Government of the People's Republic of Bangladesh
Bangladesh Bureau of Statistics (BBS)

MICS

QUESTIONNAIRE FOR INDIVIDUAL WOMEN

Bangladesh MICS 2019

WOMAN'S INFORMATION PANEL	**WM**
WM1. *Cluster number:* ___ ___ ___	**WM2**. *Household number:* ___ ___
WM3. *Woman's name and line number:* NAME _____ ___ ___	**WM4**. *Supervisor's name and number:* NAME _____ ___ ___ ___
WM5. *Interviewer's name and number:* NAME _____ ___ ___ ___	**WM6**. *Day / Month / Year of interview:* ___ ___ / ___ ___ / 2 0 1 9

Check woman's age in HL6 in LIST OF HOUSEHOLD MEMBERS, HOUSEHOLD QUESTIONNAIRE: If age 15-17, verify in HH33 that adult consent for interview is obtained or not necessary (HL20=90). If consent is needed and not obtained, the interview must not commence and '06' should be recorded in WM17.	**WM7**. *Record the time:* HOURS : MINUTES ___ ___ : ___ ___

WM8. *Check completed questionnaires in this household: Have you or another member of your team interviewed this respondent for another questionnaire?*	YES, INTERVIEWED ALREADY .....1 NO, FIRST INTERVIEW 2	1 ⇨*WM9B* 2 ⇨*WM9A*
WM9A. Hello, my name is (***your name***). We are from Bangladesh Bureau of Statistics (BBS). We are conducting a survey about the situation of children, families and households. I would like to talk to you about your health and other topics. This interview usually takes about 45 minutes. We are also interviewing mothers about their children. All the information we obtain will remain strictly confidential and anonymous. If you wish not to answer a question or wish to stop the interview, please let me know. May I start now?	**WM9B**. Now I would like to talk to you about your health and other topics in more detail. This interview will take about 45 minutes. Again, all the information we obtain will remain strictly confidential and anonymous. If you wish not to answer a question or wish to stop the interview, please let me know. May I start now?	
YES .....1 NO / NOT ASKED 2	1 ⇨*WOMAN'S BACKGROUND Module* 2 ⇨*WM17*	

WM17. *Result of woman's interview.* *Discuss any result not completed with Supervisor.*	COMPLETED.....01 NOT AT HOME .....02 REFUSED.....03 PARTLY COMPLETED .....04 INCAPACITATED (*specify*) _____ 05 NO ADULT CONSENT FOR RESPONDENT AGE 15-17 .....06 OTHER (*specify*)_____ 96

WOMAN'S BACKGROUND		WB
WB1. *Check the respondent's line number (WM3) in WOMAN'S INFORMATION PANEL and the respondent to the HOUSEHOLD QUESTIONNAIRE (HH47):*	WM3=HH47 ..... 1 WM3≠HH47 2	2 ⇨ *WB3*
WB2. *Check ED5 in EDUCATION Module in the HOUSEHOLD QUESTIONNAIRE for this respondent: Highest level of school attended:*	ED5=2, 3 OR 4 ..... 1 ED5=0, 1, 8 OR BLANK 2	1 ⇨ *WB15* 2 ⇨ *WB14*
WB3. In what month and year were you born?	DATE OF BIRTH MONTH ..... __ __ DK MONTH ..... 98 YEAR ..... __ __ __ __ DK YEAR 9998	
WB4. How old are you? *Probe:* How old were you at your last birthday? *If responses to WB3 and WB4 are inconsistent, probe further and correct. Age must be recorded.*	AGE (IN COMPLETED YEARS) ..... __ __	
WB5. Have you ever attended school or any early childhood education programme?	YES ..... 1 NO 2	2 ⇨ *WB14*
WB6. What is the highest level and grade or year of school you have attended?	EARLY CHILDHOOD EDUCATION ..... 000 PRIMARY ..... 1 __ __ LOWER SECONDARY ..... 2 __ __ SECONDARY/HIGHER SECONDARY . 3 __ __ HIGHER ..... 4 __ __	000 ⇨ *WB14*
WB7. Did you complete that (grade/year)?	YES ..... 1 NO 2	
WB8. *Check WB4: Age of respondent:*	AGE 15-24 ..... 1 AGE 25-49 2	2 ⇨ *WB13*
WB9. At any time during the **2019** school year did you attend school?	YES ..... 1 NO 2	2 ⇨ *WB11*
WB10. During **this 2019** school year, which level and grade or year are you attending?	PRIMARY ..... 1 __ __ LOWER SECONDARY ..... 2 __ __ SECONDARY/HIGHER SECONDARY . 3 __ __ HIGHER ..... 4 __ __	
WB11. At any time during the **2018** school year did you attend school?	YES ..... 1 NO 2	2 ⇨ *WB13*
WB12. During **that 2018** school year, which level and grade or year did you attend?	PRIMARY ..... 1 __ __ LOWER SECONDARY ..... 2 __ __ SECONDARY/UPPER SECONDARY .... 3 __ __ HIGHER ..... 4 __ __	
WB13. *Check WB6: Highest level of school attended:*	WB6=2, 3 OR 4 ..... 1 WB6=1 2	1 ⇨ *WB15*

WB14. Now I would like you to read this sentence to me. *Show sentence on the card to the respondent.* *If respondent cannot read whole sentence, probe:* Can you read part of the sentence to me?	CANNOT READ AT ALL ..... 1 ABLE TO READ ONLY PARTS OF SENTENCE..... 2 ABLE TO READ WHOLE SENTENCE..... 3 NO SENTENCE IN REQUIRED LANGUAGE / BRAILLE (*specify language*) _____ 4	
WB15. How long have you been continuously living in (*name of current city, town or village of residence*)? *If less than one year, record '00' years.*	YEARS..... __ __ ALWAYS / SINCE BIRTH 95	95 ⇨*End*
WB16. Just before you moved here, did you live in a city, in a town, or in a rural area? *Probe to identify the type of place.* *If unable to determine whether the place is a city, a town or a rural area, write the name of the place and then temporarily record '9' until you learn the appropriate category for the response.* _____ *(Name of place)*	CITY..... 1 TOWN..... 2 RURAL AREA..... 3	
WB17. Before you moved here, in which Division did you live in?	BARISAL ..... 10 CHITTAGONG ..... 20 DHAKA ..... 30 KHLUNA ..... 40 MYMENSHING ..... 45 RAJSHAHI ..... 50 RANGPUR ..... 55 SYLHET ..... 60 OUTSIDE OF BANGLADESH (*specify*) _____ 96	

MASS MEDIA AND ICT		**MT**
MT1. Do you read a newspaper or magazine at least once a week, less than once a week or not at all? *If 'At least once a week', probe:* Would you say this happens almost every day? *If 'Yes' record 3, if 'No' record 2.*	NOT AT ALL..... 0 LESS THAN ONCE A WEEK ..... 1 AT LEAST ONCE A WEEK ..... 2 ALMOST EVERY DAY..... 3	
MT2. Do you listen to the radio at least once a week, less than once a week or not at all? *If 'At least once a week', probe:* Would you say this happens almost every day? *If 'Yes' record 3, if 'No' record 2*	NOT AT ALL..... 0 LESS THAN ONCE A WEEK ..... 1 AT LEAST ONCE A WEEK ..... 2 ALMOST EVERY DAY..... 3	
MT3. Do you watch television at least once a week, less than once a week or not at all? *If 'At least once a week', probe:* Would you say this happens almost every day? *If 'Yes' record 3, if 'No' record 2*	NOT AT ALL..... 0 LESS THAN ONCE A WEEK ..... 1 AT LEAST ONCE A WEEK ..... 2 ALMOST EVERY DAY..... 3	
MT4. Have you ever used a computer or a tablet from any location?	YES ..... 1 NO 2	2 ⇨*MT9*
MT5. During the last 3 months, did you use a computer or a tablet at least once a week, less than once a week or not at all? *If 'At least once a week', probe:* Would you say this happened almost every day? *If 'Yes' record 3, if 'No' record 2*	NOT AT ALL..... 0 LESS THAN ONCE A WEEK ..... 1 AT LEAST ONCE A WEEK ..... 2 ALMOST EVERY DAY..... 3	0 ⇨*MT9*

MT6. During the last 3 months, did you:	YES NO	
[A] Copy or move a file or folder?	COPY/MOVE FILE 1 2	
[B] Use a copy and paste tool to duplicate or move information within a document?	USE COPY/PASTE IN DOCUMENT 1 2	
[C] Send e-mail with attached file, such as a document, picture or video?	SEND E-MAIL WITH ATTACHMENT 1 2	
[D] Use a basic arithmetic formula in a spreadsheet?	USE BASIC SPREADSHEET FORMULA .. 1 2	
[E] Connect and install a new device, such as a modem, camera or printer?	CONNECT DEVICE 1 2	
[F] Find, download, install and configure software?	INSTALL SOFTWARE 1 2	
[G] Create an electronic presentation with presentation software, including text, images, sound, video or charts?	CREATE PRESENTATION 1 2	
[H] Transfer a file between a computer and other device?	TRANSFER FILE 1 2	
[I] Write a computer program in any programming language?	PROGRAMMING 1 2	
MT7. *Check MT6[C]: Is 'Yes' recorded?*	YES, MT6[C]=1 ..... 1 NO, MT6[C]=2 2	1 ⇨ *MT10*
MT8. *Check MT6[F]: Is 'Yes' recorded?*	YES, MT6[F]=1 ..... 1 NO, MT6[F]=2 2	1 ⇨ *MT10*
MT9. Have you ever used the internet from any location and any device?	YES ..... 1 NO 2	 2 ⇨ *MT11*
MT10. During the last 3 months, did you use the internet at least once a week, less than once a week or not at all? *If 'At least once a week', probe:* Would you say this happens almost every day? *If 'Yes' record 3, if 'No' record 2.*	NOT AT ALL ..... 0 LESS THAN ONCE A WEEK ..... 1 AT LEAST ONCE A WEEK ..... 2 ALMOST EVERY DAY 3	
MT11. Do you own a mobile phone?	YES ..... 1 NO 2	
MT12. During the last 3 months, did you use a mobile telephone at least once a week, less than once a week or not at all? *Probe if necessary:* I mean have you communicated with someone using a mobile phone. *If 'At least once a week', probe:* Would you say this happens almost every day? *If 'Yes' record 3, if 'No' record 2.*	NOT AT ALL ..... 0 LESS THAN ONCE A WEEK ..... 1 AT LEAST ONCE A WEEK ..... 2 ALMOST EVERY DAY 3	

MARRIAGE		MA
MA1. Are you currently married?	YES, CURRENTLY MARRIED.....1 NO, NOT CURRENTLY MARRIED 3	 3 ⇨*MA5*
MA2. How old is your (husband)? *Probe*: How old was your (husband) on his last birthday?	AGE IN YEARS .....__ __ DK.....98	
MA3. Besides yourself, does your (husband) have any other wives or partners?	YES.....1 NO.....2	 2 ⇨*MA7*
MA4. How many other wives does he have?	NUMBER .....__ __ DK.....98	⇨*MA7* 98 ⇨*MA7*
MA5. Have you ever been married?	YES, FORMERLY MARRIED.....1 NO.....3	 3 ⇨*UN14*
MA6. What is your marital status now: are you widowed, divorced or separated?	WIDOWED.....1 DIVORCED.....2 SEPARATED 3	
MA7. Have you been married only once or more than once?	ONLY ONCE.....1 MORE THAN ONCE 2	1 ⇨*MA8A* 2 ⇨*MA8B*
MA8A. In what month and year did you start living with your (husband)? **MA8B**. In what month and year did you start living with your first (husband)?	DATE OF (FIRST) UNION MONTH.....__ __ DK MONTH .....98 YEAR.....__ __ __ __ DK YEAR.....9998	
MA9. *Check MA8A/B: Is 'DK YEAR' recorded?*	YES, MA8A/B=9998.....1 NO, MA8A/B≠9998.....2	 2 ⇨*End*
MA10. *Check MA7: In marriage only once?*	YES, MA7=1 .....1 NO, MA7=2 2	1 ⇨*MA11A* 2 ⇨*MA11B*
MA11A. How old were you when you started living with your (husband)? **MA11B**. How old were you when you started living with your first (husband)?	AGE IN YEARS .....__ __	

FERTILITY/BIRTH HISTORY		CM
CM0. *Check MA1 and MA5: Currently married?*	YES, MA1=1 OR MA5=1……...1 NO, MA1=3 OR MA5=3……..……..…..2	1 ⇨*CM1* 2 ⇨*End*
CM1. Now I would like to ask about all the births you have had during your life. Have you ever given birth? *This module and the birth history should only include children born alive. Any stillbirths should not be included in response to any question.*	YES ..... 1 NO 2	2 ⇨*CM8*
CM2. Do you have any sons or daughters to whom you have given birth who are now living with you?	YES ..... 1 NO 2	2 ⇨*CM5*
CM3. How many sons live with you? *If none, record '00'.*	SONS AT HOME..... __ __	
CM4. How many daughters live with you? *If none, record '00'.*	DAUGHTERS AT HOME..... __ __	
CM5. Do you have any sons or daughters to whom you have given birth who are alive but do not live with you?	YES ..... 1 NO 2	2 ⇨*CM8*
CM6. How many sons are alive but do not live with you? *If none, record '00'.*	SONS ELSEWHERE ..... __ __	
CM7. How many daughters are alive but do not live with you? *If none, record '00'.*	DAUGHTERS ELSEWHERE ..... __ __	
CM8. Have you ever given birth to a boy or girl who was born alive but later died? *If 'No' probe by asking:* I mean, to any baby who cried, who made any movement, sound, or effort to breathe, or who showed any other signs of life even if for a very short time?	YES ..... 1 NO 2	2 ⇨*CM11*
CM9. How many boys have died? *If none, record '00'.*	BOYS DEAD ..... __ __	
CM10. How many girls have died? *If none, record '00'.*	GIRLS DEAD ..... __ __	
CM11. *Sum answers to CM3, CM4, CM6, CM7, CM9 and CM10.*	SUM ..... __ __	
CM12. Just to make sure that I have this right, you have had in total (***total number in CM11***) births during your life. Is this correct?	YES ..... 1 NO 2	1 ⇨*CM14*
CM13. *Check responses to CM1-CM10 and make corrections as necessary until response in CM12 is 'Yes'.*		
CM14. *Check CM11: How many live births?*	NO LIVE BIRTHS, CM11=00.....0 ONE OR MORE LIVE BIRTH, CM11=01 OR MORE.....1	0 ⇨*End*

FERTILITY/BIRTH HISTORY **BH**

BH0. Now I would like to record the names of all of your births, whether still alive or not, starting with the first one you had.
Record names of all of the births in BH1.Record twins and triplets on separate lines.

BH0. *BH Line Number*	**BH1**. What name was given to your (first/next) baby?	**BH2**. Were any of these births twins?		**BH3**. Is (***name of birth***) a boy or a girl?		**BH4**. In what month and year was (***name of birth***) born? *Probe*: What is (his/her) birthday?			**BH5**. Is (***name of birth***) still alive?		**BH6**. How old was (***name of birth***) at (his/her) last birthday? *Record age in completed years.*	**BH7**. Is (***name of birth***) living with you?		**BH8**. *Record household line number of child (from HL1) Record '00' if child is not listed.*	**BH9**. How old was (***name of birth***) when (he/she) died? *If '1 year', probe:* How many months old was (***name of birth***)? *Record days if less than 1 month; record months if less than 2 years; or years*		**BH10**. Were there any other live births between (***name of previous birth***) and (***name of birth***), including any children who died after birth?	
		S	M	B	G	Day	Month	Year	Y	N	Age	Y	N	Line No	Unit	Number	Y	N
01		1	2	1	2	__ __	__ __	__ __ __ __	1	2 ⇩ *BH9*	__ __	1	2	__ __ ⇨ *Next Birth*	DAYS .....1 MONTHS ..2 YEARS 3	__ __		
02		1	2	1	2	__ __	__ __	__ __ __ __	1	2 ⇩ *BH9*	__ __	1	2	__ __ ⇨ *BH10*	DAYS .....1 MONTHS ..2 YEARS 3	__ __	1 ⇩ *Add Birth*	2 ⇩ *Next Birth*
03		1	2	1	2	__ __	__ __	__ __ __ __	1	2 ⇩ *BH9*	__ __	1	2	__ __ ⇨ *BH10*	DAYS .....1 MONTHS ..2 YEARS 3	__ __	1 ⇩ *Add Birth*	2 ⇩ *Next Birth*
04		1	2	1	2	__ __	__ __	__ __ __ __	1	2 ⇩ *BH9*	__ __	1	2	__ __ ⇨ *BH10*	DAYS .....1 MONTHS ..2 YEARS 3	__ __	1 ⇩ *Add Birth*	2 ⇩ *Next Birth*
05		1	2	1	2	__ __	__ __	__ __ __ __	1	2 ⇩ *BH9*	__ __	1	2	__ __ ⇨ *BH10*	DAYS .....1 MONTHS ..2 YEARS 3	__ __	1 ⇩ *Add Birth*	2 ⇩ *Next Birth*
06		1	2	1	2	__ __	__ __	__ __ __ __	1	2 ⇩ *BH9*	__ __	1	2	__ __ ⇨ *BH10*	DAYS .....1 MONTHS ..2 YEARS 3	__ __	1 ⇩ *Add Birth*	2 ⇩ *Next Birth*
07		1	2	1	2	__ __	__ __	__ __ __ __	1	2 ⇩ *BH9*	__ __	1	2	__ __ ⇨ *BH10*	DAYS .....1 MONTHS ..2 YEARS 3	__ __	1 ⇩ *Add Birth*	2 ⇩ *Next Birth*
08		1	2	1	2	__ __	__ __	__ __ __ __	1	2 ⇩ *BH9*	__ __	1	2	__ __ ⇨ *BH10*	DAYS .....1 MONTHS ..2 YEARS 3	__ __	1 ⇩ *Add Birth*	2 ⇩ *Next Birth*
09		1	2	1	2	__ __	__ __	__ __ __ __	1	2 ⇩ *BH9*	__ __	1	2	__ __ ⇨ *BH10*	DAYS .....1 MONTHS ..2 YEARS 3	__ __	1 ⇩ *Add Birth*	2 ⇩ *Next Birth*

BH0. *BH Line Number*	**BH1**. What name was given to your (first/next) baby?	**BH2**. Were any of these births twins?		**BH3**. Is (***name of birth***) a boy or a girl?		**BH4**. In what month and year was (***name of birth***) born? *Probe*: What is (his/her) birthday?			**BH5**. Is (***name of birth***) still alive?		**BH6**. How old was (***name of birth***) at (his/her) last birthday? *Record age in completed years.*	**BH7**. Is (***name of birth***) living with you?		**BH8**. *Record household line number of child (from HL1)* *Record '00' if child is not listed.*	**BH9**. How old was (***name of birth***) when (he/she) died? *If '1 year', probe:* How many months old was (***name of birth***)? *Record days if less than 1 month; record months if less than 2 years; or years*		**BH10**. Were there any other live births between (***name of previous birth***) and (***name of birth***), including any children who died after birth?	
		S	M	B	G	Day	Month	Year	Y	N	Age	Y	N	Line No	Unit	Number	Y	N
10		1	2	1	2	__ __	__ __	__ __ __ __	1	2 ⇩ *BH9*	__ __	1	2	__ __ ⇨*BH10*	DAYS .....1 MONTHS ..2 YEARS 3	__ __	1 ⇩ *Add Birth*	2 ⇩ *Next Birth*
11		1	2	1	2	__ __	__ __	__ __ __ __	1	2 ⇩ *BH9*	__ __	1	2	__ __ ⇨*BH10*	DAYS .....1 MONTHS ..2 YEARS 3	__ __	1 ⇩ *Add Birth*	2 ⇩ *Next Birth*
12		1	2	1	2	__ __	__ __	__ __ __ __	1	2 ⇩ *BH9*	__ __	1	2	__ __ ⇨*BH10*	DAYS .....1 MONTHS ..2 YEARS 3	__ __	1 ⇩ *Add Birth*	2 ⇩ *Next Birth*
13		1	2	1	2	__ __	__ __	__ __ __ __	1	2 ⇩ *BH9*	__ __	1	2	__ __ ⇨*BH10*	DAYS .....1 MONTHS ..2 YEARS 3	__ __	1 ⇩ *Add Birth*	2 ⇩ *Next Birth*
14		1	2	1	2	__ __	__ __	__ __ __ __	1	2 ⇩ *BH9*	__ __	1	2	__ __ ⇨*BH10*	DAYS .....1 MONTHS ..2 YEARS 3	__ __	1 ⇩ *Add Birth*	2 ⇩ *Next Birth*

BH11. Have you had any live births since the birth of (***name of last birth listed***)?

YES 1

NO 2

1 ⇨*Record birth(s) in Birth History*

CM15. *Compare number in CM11 with number of births listed in the birth history above and check:*	NUMBERS ARE THE SAME ..... 1 NUMBERS ARE DIFFERENT 2	1 ⇨*CM17*
CM16. *Probe and reconcile responses in the birth history until response in CM12 is 'Yes'.*		
CM17. *Check BH4: Last birth occurred within the last 2 years, that is, since (**month of interview**) in (**year of interview minus 2**)?* *If the month of interview and the month of birth are the same, and the year of birth is (**year of interview minus 2**), consider this as a birth within the last 2 years.*	NO LIVE BIRTHS IN THE LAST 2 YEARS ..... 0 ONE OR MORE LIVE BIRTHS IN THE LAST 2 YEARS 1	0 ⇨*End*
CM18. *Copy name of the last child listed in BH1.* *If the child has died, take special care when referring to this child by name in the following modules.*	NAME OF LAST-BORN CHILD _____	

DESIRE FOR LAST BIRTH		**DB**
DB1. *Check CM17: Was there a live birth in the last 2 years?* *Copy name of last birth listed in the birth history (CM18) to here and use where indicated:* *Name* _____	YES, CM17=1 ..... 1 NO, CM17=0 OR BLANK 2	2 ⇨*End*
DB2. When you got pregnant with (***name***), did you want to get pregnant at that time?	YES ..... 1 NO 2	1 ⇨*End*
DB3. *Check CM11: Number of births:*	ONLY 1 BIRTH ..... 1 2 OR MORE BIRTHS 2	1 ⇨*DB4A* 2 ⇨*DB4B*
DB4A. Did you want to have a baby later on, or did you not want any children? **DB4B**. Did you want to have a baby later on, or did you not want any more children?	LATER ..... 1 NO MORE 2	

MATERNAL AND NEWBORN HEALTH		MN
MN1. *Check CM17: Was there a live birth in the last 2 years?* *Copy name of last birth listed in the birth history (CM18) to here and use where indicated:* *Name* _____	YES, CM17=1 ..... 1 NO, CM17=0 OR BLANK..... 2	2 ⇨*End*
MN2. Did you see anyone for antenatal care during your pregnancy with (***name***)?	YES ..... 1 NO 2	2 ⇨*MN7*
MN3. Whom did you see? *Probe:* Anyone else? *Probe for the type of person seen and record all answers given.*	**HEALTH PROFESSIONAL** MEDICAL DOCTOR..... A NURSE / MIDWIFE.....B PARAMEDIC/ MEDICAL ASSISTANT (MA)/ SUB-ASSISTANT COMMUNITY MEDICAL OFFICERS (SACMO).....C FAMILY WELFARE VISITOR (FWV) ..... D COMMUNITY SKILLED BIRTH ATTENDANTS (CSBA/PCSBA) .....E **OTHER PERSON** TRADITIONAL BIRTH ATTENDANT ..... F COMMUNITY HEALTH WORKER (HA/ CHCP) ..... G FAMILY WELFARE ASSISTANT (FWA).....I NGO WORKER.....J VILLAGE DOCTOR..... K OTHER (*specify*) _____ X	
MN4. How many weeks or months pregnant were you when you first received antenatal care for this pregnancy? *Record the answer as stated by respondent. If "9 months" or later, record 9.*	WEEKS ..... **1** __ __ MONTHS ..... **2** 0 __ DK 998	
MN5. How many times did you receive antenatal care during this pregnancy? *Probe to identify the number of times antenatal care was received. If a range is given, record the minimum number of times antenatal care received.*	NUMBER OF TIMES ..... __ __ DK 98	
MN6. As part of your antenatal care during this pregnancy, were any of the following done at least once: [A] Was your blood pressure measured? [B] Did you give a urine sample? [C] Did you give a blood sample?	YES NO BLOOD PRESSURE.....1 2 URINE SAMPLE .....1 2 BLOOD SAMPLE.....1 2	
MN7. Do you have a card or other document with your own immunisations listed? *If yes, ask*: May I see it please? *If a card is presented, use it to assist with answers to the following questions.*	YES (CARD OR OTHER DOCUMENT SEEN).... 1 YES (CARD OR OTHER DOCUMENT NOT SEEN)..... 2 NO ..... 3 DK 8	

MN8. When you were pregnant with (***name***), did you receive any injection in the arm or shoulder to prevent the baby from getting tetanus, that is, convulsions after birth?	YES ..... 1 NO ..... 2 DK 8	 2 ⇨*MN11* 8 ⇨*MN11*
MN9. How many times did you receive this tetanus injection during your pregnancy with (***name***)?	NUMBER OF TIMES ..... __ DK 8	 8 ⇨*MN11*
MN10. *Check MN9: How many tetanus injections during last pregnancy were reported?*	ONLY 1 INJECTION ..... 1 2 OR MORE INJECTIONS 2	 2 ⇨*MN19*
MN11. At any time before your pregnancy with (***name***), did you receive any tetanus injection either to protect yourself or another baby? *Include DPT (Tetanus) vaccinations received as a child if mentioned.*	YES ..... 1 NO ..... 2 DK 8	 2 ⇨*MN19* 8 ⇨*MN19*
MN12. Before your pregnancy with (***name***), how many times did you receive a tetanus injection? *If 7 or more times, record '7'.* *Include DPT (Tetanus) vaccinations received as a child if mentioned.*	NUMBER OF TIMES ..... __ DK 8	
MN13. *Check MN12: How many tetanus injections before last pregnancy were reported?*	ONLY 1 INJECTION ..... 1 2 OR MORE INJECTIONS OR DK 2	1 ⇨*MN14A* 2 ⇨*MN14B*
MN14A. How many years ago did you receive that tetanus injection **MN14B**. How many years ago did you receive the last of those tetanus injections? *The reference is to the last injection received <u>prior</u> to this pregnancy, as recorded in MN12.* *If less than 1 year, record '00'.*	YEARS AGO ..... __ __ DK 98	

MN19. Who assisted with the delivery of (***name***)? *Probe:* Anyone else? *Probe for the type of person assisting and record all answers given.*	**HEALTH PROFESSIONAL** MEDICAL DOCTOR ..... A NURSE / MIDWIFE ..... B PARAMEDIC/ MEDICAL ASSISTANT (MA)/ SUB-ASSISTANT COMMUNITY MEDICAL OFFICERS (SACMO) ..... C FAMILY WELFARE VISITOR (FWV) ..... D COMMUNITY SKILLED BIRTH ATTENDANTS (CSBA/PCSBA) ..... E **OTHER PERSON** TRADITIONAL BIRTH ATTENDANT ..... F COMMUNITY HEALTH WORKER (HA/CHCP) ..... G RELATIVE / FRIEND ..... H FAMILY WELFARE ASSISTANT (FWA) ..... I NGO WORKER ..... J VILLAGE DOCTOR ..... K OTHER (*specify*) _____ X NO ONE ..... Y	
MN20. Where did you give birth to (***name***)? *Probe to identify the type of place.* *<u>If unable to determine whether public or private</u>, write the name of the place and then temporarily record '76' until you learn the appropriate category for the response.* _____ *(Name of place)*	**HOME** RESPONDENT'S HOME ..... 11 OTHER HOME ..... 12 **PUBLIC MEDICAL SECTOR** GOVERNMENT HOSPITAL ..... 21 GOVERNMENT CLINIC/HEALTH CENTRE (FWC/USC/RD) ..... 22 COMMUNITY CLINIC (CC) ..... 23 OTHER PUBLIC (*specify*) _____ 26 **PRIVATE MEDICAL SECTOR** PRIVATE HOSPITAL ..... 31 PRIVATE CLINIC ..... 32 PRIVATE MATERNITY HOME ..... 33 NGO CLINIC/HOSPITAL ..... 34 OTHER PRIVATE MEDICAL (*specify*) _____ 36 DK PUBLIC OR PRIVATE ..... 76 OTHER (*specify*) _____ 96	11 ⇨*MN23* 12 ⇨*MN23* 96 ⇨*MN23*
MN21. Was (***name***) delivered by caesarean section? That is, did they cut your belly open to take the baby out?	YES ..... 1 NO 2	2 ⇨*MN23*
MN22. When was the decision made to have the caesarean section? *Probe if necessary:* Was it before or after your labour pains started?	BEFORE LABOUR PAINS ..... 1 AFTER LABOUR PAINS 2	
MN22A. *Check BH4: Birth of last child?*	LAST CHILD <42 DAYS OLD/BIRTH WITHIN 6 WEEKS ..... 1 LAST CHILD >42 DAYS OLD/BIRTH BEFORE 6 WEEKS 2	2 ⇨*MN23*
MN22B. Did you have any of the following complications due to C-section?	PLACE OF WOUND BECAME INFECTED ..... A PUS/WATER CAME OUT OF THE WOUND ..... B PAIN AT THE WOUND ..... C NO PROBLEM ..... Y OTHERS (SPECIFY) _____ X DK/CAN'T NOT RECALL ..... Z	

MN23. Immediately after the birth, was (***name***) put directly on the bare skin of your chest? *If necessary, show the picture of skin-to-skin position.* Photo Credit: Joyce Godwin	YES ..... 1 NO ..... 2 DK/ DON'T REMEMBER..... 8	2 ⇨*MN25* 8 ⇨*MN25*
MN24. Before being placed on the bare skin of your chest, was the baby wrapped up?	YES ..... 1 NO ..... 2 DK/ DON'T REMEMBER..... 8	
MN25. Was (***name***) dried or wiped soon after birth?	YES ..... 1 NO ..... 2 DK/ DON'T REMEMBER..... 8	
MN26. How long after the birth was (***name***) bathed for the first time? *If "immediately" or less than 1 hour, record '000'.* *If less than 24 hours, record hours.* *If "1 day" or "next day", probe:* About how many hours after the delivery? *If "24 hours", probe to ensure best estimate of less than 24 hours or 1 day.* *If 24 hours or more, record days.*	IMMEDIATELY/LESS THAN 1 HOUR ..... 000 HOURS..... **1** __ __ DAYS ..... **2** __ __ NEVER BATHED..... 997 DK / DON'T REMEMBER..... 998	
MN27. *Check MN20: Was the child delivered in a health facility?*	YES, MN20=21-36 OR 76 ..... 1 NO, MN20=11-12 OR 96 2	1 ⇨*MN30*
MN28. What was used to cut the cord?	NEW BLADE..... 1 BLADE USED FOR OTHER PURPOSES..... 2 SCISSORS..... 3 OTHER (*specify*) _____ 6 DK 8	
MN29. Was the instrument used to cut the cord boiled or sterilised prior to use?	YES ..... 1 NO ..... 2 DK / DON'T REMEMBER..... 8	
MN30. After the cord was cut and until it fell off, was anything applied to the cord?	YES ..... 1 NO ..... 2 DK / DON'T REMEMBER..... 8	2 ⇨*MN32* 8 ⇨*MN32*

MN31. What was applied to the cord? *Probe:* Anything else?	CHLORHEXIDINE ..... A OTHER ANTISEPTIC (ALCOHOL, SPIRIT, GENTIAN VIOLET) ..... B MUSTARD OIL ..... C ASH ..... D ANIMAL DUNG ..... E VERMILION ..... F OTHER (*specify*) _____ X DK / DON'T REMEMBER ..... Z	
MN32. When (***name***) was born, was (he/she) very large, larger than average, average, smaller than average, or very small?	VERY LARGE ..... 1 LARGER THAN AVERAGE ..... 2 AVERAGE ..... 3 SMALLER THAN AVERAGE ..... 4 VERY SMALL ..... 5 DK 8	
MN33. Was (***name***) weighed at birth?	YES ..... 1 NO ..... 2 DK 8	2 ⇨*MN35* 8 ⇨*MN35*
MN34. How much did (***name***) weigh? *If a card is available, record weight from card.*	FROM CARD ..... **1 (KG)** __ . __ __ __ FROM RECALL ..... **2 (KG)** __ . __ __ __ DK 99998	
MN35. Has your menstrual period returned since the birth of (***name***)?	YES ..... 1 NO 2	
MN36. Did you ever breastfeed (***name***)?	YES ..... 1 NO 2	2 ⇨*MN39B*
MN37. How long after birth did you first put (***name***) to the breast? *If less than 1 hour, record '00' hours.* *If less than 24 hours, record hours.* *Otherwise, record days.*	IMMEDIATELY ..... 000 HOURS ..... **1** __ __ DAYS ..... **2** __ __ DK / DON'T REMEMBER 998	
MN38. In the first three days after delivery, was (***name***) given anything to drink other than breast milk?	YES ..... 1 NO 2	1 ⇨*MN39A* 2 ⇨*End*
MN39A. What was (***name***) given to drink? *Probe:* Anything else? *'Not given anything to drink' is not a valid response and response category Y cannot be recorded.* **MN39B**. In the first three days after delivery, what was (***name***) given to drink? *Probe:* Anything else? *'Not given anything to drink' (category Y) can only be recorded if no other response category is recorded.*	MILK (OTHER THAN BREAST MILK) ..... A PLAIN WATER ..... B SUGAR OR GLUCOSE WATER ..... C GRIPE WATER ..... D SUGAR-SALT-WATER SOLUTION ..... E FRUIT JUICE ..... F INFANT FORMULA ..... G INFUSIONS / TRADITIONAL HERBAL PREPARATIONS ..... H HONEY ..... I PRESCRIBED MEDICINE ..... J OTHER (*specify*) _____ X NOT GIVEN ANYTHING TO DRINK ..... Y	

POST-NATAL HEALTH CHECKS		PN
PN1. *Check CM17: Was there a live birth in the last 2 years?* *Copy name of last birth listed in the birth history (CM18) to here and use where indicated:* *Name* _____	YES, CM17=1 ..... 1 NO, CM17=0 OR BLANK 2	2 ⇨*End*
PN2. *Check MN20: Was the child delivered in a health facility?*	YES, MN20=21-36 OR 76 ..... 1 NO, MN20=11-12 OR 96 2	2 ⇨*PN7*
PN3. Now I would like to ask you some questions about what happened in the hours and days after the birth of (***name***). You have said that you gave birth in (***name or type of facility in MN20***). How long did you stay there after the delivery? *If less than one day, record hours.* *If less than one week, record days.* *Otherwise, record weeks.*	HOURS ..... **1** __ __ DAYS ..... **2** __ __ WEEKS ..... **3** __ __ DK / DON'T REMEMBER 998	
PN4. I would like to talk to you about checks on (***name***)'s health after delivery – for example, someone examining (***name***), checking the cord, or seeing if (***name***) is ok. Before you left the (***name or type of facility in MN20***), did anyone check on (***name***)'s health?	YES ..... 1 NO 2	
PN5. And what about checks on <u>your</u> health – I mean, someone assessing your health, for example asking questions about your health or examining you? Did anyone check on <u>your</u> health before you left (***name or type or facility in MN20***)?	YES ..... 1 NO 2	
PN6. Now I would like to talk to you about what happened after you left (***name or type of facility in MN20***). Did anyone check on (***name***)'s health after you left (***name or type of facility in MN20***)?	YES ..... 1 NO 2	1 ⇨*PN12* 2 ⇨*PN17*
PN7. *Check MN19: Did a health professional assist with the delivery?*	YES, AT LEAST ONE OF THE CATEGORIES A TO E RECORDED ..... 1 NO, NONE OF THE CATEGORIES A TO E RECORDED 2	2 ⇨*PN11*
PN8. You have already said that (***person or persons in MN19***) assisted with the birth. Now I would like to talk to you about checks on (***name***)'s health after delivery, for example examining (***name***), checking the cord, or seeing if (***name***) is ok. After the delivery was over and before (***person or persons in MN19***) left you, did (***person or persons in MN19***) check on (***name***)'s health?	YES ..... 1 NO 2	

PN9. And did (***person or persons in MN19***) check on your health before leaving, for example asking questions about your health or examining you?	YES ..... 1 NO 2	
PN10. After the (***person or persons in MN19***) left you, did anyone check on the health of (***name***)?	YES ..... 1 NO 2	1 ⇨*PN12* 2 ⇨*PN19*
PN11. I would like to talk to you about checks on (***name***)'s health after delivery – for example, someone examining (***name***), checking the cord, or seeing if the baby is ok. After (***name***) was delivered, did anyone check on (his/her) health?	YES ..... 1 NO 2	 2 ⇨*PN20*
PN12. Did such a check happen only once, or more than once?	ONCE ..... 1 MORE THAN ONCE 2	1 ⇨*PN13A* 2 ⇨*PN13B*
PN13A. How long after delivery did that check happen? **PN13B**. How long after delivery did the first of these checks happen? *If less than one day, record hours.* *If less than one week, record days.* *Otherwise, record weeks.*	HOURS ..... **1** __ __ DAYS ..... **2** __ __ WEEKS ..... **3** __ __ DK / DON'T REMEMBER 998	
PN14. Who checked on (***name***)'s health at that time?	**HEALTH PROFESSIONAL** MEDICAL DOCTOR ..... A NURSE / MIDWIFE ..... B PARAMEDIC/ MEDICAL ASSISTANT (MA)/ SUB-ASSISTANT COMMUNITY MEDICAL OFFICERS (SACMO) ..... C FAMILY WELFARE VISITOR (FWV) ..... D COMMUNITY SKILLED BIRTH ATTENDANTS (CSBA/PCSBA) ..... E **OTHER PERSON** TRADITIONAL BIRTH ATTENDANT ..... F COMMUNITY HEALTH WORKER (HA/CHCP) ..... G RELATIVE / FRIEND ..... H FAMILY WELFARE ASSISTANT (FWA) ..... I NGO WORKER ..... J VILLAGE DOCTOR ..... K OTHER (*specify*) _____ X	

PN15. Where did this check take place? *Probe to identify the type of place.* *If unable to determine whether public or private, write the name of the place and then temporarily record '76' until you learn the appropriate category for the response.* _____ *(Name of place)*	**HOME** RESPONDENT'S HOME ..... 11 OTHER HOME ..... 12 **PUBLIC MEDICAL SECTOR** GOVERNMENT HOSPITAL ..... 21 GOVERNMENT CLINIC / HEALTH CENTRE (FWC/USC/RD) ..... 22 COMMUNITY CLINIC (CC) ..... 23 OTHER PUBLIC (*specify*) _____ 26 **PRIVATE MEDICAL SECTOR** PRIVATE HOSPITAL ..... 31 PRIVATE CLINIC ..... 32 PRIVATE MATERNITY HOME ..... 33 NGO CLINIC/HOSPITAL ..... 34 OTHER PRIVATE MEDICAL (*specify*) _____ 36 DK PUBLIC OR PRIVATE ..... 76 OTHER (*specify*) _____ 96	
PN16. *Check MN20: Was the child delivered in a health facility?*	YES, MN20=21-36 OR 76 ..... 1 NO, MN20=11-12 OR 96 2	2 ⇨*PN18*
PN17. After you left (***name or type of facility in MN20***), did anyone check on your health?	YES ..... 1 NO 2	1 ⇨*PN21* 2 ⇨*PN25*
PN18. *Check MN19: Did a health professional assist with the delivery?*	YES, AT LEAST ONE OF THE CATEGORIES A TO E RECORDED ..... 1 NO, NONE OF THE CATEGORIES A TO E RECORDED 2	2 ⇨*PN20*
PN19. After the delivery was over and (***person or persons in MN19***) left, did anyone check on your health?	YES ..... 1 NO 2	1 ⇨*PN21* 2 ⇨*PN25*
PN20. After the birth of (***name***), did anyone check on your health, for example asking questions about your health or examining you?	YES ..... 1 NO 2	 2 ⇨*PN25*
PN21. Did such a check happen only once, or more than once?	ONCE ..... 1 MORE THAN ONCE 2	1 ⇨*PN22A* 2 ⇨*PN22B*
PN22A. How long after delivery did that check happen? **PN22B**. How long after delivery did the first of these checks happen? *If less than one day, record hours.* *If less than one week, record days.* *Otherwise, record weeks.*	HOURS ..... **1** __ __ DAYS ..... **2** __ __ WEEKS ..... **3** __ __ DK / DON'T REMEMBER 998	

PN23. Who checked on <u>your</u> health at that time?	**HEALTH PROFESSIONAL** MEDICAL DOCTOR ..... A NURSE / MIDWIFE ..... B PARAMEDIC/ MEDICAL ASSISTANT (MA)/ SUB-ASSISTANT COMMUNITY MEDICAL OFFICERS (SACMO) ..... C FAMILY WELFARE VISITOR (FWV) ..... D COMMUNITY SKILLED BIRTH ATTENDANTS (CSBA/PCSBA) ..... E **OTHER PERSON** TRADITIONAL BIRTH ATTENDANT ..... F COMMUNITY HEALTH WORKER (HA/CHCP) ..... G RELATIVE / FRIEND ..... H FAMILY WELFARE ASSISTANT (FWA) ..... I NGO WORKER ..... J VILLAGE DOCTOR ..... K OTHER (*specify*) _____ X	
PN24. Where did this check take place? *Probe to identify the type of place.* *<u>If unable to determine whether public or private</u>, write the name of the place and then temporarily record '76' until you learn the appropriate category for the response.* _____ *(Name of place)*	**HOME** RESPONDENT'S HOME ..... 11 OTHER HOME ..... 12 **PUBLIC MEDICAL SECTOR** GOVERNMENT HOSPITAL ..... 21 GOVERNMENT CLINIC / HEALTH CENTRE (FWC/USC/RD) ..... 22 COMMUNITY CLINIC (CC) ..... 23 OTHER PUBLIC (*specify*) _____ 26 **PRIVATE MEDICAL SECTOR** PRIVATE HOSPITAL ..... 31 PRIVATE CLINIC ..... 32 PRIVATE MATERNITY HOME ..... 33 NGO CLINIC/HOSPITAL ..... 34 OTHER PRIVATE MEDICAL (*specify*) _____ 36 DK PUBLIC OR PRIVATE ..... 76 OTHER (*specify*) _____ 96	
PN25. During the first two days after birth, did any health care provider do any of the following either at home or at a facility:	YES NO DK	
[A] Examine (***name***)'s cord?	EXAMINE THE CORD 1 2 8	
[B] Take the temperature of (***name***)?	TAKE TEMPERATURE 1 2 8	
[C] Counsel you on breastfeeding?	COUNSEL ON BREASTFEEDING 1 2 8	
PN26. *Check MN36: Was child ever breastfed?*	YES, MN36=1 ..... 1 NO, MN36=2 2	2 ⇨ *PN28*

PN27. Observe (***name***)'s breastfeeding?	YES NO DK OBSERVE BREASTFEEDING.....1 2 8	
PN28. *Check MN33: Was child weighed at birth?*	YES, MN33=1.....1 NO, MN33=2.....2 DK, MN33=8.....3	1 ⇨*PN29A* 2 ⇨*PN29B* 3 ⇨*PN29C*
PN29A. You mentioned that (***name)*** was weighed at birth. After that, was (***name***) weighed again by a health care provider within two days? **PN29B**. You mentioned that (***name***) was not weighed at birth. Was (***name***) weighed at all by a health care provider within two days after birth? **PN29C**. You mentioned that you do not know if (***name***) was weighed at birth. Was (***name***) weighed at all by a health care provider within two days after birth?	YES.....1 NO.....2	
PN30. During the first two days after (***name)***'s birth, did any health care provider give you information on the symptoms that require you to take your sick child to a health facility for care?	YES.....1 NO.....2	

CONTRACEPTION		**CP**
CP0. *Check MA1 and MA5: Currently married?*	YES, MA1=1 OR MA5=1.....1 NO, MA1=3 OR MA5=3.....2	1 ⇨*CP1* 2 ⇨*End*
CP1. I would like to talk with you about another subject: family planning. Are you pregnant now?	YES, CURRENTLY PREGNANT.....1 NO.....2 DK OR NOT SURE.....8	1 ⇨*CP3*
CP2. Couples use various ways or methods to delay or avoid getting pregnant. Are you currently doing something or using any method to delay or avoid getting pregnant?	YES.....1 NO.....2	1 ⇨*CP4*
CP3. Have you ever done something or used any method to delay or avoid getting pregnant?	YES.....1 NO.....2	1 ⇨*End* 2 ⇨*End*
CP4. What are you doing to delay or avoid a pregnancy? *Do not prompt.* *If more than one method is mentioned, record each one.*	FEMALE STERILIZATION.....A MALE STERILIZATION.....B IUD.....C INJECTABLES.....D IMPLANTS.....E PILL.....F MALE CONDOM.....G FEMALE CONDOM.....H DIAPHRAGM.....I FOAM / JELLY.....J LACTATIONAL AMENORRHOEA METHOD (LAM).....K PERIODIC ABSTINENCE / RHYTHM.....L WITHDRAWAL.....M OTHER (*specify*)_____ X	

MATERNAL MORBIDITY		MR
MR1. *Check CP1: Currently pregnant?*	YES, CP1=1 ..... 1 NO, CP1=2 OR 8 2	1 ⇨ *MR3*
MR2. *Check BH4 for the last birth: Last birth occurred within the last six weeks, that is, since (**date of interview-6 weeks**) in 2018?*	YES, LAST 6 WEEKS ..... 1 NO, LATER 2	2 ⇨ *End*
MR3. How many months pregnant are you?	Record the number of months ..... __ __ DK/can't recall 98	
MR4. Did you have any kind of health complications during (***this current/last***) pregnancy?	YES ..... 1 NO ..... 2 DK OR NOT SURE 8	
MR5. Did you have "Seizures" or "Convulsions" during (***this current/last***) pregnancy?	YES ..... 1 NO ..... 2 DK OR NOT SURE 8	2 ⇨ *MR7* 8 ⇨ *MR7*
MR6. Have you ever had seizures during times when you were not pregnant?	YES ..... 1 NO ..... 2 DK OR NOT SURE 8	
MR7. Do you know if you had increased blood pressure during (***this current/last***) pregnancy?	YES ..... 1 NO ..... 2 DK OR NOT SURE 8	
MR8. Did you have swelling in the legs, face of hands during (***this current/last***) pregnancy?	YES ..... 1 NO ..... 2 DK OR NOT SURE 8	
MR9. Did you have blurred vision during (***this current/last***) pregnancy?	YES ..... 1 NO ..... 2 DK OR NOT SURE 8	
MR10. *Check MR1 and MR3: Currently pregnant for 5 months or more than 5 months?*	MR1 =1 AND MR3 ≥ 5 ..... 1 MR1 =1 AND MR3 < 5) 2	2 ⇨ *MR12*
MR11. Did you have vaginal bleeding at any time starting from the second half of the pregnancy to (***now/the time of delivery***)?	YES ..... 1 NO ..... 2 DK OR NOT SURE 8	
MR12. Did you have a high fever during (***this current/last***) pregnancy?	YES ..... 1 NO ..... 2 DK OR NOT SURE 8	2 ⇨ *MR16* 8 ⇨ *MR16*
MR13. Did this high fever come with chills?	YES ..... 1 NO ..... 2 DK OR NOT SURE 8	
MR14. Have you been sick with some other disease during (***this current/last***) pregnancy?	YES ..... 1 NO ..... 2 DK OR NOT SURE 8	

MR15. Did you have a very smelly discharge when you had this high fever?	YES ..... 1 NO ..... 2 DK OR NOT SURE 8	
MR16. Did your eyes/skin turn yellow during (***this current/last***) pregnancy?	YES ..... 1 NO ..... 2 DK OR NOT SURE 8	2 ⇨*MR18* 8 ⇨*MR18*
MR17. When your (skin or eyes) turned yellow did this happen only to you or did people around you (home or community) display comparable symptoms?	YES ..... 1 NO ..... 2 DK OR NOT SURE 8	
MR18. *Check CP1: Currently pregnant?*	YES, CP1=1 ..... 1 NO, CP1=2 OR 8 2	1 ⇨*End*
MR19. Did you have any kind of health complications after the birth of your child?	YES ..... 1 NO ..... 2 DK OR NOT SURE 8	
MR20. Did you have seizures or convulsions after the birth of your child?	YES ..... 1 NO ..... 2 DK OR NOT SURE 8	2 ⇨*MR22* 8 ⇨*MR22*
MR21. Have you ever had seizures during times when you were not pregnant?	YES ..... 1 NO ..... 2 DK OR NOT SURE 8	
MR22. Do you know if you had increased blood pressure after the birth of your last child?	YES ..... 1 NO ..... 2 DK OR NOT SURE 8	
MR23. Did you have swelling in the legs, face of hands after the birth of your last child?	YES ..... 1 NO ..... 2 DK OR NOT SURE 8	
MR24. Did you have blurred vision after the birth of your last child?	YES ..... 1 NO ..... 2 DK OR NOT SURE 8	
MR25. Did you have excessive bleeding after the birth of your last child?	YES ..... 1 NO ..... 2 DK OR NOT SURE 8	2 ⇨*MR27* 8 ⇨*MR27*
MR26. This bleeding wet your clothes, the bed or the floor?	YES ..... 1 NO ..... 2 DK OR NOT SURE 8	
MR27. Did you have a high fever after the birth of your last child?	YES ..... 1 NO ..... 2 DK OR NOT SURE 8	2 ⇨*MR31* 8 ⇨*MR31*
MR28. Did this fever come with chills?	YES ..... 1 NO ..... 2 DK OR NOT SURE 8	

MR29. Have you been sick with some other disease after the birth of your last child?	YES ..... 1 NO ..... 2 DK OR NOT SURE 8	
MR30. Did you have a very smelly discharge during this period of high fever?	YES ..... 1 NO ..... 2 DK OR NOT SURE 8	
MR31. Did your eyes/skin turn yellow after the birth of your last child?	YES ..... 1 NO ..... 2 DK OR NOT SURE 8	 2 ⇨*MR33* 8 ⇨*MR33*
MR32. When your (skin or eyes) turned yellow did this happen only to you or did people around you (home or community) display comparable symptoms?"	YES ..... 1 NO ..... 2 DK OR NOT SURE 8	
MR33. How many hours passed between the start of labor pain and delivery? *Record the answer in hours*	HOURS ..... __ __ DK OR NOT SURE 98	

UNMET NEED		UN
UN0. *Check MA1 and MA5: Currently married?*	YES, MA1=1 OR MA5=1 ..... 1 NO, MA1=3 OR MA5=3 2	 2⇨UN14
UN1. *Check CP1: Currently pregnant?*	YES, CP1=1 ..... 1 NO, DK OR NOT SURE, CP1=2 OR 8 2	 2⇨*UN6*
UN2. Now I would like to talk to you about your current pregnancy. When you got pregnant, did you want to get pregnant at that time?	YES ..... 1 NO 2	1⇨*UN5*
UN3. *Check CM11: Any births?*	NO BIRTHS ..... 0 ONE OR MORE BIRTHS 1	0⇨*UN4A* 1⇨*UN4B*
UN4A. Did you want to have a baby later on or did you not want any children? **UN4B**. Did you want to have a baby later on or did you not want any more children?	LATER ..... 1 NONE / NO MORE 2	
UN5. Now I would like to ask some questions about the future. After the child you are now expecting, would you like to have another child, or would you prefer not to have any more children?	HAVE ANOTHER CHILD ..... 1 NO MORE / NONE ..... 2 UNDECIDED / DK 8	1⇨*UN8* 2⇨*UN14* 8⇨*UN14*
UN6. *Check CP4: Currently using 'Female sterilization'?*	YES, CP4=A ..... 1 NO, CP4≠A 2	1⇨*UN14*
UN7. Now I would like to ask you some questions about the future. Would you like to have (a/another) child, or would you prefer not to have any (more) children?	HAVE (A/ANOTHER) CHILD ..... 1 NO MORE / NONE ..... 2 SAYS SHE CANNOT GET PREGNANT ..... 3 UNDECIDED / DK 8	 2⇨*UN10* 3⇨*UN12* 8⇨*UN10*
UN8. How long would you like to wait before the birth of (a/another) child? *Record the answer as stated by respondent.*	MONTHS ..... **1** __ __ YEARS ..... **2** __ __ DOES NOT WANT TO WAIT (SOON/NOW) ..... 993 SAYS SHE CANNOT GET PREGNANT ..... 994 AFTER MARRIAGE ..... 995 OTHER ..... 996 DK 998	 994⇨*UN12*
UN9. *Check CP1: Currently pregnant?*	YES, CP1=1 ..... 1 NO, DK OR NOT SURE, CP1=2 OR 8 2	1⇨*UN14*
UN10. *Check CP2: Currently using a method?*	YES, CP2=1 ..... 1 NO, CP2=2 2	1⇨*UN14*
UN11. Do you think you are physically able to get pregnant at this time?	YES ..... 1 NO ..... 2 DK 8	1⇨*UN14* 8⇨*UN14*

UN12. Why do you think you are not physically able to get pregnant?	INFREQUENT SEX / NO SEX ..... A MENOPAUSAL ..... B NEVER MENSTRUATED ..... C HYSTERECTOMY (SURGICAL REMOVAL OF UTERUS) ..... D HAS BEEN TRYING TO GET PREGNANT FOR 2 YEARS OR MORE WITHOUT RESULT ..... E POSTPARTUM AMENORRHEIC ..... F BREASTFEEDING ..... G TOO OLD ..... H FATALISTIC ..... I OTHER (*specify*) _____ X DK ..... Z	
UN13. *Check UN12: 'Never menstruated' mentioned?*	MENTIONED, UN12=C ..... 1 NOT MENTIONED, UN12≠C 2	1 ⇨ *End*
UN14. When did your last menstrual period start? *Record the answer using the same unit stated by the respondent.* *If '1 year', probe:* How many months ago?	DAYS AGO ..... **1** __ __ WEEKS AGO ..... **2** __ __ MONTHS AGO ..... **3** __ __ YEARS AGO ..... **4** __ __ IN MENOPAUSE / HAS HAD HYSTERECTOMY ..... 993 BEFORE LAST BIRTH ..... 994 NEVER MENSTRUATED 995	 993 ⇨ *End* 994 ⇨ *End* 995 ⇨ *End*
UN15. *Check UN14: Was the last menstrual period within last year?*	YES, WITHIN LAST YEAR ..... 1 NO, ONE YEAR OR MORE 2	 2 ⇨ *End*
UN16. Due to your last menstruation, were there any social activities, school or work days that you did not attend?	YES ..... 1 NO ..... 2 DK / NOT SURE / NO SUCH ACTIVITY 8	
UN17. During your last menstrual period were you able to wash and change in privacy while at home?	YES ..... 1 NO ..... 2 DK 8	
UN18. Did you use any materials such as sanitary pads, tampons or cloth?	YES ..... 1 NO ..... 2 DK 8	 2 ⇨ *End* 8 ⇨ *End*
UN18A. What type of materials did you use in your last menstruation?	SANITARY NAPKIN ..... 1 COTTON PAD ..... 2 TISSUE ..... 3 CLOTH ..... 4 OTHER (*specify*) _____ 9	
UN19. Were the materials reusable?	YES ..... 1 NO ..... 2 DK 8	

ATTITUDES TOWARD DOMESTIC VIOLENCE					DV
DV1. Sometimes a husband is annoyed or angered by things that his wife does. In your opinion, is a husband justified in hitting or beating his wife in the following situations:			YES	NO	DK	
[A]	If she goes out without telling him?	GOES OUT WITHOUT TELLING	1	2	8	
[B]	If she neglects the children?	NEGLECTS CHILDREN	1	2	8	
[C]	If she argues with him?	ARGUES WITH HIM	1	2	8	
[D]	If she refuses to have sex with him?	REFUSES SEX	1	2	8	
[E]	If she burns the food?	BURNS FOOD	1	2	8	

VICTIMISATION		VT
VT1. *Check for the presence of others. Before continuing, ensure privacy.* Now I would like to ask you some questions about crimes in which you personally were the victim. Let me assure you again that your answers are completely confidential and will not be told to anyone. In the last three years, that is since (***month of interview***) **2016**, has anyone taken or tried taking something from you, by using force or threatening to use force? *Include only incidents in which the respondent was personally the victim and exclude incidents experienced only by other members of the household.* *If necessary, help the respondent to establish the recall period and make sure that you allow adequate time for the recall. You may reassure:* It can be difficult to remember this sort of incidents, so please take your time while you think about your answers.	YES ..... 1 NO ..... 2 DK 8	 2 ⇨ *VT9B* 8 ⇨ *VT9B*
VT2. Did this last happen during the last 12 months, that is, since (***month of interview***) 2018?	YES, DURING THE LAST 12 MONTHS..... 1 NO, MORE THAN 12 MONTHS AGO ..... 2 DK / DON'T REMEMBER 8	 2 ⇨ *VT5B* 8 ⇨ *VT5B*
VT3. How many times did this happen in the last 12 months? *If 'DK/Don't remember', probe:* Did it happen once, twice, or at least three times?	ONE TIME..... 1 TWO TIMES..... 2 THREE OR MORE TIMES ..... 3 DK / DON'T REMEMBER 8	
VT4. *Check VT3: One or more times?*	ONE TIME, VT3=1 ..... 1 MORE THAN ONCE OR DK, VT3=2, 3 OR 8..... 2	1 ⇨ *VT5A* 2 ⇨ *VT5B*
VT5A. When this happened, was anything stolen from you? **VT5B**. The last time this happened, was anything stolen from you?	YES ..... 1 NO ..... 2 DK / NOT SURE..... 8	
VT6. Did the person(s) have a weapon?	YES ..... 1 NO ..... 2 DK / NOT SURE..... 8	 2 ⇨ *VT8* 8 ⇨ *VT8*
VT7. Was a knife, a gun or something else used as a weapon? *Record all that apply.*	YES, A KNIFE..... A YES, A GUN/PISTOL/REVOLVER.....B YES, SOMETHING ELSE X	
VT8. Did you or anyone else report the incident to the police? *If 'Yes', probe:* Was the incident reported by you or someone else?	YES, RESPONDENT REPORTED..... 1 YES, SOMEONE ELSE REPORTED ..... 2 NO, NOT REPORTED ..... 3 DK / NOT SURE..... 8	1 ⇨ *VT9A* 2 ⇨ *VT9A* 3 ⇨ *VT9A* 8 ⇨ *VT9A*

VT9A. Apart from the incident(s) just covered, have you in the last three years, that is since (***month of interview***) **2016**, been physically attacked? **VT9B**. In the same period of the last three years, that is since (***month of interview***) **2016**, have you been physically attacked? *If 'No', probe:* An attack can happen at home or any place outside of the home, such as in other homes, in the street, at school, on public transport, public restaurants, or at your workplace. *Include only incidents in which the respondent was personally the victim and exclude incidents experienced only by other members of the household. Exclude incidents where the intention was to take something from the respondent, which should be recorded under VT1.*	YES ..... 1 NO ..... 2 DK 8	 2 ⇨*VT20* 8 ⇨*VT20*
VT10. Did this last happen during the last 12 months, that is, since (***month of interview***) 2018?	YES, DURING THE LAST 12 MONTHS..... 1 NO, MORE THAN 12 MONTHS AGO ..... 2 DK / DON'T REMEMBER 8	 2 ⇨*VT12B* 8 ⇨*VT12B*
VT11. How many times did this happen in the last 12 months? *If 'DK/Don't remember', probe:* Did it happen once, twice, or at least three times?	ONE TIME..... 1 TWO TIMES..... 2 THREE OR MORE TIMES ..... 3 DK / DON'T REMEMBER 8	1 ⇨*VT12A* 2 ⇨*VT12B* 3 ⇨*VT12B* 8 ⇨*VT12B*
VT12A. Where did this happen? **VT12B**. Where did this happen the last time?	AT HOME..... 11 IN ANOTHER HOME..... 12 IN THE STREET ..... 21 ON PUBLIC TRANSPORT..... 22 PUBLIC RESTAURANT / CAFÉ / BAR..... 23 OTHER PUBLIC (*specify*)_____ 26 AT SCHOOL/COLLEGE ..... 31 AT WORKPLACE..... 32 OTHER PLACE (*specify*) _____ 96	
VT13. How many people were involved in committing the offence? *If 'DK/Don't remember', probe:* Was it one, two, or at least three people?	ONE PERSON ..... 1 TWO PEOPLE ..... 2 THREE OR MORE PEOPLE ..... 3 DK / DON'T REMEMBER 8	1 ⇨*VT14A* 2 ⇨*VT14B* 3 ⇨*VT14B* 8 ⇨*VT14B*
VT14A. At the time of the incident, did you recognize the person? **VT14B**. At the time of the incident, did you recognize at least one of the persons?	YES ..... 1 NO ..... 2 DK / DON'T REMEMBER 8	
VT17. Did the person(s) have a weapon?	YES ..... 1 NO ..... 2 DK / NOT SURE..... 8	 2 ⇨*VT19* 8 ⇨*VT19*

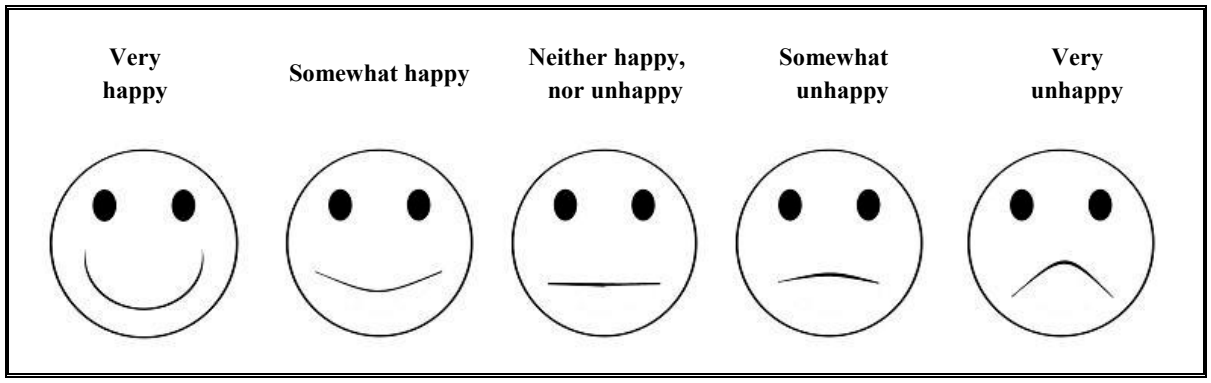
VT18. Was a knife, a gun or something else used as a weapon? *Record all that apply.*	YES, A KNIFE ..... A YES, A GUN/PISTOL/REVOLVER ..... B YES, SOMETHING ELSE X	
VT19. Did you or anyone else report the incident to the police? *If 'Yes', probe:* Was the incident reported by you or someone else?	YES, RESPONDENT REPORTED ..... 1 YES, SOMEONE ELSE REPORTED ..... 2 NO, NOT REPORTED ..... 3 DK / NOT SURE 8	
VT20. How safe do you feel walking alone in your neighbourhood after dark?	VERY SAFE ..... 1 SAFE ..... 2 UNSAFE ..... 3 VERY UNSAFE ..... 4 NEVER WALK ALONE AFTER DARK 7	
VT21. How safe do you feel when you are at home alone after dark?	VERY SAFE ..... 1 SAFE ..... 2 UNSAFE ..... 3 VERY UNSAFE ..... 4 NEVER ALONE AFTER DARK 7	
VT22. In the past 12 months, have you <u>personally</u> felt discriminated against or harassed on the basis of the following grounds?	YES NO DK	
[A] Ethnic or immigration origin?	ETHNIC / IMMIGRATION 1 2 8	
[B] Sex?	SEX 1 2 8	
[C] Sexual orientation?	SEXUAL ORIENTATION 1 2 8	
[D] Age?	AGE 1 2 8	
[E] Religion or belief?	RELIGION / BELIEF 1 2 8	
[F] Disability?	DISABILITY 1 2 8	
[X] For any other reason?	OTHER REASON 1 2 8	

ADULT FUNCTIONING		AF
AF1. *Check WB4: Age of respondent?*	AGE 15-17 YEARS ..... 1 AGE 18-49 YEARS 2	1 ⇨*End*
AF2. Do you use glasses or contact lenses? *Include the use of glasses for reading.*	YES ..... 1 NO 2	
AF3. Do you use a hearing aid?	YES ..... 1 NO 2	
AF4. I will now ask you about difficulties you may have doing a number of different activities. For each activity there are four possible answers: Please tell me if you have: 1) no difficulty, 2) some difficulty, 3) a lot of difficulty or 4) that you cannot do the activity at all. *Repeat the categories during the individual questions whenever the respondent does not use an answer category:* Remember, the four possible answers are: 1) no difficulty, 2) some difficulty, 3) a lot of difficulty, or 4) that you cannot do the activity at all.		
AF5. *Check AF2: Respondent uses glasses or contact lenses?*	YES, AF2=1 ..... 1 NO, AF2=2 2	1 ⇨*AF6A* 2 ⇨*AF6B*
AF6A. When using your glasses or contact lenses, do you have difficulty seeing? **AF6B**. Do you have difficulty seeing?	NO DIFFICULTY ..... 1 SOME DIFFICULTY ..... 2 A LOT OF DIFFICULTY ..... 3 CANNOT SEE AT ALL 4	
AF7. *Check AF3: Respondent uses a hearing aid?*	YES, AF3=1 ..... 1 NO, AF3=2 2	1 ⇨*AF8A* 2 ⇨*AF8B*
AF8A. When using your hearing aid(s), do you have difficulty hearing? **AF8B**. Do you have difficulty hearing?	NO DIFFICULTY ..... 1 SOME DIFFICULTY ..... 2 A LOT OF DIFFICULTY ..... 3 CANNOT HEAR AT ALL 4	
AF9. Do you have difficulty walking or climbing steps?	NO DIFFICULTY ..... 1 SOME DIFFICULTY ..... 2 A LOT OF DIFFICULTY ..... 3 CANNOT WALK/ CLIMB STEPS AT ALL 4	
AF10. Do you have difficulty remembering or concentrating?	NO DIFFICULTY ..... 1 SOME DIFFICULTY ..... 2 A LOT OF DIFFICULTY ..... 3 CANNOT REMEMBER/ CONCENTRATE AT ALL 4	
AF11. Do you have difficulty with self-care, such as washing all over or dressing?	NO DIFFICULTY ..... 1 SOME DIFFICULTY ..... 2 A LOT OF DIFFICULTY ..... 3 CANNOT CARE FOR SELF AT ALL 4	
AF12. Using your usual language, do you have difficulty communicating, for example understanding or being understood?	NO DIFFICULTY ..... 1 SOME DIFFICULTY ..... 2 A LOT OF DIFFICULTY 3	

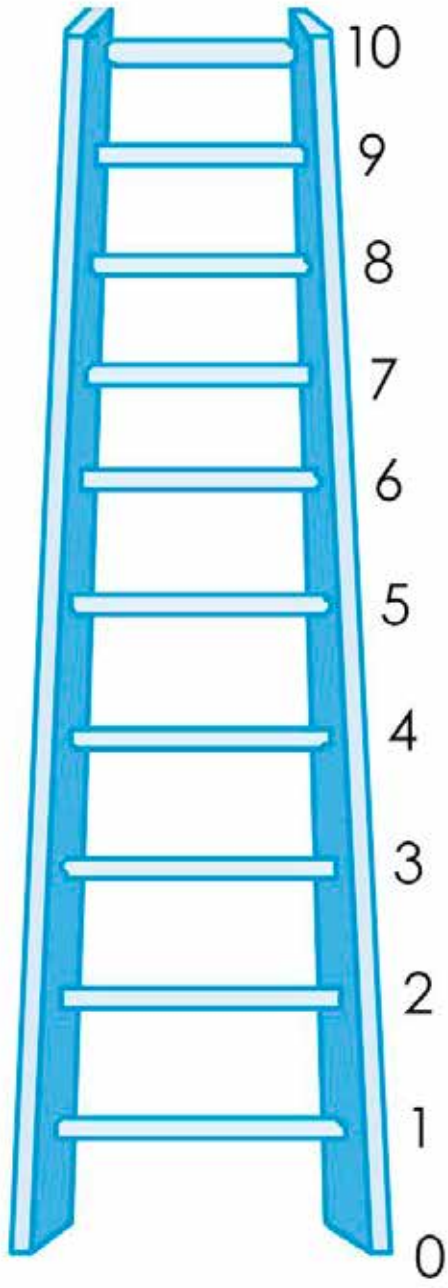
HIV/AIDS		HA
HA1. Now I would like to talk with you about something else. Have you ever heard of HIV or AIDS?	YES ..... 1 NO 2	2 ⇨*End*
HA2. HIV is the virus that can lead to AIDS. Can people reduce their chance of getting HIV by having just one uninfected sex partner who has no other sex partners?	YES ..... 1 NO ..... 2 DK 8	
HA3. Can people get HIV from mosquito bites?	YES ..... 1 NO ..... 2 DK 8	
HA4. Can people reduce their chance of getting HIV by using a condom every time they have sex?	YES ..... 1 NO ..... 2 DK 8	
HA5. Can people get HIV by sharing food with a person who has HIV?	YES ..... 1 NO ..... 2 DK 8	
HA6. Can people get HIV because of witchcraft or other supernatural means?	YES ..... 1 NO ..... 2 DK 8	
HA7. Is it possible for a healthy-looking person to have HIV?	YES ..... 1 NO ..... 2 DK 8	
HA8. Can HIV be transmitted from a mother to her baby: [A] During pregnancy? [B] During delivery? [C] By breastfeeding?	YES NO DK DURING PREGNANCY ..... 1 2 8 DURING DELIVERY ..... 1 2 8 BY BREASTFEEDING 1 2 8	
HA9. *Check HA8[A], [B] and [C]: At least one 'Yes' recorded?*	YES ..... 1 NO 2	2 ⇨*HA11*
HA10. Are there any special drugs that a medical doctor or a nurse can give to a woman infected with HIV to reduce the risk of transmission to the baby?	YES ..... 1 NO ..... 2 DK 8	
HA11. *Check CM17: Was there a live birth in the last 2 years?* *Copy name of last birth listed in the birth history (CM18) to here and use where indicated:* *Name* _____	YES, CM17=1 ..... 1 NO, CM17=0 OR BLANK 2	2 ⇨*HA27*
HA12. *Check MN2: Was antenatal care received?*	YES, MN2=1 ..... 1 NO, MN2=2 2	2 ⇨*HA27*

HA13. During any of the antenatal visits for your pregnancy with (***name***), were you given any information about: [A] Babies getting HIV from their mother? [B] Things that you can do to prevent getting HIV? [C] Getting tested for HIV? Were you: [D] Offered a test for HIV?	YES NO DK HIV FROM MOTHER ..... 1 2 8 THINGS TO DO ..... 1 2 8 TESTED FOR HIV ..... 1 2 8 OFFERED A TEST FOR HIV 1 2 8	
HA27. Do you know of a place where people can go to get an HIV test?	YES ..... 1 NO 2	
HA30. Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had HIV?	YES ..... 1 NO ..... 2 DK / NOT SURE / DEPENDS 8	
HA31. Do you think children living with HIV should be allowed to attend school with children who do not have HIV?	YES ..... 1 NO ..... 2 DK / NOT SURE / DEPENDS 8	
HA32. Do you think people hesitate to take an HIV test because they are afraid of how other people will react if the test result is positive for HIV?	YES ..... 1 NO ..... 2 DK / NOT SURE / DEPENDS 8	
HA33. Do people talk badly about people living with HIV, or who are thought to be living with HIV?	YES ..... 1 NO ..... 2 DK / NOT SURE / DEPENDS 8	
HA34. Do people living with HIV, or thought to be living with HIV, lose the respect of other people?	YES ..... 1 NO ..... 2 DK / NOT SURE / DEPENDS 8	
HA35. Do you agree or disagree with the following statement? I would be ashamed if someone in my family had HIV.	AGREE ..... 1 DISAGREE ..... 2 DK / NOT SURE / DEPENDS 8	
HA36. Do you fear that you could get HIV if you come into contact with the saliva of a person living with HIV?	YES ..... 1 NO ..... 2 SAYS SHE HAS HIV ..... 7 DK / NOT SURE / DEPENDS 8	

LIFE SATISFACTION		LS
LS1. I would like to ask you some simple questions on happiness and satisfaction. First, taking all things together, would you say you are very happy, somewhat happy, neither happy nor unhappy, somewhat unhappy or very unhappy? I am now going to show you pictures to help you with your response. *Show smiley card and explain what each symbol represents. Record the response code selected by the respondent.*	VERY HAPPY ..... 1 SOMEWHAT HAPPY ..... 2 NEITHER HAPPY NOR UNHAPPY ..... 3 SOMEWHAT UNHAPPY ..... 4 VERY UNHAPPY 5	
LS2. *Show the picture of the ladder.* Now, look at this ladder with steps numbered from 0 at the bottom to 10 at the top. Suppose we say that the top of the ladder represents the best possible life for you and the bottom of the ladder represents the worst possible life for you. On which step of the ladder do you feel you stand at this time? *Probe if necessary:* Which step comes closest to the way you feel?	LADDER STEP ..... ___ ___	
LS3. Compared to this time last year, would you say that your life has improved, stayed more or less the same, or worsened, overall?	IMPROVED ..... 1 MORE OR LESS THE SAME ..... 2 WORSENED 3	
LS4. And in one year from now, do you expect that your life will be better, will be more or less the same, or will be worse, overall?	BETTER ..... 1 MORE OR LESS THE SAME ..... 2 WORSE 3	


Very happy
Somewhat happy
Neither happy, nor unhappy
Somewhat unhappy
Very unhappy

Best Possible Life



Worst Possible Life

WM10. *Record the time.*	HOURS AND MINUTES .....__ __ : __ __	
WM11. *Was the entire interview completed in private or was there anyone else during the entire interview or part of it?*	YES, THE ENTIRE INTERVIEW WAS COMPLETED IN PRIVATE ..... 1 NO, OTHERS WERE PRESENT DURING THE ENTIRE INTERVIEW (*specify*) _____ 2 NO, OTHERS WERE PRESENT DURING PART OF THE INTERVIEW (*specify*) _____ 3	
WM12. *Language of the Questionnaire.*	BANGLA 2	
WM13. *Language of the Interview.*	BANGLA ..... 2 OTHER LANGUAGE (*specify*) _____ 6	
WM14. *Native language of the Respondent.*	BANGLA ..... 2 OTHER LANGUAGE (*specify*) _____ 6	
WM15. *Was a translator used for any parts of this questionnaire?*	YES, THE ENTIRE QUESTIONNAIRE..... 1 YES, PARTS OF THE QUESTIONNAIRE ..... 2 NO, NOT USED..... 3	

WM16. *Check columns HL10 and HL20 in LIST OF HOUSEHOLD MEMBERS, HOUSEHOLD QUESTIONNAIRE: Is the respondent the mother or caretaker of any child age 0-4 living in this household?*

☐ *Yes* ⇨ *Go to WM17 in WOMAN'S INFORMATION PANEL and record '01'. Then go to the QUESTIONNAIRE FOR CHILDREN UNDER FIVE for that child and start the interview with this respondent.*

☐ *No* ⇨ *Check HH26-HH27 in HOUSEHOLD QUESTIONNAIRE: Is there a child age 5-17 selected for QUESTIONNAIRE FOR CHILDREN AGE 5-17?*

- ☐ *Yes* ⇨ *Check column HL20 in LIST OF HOUSEHOLD MEMBERS, HOUSEHOLD QUESTIONNAIRE: Is the respondent the mother or caretaker of the child selected for QUESTIONNAIRE FOR CHILDREN AGE 5-17 in this household?*
  - ☐ *Yes* ⇨ *Go to WM17 in WOMAN'S INFORMATION PANEL and record '01'. Then go to the QUESTIONNAIRE FOR CHILDREN AGE 5-17 for that child and start the interview with this respondent.*
  - ☐ *No* ⇨ *Go to WM17 in WOMAN'S INFORMATION PANEL and record '01'. Then end the interview with this respondent by thanking her for her cooperation. Check to see if there are other questionnaires to be administered in this household.*
- ☐ *No* ⇨ *Go to WM17 in WOMAN'S INFORMATION PANEL and record '01'. Then end the interview with this respondent by thanking her for her cooperation. Check to see if there are other questionnaires to be administered in this household.*

INTERVIEWER'S OBSERVATIONS

SUPERVISOR'S OBSERVATIONS