

NATIONAL FAMILY HEALTH SURVEY, 1998-99 (NFHS-2)
WOMAN'S QUESTIONNAIRE

CONFIDENTIAL
For Research
Purposes Only

INDIA

IDENTIFICATION																																																							
STATE _____	<table border="1"> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																																																						
DISTRICT _____																																																							
TEHSIL/TALUK _____																																																							
CITY/TOWN/VILLAGE _____																																																							
URBAN/RURAL (urban=1, rural=2).....																																																							
LARGE CITY/SMALL CITY/TOWN/RURAL AREA..... (large city=1, small city=2, town=3, rural area=4)																																																							
PSU NUMBER.....																																																							
HOUSEHOLD NUMBER.....																																																							
NAME AND LINE NUMBER OF WOMAN _____																																																							
ADDRESS OF HOUSEHOLD _____																																																							

INTERVIEWER VISITS																				
	1	2	3	FINAL VISIT																
DATE	_____	_____	_____	DAY <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> MONTH <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> YEAR <table border="1"><tr><td>1</td><td>9</td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr></table>									1	9						
1	9																			
INTERVIEWER'S NAME	_____	_____	_____	NAME CODE <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>																
RESULT*	_____	_____	_____	RESULT CODE <table border="1"><tr><td></td></tr><tr><td></td></tr></table>																
NEXT VISIT: DATE TIME	_____	_____		TOTAL NUMBER OF VISITS <table border="1"><tr><td></td></tr></table>																
*RESULT CODES: 1 COMPLETED 3 POSTPONED 5 PARTLY COMPLETED 2 NOT AT HOME 4 REFUSED 6 OTHER (SPECIFY) _____																				
NATIVE LANGUAGE OF RESPONDENT**..... <table border="1"><tr><td></td><td></td></tr></table> **LANGUAGE CODES:																				
01 Assamese	05 Hindi	09 Manipuri	14 Konkani																	
02 Bengali	06 Kannada	10 Marathi	15 Sindhi																	
03 English	07 Kashmiri	11 Nepali	16 Tamil																	
04 Gujarati	08 Malayalam	12 Oriya	17 Telugu																	
19 Other (SPECIFY) _____	13 Punjabi	18 Urdu																		

DATE	SUPERVISOR <table border="1"><tr><td></td><td></td></tr></table>			FIELD EDITOR <table border="1"><tr><td></td><td></td></tr></table>			OFFICE EDITOR <table border="1"><tr><td></td><td></td></tr></table>			KEYED BY <table border="1"><tr><td></td><td></td></tr></table>		
NAME	_____	_____	_____	_____								

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	HOUR..... <input type="text"/> <input type="text"/> MINUTES..... <input type="text"/> <input type="text"/>	
	<p>Namaste. My name is _____ and I am working with (NAME OF THE ORGANISATION). We are conducting a national survey about the health of women and children. We would very much appreciate your participation in this survey.</p> <p>I would like to ask you about your health (and the health of your children). This information will help the government to plan health services. The amount of time needed will be less than one hour. Participation in this survey is voluntary. If you decide to participate, you may stop answering questions at any time. Whatever information you provide will be kept strictly confidential and will not be shown to other persons.</p> <p>We hope that you will participate in the survey since your views are important. Do you want to ask me anything about the survey at this time?</p> <p>Signature of Interviewer: _____ Date: _____</p> <p>RESPONDENT AGREES FOR INTERVIEW.....1 ↓ V</p> <p>RESPONDENT DOES NOT AGREE FOR INTERVIEW.....2 → END</p>		
102	<p>First I would like to ask some questions about you and your household. For most of the time until you were 12 years old, did you live in a city, a town, or a village?</p>	CITY/TOWN.....1 VILLAGE.....2	
103	<p>How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)?</p>	YEARS..... <input type="text"/> <input type="text"/> SINCE BIRTH.....95 VISITOR.....96 →105	
104	<p>Just before you moved here, did you live in a city, a town, or a village?</p>	CITY/TOWN.....1 VILLAGE.....2	
105	<p>In what month and year were you born?</p>	MONTH..... <input type="text"/> <input type="text"/> DK MONTH.....98 YEAR..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DK YEAR.....9998	
106	<p>How old were you at your last birthday? COMPARE AND CORRECT 105 AND/OR 106 IF INCONSISTENT.</p>	AGE IN COMPLETED YEARS..... <input type="text"/> <input type="text"/>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
107	What is your current marital status?	CURRENTLY MARRIED.....1 MARRIED BUT GAUNA NOT PERFORMED..2 SEPARATED.....3 DESERTED.....4 DIVORCED.....5 WIDOWED.....6 NEVER MARRIED.....7	→END →110 →END
108	Are you living with your husband now or is he staying elsewhere?	LIVING WITH HUSBAND.....1 STAYING ELSEWHERE.....2	→110
109	For how long have you and your husband not been living together? IF LESS THAN 1 YEAR, RECORD MONTHS; OTHERWISE RECORD COMPLETED YEARS.	MONTHS.....1 YEARS.....2	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
110	Now I would like to ask you some questions about your marriage. Have you been married only once or more than once?	ONCE.....1 MORE THAN ONCE.....2	→114
111	How old were you at the time of your <u>first</u> marriage?	AGE IN COMPLETED YEARS.....	<input type="text"/> <input type="text"/>
112	How old were you when you started living with your <u>first</u> husband?	AGE IN COMPLETED YEARS..... GAUNA HAD NOT TAKEN PLACE..... 96	<input type="text"/> <input type="text"/>
113	How old were you when your <u>first</u> marriage dissolved?	AGE IN COMPLETED YEARS.....	<input type="text"/> <input type="text"/>
114	How old were you at the time of your (current) marriage?	AGE IN COMPLETED YEARS.....	<input type="text"/> <input type="text"/>
115	How old were you when you started living with your (current) husband?	AGE IN COMPLETED YEARS..... GAUNA HAS NOT TAKEN PLACE.....96	→END

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
116	Have you ever attended school?	YES.....1 NO.....2	>119
117	What is the highest grade you completed?	GRADE.....	
118	CHECK 117: GRADE 0-5 <input type="checkbox"/> GRADE 6 AND ABOVE <input type="checkbox"/>		>120
119	Can you read and write?	YES.....1 NO.....2	>121
120	Do you usually read a newspaper or a magazine at least once a week?	YES.....1 NO.....2	
121	Do you usually listen to a radio at least once a week?	YES.....1 NO.....2	
122	Do you usually watch television at least once a week?	YES.....1 NO.....2	
123	Do you usually go to a cinema hall or theatre to see a movie at least once a month?	YES.....1 NO.....2	
124	How often do you yourself consume the following items: daily, weekly, occasionally, or never:		
	Milk or Curd?	MILK OR CURD..1	DAILY 2 OCCA 3 SION- 4 NEVER
	Pulses or beans?	PULSES/BEANS..1	DAILY 2 OCCA 3 SION- 4 NEVER
	Green leafy vegetables?	GREEN LEAFY...1	DAILY 2 OCCA 3 SION- 4 NEVER
	Other vegetables?	OTH. VEG.....1	DAILY 2 OCCA 3 SION- 4 NEVER
	Fruits?	FRUITS.....1	DAILY 2 OCCA 3 SION- 4 NEVER
	Eggs?	EGGS.....1	DAILY 2 OCCA 3 SION- 4 NEVER
	Chicken, meat, or fish?	CHICKEN/MEAT/ FISH.....1	DAILY 2 OCCA 3 SION- 4 NEVER

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
201	Now I would like to ask about all the births you have had during your life. Have you ever given birth?	YES.....1 NO.....2—>206	
202	Do you have any sons or daughters to whom you have given birth who are now living with you?	YES.....1 NO.....2—>204	
203	How many sons live with you? And how many daughters live with you? IF NONE, RECORD '00'.	SONS AT HOME..... DAUGHTERS AT HOME.....	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
204	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—>206	
205	How many sons are alive but do not live with you? And how many daughters are alive but do not live with you? IF NONE, RECORD '00'.	SONS ELSEWHERE..... DAUGHTERS ELSEWHERE.....	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
206	Have you ever given birth to a boy or a girl who was born alive but later died? IF NO, PROBE: Any baby who cried or showed any sign of life but only survived a few hours or days?	YES.....1 NO.....2—>208	
207	In all, how many boys have died? And how many girls have died? IF NONE, RECORD '00'.	BOYS DEAD..... GIRLS DEAD.....	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE RECORD '00'.	TOTAL.....	<input type="text"/> <input type="text"/>
209	CHECK 208: Just to make sure that I have this right: you have had in TOTAL ____ births during your life. Is that correct? YES <input type="checkbox"/> NO <input type="checkbox"/> PROBE AND CORRECT 201-208 AS NECESSARY		
210	CHECK 208: ONE OR MORE BIRTHS <input type="checkbox"/> NO BIRTHS <input type="checkbox"/>		>225

211

Now I would like to talk to you about all the births in your lifetime, whether currently alive or not, starting with the first one you had.
RECORD NAMES OF ALL THE LIVE BIRTHS IN 212. RECORD TWINS AND TRIPLETS ON SEPARATE LINES.

212	213	214	215	216	217	218	218A	219	220*
What name was given to your (first, next) baby?	Were any of these twins?	Is (NAME) a boy or a girl?	In what month and year was (NAME) born? PROBE: What is his/her birthday?	Is (NAME) still alive?	How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS.	IF ALIVE: Is (NAME) living with you?	IF ALIVE: RECORD HOUSEHOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD)	IF DEAD: How old was (NAME) when he/she died? IF "1 YEAR", PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH, MONTHS IF LESS THAN TWO YEARS, OR YEARS.	Between (NAME OF PREVIOUS BIRTH) and (NAME OF THIS BIRTH) did you have any stillbirth, spontaneous abortion, or induced abortion? (* FOR FIRST CHILD ASK: Before (NAME), did you have any stillbirth, spontaneous abortion, or induced abortion?) IF NONE, RECORD '0'. FOR SECOND TWIN, RECORD '0' IN EACH BOX WITHOUT ASKING.

01 (NAME)	SING...1 MULT...2	BOY...1 GIRL...2	MONTH..... YEAR..	YES...1 NO....2 v 219	AGE IN YEARS 	YES.....1 NO.....2	LINE NUMBER ↓ (GO TO 220)	DAYS...1 MONTHS..2 YEARS...3	NUMBER OF STILLBIRTHS..... NUMBER OF SPON. ABORTIONS..... NUMBER OF INDUCED ABORTIONS.....
02 (NAME)	SING...1 MULT...2	BOY...1 GIRL...2	MONTH..... YEAR..	YES...1 NO....2 v 219	AGE IN YEARS 	YES.....1 NO.....2	LINE NUMBER ↓ (GO TO 220)	DAYS...1 MONTHS..2 YEARS...3	NUMBER OF STILLBIRTHS..... NUMBER OF SPON. ABORTIONS..... NUMBER OF INDUCED ABORTIONS.....
03 (NAME)	SING...1 MULT...2	BOY...1 GIRL...2	MONTH..... YEAR..	YES...1 NO....2 v 219	AGE IN YEARS 	YES.....1 NO.....2	LINE NUMBER ↓ (GO TO 220)	DAYS...1 MONTHS..2 YEARS...3	NUMBER OF STILLBIRTHS..... NUMBER OF SPON. ABORTIONS..... NUMBER OF INDUCED ABORTIONS.....
04 (NAME)	SING...1 MULT...2	BOY...1 GIRL...2	MONTH..... YEAR..	YES...1 NO....2 v 219	AGE IN YEARS 	YES.....1 NO.....2	LINE NUMBER ↓ (GO TO 220)	DAYS...1 MONTHS..2 YEARS...3	NUMBER OF STILLBIRTHS..... NUMBER OF SPON. ABORTIONS..... NUMBER OF INDUCED ABORTIONS.....

212	213	214	215	216	217	218	218A	219	220*
05 <hr/> (NAME)	SING...1 MULT...2	BOY...1 GIRL...2	MONTH..... YEAR..	YES...1 NO....2 v 219	AGE IN YEARS 	YES.....1 NO.....2	LINE NUMBER ↓ (GO TO 220)	DAYS...1 MONTHS..2 YEARS...3	NUMBER OF STILLBIRTHS..... NUMBER OF SPON. ABORTIONS..... NUMBER OF INDUCED ABORTIONS.....
06 <hr/> (NAME)	SING...1 MULT...2	BOY...1 GIRL...2	MONTH..... YEAR..	YES...1 NO....2 v 219	AGE IN YEARS 	YES.....1 NO.....2	LINE NUMBER ↓ (GO TO 220)	DAYS...1 MONTHS..2 YEARS...3	NUMBER OF STILLBIRTHS..... NUMBER OF SPON. ABORTIONS..... NUMBER OF INDUCED ABORTIONS.....
07 <hr/> (NAME)	SING...1 MULT...2	BOY...1 GIRL...2	MONTH..... YEAR..	YES...1 NO....2 v 219	AGE IN YEARS 	YES.....1 NO.....2	LINE NUMBER ↓ (GO TO 220)	DAYS...1 MONTHS..2 YEARS...3	NUMBER OF STILLBIRTHS..... NUMBER OF SPON. ABORTIONS..... NUMBER OF INDUCED ABORTIONS.....
08 <hr/> (NAME)	SING...1 MULT...2	BOY...1 GIRL...2	MONTH..... YEAR..	YES...1 NO....2 v 219	AGE IN YEARS 	YES.....1 NO.....2	LINE NUMBER ↓ (GO TO 220)	DAYS...1 MONTHS..2 YEARS...3	NUMBER OF STILLBIRTHS..... NUMBER OF SPON. ABORTIONS..... NUMBER OF INDUCED ABORTIONS.....
09 <hr/> (NAME)	SING...1 MULT...2	BOY...1 GIRL...2	MONTH..... YEAR..	YES...1 NO....2 v 219	AGE IN YEARS 	YES.....1 NO.....2	LINE NUMBER ↓ (GO TO 220)	DAYS...1 MONTHS..2 YEARS...3	NUMBER OF STILLBIRTHS..... NUMBER OF SPON. ABORTIONS..... NUMBER OF INDUCED ABORTIONS.....
10 <hr/> (NAME)	SING...1 MULT...2	BOY...1 GIRL...2	MONTH..... YEAR..	YES...1 NO....2 v 219	AGE IN YEARS 	YES.....1 NO.....2	LINE NUMBER ↓ (GO TO 220)	DAYS...1 MONTHS..2 YEARS...3	NUMBER OF STILLBIRTHS..... NUMBER OF SPON. ABORTIONS..... NUMBER OF INDUCED ABORTIONS.....
11 <hr/> (NAME)	SING...1 MULT...2	BOY...1 GIRL...2	MONTH..... YEAR..	YES...1 NO....2 v 219	AGE IN YEARS 	YES.....1 NO.....2	LINE NUMBER ↓ (GO TO 220)	DAYS...1 MONTHS..2 YEARS...3	NUMBER OF STILLBIRTHS..... NUMBER OF SPON. ABORTIONS..... NUMBER OF INDUCED ABORTIONS.....

212	213	214	215	216	217	218	218A	219	220*
12 _____ (NAME)	SING...1 MULT...2	BOY...1 GIRL...2	MONTH..... YEAR..	YES...1 NO....2 v 219	AGE IN YEARS 	YES.....1 NO.....2	LINE NUMBER ↓ (GO TO 220)	DAYS...1 MONTHS..2 YEARS...3	NUMBER OF STILLBIRTHS..... NUMBER OF SPON. ABORTIONS..... NUMBER OF INDUCED ABORTIONS.....

221

After the last birth, did you have any stillbirth, spontaneous abortion, or induced abortion?

IF NONE, RECORD '0'

NUMBER OF STILLBIRTHS.....

NUMBER OF SPON. ABORTIONS.....

NUMBER OF INDUCED ABORTIONS.....

222

CHECK 220 AND 221:

Just to make sure that I have this right: you have had in TOTAL _____ STILLBIRTHS, _____ SPONTANEOUS ABORTIONS, and _____ INDUCED ABORTIONS during your life: Is that correct?

YES, NO → PROBE AND CORRECT 220 - 221 AS NECESSARY

223

COMPARE 208 WITH NUMBER OF BIRTHS IN HISTORY ABOVE AND MARK:

NUMBERS ARE SAME NUMBERS ARE DIFFERENT → (PROBE AND RECONCILE)

CHECK: FOR EACH BIRTH: YEAR OF BIRTH IS RECORDED.
 FOR EACH LIVING CHILD: CURRENT AGE IS RECORDED.
 FOR EACH DEAD CHILD: AGE AT DEATH IS RECORDED.
 FOR AGE AT DEATH 12 MONTHS: PROBE TO DETERMINE EXACT NUMBER OF MONTHS.
 FOR EACH CALENDAR BIRTH INTERVAL 4 OR MORE YEARS: EXPLANATION IS GIVEN.

224

CHECK 215 AND ENTER THE NUMBER OF BIRTHS SINCE JANUARY 1996.
 IF NONE, RECORD '0'.

→ 229

SECTION 3A. QUALITY OF CARE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
301	During the last 12 months, has a health or family planning worker visited you at home?	YES.....1 NO.....2	→308
302	How many times did a worker visit you in the last 12 months?	NUMBER OF TIMES..... <input type="text"/>	
303	During these visits, what were the different matters talked about? Anything else? RECORD ALL MENTIONED.	FAMILY PLANNING.....A BREASTFEEDING.....B SUPPLEMENTARY FEEDING.....C IMMUNIZATION.....D NUTRITION.....E DISEASE PREVENTION.....F TREATMENT OF HEALTH PROBLEM....G ANTENATAL CARE.....H DELIVERY CARE.....I POSTPARTUM CARE.....J CHILD CARE.....K SANITATION/CLEANLINESS.....L ORAL REHYDRATION.....M OTHER _____ X (SPECIFY)	
304	When was the last time a health or family planning worker visited you at home? IF LESS THAN ONE MONTH, RECORD '00' MONTHS.	MONTHS AGO..... <input type="text"/>	
305	Who visited you at that time?	PUBLIC SECTOR WORKER GOVT. DOCTOR.....11 PUBLIC HEALTH NURSE.....12 ANM/LHV.....13 MALE MPW/SUPERVISOR.....14 ANGANWADI WORKER.....15 VILLAGE HEALTH GUIDE.....16 OTHER PUBLIC SECTOR HEALTH WORKER.....17 NGO DOCTOR.....21 NGO WORKER.....22 PRIVATE SECTOR WORKER PRIVATE DOCTOR.....31 PRIVATE NURSE.....32 COMPOUNDER.....33 TRADITIONAL HEALER.....34 DAI (TBA).....35 OTHER PRIVATE SECTOR HEALTH WORKER.....36 OTHER _____ 96 (SPECIFY)	
305A	What type of services did you receive during this visit? Any other service? RECORD ALL MENTIONED.	PILL SUPPLY.....A CONDOM SUPPLY.....B FOLLOW-UP FOR STERILIZATION....C FOLLOW-UP FOR IUD INSERTION....D FAMILY PLANNING ADVICE.....E OTHER FAMILY PLANNING SERVICE...F IMMUNIZATION.....G ANTENATAL CARE.....H DELIVERY CARE.....I POSTPARTUM CARE.....J DISEASE PREVENTION.....K MEDICAL TREATMENT FOR SELF.....L TREATMENT FOR SICK CHILD.....M TREATMENT FOR OTHER PERSON.....N OTHER _____ X (SPECIFY)	
306	Did she/he spend enough time with you?	YES.....1 NO.....2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
307	Did she/he talk to you nicely, somewhat nicely, or not nicely?	NICELY.....1 SOMEWHAT NICELY.....2 NOT NICELY.....3	
308	Have you visited a health facility or camp for any reason for yourself (or your children) in the last 12 months?	YES.....1 NO.....2	→317
309	During these visits in the last 12 months, what were the different matters talked about? Anything else? RECORD ALL MENTIONED.	FAMILY PLANNING.....A BREASTFEEDING.....B SUPPLEMENTARY FEEDING.....C IMMUNIZATION.....D NUTRITION.....E DISEASE PREVENTION.....F TREATMENT OF HEALTH PROBLEM...G ANTENATAL CARE.....H DELIVERY CARE.....I POSTPARTUM CARE.....J CHILD CARE.....K SANITATION/CLEANLINESS.....L ORAL REHYDRATION.....M OTHER _____ X (SPECIFY)	
310	What type of health facility did you visit most recently for yourself (or your children)?	PUBLIC MEDICAL SECTOR GOVT./MUNICIPAL HOSPITAL.....11 GOVT. DISPENSARY.....12 UHC/UHF/UFWC.....13 CHC/RURAL HOSPITAL/PHC.....14 SUB-CENTRE.....15 GOVT. MOBILE CLINIC.....16 CAMP.....17 OTHER PUBLIC SECTOR HEALTH FACILITY.....18 NGO/TRUST HOSPITAL/CLINIC.....21 PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC.....31 PVT. MOBILE CLINIC.....32 PHARMACY/DRUGSTORE.....33 OTHER PRIVATE SECTOR HEALTH FACILITY.....34 OTHER _____ 96 (SPECIFY)	
311	What service did you go for? Any other service? RECORD ALL MENTIONED.	PILL SUPPLY.....A CONDOM SUPPLY.....B IUD/LOOP INSERTION.....C STERILIZATION OPERATION.....D FOLLOW-UP FOR STERILIZATION.....E FOLLOW-UP FOR IUD INSERTION.....F FAMILY PLANNING ADVICE.....G OTHER FAMILY PLANNING SERVICE...H IMMUNIZATION.....I ANTENATAL CARE.....J DELIVERY CARE.....K POSTPARTUM CARE.....L DISEASE PREVENTION.....M MEDICAL TREATMENT FOR SELF.....N TREATMENT FOR SICK CHILD.....O TREATMENT FOR OTHER PERSON.....P OTHER _____ X (SPECIFY)	
311A	Did you receive the service that you went for?	YES.....1 NO.....2	

SECTION 3B. CONTRACEPTION

318. Now I would like to talk about family planning - the various ways or methods that a couple can use to delay or avoid a pregnancy.

For each method I mention, please tell me if you have ever heard of the method and whether you have ever used the method at any time in your life?

<p>01 <u>Pill</u> Women can take a pill daily or weekly.</p>	<p>HAS USED.....1 HAS HEARD, BUT HAS NOT USED.....2 HAS NOT HEARD.....3</p>
<p>02 <u>Condom or Nirodh</u> Men can use a rubber sheath during sexual intercourse.</p>	<p>HAS USED1 HAS HEARD, BUT HAS NOT USED.....2 HAS NOT HEARD.....3</p>
<p>03 <u>IUD or Loop</u> Women can have a loop or coil placed inside them by a doctor or a nurse.</p>	<p>HAS USED.....1 HAS HEARD, BUT HAS NOT USED.....2 HAS NOT HEARD.....3</p>
<p>04 <u>Female sterilization</u> Women can have an operation to avoid having any more children.</p>	<p>Have you ever heard of female sterilization? IF YES: Have you ever had an operation to avoid having any more children? HAS USED.....1 HAS HEARD, BUT HAS NOT USED.....2 HAS NOT HEARD.....3</p>
<p>05 <u>Male sterilization</u> Men can have an operation to avoid having any more children.</p>	<p>Have you ever heard of male sterilization? IF YES: Has your husband ever had an operation to avoid having any more children? HAS USED.....1 HAS HEARD, BUT HAS NOT USED.....2 HAS NOT HEARD.....3</p>
<p>06 <u>Rhythm or safe period method</u> Couples can avoid having sexual intercourse on certain days of the month when the woman is more likely to become pregnant.</p>	<p>HAS USED.....1 HAS HEARD, BUT HAS NOT USED.....2 HAS NOT HEARD.....3</p>
<p>07 <u>Withdrawal</u> Men can be careful and pull out before climax.</p>	<p>HAS USED.....1 HAS HEARD, BUT HAS NOT USED.....2 HAS NOT HEARD.....3</p>
<p>08 Have you ever heard of any other ways or methods that women or men can use to delay or avoid pregnancy? IF YES: Have you ever used this method? 1 _____ (SPECIFY) 2 _____ (SPECIFY)</p>	<p>HAS USED.....1 HAS HEARD, BUT HAS NOT USED.....2 HAS NOT HEARD.....3 HAS USED.....1 HAS HEARD, BUT HAS NOT USED.....2 HAS NOT HEARD.....3</p>

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
319	CHECK 318: NOT A SINGLE CODE '1' (NEVER USED) <input type="checkbox"/> v	AT LEAST ONE CODE '1' (EVER USED) <input type="checkbox"/>	-> SKIP TO 322
320	Have you ever used anything or tried in any way to delay or avoid getting pregnant?	YES.....1 NO.....2	->356
321	What have you used or done? CORRECT 318 AND 319.		
322	Now I would like to ask you about the time when you first did something or used a method to delay or avoid getting pregnant. How many living children did you have at that time, if any? IF NONE, RECORD '00'.	NUMBER OF CHILDREN..... <input type="text"/>	
323	CHECK 107: CURRENTLY MARRIED <input type="checkbox"/> v SEPARATED DESERTED DIVORCED WIDOWED <input type="checkbox"/>		->364
324	CHECK 230: NOT PREGNANT OR UNSURE <input type="checkbox"/> v PREGNANT <input type="checkbox"/>		->358
325	CHECK 318: NEITHER STERILIZED <input type="checkbox"/> v HE OR SHE STERILIZED <input type="checkbox"/>		->327A
326	Are you or your husband currently doing something or using any method to delay or avoid getting pregnant?	YES.....1 NO.....2	->355
327	Which method are you using?	PILL.....01 CONDOM/NIRODH.....02 IUD/LOOP.....03 ->336 FEMALE STERILIZATION.....04 MALE STERILIZATION.....05 ->339 RHYTHM/SAFE PERIOD.....06 WITHDRAWAL.....07 ->350 OTHER.....96 (SPECIFY)	
327A	CIRCLE '04' FOR FEMALE STERILIZATION. CIRCLE '05' FOR MALE STERILIZATION.		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
328	<p>For how many months have you been using pills/condoms continuously? IF LESS THAN 1 MONTH, RECORD '00'.</p>	<p>MONTHS..... <input type="text"/> <input type="text"/> 8 YEARS OR LONGER.....96</p>	
329	<p>Where did you obtain the pills/condoms the last time?</p> <p>IF SOURCE IS HOSPITAL OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF PLACE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____</p> <p>(NAME OF PLACE IF HOSPITAL OR CLINIC)</p>	<p>PUBLIC MEDICAL SECTOR GOVT./MUNICIPAL HOSPITAL.....11 GOVT. DISPENSARY.....12 UHC/UHP/UFWC.....13 CHC/RURAL HOSPITAL/PHC.....14 SUB-CENTRE.....15 GOVT. MOBILE CLINIC.....16 GOVT. PARAMEDIC.....17 CAMP.....18 OTHER PUBLIC SECTOR HEALTH FACILITY.....19 NGO/TRUST HOSPITAL/CLINIC.....21 NGO WORKER.....22 PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC.....31 PVT. DOCTOR.....32 PVT. MOBILE CLINIC.....33 PVT. PARAMEDIC.....34 VAIDYA/HAKIM/HOMEOPATH.....35 TRADITIONAL HEALER.....36 PHARMACY/DRUGSTORE.....37 DAI (TBA).....38 OTHER PRIVATE SECTOR HEALTH FACILITY.....39 OTHER SOURCE SHOP.....41 HUSBAND.....42 FRIEND/OTHER RELATIVE.....43 OTHER.....96 (SPECIFY)</p>	<p>>331 >331</p>
330	<p>Do you know where this person obtained the pills/condoms the last time?</p> <p>IF SOURCE IS HOSPITAL OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF PLACE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____</p> <p>(NAME OF PLACE IF HOSPITAL OR CLINIC)</p>	<p>PUBLIC MEDICAL SECTOR GOVT./MUNICIPAL HOSPITAL.....11 GOVT. DISPENSARY.....12 UHC/UHP/UFWC.....13 CHC/RURAL HOSPITAL/PHC.....14 SUB-CENTRE.....15 GOVT. MOBILE CLINIC.....16 GOVT. PARAMEDIC.....17 CAMP.....18 OTHER PUBLIC SECTOR HEALTH FACILITY.....19 NGO/TRUST HOSPITAL/CLINIC.....21 NGO WORKER.....22 PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC.....31 PVT. DOCTOR.....32 PVT. MOBILE CLINIC.....33 PVT. PARAMEDIC.....34 VAIDYA/HAKIM/HOMEOPATH.....35 TRADITIONAL HEALER.....36 PHARMACY/DRUGSTORE.....37 DAI (TBA).....38 OTHER PRIVATE SECTOR HEALTH FACILITY.....39 OTHER SOURCE SHOP.....41 OTHER.....96 (SPECIFY) DK.....98</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
331	<p>May I see the packet of pills/condoms you are using now?</p> <p>IF PACKET SEEN, RECORD BRAND NAME.</p>	<p>PACKET SEEN.....1</p> <p>BRAND NAME _____ <input type="text"/> <input type="text"/> <input type="text"/> _____</p> <p>PACKET NOT SEEN.....2</p>	<p>→333</p>
332	<p>Do you know the brand name of the pills/condoms you are using now?</p>	<p>BRAND NAME _____ <input type="text"/> <input type="text"/> <input type="text"/> _____</p> <p>DK.....998</p>	
333	<p>How much does one packet of pills/condoms cost you?</p>	<p>COST Rs:..... <input type="text"/> <input type="text"/> <input type="text"/> _____</p> <p>FREE.....995</p> <p>DK.....998</p>	<p>→335</p>
334	<p>For that cost how many condoms/pill cycles do you get?</p>	<p>NUMBER..... <input type="text"/> <input type="text"/> _____</p>	
335	<p>Have you been able to get the supply of pills/condoms whenever you need them?</p>	<p>YES.....1</p> <p>NO.....2</p>	<p>→344</p>
336	<p>For how many months have you been using the IUD/LOOP continuously?</p> <p>IF LESS THAN 1 MONTH, RECORD '00'.</p>	<p>MONTHS..... <input type="text"/> <input type="text"/> _____</p> <p>8 YEARS OR LONGER.....96</p>	
337	<p>Who inserted the IUD/LOOP?</p>	<p>GOVERNMENT DOCTOR.....01</p> <p>GOVERNMENT NURSE/PARAMEDIC.....02</p> <p>NGO DOCTOR.....03</p> <p>NGO NURSE/PARAMEDIC.....04</p> <p>PRIVATE DOCTOR.....05</p> <p>PRIVATE NURSE/PARAMEDIC.....06</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p>	
338	<p>Where did you go to get the IUD/LOOP inserted?</p> <p>_____</p> <p>(NAME OF PLACE IF HOSPITAL OR CLINIC)</p>	<p>PUBLIC MEDICAL SECTOR</p> <p>GOVT./MUNICIPAL HOSPITAL.....11</p> <p>GOVT. DISPENSARY.....12</p> <p>UHC/UHP/UFWC.....13</p> <p>CHC/RURAL HOSPITAL/PHC.....14</p> <p>SUB-CENTRE.....15</p> <p>GOVT. MOBILE CLINIC.....16</p> <p>CAMP.....17</p> <p>OTHER PUBLIC SECTOR</p> <p>HEALTH FACILITY.....18</p> <p>NGO/TRUST HOSPITAL/CLINIC.....21</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PVT. HOSPITAL/CLINIC.....31</p> <p>PVT. DOCTOR.....32</p> <p>PVT. MOBILE CLINIC.....33</p> <p>OTHER PRIVATE SECTOR</p> <p>HEALTH FACILITY.....34</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
338A	<p>How much did the IUD/LOOP insertion cost you? IF NO CHARGE, RECORD `0000'.</p>	<p>COST Rs:..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>DK.....9998</p>	<p>→342</p>
339	<p>In what month and year was your/your husband's sterilization operation performed?</p>	<p>MONTH..... <input type="text"/> <input type="text"/></p> <p>YEAR..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	
340	<p>Where did you/your husband get sterilized?</p> <p>_____</p> <p>(NAME OF PLACE IF HOSPITAL OR CLINIC)</p>	<p>PUBLIC MEDICAL SECTOR GOVT./MUNICIPAL HOSPITAL.....11 UHC/UHP/UFWC.....12 CHC/RURAL HOSPITAL/PHC.....13 GOVT. MOBILE CLINIC.....14 CAMP.....15 OTHER PUBLIC SECTOR HEALTH FACILITY.....16</p> <p>NGO/TRUST HOSPITAL/CLINIC.....21</p> <p>PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC.....31 PVT. DOCTOR.....32 PVT. MOBILE CLINIC.....33 OTHER PRIVATE SECTOR HEALTH FACILITY.....34</p> <p>OTHER _____ 96 (SPECIFY)</p>	
341	<p>How much did the operation cost you? IF NO CHARGE, RECORD '0000'.</p>	<p>COST Rs..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>DK.....9998</p>	
342	<p>How would you rate the care you/your husband received during or immediately after the operation/IUD insertion: very good, all right, not so good, or bad?</p>	<p>VERY GOOD.....1 ALL RIGHT.....2 NOT SO GOOD.....3 BAD.....4</p>	
343	<p>What improvements would you suggest in the care you/your husband received during or immediately after the operation/IUD insertion?</p> <p>Anything else?</p> <p>RECORD ALL MENTIONED.</p>	<p>MORE CLEANLINESS.....A MORE PRIVACY.....B BETTER CARE BY THE DOCTOR.....C BETTER CARE BY THE OTHER STAFF...D SHORTER WAITING TIME.....E LOWER COST.....F</p> <p>OTHER _____ X (SPECIFY)</p> <p>NONE.....Y</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
351	<p>Have you had any problems related to the use of (CURRENT METHOD)?</p>	<p>YES.....1 NO.....2</p>	<p>→362</p>
352	<p>What problems have you had related to the use of (CURRENT METHOD)?</p> <p>PROBE: Any other problems?</p> <p>RECORD ALL MENTIONED.</p>	<p>WEIGHT GAIN.....A WEIGHT LOSS.....B TOO MUCH BLEEDING.....C HYPERTENSION.....D HEADACHE/BODYACHE/BACKACHE.....E NAUSEA/VOMITING.....F NO MENSTRUATION.....G WEAKNESS/TIREDNESS.....H DIZZINESS.....I FEVER.....J CRAMPS.....K SPOTTING.....L INCONVENIENT TO USE.....M ABDOMINAL PAIN.....N WHITE DISCHARGE.....O IRREGULAR PERIODS.....P BREAST TENDERNESS.....Q ALLERGY.....R EXPULSION.....S REDUCED SEXUAL SATISFACTION.....T</p> <p>OTHER _____ X (SPECIFY)</p>	
353	<p>When you first started having these problems, did you talk to anyone about these problems?</p>	<p>YES.....1 NO.....2</p>	<p>→362</p>
354	<p>Who did you talk to about these problems?</p> <p>Any other person?</p> <p>RECORD ALL PERSONS TALKED TO.</p>	<p>GOVT. DOCTOR.....A PUBLIC HEALTH NURSE.....B ANM/LHV.....C ANGANWADI WORKER.....D OTHER GOVT. HEALTH WORKER.....E NGO DOCTOR.....F NGO WORKER.....G PRIVATE DOCTOR.....H PRIVATE PARAMEDIC.....I COMPOUNDER/PHARMACIST.....J TRADITIONAL HEALER.....K HUSBAND.....L FRIEND/OTHER RELATIVE.....M</p> <p>OTHER _____ X (SPECIFY)</p>	<p>→362</p>
355	<p>What is the main reason you stopped using family planning?</p>	<p>METHOD FAILED/GOT PREGNANT.....01 LACK OF SEXUAL SATISFACTION.....02 CREATED MENSTRUAL PROBLEM.....03 CREATED HEALTH PROBLEM.....04 INCONVENIENT TO USE.....05 HARD TO GET METHOD.....06 PUT ON WEIGHT.....07 DID NOT LIKE THE METHOD.....08 WANTED TO HAVE A CHILD.....09 WANTED TO REPLACE DEAD CHILD.....10 LACK OF PRIVACY FOR USE.....11 HUSBAND AWAY.....12 COST TOO MUCH.....13</p> <p>OTHER _____ 96 (SPECIFY)</p>	<p>→358</p>

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
356	CHECK 107: CURRENTLY MARRIED <input type="checkbox"/> v SEPARATED DESERTED <input type="checkbox"/> DIVORCED WIDOWED	<input type="checkbox"/>>364	
356A	CHECK 230: NOT PREGNANT OR UNSURE <input type="checkbox"/> v PREGNANT <input type="checkbox"/>	<input type="checkbox"/>>358	
357	What is the main reason you are not using a method of contraception to delay or avoid pregnancy?	HUSBAND AWAY.....11 FERTILITY-RELATED REASONS NOT HAVING SEX.....21 INFREQUENT SEX.....22 MENOPAUSAL/HAD HYSTERECTOMY...23 SUBFECUND/INFECUND.....24 POSTPARTUM/BREASTFEEDING.....25 WANTS MORE CHILDREN.....26 OPPOSITION TO USE OPPOSED TO FAMILY PLANNING...31 HUSBAND OPPOSED.....32 OTHER PEOPLE OPPOSED.....33 AGAINST RELIGION.....34 LACK OF KNOWLEDGE KNOWS NO METHOD.....41 KNOWS NO SOURCE.....42 METHOD-RELATED REASONS HEALTH CONCERNS.....51 WORRY ABOUT SIDE EFFECTS.....52 HARD TO GET METHOD.....53 COSTS TOO MUCH.....54 INCONVENIENT.....55 AFRAID OF STERILIZATION.....56 DON'T LIKE EXISTING METHODS..57 OTHER _____ 96 (SPECIFY) DK.....98	<input type="checkbox"/>>362
358	Do you think you will use a method to delay or avoid pregnancy within the next 12 months?	YES.....1 NO.....2 DK.....8	<input type="checkbox"/>>360
359	Do you think you will use a method to delay or avoid pregnancy at any time in the future?	YES.....1 NO.....2 DK.....8	<input type="checkbox"/>>361
360	Which method would you prefer to use?	PILL.....01 CONDOM/NIRODH.....02 IUD/LOOP.....03 FEMALE STERILIZATION.....04 MALE STERILIZATION.....05 RHYTHM/SAFE PERIOD.....06 WITHDRAWAL.....07 OTHER _____ 96 (SPECIFY) DK/UNSURE.....98	<input type="checkbox"/>>362

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																					
361	<p>What is the main reason that you think you will not use a family planning method at any time in the future?</p>	<p>FERTILITY-RELATED REASONS NOT HAVING SEX.....11 INFREQUENT SEX.....12 MENOPAUSAL/HAD HYSTERECTOMY..13 SUBFECUND/INFECUND.....14 WANTS AS MANY CHILDREN AS POSSIBLE.....15</p> <p>OPPOSITION TO USE OPPOSED TO FAMILY PLANNING...21 HUSBAND OPPOSED.....22 OTHER PEOPLE OPPOSED.....23 AGAINST RELIGION.....24</p> <p>LACK OF KNOWLEDGE KNOWS NO METHOD.....31 KNOWS NO SOURCE.....32</p> <p>METHOD-RELATED REASONS HEALTH CONCERNS.....41 WORRY ABOUT SIDE EFFECTS....42 HARD TO GET METHOD.....43 COSTS TOO MUCH.....44 INCONVENIENT.....45 AFRAID OF STERILIZATION.....46 DON'T LIKE EXISTING METHODS..47</p> <p>OTHER _____ 96 (SPECIFY)</p> <p>DK.....98</p>																						
362	<p>In the last few months, have you discussed the practice of family planning with your husband, friends, neighbours, or relatives?</p>	<p>YES.....1 NO.....2</p>	<p>>364</p>																					
363	<p>With whom?</p> <p>Anyone else?</p> <p>RECORD ALL MENTIONED.</p>	<p>HUSBAND.....A MOTHER.....B SISTER(S).....C DAUGHTER.....D MOTHER-IN-LAW.....E SISTER-IN-LAW.....F FRIEND/NEIGHBOUR.....G</p> <p>OTHER _____ X (SPECIFY)</p>																						
364	<p>In the last few months, have you heard or seen any message about family planning:</p> <p>on radio?</p> <p>on television?</p> <p>in a cinema or film show?</p> <p>in a newspaper or magazine?</p> <p>on a wall painting or hoarding?</p> <p>in a drama, folk dance, or street play?</p>	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>RADIO.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>TELEVISION.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>CINEMA/FILM SHOW.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>NEWSPAPER/MAGAZINE.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>WALL PAINTING/HOARDING... 1</td> <td>2</td> <td></td> </tr> <tr> <td>DRAMA/FOLK DANCE/STREET PLAY.....</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	RADIO.....	1	2	TELEVISION.....	1	2	CINEMA/FILM SHOW.....	1	2	NEWSPAPER/MAGAZINE.....	1	2	WALL PAINTING/HOARDING... 1	2		DRAMA/FOLK DANCE/STREET PLAY.....	1	2	
	YES	NO																						
RADIO.....	1	2																						
TELEVISION.....	1	2																						
CINEMA/FILM SHOW.....	1	2																						
NEWSPAPER/MAGAZINE.....	1	2																						
WALL PAINTING/HOARDING... 1	2																							
DRAMA/FOLK DANCE/STREET PLAY.....	1	2																						

SECTION 4A. ANTENATAL, NATAL, AND POSTNATAL CARE

401	CHECK 224 ONE OR MORE BIRTHS SINCE JAN. 1996 <input type="checkbox"/>	NO BIRTHS SINCE JAN. 1996 <input type="checkbox"/> → (SKIP TO 486)	
402	ENTER THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF LAST TWO BIRTHS SINCE JANUARY 1996 IN THE TABLE. ASK THE QUESTIONS ABOUT THESE TWO BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 2 BIRTHS, RECORD ONLY LAST TWO BIRTHS.) Now I would like to ask you some questions about the health of your children born since January 1996. (We will talk about one child at a time.)		
	LINE NUMBER FROM Q. 212 FROM Q. 212 AND Q. 216	LAST BIRTH <input type="text"/> <input type="text"/>	NEXT-TO-LAST BIRTH <input type="text"/> <input type="text"/>
		NAME _____ ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/>	NAME _____ ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/>
403	At the time you became pregnant with (NAME), did you want to become pregnant <u>then</u> , did you want to wait until <u>later</u> , or did you want <u>no (more)</u> children <u>at all</u> ?	THEN.....1 (SKIP TO 405) <-----	THEN.....1 (SKIP TO 405) <-----
		LATER.....2	LATER.....2
		NO MORE.....3 (SKIP TO 405) <-----	NO MORE.....3 (SKIP TO 405) <-----
404	How much longer would you like to have waited?	MONTHS.....1 <input type="text"/> <input type="text"/> YEARS.....2 <input type="text"/> <input type="text"/> DK.....998	MONTHS.....1 <input type="text"/> <input type="text"/> YEARS.....2 <input type="text"/> <input type="text"/> DK.....998
405	When you were pregnant with (NAME), did you go for an antenatal check-up?	YES.....1 NO.....2 (SKIP TO 407) <-----	YES.....1 NO.....2 (SKIP TO 407) <-----
406	Whom did you see? Anyone else? RECORD ALL PERSONS SEEN.	HEALTH PROFESSIONAL DOCTOR.....A ANM/NURSE/MIDWIFE/LHV...B OTHER HEALTH PROFSSNL...C TRADITIONAL BIRTH ATTENDANT (DAI).....D OTHER _____ X (SPECIFY)	HEALTH PROFESSIONAL DOCTOR.....A ANM/NURSE/MIDWIFE/LHV...B OTHER HEALTH PROFSSNL...C TRADITIONAL BIRTH ATTENDANT (DAI).....D OTHER _____ X (SPECIFY)
407	When you were pregnant with (NAME), did any health worker visit you at home for an antenatal check-up?	YES.....1 NO.....2	YES.....1 NO.....2
408	CHECK 405 AND 407:	YES IN EITHER <input type="checkbox"/> NO IN BOTH <input type="checkbox"/> (SKIP TO 413)	YES IN EITHER <input type="checkbox"/> NO IN BOTH <input type="checkbox"/> (SKIP TO 413)

	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
409	How many months pregnant were you when you first received an antenatal check-up? MONTHS..... <input type="text"/> <input type="text"/>	MONTHS..... <input type="text"/> <input type="text"/>
410	How many times did you receive antenatal check-ups during this pregnancy? NO. OF TIMES..... <input type="text"/> <input type="text"/>	NO. OF TIMES..... <input type="text"/> <input type="text"/>
411	Did you have the following performed at least once during any of your antenatal check-ups for this pregnancy:	
	YES NO	YES NO
Weight measured?	WEIGHT..... 1 2	WEIGHT..... 1 2
Height measured?	HEIGHT..... 1 2	HEIGHT..... 1 2
Blood pressure checked?	BLOOD PRESSURE... 1 2	BLOOD PRESSURE... 1 2
Blood test?	BLOOD TEST..... 1 2	BLOOD TEST..... 1 2
Urine test?	URINE TEST..... 1 2	URINE TEST..... 1 2
Abdomen examined?	ABDOMEN EXAMINED.. 1 2	ABDOMEN EXAMINED.. 1 2
Internal exam?	INTERNAL EXAM.... 1 2	INTERNAL EXAM.... 1 2
X-ray?	X-RAY..... 1 2	X-RAY..... 1 2
Sonogram or ultrasound?	SONOGRAM/ULTRAS... 1 2	SONOGRAM/ULTRAS... 1 2
Amniocentesis?	AMNIOCENTESIS.... 1 2	AMNIOCENTESIS.... 1 2
412	Did you receive advice on any of the following during at least one of your antenatal check-ups for this pregnancy:	
	YES NO	YES NO
Diet?	DIET..... 1 2	DIET..... 1 2
Danger signs of pregnancy?	DANGER SIGNS..... 1 2	DANGER SIGNS..... 1 2
Delivery care?	DELIVERY CARE..... 1 2	DELIVERY CARE..... 1 2
Newborn care?	NEWBORN CARE..... 1 2	NEWBORN CARE..... 1 2
Family planning?	FAMILY PLANNING... 1 <input type="text"/> 2 <input type="text"/> (SKIP TO 414) <	FAMILY PLANNING... 1 <input type="text"/> 2 <input type="text"/> (SKIP TO 414) <
413	What is the main reason you did not receive an antenatal check-up?	
	NOT NECESSARY.....01 NOT CUSTOMARY.....02 COST TOO MUCH.....03 TOO FAR/NO TRANSPORT...04 POOR QUALITY SERVICE...05 NO TIME TO GO.....06 FAMILY DID NOT ALLOW...07 LACK OF KNOWLEDGE.....08 NO HEALTH WORKER VISITED.....09 OTHER _____ 96 (SPECIFY)	NOT NECESSARY.....01 NOT CUSTOMARY.....02 COST TOO MUCH.....03 TOO FAR/NO TRANSPORT...04 POOR QUALITY SERVICE...05 NO TIME TO GO.....06 FAMILY DID NOT ALLOW...07 LACK OF KNOWLEDGE.....08 NO HEALTH WORKER VISITED.....09 OTHER _____ 96 (SPECIFY)

	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	
414	<p>When you were pregnant with (NAME), did you experience any of the following problems at any time:</p> <p>Night blindness? (USE LOCAL TERM)</p> <p>Blurred vision?</p> <p>Convulsions not from fever?</p> <p>Swelling of the legs, body, or face?</p> <p>Excessive fatigue?</p> <p>Anaemia?</p> <p>Any vaginal bleeding?</p>	<p>YES NO</p> <p>NIGHT BLINDNESS.... 1 2</p> <p>BLURRED VISION..... 1 2</p> <p>CONVULSIONS..... 1 2</p> <p>SWELLING..... 1 2</p> <p>EXCESSIVE FATIGUE.. 1 2</p> <p>ANAEMIA..... 1 2</p> <p>VAGINAL BLEEDING... 1 2</p>	<p>YES NO</p> <p>NIGHT BLINDNESS.... 1 2</p> <p>BLURRED VISION..... 1 2</p> <p>CONVULSIONS..... 1 2</p> <p>SWELLING..... 1 2</p> <p>EXCESSIVE FATIGUE.. 1 2</p> <p>ANAEMIA..... 1 2</p> <p>VAGINAL BLEEDING... 1 2</p>
415	<p>When you were pregnant with (NAME), were you given any iron folic tablets or syrup?</p>	<p>YES.....1</p> <p>NO.....2</p> <p>(SKIP TO 418) <-----></p>	<p>YES.....1</p> <p>NO.....2</p> <p>(SKIP TO 418) <-----></p>
416	<p>Did you receive enough iron folic tablets or syrup to last about three months or longer?</p>	<p>YES.....1</p> <p>NO.....2</p> <p>DK.....8</p>	<p>YES.....1</p> <p>NO.....2</p> <p>DK.....8</p>
417	<p>Did you consume all the iron folic tablets or syrup you were given ?</p>	<p>YES.....1</p> <p>NO.....2</p>	<p>YES.....1</p> <p>NO.....2</p>
418	<p>When you were pregnant with (NAME), were you given an injection in the arm to prevent you and the baby from getting tetanus (USE LOCAL TERM FOR TETANUS)?</p>	<p>YES.....1</p> <p>NO.....2</p> <p>DK.....8</p> <p>(SKIP TO 420) <-----></p>	<p>YES.....1</p> <p>NO.....2</p> <p>DK.....8</p> <p>(SKIP TO 420) <-----></p>
419	<p>During this pregnancy, how many times did you get this injection?</p>	<p>TIMES..... <input type="text"/></p> <p>DK.....8</p>	<p>TIMES..... <input type="text"/></p> <p>DK.....8</p>

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
420	Where did you give birth to (NAME)?	HOME YOUR HOME.....11 PARENTS' HOME.....12 OTHER HOME.....13 PUBLIC MEDICAL SECTOR GOVT./MUNICIPAL HOSP...21- GOVT. DISPENSARY.....22 UHC/UHP/UFWC.....23 CHC/RURAL HOSP./PHC...24 SUB-CENTRE.....25 OTHER PUBLIC SECTOR HEALTH FACILITY.....26 NGO/TRUST HOSP./CLINIC..31 PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC/ MATERNITY HOME.....41 OTHER PRIVATE SECTOR HEALTH FACILITY.....42 OTHER _____ 96- (SPECIFY) (SKIP TO 422) <_____	HOME YOUR HOME.....11 PARENTS' HOME.....12 OTHER HOME.....13 PUBLIC MEDICAL SECTOR GOVT./MUNICIPAL HOSP...21- GOVT. DISPENSARY.....22 UHC/UHP/UFWC.....23 CHC/RURAL HOSP./PHC...24 SUB-CENTRE.....25 OTHER PUBLIC SECTOR HEALTH FACILITY.....26 NGO/TRUST HOSP./CLINIC..31 PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC/ MATERNITY HOME.....41 OTHER PRIVATE SECTOR HEALTH FACILITY.....42 OTHER _____ 96- (SPECIFY) (SKIP TO 422) <_____
421	What is the main reason you did not go to a health facility for delivery?	NOT NECESSARY.....01 NOT CUSTOMARY.....02 COST TOO MUCH.....03 TOO FAR/NO TRANSPORT...04 POOR QUALITY SERVICE...05 NO TIME TO GO.....06 FAMILY DID NOT ALLOW...07 BETTER CARE AT HOME...08 LACK OF KNOWLEDGE.....09 OTHER _____ 96 (SPECIFY)	NOT NECESSARY.....01 NOT CUSTOMARY.....02 COST TOO MUCH.....03 TOO FAR/NO TRANSPORT...04 POOR QUALITY SERVICE...05 NO TIME TO GO.....06 FAMILY DID NOT ALLOW...07 BETTER CARE AT HOME...08 LACK OF KNOWLEDGE.....09 OTHER _____ 96 (SPECIFY)
422	Who assisted with the delivery of (NAME)? Anyone else? PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS WHO ASSISTED.	HEALTH PROFESSIONAL DOCTOR.....A ANM/NURSE/MIDWIFE/LHV...B OTHER HEALTH PROFESSNL..C OTHER PERSON DAI (TBA).....D FRIEND/RELATIVE.....E OTHER _____ X (SPECIFY) NO ONE.....Y	HEALTH PROFESSIONAL DOCTOR.....A ANM/NURSE/MIDWIFE/LHV...B OTHER HEALTH PROFESSNL..C OTHER PERSON DAI (TBA).....D FRIEND/RELATIVE.....E OTHER _____ X (SPECIFY) NO ONE.....Y
423	CHECK 422:	ANY <input type="checkbox"/> NO <input type="checkbox"/> CODE v CODE A, B, (SKIP TO A, B, OR C 425) OR C	ANY <input type="checkbox"/> NO <input type="checkbox"/> CODE v CODE A, B, (SKIP TO A, B, OR C 425) OR C
424	What is the main reason you did not take the help of a health professional?	NOT NECESSARY.....01- NOT CUSTOMARY.....02 COST TOO MUCH.....03 TOO FAR/NO TRANSPORT...04 PROFES. NOT AVAI'BLE...05 NO CONFIDENCE IN AVAILABLE PROFESSIONAL..06 NO TIME TO GET HELP...07 FAMILY DID NOT ALLOW...08 OTHER _____ 96- (SPECIFY) (SKIP TO 426) <_____	NOT NECESSARY.....01 NOT CUSTOMARY.....02 COST TOO MUCH.....03 TOO FAR/NO TRANSPORT...04 PROFES. NOT AVAI'BLE...05 NO CONFIDENCE IN AVAILABLE PROFESSIONAL..06 NO TIME TO GET HELP...07 FAMILY DID NOT ALLOW...08 OTHER _____ 96- (SPECIFY) (SKIP TO 426) <_____

	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
425	Was (NAME) delivered by caesarian section? YES.....1 NO.....2	YES.....1 NO.....2
426	When (NAME) was born, was he/she: large, average, small, or very small? LARGE.....1 AVERAGE.....2 SMALL.....3 VERY SMALL.....4	LARGE.....1 AVERAGE.....2 SMALL.....3 VERY SMALL.....4
427	Was (NAME) weighed at birth? YES.....1 NO.....2 (SKIP TO 429) <----->	YES.....1 NO.....2 (SKIP TO 429) <----->
428	How much did (NAME) weigh? GRAMS..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DK.....9998	GRAMS..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DK.....9998
429	Now I would like to ask you about the 2-month period after the delivery of (NAME). During that period, did a doctor or other health professional check your health or the health of your baby? YES.....1 NO.....2 (SKIP TO 433) <----->	YES.....1 NO.....2 (SKIP TO 433) <----->
430	How soon after the birth of (NAME) did you first get a check-up? DAYS.....1 <input type="text"/> <input type="text"/> WEEKS.....2 <input type="text"/> <input type="text"/>	DAYS.....1 <input type="text"/> <input type="text"/> WEEKS.....2 <input type="text"/> <input type="text"/>
431	Where did you get the check-up? HOME VISIT.....11 PUBLIC MEDICAL SECTOR GOVT./MUNICIPAL HOSP....21 GOVT. DISPENSARY.....22 UHC/UHP/UFWC.....23 CHC/RURAL HOSP./PHC....24 SUB-CENTRE.....25 OTHER PUBLIC SECTOR HEALTH FACILITY.....26 NGO/TRUST HOSP./CLINIC...31 PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC/ MATERNITY HOME.....41 OTHER PRIVATE SECTOR HEALTH FACILITY.....42 OTHER _____ 96 (SPECIFY)	HOME VISIT.....11 PUBLIC MEDICAL SECTOR GOVT./MUNICIPAL HOSP....21 GOVT. DISPENSARY.....22 UHC/UHP/UFWC.....23 CHC/RURAL HOSP./PHC....24 SUB-CENTRE.....25 OTHER PUBLIC SECTOR HEALTH FACILITY.....26 NGO/TRUST HOSP./CLINIC...31 PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC/ MATERNITY HOME.....41 OTHER PRIVATE SECTOR HEALTH FACILITY.....42 OTHER _____ 96 (SPECIFY)

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
432	<p>Did any of the following happen when you had the check-up:</p> <p>Was your abdomen examined?</p> <p>Did you receive advice on family planning?</p> <p>Did you receive advice on breastfeeding?</p> <p>Did you receive advice on baby care?</p>	<p>YES NO</p> <p>ABDOMEN EXAMINED... 1 2</p> <p>FAMILY PLANNING.... 1 2</p> <p>BREASTFEEDING..... 1 2</p> <p>BABY CARE..... 1 2</p>	<p>YES NO</p> <p>ABDOMEN EXAMINED... 1 2</p> <p>FAMILY PLANNING.... 1 2</p> <p>BREASTFEEDING..... 1 2</p> <p>BABY CARE..... 1 2</p>
433	<p>At any time during the two months after the delivery of (NAME), did you have any of the following:</p> <p>Massive vaginal bleeding?</p> <p>Very high fever?</p>	<p>YES NO</p> <p>VAGINAL BLEEDING... 1 2</p> <p>VERY HIGH FEVER.... 1 2</p>	<p>YES NO</p> <p>VAGINAL BLEEDING... 1 2</p> <p>VERY HIGH FEVER.... 1 2</p>
434	<p>Has your period returned since the birth of (NAME)?</p>	<p>YES1 (SKIP TO 436) <-----</p> <p>NO.....2 (SKIP TO 437) <-----</p>	
435	<p>Did your period return between the birth of (NAME) and your next pregnancy?</p>		<p>YES1</p> <p>NO.....2 (SKIP TO 439) <-----</p>
436	<p>For how many months after the birth of (NAME) did you not have a period?</p>	<p>MONTHS..... <input type="text"/> <input type="text"/></p> <p>DK.....98</p>	<p>MONTHS..... <input type="text"/> <input type="text"/></p> <p>DK.....98</p>
437	<p>CHECK 230: RESPONDENT PREGNANT?</p>	<p>NOT PREGNANT <input type="checkbox"/> OR PREGNANT <input type="checkbox"/></p> <p>OR UNSURE <input type="checkbox"/></p> <p>Q230 v (SKIP TO 439)</p> <p>NOT ASKED</p>	
438	<p>Have you resumed sexual relations since the birth of (NAME)?</p>	<p>YES.....1</p> <p>NO.....2 (SKIP TO 440) <-----</p>	

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
439	For how many months after the birth of (NAME) did you not have sexual relations?	MONTHS..... <input type="text"/> <input type="text"/> DK.....98	MONTHS..... <input type="text"/> <input type="text"/> DK.....98
440	Did you ever breastfeed (NAME)?	YES.....1 (SKIP TO 442) < <input type="text"/> NO.....2	YES.....1 (SKIP TO 442) < <input type="text"/> NO.....2
441	Why did you not breastfeed (NAME)?	MOTHER ILL/WEAK.....01 CHILD ILL/WEAK.....02 CHILD DIED.....03 NIPPLE/BREAST PROBLEM...04 INSUFFICIENT MILK.....05 MOTHER WORKING.....06 CHILD REFUSED.....07 OTHER _____ 96 (SPECIFY) (SKIP TO 448) < <input type="text"/>	MOTHER ILL/WEAK.....01 CHILD ILL/WEAK.....02 CHILD DIED.....03 NIPPLE/BREAST PROBLEM...04 INSUFFICIENT MILK.....05 MOTHER WORKING.....06 CHILD REFUSED.....07 OTHER _____ 96 (SPECIFY) (SKIP TO 448) < <input type="text"/>
442	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 <input type="text"/> <input type="text"/> DAYS.....2 <input type="text"/> <input type="text"/>	IMMEDIATELY.....000 HOURS.....1 <input type="text"/> <input type="text"/> DAYS.....2 <input type="text"/> <input type="text"/>
443	Did you squeeze out the milk from the breast before you first put (NAME) to the breast?	YES.....1 NO.....2	YES.....1 NO.....2
444	CHECK 216: CHILD ALIVE?	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> v (SKIP TO 446)	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> v (SKIP TO 446)
445	Are you still breastfeeding (NAME)?	YES.....1 (SKIP TO 449) < <input type="text"/> NO.....2	YES.....1 (SKIP TO 449) < <input type="text"/> NO.....2
446	For how many months did you breastfeed (NAME)?	MONTHS..... <input type="text"/> <input type="text"/> UNTIL DIED.....96 (SKIP TO 452) < <input type="text"/>	MONTHS..... <input type="text"/> <input type="text"/> UNTIL DIED.....96 (SKIP TO 452) < <input type="text"/>
447	Why did you stop breastfeeding (NAME)?	MOTHER ILL/WEAK.....01 CHILD ILL/WEAK.....02 CHILD DIED.....03 NIPPLE/BREAST PROBLEM...04 INSUFFICIENT MILK.....05 MOTHER WORKING.....06 CHILD REFUSED.....07 WEANING AGE.....08 BECAME PREGNANT.....09 STARTED USING CONTRACEPTION.....10 OTHER _____ 96 (SPECIFY)	MOTHER ILL/WEAK.....01 CHILD ILL/WEAK.....02 CHILD DIED.....03 NIPPLE/BREAST PROBLEM...04 INSUFFICIENT MILK.....05 MOTHER WORKING.....06 CHILD REFUSED.....07 WEANING AGE.....08 BECAME PREGNANT.....09 STARTED USING CONTRACEPTION.....10 OTHER _____ 96 (SPECIFY)

		LAST BIRTH	NEXT-TO-LAST BIRTH
		NAME _____	NAME _____
448	CHECK 216: CHILD ALIVE?	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> v (SKIP TO 452)	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> v (SKIP TO 452)
449	Did (NAME) drink anything from a bottle with a nipple yesterday or last night?	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8
450	At any time yesterday or last night, was (NAME) given any of the following:	YES NO DK	YES NO DK
	Plain water?	PLAIN WATER..... 1 2 8	PLAIN WATER..... 1 2 8
	Powdered milk?	POWDERED MILK.... 1 2 8	POWDERED MILK.... 1 2 8
	Any other milk (other than breast milk)?	OTHER MILK..... 1 2 8	OTHER MILK..... 1 2 8
	Any other liquid?	ANY OTHER LIQUID. 1 2 8	ANY OTHER LIQUID. 1 2 8
	Green, leafy vegetables?	GREEN/LEAFY VEG.. 1 2 8	GREEN/LEAFY VEG.. 1 2 8
	Fruits?	FRUITS..... 1 2 8	FRUITS..... 1 2 8
	Any other solid or mushy food?	SOLID/MUSHY FOOD. 1 2 8	SOLID/MUSHY FOOD. 1 2 8
451	How often during the last seven days was (NAME) given any of the following:	1 = EVERY DAY 2 = SOME DAYS 3 = NOT AT ALL 8 = DK	1 = EVERY DAY 2 = SOME DAYS 3 = NOT AT ALL 8 = DK
	Plain water?	PLAIN WATER..... <input type="checkbox"/>	PLAIN WATER..... <input type="checkbox"/>
	Powdered milk?	POWDERED MILK..... <input type="checkbox"/>	POWDERED MILK..... <input type="checkbox"/>
	Any other milk (other than breast milk)?	OTHER MILK..... <input type="checkbox"/>	OTHER MILK..... <input type="checkbox"/>
	Any other liquid?	OTHER LIQUID..... <input type="checkbox"/>	OTHER LIQUID..... <input type="checkbox"/>
	Green, leafy vegetables?	GREEN/LEAFY VEG..... <input type="checkbox"/>	GREEN/LEAFY VEG..... <input type="checkbox"/>
	Fruits?	FRUITS..... <input type="checkbox"/>	FRUITS..... <input type="checkbox"/>
	Any other solid or mushy food?	SOLID/MUSHY FOOD..... <input type="checkbox"/>	SOLID/MUSHY FOOD..... <input type="checkbox"/>
452	—————>	GO BACK TO 403 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 453	GO TO 453

SECTION 4B. IMMUNIZATION AND HEALTH

453	ENTER THE LINE NUMBER AND NAME OF LAST TWO BIRTHS SINCE JANUARY 1996 IN THE TABLE. ASK THE QUESTIONS ABOUT THESE TWO BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 2 BIRTHS, RECORD ONLY LAST TWO BIRTHS.)		
	LINE NUMBER FROM Q. 212 FROM Q. 212 AND Q. 216	LAST BIRTH NAME _____ ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> (GO TO NEXT COLUMN, OR IF NO MORE BIRTHS, GO TO 481)	NEXT-TO-LAST BIRTH NAME _____ ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> (GO TO 481)
454	Do you have a card where (NAME'S) vaccinations are written down? IF YES: May I see it, please?	YES, SEEN.....1 (SKIP TO 456) <----- YES, NOT SEEN.....2 (SKIP TO 458) <----- NO CARD.....3	YES, SEEN.....1 (SKIP TO 456) <----- YES, NOT SEEN.....2 (SKIP TO 458) <----- NO CARD.....3
455	Did you ever have a vaccination card for (NAME)?	YES.....1 (SKIP TO 458) <----- NO.....2	YES.....1 (SKIP TO 458) <----- NO.....2
456	(1) COPY VACCINATION DATES FOR EACH VACCINE FROM THE CARD. (2) WRITE '44' IN 'DAY' COLUMN IF CARD SHOWS THAT A VACCINATION WAS GIVEN, BUT NO DATE IS RECORDED.	DAY MO YEAR BCG P0 D1 D2 D3 P1 P2 P3 MEA	DAY MO YEAR BCG P0 D1 D2 D3 P1 P2 P3 MEA
457	Has (NAME) received any vacci- nations that are not recorded on this card? RECORD 'YES' ONLY IF RESPONDENT MENTIONS BCG, DPT 1-3, POLIO 0-3 AND/OR MEASLES VACCINE(S).	YES.....1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 456) <----- (SKIP TO 460) <----- NO.....2 DK.....8 (SKIP TO 460) <-----	YES.....1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 456) <----- (SKIP TO 460) <----- NO.....2 DK.....8 (SKIP TO 460) <-----

		LAST BIRTH	NEXT-TO-LAST BIRTH
		NAME _____	NAME _____
458	Did (NAME) ever receive any vaccinations to prevent him/her from getting diseases?	YES.....1 NO.....2 (SKIP TO 462) <----- DK.....8	YES.....1 NO.....2 (SKIP TO 462) <----- DK.....8
459	Please tell me if (NAME) has received any of the following vaccinations:		
459A	A BCG vaccination against tuberculosis, that is, an injection in the left shoulder that caused a scar?	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8
459B	A DPT vaccination against diphtheria, whooping cough, and tetanus given as an injection?	YES.....1 NO.....2 (SKIP TO 459D) <----- DK.....8	YES.....1 NO.....2 (SKIP TO 459D) <----- DK.....8
459C	How many times?	NUMBER OF TIMES..... <input type="checkbox"/>	NUMBER OF TIMES..... <input type="checkbox"/>
459D	Polio vaccine, that is, drops in the mouth?	YES.....1 NO.....2 (SKIP TO 459G) <----- DK.....8	YES.....1 NO.....2 (SKIP TO 459G) <----- DK.....8
459E	How many times?	NUMBER OF TIMES..... <input type="checkbox"/>	NUMBER OF TIMES..... <input type="checkbox"/>
459F	When was the first polio vaccine given -- just after birth or later?	JUST AFTER BIRTH.....1 LATER.....2	JUST AFTER BIRTH.....1 LATER.....2
459G	An injection against measles?	YES.....1 NO.....2 DK.....8 (SKIP TO 461) <-----	YES.....1 NO.....2 DK.....8 (SKIP TO 461) <-----
460	CHECK 456: ANY VACCINATIONS RECEIVED?	YES <input type="checkbox"/> NO <input type="checkbox"/> v (SKIP TO 462)	YES <input type="checkbox"/> NO <input type="checkbox"/> v (SKIP TO 462)

	LAST BIRTH	NEXT-TO-LAST BIRTH
	NAME _____	NAME _____
461	PUBLIC MEDICAL SECTOR GOVT./MUNICIPAL HOSP....11 GOVT. DISPENSARY.....12 UHC/UHP/UFWC.....13 CHC/RURAL HOSP./PHC....14 SUB-CENTRE.....15 GOVT. MOBILE CLINIC....16 CAMP.....17 PULSE POLIO LOCATION...18 OTHER PUBLIC SECTOR HEALTH FACILITY.....19 NGO/TRUST HOSP./CLINIC...21 PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC...31 PVT. DOCTOR.....32 PVT. MOBILE CLINIC.....33 VAIDYA/HAKIM/HOMEOPATH.34 PHARMACY/DRUGSTORE.....35 OTHER PRIVATE SECTOR HEALTH FACILITY.....36 OTHER _____ 96 (SPECIFY)	PUBLIC MEDICAL SECTOR GOVT./MUNICIPAL HOSP....11 GOVT. DISPENSARY.....12 UHC/UHP/UFWC.....13 CHC/RURAL HOSP./PHC....14 SUB-CENTRE.....15 GOVT. MOBILE CLINIC....16 CAMP.....17 PULSE POLIO LOCATION...18 OTHER PUBLIC SECTOR HEALTH FACILITY.....19 NGO/TRUST HOSP./CLINIC...21 PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC...31 PVT. DOCTOR.....32 PVT. MOBILE CLINIC.....33 VAIDYA/HAKIM/HOMEOPATH.34 PHARMACY/DRUGSTORE.....35 OTHER PRIVATE SECTOR HEALTH FACILITY.....36 OTHER _____ 96 (SPECIFY)
462	Where did (NAME) receive most of his/her vaccinations?	Where did (NAME) receive most of his/her vaccinations?
463	Was a dose of vitamin A liquid or capsule ever given to (NAME) to protect him/her from night blindness (USE LOCAL TERM)? YES.....1 NO.....2 (SKIP TO 464) <-----> DK.....8	Was a dose of vitamin A liquid or capsule ever given to (NAME) to protect him/her from night blindness (USE LOCAL TERM)? YES.....1 NO.....2 (SKIP TO 464) <-----> DK.....8
464	How many months ago did (NAME) receive the last dose of Vitamin A? MONTHS AGO..... <input type="text"/> <input type="text"/>	How many months ago did (NAME) receive the last dose of Vitamin A? MONTHS AGO..... <input type="text"/> <input type="text"/>
465	Has (NAME) been ill with a fever at any time in the last 2 weeks? YES.....1 NO.....2 (SKIP TO 469) <-----> DK.....8	Has (NAME) been ill with a fever at any time in the last 2 weeks? YES.....1 NO.....2 (SKIP TO 469) <-----> DK.....8
466	Has (NAME) been ill with a cough at any time in the last 2 weeks? YES.....1 NO.....2 (SKIP TO 469) <-----> DK.....8	Has (NAME) been ill with a cough at any time in the last 2 weeks? YES.....1 NO.....2 (SKIP TO 469) <-----> DK.....8
467	When (NAME) was ill with a cough, did he/she breathe faster than usual with short, rapid breaths? YES.....1 NO.....2 (SKIP TO 469) <-----> DK.....8	When (NAME) was ill with a cough, did he/she breathe faster than usual with short, rapid breaths? YES.....1 NO.....2 (SKIP TO 469) <-----> DK.....8
468	Did you seek advice or treatment for the cough? YES.....1 NO.....2 (SKIP TO 469) <----->	Did you seek advice or treatment for the cough? YES.....1 NO.....2 (SKIP TO 469) <----->

	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
468	PUBLIC MEDICAL SECTOR GOVT./MUNICIPAL HOSP.....A GOVT. DISPENSARY.....B UHC/UHP/UFWC.....C CHC/RURAL HOSP./PHC.....D SUB-CENTRE.....E GOVT. MOBILE CLINIC.....F GOVT. PARAMEDIC.....G CAMP.....H OTHER PUBLIC SECTOR HEALTH FACILITY.....I NGO/TRUST HOSP./CLINIC...J NGO WORKER.....K PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC....L PVT. DOCTOR.....M PVT. MOBILE CLINIC.....N PVT. PARAMEDIC.....O VAIDYA/HAKIM/HOMEOPATH...P TRADITIONAL HEALER.....Q PHARMACY/DRUGSTORE.....R OTHER PRIVATE SECTOR HEALTH FACILITY.....S OTHER SOURCE SHOP.....T FRIEND/RELATIVE.....U OTHER _____X (SPECIFY)	PUBLIC MEDICAL SECTOR GOVT./MUNICIPAL HOSP.....A GOVT. DISPENSARY.....B UHC/UHP/UFWC.....C CHC/RURAL HOSP./PHC.....D SUB-CENTRE.....E GOVT. MOBILE CLINIC.....F GOVT. PARAMEDIC.....G CAMP.....H OTHER PUBLIC SECTOR HEALTH FACILITY.....I NGO/TRUST HOSP./CLINIC...J NGO WORKER.....K PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC....L PVT. DOCTOR.....M PVT. MOBILE CLINIC.....N PVT. PARAMEDIC.....O VAIDYA/HAKIM/HOMEOPATH...P TRADITIONAL HEALER.....Q PHARMACY/DRUGSTORE.....R OTHER PRIVATE SECTOR HEALTH FACILITY.....S OTHER SOURCE SHOP.....T FRIEND/RELATIVE.....U OTHER _____X (SPECIFY)
469	YES.....1 NO.....2 (SKIP TO 480) <----- DK.....8	YES.....1 NO.....2 (SKIP TO 480) <----- DK.....8
470	YES.....1 NO.....2	YES.....1 NO.....2
471	SAME.....1 MORE.....2 LESS.....3 DK.....8	SAME.....1 MORE.....2 LESS.....3 DK.....8
472	SAME.....1 MORE.....2 LESS.....3 STOPPED COMPLETELY.....4 DK.....8	SAME.....1 MORE.....2 LESS.....3 STOPPED COMPLETELY.....4 DK.....8
473	YES.....1 NO.....2 (SKIP TO 475) <-----	YES.....1 NO.....2 (SKIP TO 475) <-----

		LAST BIRTH	NEXT-TO-LAST BIRTH
		NAME _____	NAME _____
474	<p>Where did you seek advice or treatment?</p> <p>Anywhere else?</p> <p>RECORD ALL MENTIONED.</p>	<p>PUBLIC MEDICAL SECTOR</p> <p>GOVT./MUNICIPAL HOSP.....A</p> <p>GOVT. DISPENSARY.....B</p> <p>UHC/UHP/UFWC.....C</p> <p>CHC/RURAL HOSP./PHC.....D</p> <p>SUB-CENTRE.....E</p> <p>GOVT. MOBILE CLINIC.....F</p> <p>GOVT. PARAMEDIC.....G</p> <p>CAMP.....H</p> <p>OTHER PUBLIC SECTOR HEALTH FACILITY.....I</p> <p>NGO/TRUST HOSP./CLINIC...J</p> <p>NGO WORKER.....K</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PVT. HOSPITAL/CLINIC....L</p> <p>PVT. DOCTOR.....M</p> <p>PVT. MOBILE CLINIC.....N</p> <p>PVT. PARAMEDIC.....O</p> <p>VAIDYA/HAKIM/HOMEOPATH...P</p> <p>TRADITIONAL HEALER.....Q</p> <p>PHARMACY/DRUGSTORE.....R</p> <p>OTHER PRIVATE SECTOR HEALTH FACILITY.....S</p> <p>OTHER SOURCE</p> <p>SHOP.....T</p> <p>FRIEND/RELATIVE.....U</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	<p>PUBLIC MEDICAL SECTOR</p> <p>GOVT./MUNICIPAL HOSP.....A</p> <p>GOVT. DISPENSARY.....B</p> <p>UHC/UHP/UFWC.....C</p> <p>CHC/RURAL HOSP./PHC.....D</p> <p>SUB-CENTRE.....E</p> <p>GOVT. MOBILE CLINIC.....F</p> <p>GOVT. PARAMEDIC.....G</p> <p>CAMP.....H</p> <p>OTHER PUBLIC SECTOR HEALTH FACILITY.....I</p> <p>NGO/TRUST HOSP./CLINIC...J</p> <p>NGO WORKER.....K</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PVT. HOSPITAL/CLINIC....L</p> <p>PVT. DOCTOR.....M</p> <p>PVT. MOBILE CLINIC.....N</p> <p>PVT. PARAMEDIC.....O</p> <p>VAIDYA/HAKIM/HOMEOPATH...P</p> <p>TRADITIONAL HEALER.....Q</p> <p>PHARMACY/DRUGSTORE.....R</p> <p>OTHER PRIVATE SECTOR HEALTH FACILITY.....S</p> <p>OTHER SOURCE</p> <p>SHOP.....T</p> <p>FRIEND/RELATIVE.....U</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>
475	<p>When (NAME) had diarrhoea, was he/she given any of the following to drink:</p> <p>A fluid made from a special packet called [LOCAL NAME]?</p> <p>Gruel made from rice [OR OTHER LOCAL GRAIN, TUBER, OR PLANTAIN]?</p>	<p>YES NO DK</p> <p>FLUID FROM ORS PACKET..... 1 2 8</p> <p>GRUEL..... 1 2 8</p>	<p>YES NO DK</p> <p>FLUID FROM ORS PACKET..... 1 2 8</p> <p>GRUEL..... 1 2 8</p>
476	<p>CHECK 475:</p> <p>FLUID FROM ORS PACKET GIVEN?</p>	<p>YES <input type="checkbox"/> NO OR DK <input type="checkbox"/></p> <p>(SKIP TO 478)</p>	<p>YES <input type="checkbox"/> NO OR DK <input type="checkbox"/></p> <p>(SKIP TO 478)</p>

	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
477	<p>Where did you obtain the ORS packet?</p> <p>PUBLIC MEDICAL SECTOR GOVT./MUNICIPAL HOSP....11 GOVT. DISPENSARY.....12 UHC/UHP/UFWC.....13 CHC/RURAL HOSP./PHC....14 SUB-CENTRE.....15 GOVT. MOBILE CLINIC....16 GOVT. PARAMEDIC.....17 OTHER PUBLIC SECTOR HEALTH FACILITY.....18</p> <p>NGO/TRUST HOSP./CLINIC...21 NGO WORKER.....22</p> <p>PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC....31 PVT. DOCTOR.....32 PVT. MOBILE CLINIC.....33 PVT. PARAMEDIC.....35 VAIDYA/HAKIM/HOMEOPATH..34 PHARMACY/DRUGSTORE.....36 DAI (TBA).....37 OTHER PRIVATE SECTOR HEALTH FACILITY.....38</p> <p>OTHER SOURCE SHOP.....41 HUSBAND.....42 FRIEND/OTHER RELATIVE...43</p> <p>OTHER _____ 96 (SPECIFY)</p>	<p>PUBLIC MEDICAL SECTOR GOVT./MUNICIPAL HOSP....11 GOVT. DISPENSARY.....12 UHC/UHP/UFWC.....13 CHC/RURAL HOSP./PHC....14 SUB-CENTRE.....15 GOVT. MOBILE CLINIC....16 GOVT. PARAMEDIC.....17 OTHER PUBLIC SECTOR HEALTH FACILITY.....18</p> <p>NGO/TRUST HOSP./CLINIC...21 NGO WORKER.....22</p> <p>PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC....31 PVT. DOCTOR.....32 PVT. MOBILE CLINIC.....33 PVT. PARAMEDIC.....35 VAIDYA/HAKIM/HOMEOPATH..34 PHARMACY/DRUGSTORE.....36 DAI (TBA).....37 OTHER PRIVATE SECTOR HEALTH FACILITY.....38</p> <p>OTHER SOURCE SHOP.....41 HUSBAND.....42 FRIEND/OTHER RELATIVE...43</p> <p>OTHER _____ 96 (SPECIFY)</p>
478	<p>Was anything (else) given to treat the diarrhoea?</p> <p>YES.....1 NO.....2 (SKIP TO 480) < _____ DK.....8</p>	<p>YES.....1 NO.....2 (SKIP TO 480) < _____ DK.....8</p>
479	<p>What was given to treat the diarrhoea?</p> <p>Anything else?</p> <p>RECORD ALL MENTIONED.</p> <p>PILL OR SYRUP.....A INJECTION.....B INTRAVENOUS (I.V./DRIP/ BOTTLE).....C HOMEMADE SUGAR-SALT- WATER SOLUTION.....D HOME REMEDY/ HERBAL MEDICINE.....E</p> <p>OTHER _____ X (SPECIFY)</p>	<p>PILL OR SYRUP.....A INJECTION.....B INTRAVENOUS (I.V./DRIP/ BOTTLE).....C HOMEMADE SUGAR-SALT- WATER SOLUTION.....D HOME REMEDY/ HERBAL MEDICINE.....E</p> <p>OTHER _____ X (SPECIFY)</p>
480	<p>_____ ></p> <p>GO BACK TO 454 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 481</p>	<p>GO TO 481</p>

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
481	<p>CHECK 475 ALL COLUMNS:</p> <p>ORS FLUID FROM PACKET <input type="checkbox"/> _____</p> <p>GIVEN TO ANY CHILD ORS FLUID FROM PACKET NOT GIVEN TO ANY CHILD OR 475 NOT ASKED <input type="checkbox"/></p>		483
482	<p>Have you ever heard of a special product called [LOCAL TERM FOR ORS] you can get for the treatment of diarrhoea?</p> <p>IF SHE NEVER HEARD OF ORS, SHOW GOVERNMENT AND COMMERCIAL ORS PACKETS AND ASK:</p> <p>Have you ever seen a packet like one of these before?</p>	<p>YES, WITHOUT SHOWING PACKETS....1</p> <p>YES, AFTER SHOWING PACKETS.....2</p> <p>NO.....3</p>	
483	<p>When a child has diarrhoea, should he/she be given less to drink than usual, about the same amount, or more than usual?</p>	<p>LESS TO DRINK.....1</p> <p>ABOUT SAME AMOUNT TO DRINK.....2</p> <p>MORE TO DRINK.....3</p> <p>DK.....8</p>	
484	<p>When a child is sick with diarrhoea, what signs of illness would tell you that he or she should be taken to a health facility or health worker?</p> <p>Any other signs?</p> <p>RECORD ALL MENTIONED.</p>	<p>REPEATED WATERY STOOLS.....A</p> <p>ANY WATERY STOOLS.....B</p> <p>REPEATED VOMITING.....C</p> <p>ANY VOMITING.....D</p> <p>BLOOD IN STOOLS.....E</p> <p>FEVER.....F</p> <p>MARKED THIRST.....G</p> <p>NOT EATING/NOT DRINKING WELL.....H</p> <p>GETTING SICKER/VERY SICK.....I</p> <p>NOT GETTING BETTER.....J</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p> <p>DK.....Z</p>	
485	<p>When a child is sick with a cough, what signs of illness would tell you that he or she should be taken to a health facility or health worker?</p> <p>Any other signs?</p> <p>RECORD ALL MENTIONED.</p>	<p>RAPID BREATHING.....A</p> <p>DIFFICULT BREATHING.....B</p> <p>NOISY BREATHING.....C</p> <p>FEVER.....D</p> <p>UNABLE TO DRINK.....E</p> <p>NOT EATING/NOT DRINKING WELL.....F</p> <p>GETTING SICKER/VERY SICK.....G</p> <p>NOT GETTING BETTER.....H</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p> <p>DK.....Z</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
486	<p>Now I would like to ask you about some health symptoms you yourself may have.</p> <p>During the past three months, have you had any of the following problems with your vaginal discharge:</p> <p>Any itching or irritation in vaginal area with the discharge?</p> <p>A bad odour along with the discharge?</p> <p>Severe lower abdominal pain with the discharge, not related with menstruation?</p> <p>A fever along with the discharge?</p> <p>Any other problem with the discharge?</p>	<p>YES NO</p> <p>ITCHING/IRRITATION... 1 2</p> <p>BAD ODOUR..... 1 2</p> <p>ABDOMINAL PAIN..... 1 2</p> <p>FEVER..... 1 2</p> <p>OTHER PROBLEM..... 1 2</p>	
487	<p>During the past three months have you had a problem with pain or burning while urinating, or have you had more frequent or difficult urination?</p>	<p>YES.....1</p> <p>NO.....2</p>	
488	<p>CHECK 107:</p> <p>CURRENTLY MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/></p> <p><input type="checkbox"/> DESERTED <input type="checkbox"/></p> <p><input type="checkbox"/> DIVORCED <input type="checkbox"/></p> <p><input type="checkbox"/> WIDOWED <input type="checkbox"/></p> <p style="text-align: center;">v</p>		→491
489	<p>Another problem some women have is feeling pain in their abdomen or vagina during intercourse. Do you often experience this kind of pain?</p>	<p>YES.....1</p> <p>NO.....2</p>	
490	<p>Do you ever see blood after having sex, at times when you are not menstruating?</p>	<p>YES.....1</p> <p>NO.....2</p>	
491	<p>CHECK 486, 487, 489 and 490: YES TO ANY <input type="checkbox"/> OTHER <input type="checkbox"/></p> <p style="text-align: center;">v</p>		→501
492	<p>Have you seen anyone for advice or treatment to help you with (this problem/these problems)?</p> <p>IF YES, ASK:</p> <p>Whom did you see?</p> <p>Anyone else?</p> <p>RECORD ALL PERSONS SEEN.</p>	<p>PUBLIC MEDICAL SECTOR</p> <p>GOVT. DOCTOR.....A</p> <p>PUBLIC HEALTH NURSE.....B</p> <p>ANM/LHV.....C</p> <p>MALE MPW/SUPERVISOR.....D</p> <p>ANGANWADI WORKER.....E</p> <p>VILLAGE HEALTH GUIDE.....F</p> <p>OTHER PUBLIC SECTOR HEALTH WORKER.....G</p> <p>NGO WORKER.....H</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE DOCTOR.....I</p> <p>PRIVATE NURSE.....J</p> <p>COMPOUNDER/PHARMACIST.....K</p> <p>VAID/HAKIM/HOMEOPATH.....L</p> <p>DAI (TBA).....M</p> <p>TRADITIONAL HEALER.....N</p> <p>OTHER PRIVATE SECTOR HEALTH WORKER.....O</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p> <p>NO, NOBODY SEEN.....Y</p>	

SECTION 5A. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501	<p>CHECK 107:</p> <p>CURRENTLY MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> DESERTED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED <input type="checkbox"/></p>		
502	<p>CHECK 327/327A:</p> <p>NEITHER STERILIZED <input type="checkbox"/> HE OR SHE STERILIZED <input type="checkbox"/></p>		
503	<p>CHECK 230:</p> <p>NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/></p> <p>Now I have some questions about the future. Would you like to have (a/another) child or would you prefer not to have any (more) children?</p> <p>Now I have some questions about the future. After the child you are expecting, would you like to have another child or would you prefer not to have any more children?</p>	<p>HAVE A (ANOTHER) CHILD.....1 NO MORE/NONE.....2 SAYS SHE CAN'T GET PREGNANT.....3 UP TO GOD.....4 UNDECIDED/DK.....8</p>	<p>>507 >506 >507 >506</p>
504	<p>Would you prefer your next child to be a boy or a girl or doesn't it matter?</p>	<p>BOY.....1 GIRL.....2 DOESN'T MATTER.....3 UP TO GOD.....4</p>	
505	<p>CHECK 230:</p> <p>NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/></p> <p>How long would you like to wait from now before the birth of (a/another) child?</p> <p>How long would you like to wait after the birth of the child you are expecting before the birth of another child?</p>	<p>MONTHS.....1 YEARS.....2 SOON/NOW.....993 SAYS SHE CAN'T GET PREGNANT...994 OTHER.....996 (SPECIFY) DK.....998</p>	<p>>507</p>

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
506	<p>CHECK 230:</p> <p>NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/></p> <p>└───┬───┘ └───┬───┘</p> <p>v v</p> <p>Do you think your husband would like to have (a/another) child or do you think he would prefer not have any (more) children?</p> <p>After the child you are expecting, do you think your husband would like to have another child or do you think he would prefer not have any more children?</p>	<p>HAVE A (ANOTHER) CHILD.....1 NO MORE/NONE.....2 UP TO GOD.....3 UNDECIDED.....4 DK.....8</p>	
507	<p>CHECK 216:</p> <p>HAS LIVING CHILD(REN) <input type="checkbox"/> NO LIVING CHILDREN <input type="checkbox"/></p> <p>└───┬───┘ └───┬───┘</p> <p>v v</p> <p>If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be?</p> <p>If you could choose exactly the number of children to have in your whole life, how many would that be?</p> <p>RECORD SINGLE NUMBER OR OTHER ANSWER.</p>	<p>NUMBER..... <input type="text"/> <input type="text"/></p> <p>OTHER ANSWER _____ 96 → 509 (SPECIFY)</p>	
508	<p>How many of these children would you like to be boys, how many would you like to be girls, and for how many would the sex not matter?</p>	<p>BOYS GIRLS EITHER</p> <p>NUMBER... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>OTHER _____ 999996 (SPECIFY)</p>	
509	<p>In your opinion, how much education should be given to <u>girls</u> these days?</p>	<p>NO EDUCATION.....01 LESS THAN PRIMARY.....02 PRIMARY.....03 MIDDLE.....04 HIGH SCHOOL.....05 HIGHER SECONDARY.....06 GRADUATE AND ABOVE.....07 PROFESSIONAL DEGREE.....08 AS MUCH AS SHE DESIRES.....09 DEPENDS.....10 DK.....98</p>	
510	<p>In your opinion, how much education should be given to <u>boys</u> these days?</p>	<p>NO EDUCATION.....01 LESS THAN PRIMARY.....02 PRIMARY.....03 MIDDLE.....04 HIGH SCHOOL.....05 HIGHER SECONDARY.....06 GRADUATE AND ABOVE.....07 PROFESSIONAL DEGREE.....08 AS MUCH AS HE DESIRES.....09 DEPENDS.....10 DK.....98</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
516	<p>Who has beaten you or mistreated you physically?</p> <p>Anyone else?</p> <p>RECORD ALL PERSONS MENTIONED.</p>	<p>MOTHER.....A FATHER.....B STEP MOTHER.....C STEP FATHER.....D SON.....E DAUGHTER.....F BROTHER/SISTER.....G BOYFRIEND.....H HUSBAND.....I EX-HUSBAND.....J SON-IN-LAW.....K DAUGHTER-IN-LAW.....L MOTHER-IN-LAW.....M FATHER-IN-LAW.....N BROTHER-IN-LAW.....O SISTER-IN-LAW.....P OTHER RELATIVE.....Q FRIEND/ACQUAINTANCE.....R TEACHER.....S EMPLOYER.....T STRANGER.....U</p> <p>OTHER _____ X (SPECIFY)</p>	
517	<p>How often have you been beaten or mistreated physically in the last 12 months: once, a few times, many times, or not at all?</p>	<p>ONCE.....1 A FEW TIMES.....2 MANY TIMES.....3 NOT BEATEN.....4</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
612	Have you done any work in the last 12 months?	YES.....1 NO.....2	 >701
613	What is your occupation, that is, what kind of work do/did you mainly do?	_____ <input type="checkbox"/> <input type="checkbox"/> _____ _____	
614	Do you do this work for your family's farm or business, for someone else, or are you self-employed?	FAMILY FARM/BUSINESS.....1 SOMEONE ELSE.....2 SELF-EMPLOYED.....3	
615	Do you usually work throughout the year, or do you work seasonally, or only once in a while?	THROUGHOUT THE YEAR.....1 SEASONALLY/PART OF THE YEAR.....2 ONCE IN A WHILE.....3	
616	Are you paid in cash or kind for this work, or are you not paid at all?	CASH ONLY.....1 CASH AND KIND.....2 KIND ONLY.....3 NOT PAID.....4	 >619
617	Generally, how much do your earnings contribute to the total family earnings: almost none, less than half, about half, more than half, or all?	ALMOST NONE.....1 LESS THAN HALF.....2 ABOUT HALF.....3 MORE THAN HALF.....4 ALL.....5	
618	Who mainly decides how the money you earn will be used?	RESPONDENT DECIDES.....1 HUSBAND DECIDES.....2 JOINTLY WITH HUSBAND.....3 SOMEONE ELSE DECIDES.....4 JOINTLY WITH SOMEONE ELSE.....5	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
619	Do you usually work at home or away from home?	HOME.....1 AWAY.....2	→701
620	CHECK 215/218: HAS CHILD BORN SINCE JAN. 1996 AND LIVING AT HOME? YES NO <input type="checkbox"/> <input type="checkbox"/>		→701
621	While you are working, do you usually have (NAME OF YOUNGEST CHILD AT HOME) with you, sometimes have him/her with you, or never have him/her with you?	USUALLY.....1 SOMETIMES.....2 NEVER.....3	→701
622	Who usually takes care of (NAME OF YOUNGEST CHILD AT HOME) while you are working?	HUSBAND.....01 OLDER BOYS.....02 OLDER GIRLS.....03 OTHER RELATIVES.....04 NEIGHBOURS.....05 FRIENDS.....06 SERVANTS/HIRED HELP.....07 CHILD IS IN SCHOOL.....08 INSTITUTIONAL CHILDCARE.....09 OTHER.....96 (SPECIFY)	

SECTION 7 - AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	TO																		
701	Have you ever heard of an illness called AIDS?	YES.....1 NO.....2	>705																		
702	From which sources of information have you learned about AIDS? Any other source? RECORD ALL MENTIONED.	RADIO.....A TELEVISION.....B CINEMA.....C NEWSPAPERS/MAGAZINES.....D POSTERS/HOARDINGS.....E EXHIBITION/MELA.....F HEALTH WORKERS.....G ADULT EDUCATION PROGRAMME.....H RELIGIOUS LEADERS.....I POLITICAL LEADERS.....J SCHOOLS/TEACHERS.....K COMMUNITY MEETINGS.....L FRIENDS/RELATIVES.....M WORK PLACE.....N OTHER.....X (SPECIFY)																			
703	Is there anything a person can do to avoid getting AIDS?	YES.....1 NO.....2 DK.....8	>705																		
704	What can a person do? Any other ways? RECORD ALL MENTIONED.	ABSTAIN FROM SEX.....A USE CONDOMS.....B HAVE ONLY ONE SEX PARTNER.....C AVOID SEX WITH COMMERCIAL SEX WORKERS.....D AVOID SEX WITH HOMOSEXUALS.....E AVOID BLOOD TRANSFUSIONS.....F AVOID INJECTIONS/USE CLEAN NEEDLES.....G AVOID I.V. DRUG USE.....H AVOID KISSING.....I AVOID HUGGING.....J AVOID HAND SHAKING.....K AVOID SHARING CLOTHES.....L AVOID SHARING UTENSILS.....M AVOID SHARING SHAVING KITS/RAZORS.....N AVOID STEPPING ON URINE/STOOL.....O AVOID MOSQUITO BITES.....P OTHER.....X (SPECIFY) DK.....Z																			
705	RECORD THE TIME	HOUR..... <table border="1" data-bbox="1243 1402 1302 1478"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> MINUTES.....																			
706	PRESENCE OF OTHERS DURING MOST OF THE INTERVIEW TIME.	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>CHILDREN UNDER 10.....1</td> <td>1</td> <td>2</td> </tr> <tr> <td>HUSBAND.....1</td> <td>1</td> <td>2</td> </tr> <tr> <td>MOTHER-IN-LAW.....1</td> <td>1</td> <td>2</td> </tr> <tr> <td>OTHER MALES.....1</td> <td>1</td> <td>2</td> </tr> <tr> <td>OTHER FEMALES.....1</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	CHILDREN UNDER 10.....1	1	2	HUSBAND.....1	1	2	MOTHER-IN-LAW.....1	1	2	OTHER MALES.....1	1	2	OTHER FEMALES.....1	1	2	
	YES	NO																			
CHILDREN UNDER 10.....1	1	2																			
HUSBAND.....1	1	2																			
MOTHER-IN-LAW.....1	1	2																			
OTHER MALES.....1	1	2																			
OTHER FEMALES.....1	1	2																			

HEALTH INVESTIGATOR VISITS												
	1	2	3	FINAL VISIT								
DATE	_____	_____	_____	DAY <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> MONTH <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px; text-align: center;">1</td><td style="width: 20px; height: 20px; text-align: center;">9</td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>					1	9		
1	9											
INVESTIGATOR'S NAME	_____	_____	_____	NAME CODE <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>								
RESULT*	_____	_____	_____	RESULT CODE <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td></tr></table>								
NEXT VISIT: DATE TIME	_____ _____	_____ _____		TOTAL NUMBER OF VISITS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td></tr></table>								
*RESULT CODES: 1 COMPLETED 3 POSTPONED 5 PARTLY COMPLETED 2 NOT AT HOME 4 REFUSED 6 OTHER (SPECIFY) _____												

SECTION 8: HEIGHT AND WEIGHT

INTERVIEWER: IN 801 (COLUMNS 2-3) RECORD THE LINE NUMBER FOR EACH CHILD BORN SINCE JANUARY 1996 AND STILL ALIVE. IN 802 AND 803 RECORD THE NAME OF THE RESPONDENT AND ALL HER LIVING CHILDREN BORN SINCE JANUARY 1996, AND THE DATE OF BIRTH OF THE CHILDREN. IN 804 AND 806 RECORD THE HEIGHT AND WEIGHT OF THE RESPONDENT AND LIVING CHILDREN.

(NOTE: IF THERE ARE MORE THAN 2 LIVING CHILDREN BORN SINCE JANUARY 1996, CHECK BOX AND USE ADDITIONAL QUESTIONNAIRE)

	<input type="checkbox"/> 1 RESPONDENT	<input type="checkbox"/> 2 YOUNGEST LIVING CHILD	<input type="checkbox"/> 3 NEXT-TO-YOUNGEST LIVING CHILD
801 LINE NO. FROM Q.212		<input type="text"/>	<input type="text"/>
802 NAME FROM Q.212 FOR CHILDREN	(NAME) _____	(NAME) _____	(NAME) _____
803 DATE OF BIRTH FROM Q.215 FOR CHILDREN, COPY MONTH AND YEAR OF BIRTH AND ASK FOR DAY OF BIRTH		DAY..... <input type="text"/> <input type="text"/> MONTH..... <input type="text"/> <input type="text"/> YEAR. <input type="text"/> <input type="text"/> <input type="text"/>	DAY..... <input type="text"/> <input type="text"/> MONTH..... <input type="text"/> <input type="text"/> YEAR. <input type="text"/> <input type="text"/> <input type="text"/>
804 HEIGHT (in centimetres)	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>
805 WAS HEIGHT/LENGTH OF CHILD MEASURED LYING DOWN OR STANDING UP?		LYING.....1 STANDING.....2	LYING.....1 STANDING.....2
806 WEIGHT (in kilograms)	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	0 <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	0 <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>
807 DATE WEIGHED AND MEASURED	DAY..... <input type="text"/> <input type="text"/> MONTH..... <input type="text"/> <input type="text"/> YEAR. <input type="text"/> <input type="text"/> <input type="text"/>	DAY..... <input type="text"/> <input type="text"/> MONTH..... <input type="text"/> <input type="text"/> YEAR. <input type="text"/> <input type="text"/> <input type="text"/>	DAY..... <input type="text"/> <input type="text"/> MONTH..... <input type="text"/> <input type="text"/> YEAR. <input type="text"/> <input type="text"/> <input type="text"/>
808 RESULT	COMPLETED.....1 NOT PRESENT....2 REFUSED.....3 OTHER.....6 (SPECIFY) _____	COMPLETED.....1 CHILD SICK.....2 CHILD NOT PRESENT.....3 CHILD DID NOT ALLOW.....4 MOTHER REFUSED.5 OTHER.....6 (SPECIFY) _____	COMPLETED.....1 CHILD SICK.....2 CHILD NOT PRESENT.....3 CHILD DID NOT ALLOW.....4 MOTHER REFUSED.5 OTHER.....6 (SPECIFY) _____
809 NAME OF MEASURER: _____	<input type="text"/>	NAME OF ASSISTANT: _____	<input type="text"/>

SECTION 9. ANAEMIA

901

As a part of this survey, we are studying anaemia among women and children. We request your co-operation in this regard. This will assist the Government of India to develop programmes to prevent and treat anaemia.

Anaemia is a serious health problem in India, which results from poor nutrition. However, if a person is found to have anaemia, the person can be given iron folic tablets to cure the disease.

[We are also doing research on lead poisoning among children and we request your co-operation in this regard. This will assist the Government of India to develop programmes to prevent and treat lead poisoning. The benefit to you is that you will learn whether your child has a high lead exposure that needs to be addressed. If children are exposed to too much lead from the environment around them, it can harm their intelligence, growth and hearing and can contribute to anaemia. However, it is possible to take steps to decrease the amount of lead that a child is exposed to. Children with severe lead poisoning can get medical treatment.]

If you decide to be tested for anaemia, we will request that you give a drop of blood from your finger for the test. (Also, if you have a child under 3 years old, please allow me to take a (few) drop(s) of blood from him/her for anaemia [and lead testing]. We will use disposable sterile instruments that are clean and completely safe. Your child will feel a slight pinch when the blood is drawn. There is essentially no risk to your child from this procedure. The blood will be analyzed with new equipment provided by the United Nations. The result(s) of the test(s) will be given to you right after the blood is taken. The results of the tests will be kept confidential and will not be shown to other persons. Are there any questions about the blood testing that you would like to ask me now?

May I ask you now to give your consent to have the test(s) done. If you decide not to have the test(s), it is your right, and we will respect your decision. Now please tell me whether you agree to have the test(s) (and allow me to test your child).

AFTER EXPLAINING THE ABOVE, I HAVE FOUND THAT _____ AGREED TO GIVE
(NAME OF RESPONDENT)

A (FEW) DROP(S) OF BLOOD FOR HERSELF [AND FOR HER CHILD(REN) NAMED _____]
_____ (NAME OF CHILD(REN))

Signature of Interviewer: _____ Date : _____

RESPONDENT AGREES TO TESTING OF HERSELF AND/OR HER CHILD(REN)...1 RESPONDENT DOES NOT AGREE TO TESTING.....2 —>SKIP TO 914

Signature of Witness: _____ Date : _____

v

902

RESPONDENT'S HAEMOGLOBIN LEVEL (G/DL)

		.	
--	--	---	--

903	RESULT	MEASURED.....1 REFUSED.....2 OTHER _____ 6 (SPECIFY)					
904	CHECK 215/216:	<table border="0"> <tr> <td>ONE OR MORE LIVING CHILDREN BORN SINCE JANUARY 1996</td> <td><input type="checkbox"/></td> <td>NO LIVING CHILDREN BORN SINCE JANUARY 1996</td> <td><input type="checkbox"/></td> <td>>910</td> </tr> </table>	ONE OR MORE LIVING CHILDREN BORN SINCE JANUARY 1996	<input type="checkbox"/>	NO LIVING CHILDREN BORN SINCE JANUARY 1996	<input type="checkbox"/>	>910
ONE OR MORE LIVING CHILDREN BORN SINCE JANUARY 1996	<input type="checkbox"/>	NO LIVING CHILDREN BORN SINCE JANUARY 1996	<input type="checkbox"/>	>910			

IN 905 RECORD THE LINE NUMBER FOR EACH CHILD BORN SINCE JANUARY 1996 AND STILL ALIVE.
 IN 906 RECORD THE NAMES OF THE LIVING CHILDREN.
 IN 907 RECORD THE HAEMOGLOBIN LEVEL IN THE BLOOD OF THE LIVING CHILDREN.

(NOTE:IF THERE ARE MORE THAN 2 LIVING CHILDREN BORN SINCE JANUARY 1996, CHECK BOX AND USE ADDITIONAL QUESTIONNAIRE)

		YOUNGEST LIVING CHILD	NEXT-TO-YOUNGEST LIVING CHILD
905	LINE NUMBER FROM Q. 212	<input type="text"/>	<input type="text"/>
906	NAME FROM Q.212	NAME _____	NAME _____
907	HAEMOGLOBIN LEVEL IN THE BLOOD (G/DL)	<input type="text"/> . <input type="text"/>	<input type="text"/> . <input type="text"/>
907A	CHECK SAMPLE: IS PSU IN LEAD TESTING SAMPLE?	YES.....1 NO.....2→ SKIP TO 908	
907B	LEAD LEVEL IN THE BLOOD (µg/DL)	<input type="text"/> . <input type="text"/>	<input type="text"/> . <input type="text"/>
908	RESULT	MEASURED.....1 CHILD SICK.....2 CHILD NOT PRESENT.....3 CHILD DID NOT ALLOW.....4 MOTHER REFUSED.....5 OTHER _____ 6 (SPECIFY)	MEASURED.....1 CHILD SICK.....2 CHILD NOT PRESENT.....3 CHILD DID NOT ALLOW.....4 MOTHER REFUSED.....5 OTHER _____ 6 (SPECIFY)

909	NAME OF MEASURER	_____ <input type="text"/>						
910	CHECK 902 AND 907:	<table border="0"> <tr> <td>NO VALUES BELOW 7 G/DL</td> <td><input type="checkbox"/></td> <td>> GIVE MOTHER RESULT OF HAEMOGLOBIN MEASUREMENT AND SKIP TO 913A</td> </tr> <tr> <td>ANY VALUE BELOW 7 G/DL FOR MOTHER AND/OR CHILD(REN)</td> <td><input type="checkbox"/></td> <td>> GIVE MOTHER RESULT OF HAEMOGLOBIN MEASUREMENT AND CONTINUE WITH 911.</td> </tr> </table>	NO VALUES BELOW 7 G/DL	<input type="checkbox"/>	> GIVE MOTHER RESULT OF HAEMOGLOBIN MEASUREMENT AND SKIP TO 913A	ANY VALUE BELOW 7 G/DL FOR MOTHER AND/OR CHILD(REN)	<input type="checkbox"/>	> GIVE MOTHER RESULT OF HAEMOGLOBIN MEASUREMENT AND CONTINUE WITH 911.
NO VALUES BELOW 7 G/DL	<input type="checkbox"/>	> GIVE MOTHER RESULT OF HAEMOGLOBIN MEASUREMENT AND SKIP TO 913A						
ANY VALUE BELOW 7 G/DL FOR MOTHER AND/OR CHILD(REN)	<input type="checkbox"/>	> GIVE MOTHER RESULT OF HAEMOGLOBIN MEASUREMENT AND CONTINUE WITH 911.						

911	CHECK COLUMN (5) OF HOUSEHOLD SCHEDULE: <div style="display: flex; justify-content: space-between;"> <div style="text-align: center;"> RESPONDENT IS USUAL RESIDENT <input type="checkbox"/> </div> <div style="text-align: center;"> RESPONDENT IS VISITOR <input type="checkbox"/> → END </div> </div>
912	<p>We detected a low level of haemoglobin in your (your child's) blood. This indicates you (your child) have developed severe anaemia, which is a serious health problem. We would like to inform the doctor at _____ about your (your child's) condition. This will assist you to obtain appropriate treatment of your (your child's) condition.</p> <p>Do you agree that the information about the level of haemoglobin in your (your child's) blood may be given to the doctor.</p> <p>AFTER EXPLAINING THE ABOVE, I HAVE FOUND THAT _____ AGREED FOR (NAME OF RESPONDENT)</p> <p>REFERRAL FOR HERSELF [AND FOR HER CHILD(REN) NAMED _____] (NAME OF CHILD(REN))</p> <p>Signature of Interviewer: _____ Date : _____</p> <p>RESPONDENT AGREES FOR REFERRAL FOR HERSELF AND/OR HER CHILD(REN)....1</p> <p style="text-align: right;">RESPONDENT DOES NOT AGREE FOR REFERRAL.....2 →SKIP TO 913A</p>
913	RECORD NAMES OF WOMAN AND CHILD(REN) WITH HAEMOGLOBIN LEVEL LESS THAN 7 G/DL ON REFERRAL FORM.
913A	CHECK 907B: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>907B BLANK IN EVERY COLUMN</p> <p>NO VALUES OF 45 µg/dL OR ABOVE</p> <p>ANY VALUE OF 45 µg/dL OR ABOVE</p> </div> <div style="width: 50%;"> <p><input type="checkbox"/> → SKIP TO 914</p> <p><input type="checkbox"/> → GIVE MOTHER RESULT OF LEAD MEASUREMENT AND SKIP TO 914</p> <p><input type="checkbox"/> → GIVE MOTHER RESULT OF LEAD MEASUREMENT AND CONTINUE WITH 913B</p> </div> </div>
913B	<p>We detected a high level of lead in your child's blood. This indicates your child has developed lead poisoning, which is a serious health problem. We would like to inform the doctor at _____ about your child's condition. This will assist you to obtain appropriate treatment of your child's condition.</p> <p>Do you agree that the information about the level of lead in your child's blood may be given to the doctor ?</p> <p>AFTER EXPLAINING THE ABOVE, I HAVE FOUND THAT _____ (NAME OF RESPONDENT)</p> <p>AGREED TO REFERRAL FOR HER CHILD(REN) NAMED _____ (NAME OF CHILD(REN))</p> <p>Signature of the Investigator: _____ Date: _____</p> <p>RESPONDENT AGREES TO REFERRAL FOR HER CHILD(REN)....1</p> <p style="text-align: right;">RESPONDENT DOES NOT AGREE TO REFERRAL.....2</p> <p>Signature of the Witness: _____ Date: _____</p>
914	(DELHI, MAHARASHTRA, AND TAMIL NADU ONLY) AGREES TO REVISIT.....1 Would you mind if we come again for a similar study at some future date after a year or so? DOES NOT AGREE TO REVISIT.....2

INTERVIEWER'S OBSERVATIONS
(To be filled in after completing interview)

Comments About Respondent: _____

Comments on Specific Questions: _____

Any Other Comments: _____

SUPERVISOR'S OBSERVATIONS/COMMENTS

Name of Supervisor: _____ Date: _____

EDITOR'S OBSERVATIONS/COMMENTS

Name of Editor: _____ Date: _____

NATIONAL FAMILY HEALTH SURVEY, 1998-99 (NFHS-2)
INTERNATIONAL INSTITUTE FOR POPULATION SCIENCES, MUMBAI

RESULTS OF HAEMOGLOBIN MEASUREMENT IN THE BLOOD:

Date: _____

Haemoglobin level in the blood (G/DL)	Woman NAME _____ <div style="text-align: center;"> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> . <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> </div> You have	Child NAME _____ <div style="text-align: center;"> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> . <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> </div> Your child has	Child NAME _____ <div style="text-align: center;"> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> . <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> </div> Your child has
WHO CLASSIFICATION OF ANAEMIA	NORMAL LEVEL HB LEVEL ABOVE 11 G/DL MILD ANAEMIA HB (10-10.9 G/DL) MODERATE ANAEMIA HB (7-9.9 G/DL) SEVERE ANAEMIA HB (LESS THAN 7 G/DL)	NORMAL LEVEL MILD ANAEMIA MODERATE ANAEMIA SEVERE ANAEMIA	NORMAL LEVEL MILD ANAEMIA MODERATE ANAEMIA SEVERE ANAEMIA

In case of severe anaemia (Hb less than 7 G/DL), we recommend that you immediately contact your doctor.

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INTERNATIONAL INSTITUTE FOR POPULATION SCIENCES, MUMBAI

RESULTS OF LEAD MEASUREMENT IN THE BLOOD:

Date: _____

Lead level in the blood ($\mu\text{g}/\text{DL}$)	Child NAME _____ <div style="text-align: center;"> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> . <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> </div> You child has	Child NAME _____ <div style="text-align: center;"> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> . <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> </div> Your child has
CLASSIFICATION OF LEAD LEVELS*	CLASS I PB LEVEL BELOW 10 $\mu\text{g}/\text{DL}$ CLASS II PB LEVEL 10-19 $\mu\text{g}/\text{DL}$ CLASS III PB LEVEL 20-44 $\mu\text{g}/\text{DL}$ CLASS IV PB LEVEL 45-65 $\mu\text{g}/\text{DL}$ CLASS V PB LEVEL ABOVE 65 $\mu\text{g}/\text{DL}$	CLASS I CLASS II CLASS III CLASS IV CLASS V

CLASS I indicates no exposure to lead or exposure below the level of concern. CLASS II and CLASS III indicate some exposure to lead has occurred. Families should attempt to minimize exposure to lead. CLASS IV and CLASS V indicate children should be referred to a clinician for confirmation of blood lead level, medical evaluation and treatment.

In case of severe lead poisoning (Pb above 65 $\mu\text{g}/\text{DL}$, CLASS V), we recommend that you contact your doctor for immediate treatment.

* Based on classification system of Centre for Disease Control and Prevention of the United States.