WOMAN'S INFORMATION PANEL	**WM**
WM1. *Cluster number:* ___ ___ ___	**WM2**. *Household number.:* ___ ___
WM3. *Woman's name and line number:* NAME _____ LINE NUMBER ___ ___	**WM4**. *Supervisor's name and number:* NAME _____ CODE NUMBER ___ ___
WM5. *Interviewer's name and number:* NAME _____CODE NUMBER ___ ___	**WM6**. *Interview date (day, month and year in BS)* ___ ___ / ___ ___ / 2 0 7 ___

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**. *Write time* HOUR : MINUTE __ __ : __ __	
WM8. *Check all* completed *questionnaires in this household. Have you or any other member of your team interviewed this respondent for another questionnaire?*	YES, INTERVIEW DONE .... 1 NO, FIRST INTERVIEW 2	1⇨WM9B 2⇨WM9A
WM9A. Namaskar! I am (*own name*). We are the staff of the Central Bureau of Statistics. Currently, we are doing a survey on the situation of children, families, and households. I would like to talk to you about your health and other topics. This interview will take about 25 minutes. We are also interviewing mothers about their children. The personal details given by you in this interview will be kept confidential and anonymous under the Statistics Act 2015. If you do not want to answer any of the questions or want to discontinue the interview, please let me know. Now, may I start the interview?	**WM9B**. Now, I would like to talk to you about health and other topics in detail. This interview will take about 25 minutes. Again, the details given by you in this questionnaire will be kept confidential and anonymous as per the Statistics Act 2015. If you do not want to answer any of the questions or want to discontinue the interview, please let me know. Now, may I start the interview?	
YES, YOU MAY .... 1 NO, YOU MAY NOT 2	1 ⇨ *WOMAN'S BACKGROUND Module* 2 ⇨MWM17	

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

WOMAN'S BACKGROUND		WB
WB1. *CHECK THE RESPONDENTS LINE NUMBER (WM3) IN THE WOMAN'S INFORMATION PANEL AND THE RESPONDENT OF 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.*	ED5= CLASS 06 TO CLASS 14 .... 1 ED5= CLASS 00 TO CLASS 05 OR 98 OR BLANK 2	1⇨*WB15* 2⇨*WB14*

WB3. In what month and year were you born?	<u>DATE OF BIRTH (IN B.S.)</u>
	   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 class you have attended? *Class code:* *00 Early Childhood Education* *01-12 Class 1 to 12* *13 Bachelors* *14 Masters or above*	EARLY CHILDHOOD EDUCATION .... 00 CLASS .... __ __	00⇨*WB14*
WB7. Did you complete that class?	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 2076 school year did you attend school?	YES .... 1 NO 2	2⇨*WB11*
WB10. During 2076 school year, which class are you <u>attending</u>? *Class code:* *01-12 Class 1 to 12* *13 Bachelors* *14 Masters or above*	CLASS .... __ __	
WB11. At any time during the 2075 schol year did you attend school?	YES .... 1 NO 2	2⇨*WB13*

WB12. During the 2075 school year, which class did you <u>attend</u>? *Class code:* *01-12 Class 1 to 12* *13 Bachelors* *14 Masters or above*	CLASS .... __ __	
WB13. *Check WB6: Highest class attended.*	WB6=CLASS 06 TO CLASS 14 ....1 WB6=CLASS 01 TO CLASS 05 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 continuosly living in *(name of current city, or village or residence)*? If less than one year, record "00" years	YEAR .... __ __ ALWAYS/SINCE BIRTH 95	95⇨*WB18*
WB16. Just before you moved here, did you live in an urban area or in a rural area? *Probe to identify the type of place.* <u>*If unable to determine whether the place is a urban or a rural area*</u>, *write the name of the place and then temporarily record '9' until you learn the appropriate category for the response.* _____ *(Name of the place or area)*	URBAN AREA ....1 RURAL AREA...3 DON'T KNOW URBAN OR RURAL AREA 9	
WB17. Before you moved here, in which district did you live in?	SAME DISTRICT ....1 ANOTHER DISTRICT (*SPECIFY DISTRICT CODE*) ...2 ___ ___ ___ ABROAD *(specify)* _____96	
WB18. Are you covered by any health insurance?	YES ....1 NO 2	2⇨*End*
WB19. What type of health insurance are you covered by? *Record all mentioned.*	MUTUAL HEALTH ORGANIZATION / COMMUNITY-BASED HEALTH INSURANCE .... A HEALTH INSURANCE THROUGH EMPLOYER .... B SOCIAL SECURITY .... C OTHER PRIVATELY PURCHASED COMMERCIAL HEALTH INSURANCE .... D OTHERS *(specify)* _____ X	

MASS MEDIA AND ICT		MT
MT1. Do you read 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 the computer or 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 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/ UNION		MA
MA1. Are you currently married or living together with someone as if married?	YES, CURRENTLY MARRIED .... 1 YES, LIVING WITH A PARTNER .... 2 NO, NOT IN UNION.. 3	3⇨*MA5*
MA2. How old is your (husband/ partner)? *Probe further:* How old was your (husband/partner) on his last birthday?	AGE IN YEARS .... __ __ DK.. 98	
MA3. Besides yourself, does your (husband/partner) have any other wives or partners or does he live with other women as if married?	YES .... 1 NO 2	2⇨*MA7*
MA4. How many other wives or partners does he have?	NUMBER. .... __ __ DK.. 98	⇨*MA7* 98⇨*MA7*
MA5. Have you ever been married or lived together with someone as if married?	YES, FORMALLY MARRIED .... 1 YES, FORMALLY LIVED WITH A PARTNER .. 2 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 or lived with someone 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/partner)?
 	
MA8B. In what month and year did you start living with your <u>first</u> (husband/partner)?
	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 union 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 / partner)? **MA11B**. How old were you when you started living with your <u>first</u> (husband/partner)?	AGE IN YEARS .... __ __	

FERTILITY/BIRTH HISTORY		CM
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 BIRTHS, 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? S M	BH3. Is (name of birth) a boy or a girl? B G	BH4. In what month and year was (name of birth) born? *Probe: What is (his/her) birthday?* Day	Month	Year	BH5. Is (name of birth) still alive? Y N	BH6. How old was (name of birth) at (his/her) last birthday? *Record age in completed years.* Age	BH7. Is (name of birth) living with you? Y N	BH8. Record household line number of child (from HL1). *Record '00' if child is not listed.* Line No	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* Unit	Number	BH10. Were there any other live births between (name of previous birth) and (name of birth), including any children who died after birth? 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⇨	— —	1 2	— —	DAYS 1	— —	1⇨ 2⇨

No.			BH9		BH10		Next/Add Birth
			— —	1 2	⇨ BH10		MONTHS ..2 / YEARS ......3 — — — Add Birth / 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
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☆MICS6. 3WM.44 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

No.				BH9				DAYS ...... 1 MONTHS .. 2 YEARS 3		1⇨ Add Birth 2⇨ Next Birth
13	1 2	1 2	— —	1 2 — BH9	— —	— —	1 2	— — ⇨ BH10		1⇨ Add Birth 2⇨ Next Birth
14	1 2	1 2	— —	1 2 — BH9	— —	— —	1 2	— — ⇨ BH10		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 THE 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 / NONE 2	

MATERNAL AND NEWBORN HEALTH		
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 WORKERS
	  DOCTOR... A
	  STAFF NURSE ....B
	  AUXILIARY NURSING MIDWIFERY (ANM) C
	  HEALTH ASSISTANT/ASSITANT HEALTH WORKER .... D
	   MATERNAL CHILD HEALTH WORKER..E
	   RURAL HEALTH WORKER .... H
	OTHER PERSONS
	  TRADITIONAL BIRTH ATTENDANT F
	  FEMALE COMMUNITY HEALTH VOLUNTEER .... G
	OTHERS (*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.*	WEEK .... 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 DOCUMENTS 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 ⇨*MN16*
MN11. At any time before your pregnancy with *(name)*, did you receive any tetanus injection either to protect yourself or another baby? *Include DTP (Tetanus) vaccinations received as a child if mentioned.*	YES.. 1 NO... 2 DK... 8	2 ⇨*MN16* 8 ⇨*MN16*
MN12. Before your pregnancy with (*name*), how many times did you receive a tetanus injection? *If 7 or more times, record '7'.* *Include DTP (Tetanus) vaccinations received as a child if mentioned.*	NUMBER OF TIMES .... __ DK... 8	
MN13. Check MN12. How many times tetanus injections before last pregnancy were reported	ONLY 1 INJECTION .... 1 2 OR MORE INJECTIONS OR DK............ 2	1 ⇨*MN14 A* 2 ⇨*MN14 B*

MN14A. How many years ago did you receive that tetanus injection	YEARS AGO.. __ __	
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'.	DK.. 98	
MN16. During the pregnancy with *(name)*, did you take SP/Fansidar to keep <u>you</u> from getting malaria?	YES.. 1 NO.. 2 DK.. 8	2 ⇨*MN19* 8 ⇨*MN19*
MN17. How many times did you take SP/Fansidar during your pregnancy with *(name)*?	NUMBER OF TIMES........................... __ __ DK 98	
MN18. Did you get the SP/Fansidar during an antenatal care visit, during another visit to a health facility or at another source?	ANTENATAL VISIT .... A ANOTHER FACILITY VISIT ....B FEMALE COMMUNITY HEALTH WORKER ....C OTHER SOURCE (*specify*) _____ X	

MN19. Who assisted with the delivery of (**name**)? *Probe:* Anyone else? *Probe for the type of person assisting and record all answers given.*	**HEALTH WORKERS** 　DOCTOR.. A 　STAFF NURSE ....B 　AUXILIARY NURSING MIDWIFERY 　(ANM) ....C 　HEALTH ASSISTANT/ASSITANT 　HEALTH WORKER .... D 　MATERNAL CHILD HEALTH 　WORKER..E 　RURAL HEALTH WORKER ....I **OTHER PERSONS** 　TRADITIONAL BIRTH ATTENDANT .F 　FEMALE COMMUNITY HEALTH 　　VOLUNTEER .... G 　　RELATIVE/FRIEND............................ H 　OTHERS *(specify)* .... X 　NOBODY HELPED .... Y	
MN20. Where did you give birth to (**name**)? *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 .... 22 　GOVERNMENT HEALTH POST .... 23 　OTHER PUBLIC *(specify)* ‗‗‗‗‗‗ 26 **PRIVATE MEDICAL SECTOR** 　PRIVATE HOSPITAL............................ 31 　PRIVATE CLINIC................................. 32 　PRIVATE MATERNITY HOME........... 33 　　　　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	

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 in hours.* *If '1 day' or 'next day', probe : About how many hours after delivery?* *If the answer is 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 HOUR000 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 OTHERS (*specify*) _____ 6 DK.. 8	

MN29. Was the instrument used to cut the cord boiled or sterilised prior to use?	YES, IT WAS .... 1 NO, IT WASN'T .... 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 ANTISEPTICS (ALCOHOL, SPIRIT, GENTIAN VIOLET) ....B MUSTARD OIL ....C ASH .... D ANIMAL DUNG ....E TURMERIC ....F CLARIFIED BUTTER .... G OTHERS *(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 DON'T KNOW... 8	
MN33. Was (*name*) weighed at birth?	YES, ... 1 NO, ... 2 DON'T KNOW... 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 ⇨MN39 B
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⇨*MN39 A* 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
	 TEA/INFUSIONS / TRADITIONAL
	     HERBAL
	       PREPARATIONS...................................H
	 HONEY I
	 PRESCRIBED MEDICINE ....J
	
	 OTHERS *(specify)* _____ X
	
	 NOT GIVEN ANYTHING TO DRINK ..... Y	

POST-NATAL HEALTH CHECKS

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, traditional birth attendant, or community health worker assist with the delivery?	YES, AT LEAST ONE OF THE CATEGORIES A TO G AND I RECORDED...1 NO, NONE OF THE CATEGORIES A TO G AND I 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 <u>your</u> 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⇨*PN13 A* 2⇨*PN13 B*
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 WORKERS** DOCTOR .... A STAFF NURSE....................................... B AUXILIARY NURSING MIDWIFERY (ANM).. C HEALTH ASSISTANT/ASSITANT HEALTH WORKER.......................... D MATERNAL CHILD HEALTH WORKER ....E RURAL HEALTH WORKER..................I **OTHER PERSONS** TRADITIONAL BIRTH ATTENDANT F FEMALE COMMUNITY HEALTH VOLUNTEER .... G RELATIVE/FRIEND ....H OTHERS (*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 22
	GOVERNMENT HEALTH POST......... 23
	OTHER PUBLIC (*specify*) _____ 26
	
	PRIVATE MEDICAL SECTOR
	PRIVATE HOSPITAL 31
	PRIVATE CLINIC 32
	PRIVATE MATERNITY HOME 33
	              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, traditional birth attendant, or community health worker assist with the delivery?	YES, AT LEAST ONE OF THE CATEGORIES A-G AND I RECORDED 1 NO, NONE OF THE CATEGORIES A-G AND I RECORDED 2	2 ⇨*PN20*
PN19. After the delivery was over and *(health worker mentioned in MN19)* left, did anyone check on <u>your</u> health?	YES .... 1 NO 2	1 ⇨*PN21* 2 ⇨*PN25*
PN20. After the birth of (*name*), did anyone check on <u>your</u> 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 ⇨*PN22 A* 2 ⇨*PN22 B*
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 WORKERS**
	    DOCTOR .... A
	    STAFF NURSE .... B
	    AUXILIARY NURSING
	     MIDWIFERY (ANM) C
	    HEALTH ASSISTANT/ASSITANT
	    HEALTH WORKER .... D
	     MATERNAL CHILD HEALTH
	    WORKER .... E
	     RURAL HEALTH WORKER I
	OTHER PERSONS
	    TRADITIONAL BIRTH ATTENDANT
	    .... F
	    FEMALE COMMUNITY HEALTH
	     VOLUNTEER .... G
	    RELATIVE/FRIEND .... H
	    OTHERS (SPEFICY) X	

PN24. 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 22
	  GOVERNMENT HEALTH POST......... 23
	  OTHER PUBLIC (*specify*) _____ 26
	
	PRIVATE MEDICAL SECTOR
	  PRIVATE HOSPITAL 31
	  PRIVATE CLINIC 32
	  PRIVATE MATERNITY HOME 33
	            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:
 	
[A] Examine (*name)*'s cord?
 	
[B] Take the temperature of (*name)*?
 	
[C] Counsel you on breastfeeding?
	YES
	                                              NO DK
	
	EXAMINE THE CORD 1
	    ....2 8
	
	TAKE TEMPERATURE..............................1
	    ....2 8
	
	COUNSEL ON BREASTFEEDING 1
	    ....2 8	

PN26. Check MN36: Was child ever breastfed?	YES, MN36=1... 1 NO, MN36=2 2	2⇨PN28

PN27. Observed (*name)*'s breastfeeding?	YES NO
	   DK
	OBSERVE BREASTFEEDING 1
	    ....2 8	

PN28. Check MN33. Was the child's weight measured at birth?	YES, MN33=1 .... 1 NO,, MN33=2 ....2 DK MN33=8 3	1⇨*PN29 A* 2⇨*PN29 B* 3⇨*PN29 C*
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
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 FOAMS/JELLIES..J PERIODIC ABSTINENCE / RHYTHM)........L WITHDRAWAL..M Others *(specify)* _____ X	

UNMET NEED		UN
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 ....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, let's talk about 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 CAN'T CONCEIVE ....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 OTHERS ....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 __ __ 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*

UN16A. Do you have to face the following conditions during your menstrual period? *Ask one by one* [A] Staying in an chaupadi/chhapro [B] Staying in a separate room in the same house [C] Staying in the cowshed [D] Eating in a separate place [E] Bathing in a separate place [F] Staying away from school or work [G] Staying away from social gatherings/meetings [H] Staying away from religious work/temple visit		YES	NO	
	STAYING IN AN CHAUPADI / CHHAPRO......................................	1	2	
	STAYING IN A SEPARATE ROOM IN THE HOUSE	1	2	
	STAYING IN THE COWSHED	1	2	
	EATING IN A SPERATE PLACE	1	2	
	BATHING IN A SEPARATE PLACE	1	2	
	STAYING AWAY FROM SCHOOL OR WORK........................	1	2	
	STAYING AWAY FROM SOCIAL GATHERINGS..................................	1	2	
	STAYING AWAY FROM RELIGIOUS WORK	1	2	
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*
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:

[A] If she goes out without telling him?

[B] If she neglects the children?

[C] If she argues with him?

[D] If she refuses to have sex with him?

[E] If she burns the food?

	YES	NO	DK
GOING OUT WITHOUT TELLING	1	2	8
NEGLECTS CHILDREN	1	2	8
ARGUES WITH HIM	1	2	8
REFUSES SEX	1	2	8
BURNING FOOD	1	2	8

DV2A. Sometimes, mothers-in-law get annoyed or angered with their daughters-in-law. In your opinion, do you think it is right for mothers-in-law to scold or threaten their daughters-in-law in the following situations?

[A] Daughter-in-law going out without informing mother-in-law

[B] Daughter-in-law neglecting her children

[C] Arguing with mother-in-law

[D] Daughter-in-law not obeying mother-in-law

[E] Daughter-in-law not bringing dowry from her maternal home

[F] Daughter-in-law not finishing work in time

	YES	NO	DK
GOING OUT WITHOUT INFORMING	1	2	8
NEGLECTING CHILDREN	1	2	8
ARGUING	1	2	8
NOT OBEYING	1	2	8
NOT BRINGING DOWRY	1	2	8
NOT FINISHING WORK IN TIME...........................	1	2	8

HUMAN TRAFFICKING				HT
HT1. Now I would like to ask you about human sale and trafficking. Have you ever heard about taking boys, girls, adolescents, men and women from one location to another (within the country, India or abroad) for work with or without their consent?	YES ....1 NO 2			2⇨*End*
HT2. In your opinion, which of the following are human sale and trafficking?		YES	NO DK	
[A] Buying and selling human beings with any motive	BUYING AND SELLING.............1		2 8	
[B] Engaging others in prostitution with or without deriving any benefit	ENGAGING OTHERS IN PROSTITUTION...........................1		2 8	
[C] Removing human organs except in accordance with law	REMOVING HUMAN ORGANS. 1		2 8	
[D] Engaging adolescent boys and girls in domestic work and entertainment work with their consent	ENGAGING IN DOMESTIC AND ENTERTAINMENT WORK WITH CONSENT 1		2 8	
[E] Engaging adolescent boys and girls in domestic work and entertainment work without their consent	ENGAGING IN DOMESTIC AND ENTERTAINMENT WORK WITHOUT CONSENT 1		2 8	

[F] Engaging adolescent boys and girls in hazardous wok with their consent	ENGAGING IN HAZARDOUS WORK WITH CONSENT 1	2	8	
[G]Engaging adolescent boys and girls in hazardous work without their consent	ENGAGING IN HAZARDOUS WORK WITHOUT CONSENT 1	2	8	
[H] Taking boys and girls from one place to another in the name of education or adoption with their parent's consent	TAKING BOYS AND GIRLS TO ANOTHER PLACE WITH CONSENT 1	2	8	
[I] Taking boys and girls from one place to another in the name of education or adoption without their parent's consent	TAKING BOYS AND GIRLS TO ANOTHER PLACE WITHOUT CONSENT 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 up 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 witches, ghosts, evil spirits 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 virus get 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
	DURING 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 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 ⇨HA24
HA12. Check MN2: Was antenatal care received?	YES, MN2=1 .... 1 NO, MN2=2.. 2	2 ⇨HA17

HA13. During any of the antenatal visits for your pregnancy with *(name)*, were you given any information about:
 	
   YES NO DK
 	
[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	

HA14. I don't want to know the results, but were you tested for HIV as part of your antenatal care?	YES .... 1 NO .... 2 DK 8	2 ⇨HA17 8 ⇨HA17
HA15. I don't want to know the results, but did you get the results of the test?	YES .... 1 NO .... 2 DK 8	2 ⇨HA17 8 ⇨HA17
HA16. After you received the result, were you given any health information or counselling related to HIV?	YES .... 1 NO .... 2 DK 8	
HA17. 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 ⇨HA21
HA18. Between the time you went for delivery but before the baby was born were you offered an HIV test?	YES .... 1 NO 2	
HA19. I don't want to know the results, but were you tested for HIV at that time?	YES .... 1 NO 2	2 ⇨HA21
HA20. I don't want to know the results, but did you get the results of the test?	YES .... 1 NO 2	1 ⇨HA22 2 ⇨HA22

HA21. Check HA14: Was the respondent tested for HIV as part of antenatal care?	YES, HA14=1.. 1 NO OR NO ANSWER, HA14≠1 2	2⇨*HA24*
HA22. Have you been tested for HIV since that time you were tested during your pregnancy?	YES .... 1 NO 2	1⇨*HA25*
HA23. How many months ago was your most recent HIV test?	LESS THAN 12 MONTHS AGO .... 1 12-23 MONTHS AGO .... 2 2 OR MORE YEARS AGO 3	1⇨*HA28* 2⇨*HA28* 3⇨*HA28*
HA24. I don't want to know the results, but have you ever been tested for HIV?	YES .... 1 NO 2	2⇨*HA27*
HA25. How many months ago was your most recent HIV test?	LESS THAN 12 MONTHS AGO .... 1 12-23 MONTHS AGO .... 2 2 OR MORE YEARS AGO 3	
HA26. I don't want to know the results, but did you get the results of the test?	YES .... 1 NO .... 2 DK 8	1⇨*HA28* 2⇨*HA28* 8⇨*HA28*
HA27. Do you know of a place where people can go to get an HIV test?	YES .... 1 NO 2	
HA28. Have you heard of test kits people can use to test themselves for HIV?	YES .... 1 NO 2	2⇨*HA30*
HA29. Have you ever tested yourself for HIV using the self-test kit?	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 ahamed if someone in my family had HIV.	YES .... 1 NO .... 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	

TOBACCO AND ALCOHOL USE		MTA
TA1. Have you ever tried cigarette smoking, even one or two puffs?	YES .... 1 NO 2	2 ⇨*TA6*
TA2. How old were you when you smoked a whole cigarette for the first time?	NEVER SMOKED A WHOLE CIGARETTE ....00 AGE ....___ ___	00 ⇨*TA6*
TA3. Do you currently smoke cigarettes?	YES...1 NO...2	2 ⇨*TA6*
TA4. In the last 24 hours, how many cigarettes did you smoke?	NUMBER OF CIGARETTES ....___ ___	
TA5. During the last one month, on how many days did you smoke cigarettes? *If less than 10 days, record the number of days.* *If 10 days or more but less than a month, record '10'.* *If 'Every day' or 'Almost every day', record '30'.*	NUMBER OF DAYS ....0 ___ 10 DAYS OR MORE BUT LESS THAN A MONTH..10 EVERY DAY / ALMOST EVERY DAY 30	
TA6. Have you ever tried any smoked tobacco products other than cigarettes, such as cigars, *kakkad,* hemp, *hookah,* chilim, pipe etc.?	YES .... 1 NO 2	2 ⇨*TA10*
TA7. During the last one month, did you use any smoked tobacco products?	YES .... 1 NO 2	2 ⇨*TA10*
TA8. What type of smoked tobacco product did you use or smoke during the last one month? *Record all mentioned.*	CIGAR ....A WATER PIPE ....B PIPE ....D OTHERS *(specify)* _____ X	
TA9. During the last one month, on how many days did you use (***names of products mentioned in TA8***)? *If less than 10 days, record the number of days.* *If 10 days or more but less than a month, record '10'.* *If 'Every day' or 'Almost every day', record '30'.*	NUMBER OF DAYS ....0 ___ 10 DAYS OR MORE BUT LESS THAN A MONTH..10 EVERY DAY / ALMOST EVERY DAY 30	
TA10. Have you ever tried any form of smokeless tobacco products, such as chewing tobacco or snuff?	YES .... 1 NO 2	2 ⇨*TA14*
TA11. During the last one month, did you use any smokeless tobacco products?	YES .... 1 NO 2	2 ⇨*TA14*

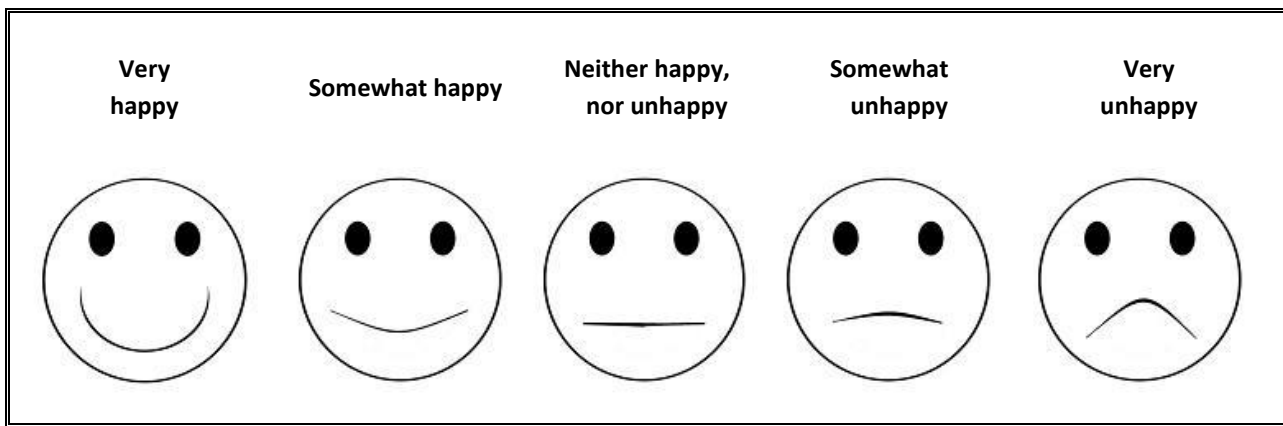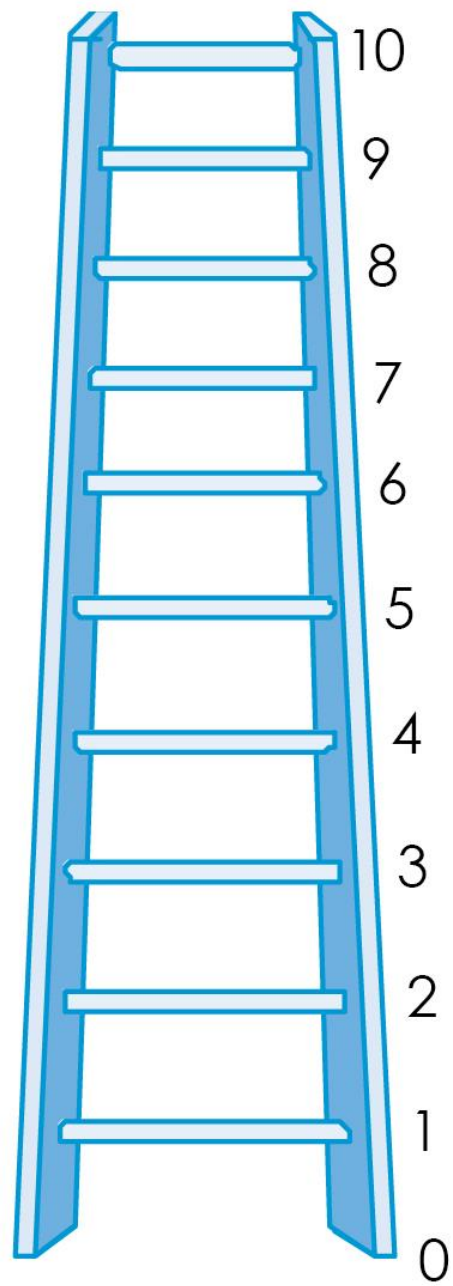|		
TA12. What type of smokeless tobacco product did you use during the last one month? *RECORD ALL MENTIONED.*	CHEWING TOBACCO...................................A SNUFF ....B GUTKHA...D OTHERS *(specify)* _____ X	

TA13. During the last one month, on how many days did you use (***names of products mentioned in TA12***)?
 	
If less than 10 days, record the number of days.
If 10 days or more but less than a month, record '10'.
 	
        If 'Every day' or 'Almost every day', record '30'.
	NUMBER OF DAYS ....<u>0</u>___
	
	10 DAYS OR MORE BUT LESS THAN A
	   MONTH 10
	
	EVERY DAY / ALMOST EVERY DAY 30	

TA14. Now I would like to ask you some questions about drinking alcohol. Have you ever drunk alcohol?	YES .... 1 NO 2	2⇨*End*
TA15. We count one drink of alcohol as one can or bottle of beer, one glass of wine, or one shot or one peg of cognac, vodka, whiskey or rum. How old were you when you had your first drink of alcohol, other than a few sips?	NEVER HAD ONE DRINK OF ALCOHOL 00 AGE ___ ___	00⇨*End*

TA16. During the last one month, on how many days did you have at least one drink of alcohol?
 	
If respondent did not drink, record '00'.
If less than 10 days, record the number of days.
If 10 days or more but less than a month, record '10'.
 	
        If 'Every day' or 'Almost every day', record '30'.
	DID NOT HAVE ONE DRINK IN LAST
	   ONE MONTH...00
	
	NUMBER OF DAYS ....<u>0</u>___
	
	10 DAYS OR MORE BUT LESS THAN A
	   MONTH 10
	
	EVERY DAY / ALMOST EVERY DAY 30
		00⇨*End*

TA17. In the last one month, on the days that you drank alcohol, how many drinks did you usually have per day?	NUMBER OF DRINKS ....___ ___	

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

Literacy Card
(Question Number WB14)

My country Nepal is beautiful.

We should drink clean water.

Children are lovely.

Sagarmatha is the highest mountain.

Best Possible Life

10
9
8
7
6
5
4
3
2
1
0

Worst Possible Life

WM10. *Record the time.*	HOUR 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.	NEPALI...1 BHOJPURI ....2 MAITHILI..3	
WM13. LANGUAGE OF THE INTERVIEW.	NEPALI...1 BHOJPURI ....2 MAITHILI..3 OTHER LANGUAGES (*specify*)_____6	
WM14. *Native language of the Respondent.* *Please refer to an annex of list of names and codes of mother tongues and record the respecitive code.*	LANGUAGE CODE (*specify*) ......___ ___ ___ OTHER LANGUAGES (*specify*)_____996	
WM15. *Was a translator used for any part 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