>
<td>What re the complication of NSV?</td>
<td>NO COMPLICATION----------------------</td>
</tr>
<tr>
<td></td>
<td></td>
<td>ANY COMPLICATION-------------------</td>
</tr>
<tr>
<td></td>
<td></td>
<td>DON'T KNOW------------------------</td>
</tr>
<tr>
<td>Q120</td>
<td>Does NSV affect man’s sexual performance?</td>
<td>YES---------------------------------</td>
</tr>
<tr>
<td></td>
<td></td>
<td>NO----------------------------------</td>
</tr>
<tr>
<td></td>
<td></td>
<td>DON'T KNOW------------------------</td>
</tr>
<tr>
<td>Q121</td>
<td>RECORD THE TIME</td>
<td>HOURS</td>
</tr>
</tbody>
</table>
DISTRICT LEVEL HOUSEHOLD SURVEY REPRODUCTIVE AND CHILD HEALTH (RCH)
Round II, Phase II, 2003-2004

VILLAGE QUESTIONNAIRE
Identification

STATE: ______________________________________________________
DISTRICT: __________________________________________________
TEHESIL/TALUK/COMMUNITY DEVELOPMENT BLOCK/MANDAL______
PSU (VILLAGE / URBAN WARD/UFS)__________________________
RESPONDENT / NAME:__________________________________________
1) VILLAGE PRADHAN/ UP PRADHAN
2) ANY OTHER PANCHAYAT MEMNER
3) TEACHER
4) GRAM SEVAK
ADDRESS: _________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
SERIAL NUMBER OF THE VILLAGE QUESTIONNAIRE______________________

DATE
MONTH
YEAR

QV101 Distance to nearest town (in Km)--------------------------------------------
QV102 Distance to district head quarter (in Km)-----------------------------------
QV103 Distance to nearest A) BUS STATION (in Km)-------------------------------
               B) RAILWAY STATION (in Km)--------------------------------------
QV104 Whether village is connected by all –weather road to other places?
      YES--------------------------------------------1
      NO------------------------------------------2

xxxiv
### QV105 Education facilities

<table>
<thead>
<tr>
<th>Within Village</th>
<th>If not in a village distance to nearest</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>A. Primary School</td>
<td>1 2 (in Km)</td>
</tr>
<tr>
<td>B. Middle School</td>
<td>1 2 (in Km)</td>
</tr>
<tr>
<td>C. Secondary School</td>
<td>1 2 (in Km)</td>
</tr>
<tr>
<td>D. Higher Secondary School</td>
<td>1 2 (in Km)</td>
</tr>
<tr>
<td>E. College</td>
<td>1 2 (in Km)</td>
</tr>
<tr>
<td>F. Guruji Scheme</td>
<td>1 2 (in Km)</td>
</tr>
<tr>
<td>G. Madarasa</td>
<td>1 2 (in Km)</td>
</tr>
</tbody>
</table>

### QV106 Health facilities

<table>
<thead>
<tr>
<th>Within village</th>
<th>Distance to nearest</th>
<th>Whether accessible throughout the year</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>NO</td>
<td></td>
</tr>
<tr>
<td>A. ICDS (Anganwadi)</td>
<td>1 2 (in Km)</td>
<td>1 2</td>
</tr>
<tr>
<td>B. Sub – Centre</td>
<td>1 2 (in Km)</td>
<td>1 2</td>
</tr>
<tr>
<td>C. PHC</td>
<td>1 2 (in Km)</td>
<td>1 2</td>
</tr>
<tr>
<td>D. CHC/RH</td>
<td>1 2 (in Km)</td>
<td>1 2</td>
</tr>
<tr>
<td>E. Govt. Dispensary</td>
<td>1 2 (in Km)</td>
<td>1 2</td>
</tr>
<tr>
<td>F. Govt. Hospital</td>
<td>1 2 (in Km)</td>
<td>1 2</td>
</tr>
<tr>
<td>G. Private Clinic</td>
<td>1 2 (in Km)</td>
<td>1 2</td>
</tr>
<tr>
<td>H. Private Hospital</td>
<td>1 2 (in Km)</td>
<td>1 2</td>
</tr>
<tr>
<td>I. ISM Health Facility</td>
<td>1 2 (in Km)</td>
<td>1 2</td>
</tr>
</tbody>
</table>

### QV107 Outreach services for the village

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Mobile Health Clinic</td>
<td>1 2</td>
</tr>
<tr>
<td>B. Mobile Child Health Services</td>
<td>1 2</td>
</tr>
</tbody>
</table>

### QV108 How frequently do they (mobile clinic) visit in village?

- Not at all: 0
- Actual Number: [___]
<table>
<thead>
<tr>
<th></th>
<th>Health provider in the Village</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Private Doctor</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>B</td>
<td>Visiting Doctor</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>C</td>
<td>Unani Doctor</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>D</td>
<td>Ayurvedic Doctor</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>E</td>
<td>Homeopathic Doctor</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>F</td>
<td>Siddha Doctor</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>G</td>
<td>Traditional Healer</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>H</td>
<td>VHG</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>I</td>
<td>Trained Birth Attendant</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>J</td>
<td>Dai</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>K</td>
<td>ICDS/ Anganwadi worker</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>L</td>
<td>Other</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>

RESULT STATUS OF THE VILLAGE QUESTIONNAIRE

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
</tr>
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<tbody>
<tr>
<td>COMPLETED-----------------------</td>
<td>-----</td>
<td>----</td>
</tr>
<tr>
<td>REFUSED-------------------------</td>
<td>-----</td>
<td>----</td>
</tr>
<tr>
<td>OTHER---------------------------</td>
<td>-----</td>
<td>----</td>
</tr>
</tbody>
</table>

NO. OF VISITS MADE------------------------

SPOT CHECKED BY

FIELD EDITED BY

OFFICE EDITED BY

KEYED BY

NAME

DATE

NAME OF THE INVESTIGATOR

SIGNATURE OF THE INVESTIGATOR