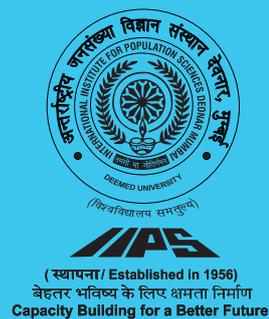
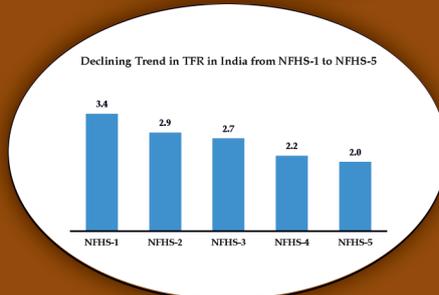
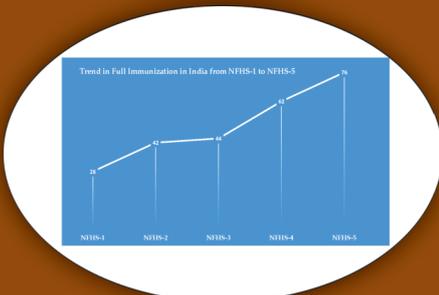




सत्यमेव जयते

Government of India  
Ministry of Health and Family Welfare

# NATIONAL FAMILY HEALTH SURVEY (NFHS - 5), 2019–21 INDIA REPORT VOL-II



International Institute for Population Sciences  
Deonar, Mumbai- 400088

# **NATIONAL FAMILY HEALTH SURVEY (NFHS-5)**

**2019-21**

**INDIA**

**VOLUME II**

**MARCH 2022**

Suggested citation: International Institute for Population Sciences (IIPS) and ICF. 2021.  
*National Family Health Survey (NFHS-5), 2019-21: India: Volume II.* Mumbai: IIPS.

For additional information about the 2019-21 National Family Health Survey (NFHS-5), please contact:

International Institute for Population Sciences, Govandi Station Road, Deonar, Mumbai-400088

Telephone: 022-4237 2442

Email: [nfhs52017@gmail.com](mailto:nfhs52017@gmail.com), [director@iipsindia.ac.in](mailto:director@iipsindia.ac.in)

For related information, visit <http://www.rchiips.org/nfhs> or <http://www.iipsindia.ac.in>

## **CONTRIBUTORS**

**K.S. James**

**S.K. Singh**

**Hemkothang Lhungdim**

**Chander Shekhar**

**Laxmi Kant Dwivedi**

**Sarang Pedgaonkar**

**Fred Arnold**

**Mahmoud Elkasabi**



# CONTENTS

---

## VOLUME II

	Page
<b>APPENDIX A SAMPLE DESIGN.....</b>	<b>1</b>
Sample Size .....	1
Sample Design.....	3
Table 1 Sample size for NFHS-5 to derive district-level estimates with an adjustment for oversampling in the districts.....	4
Sampling Weight .....	5
Table 2 Survey weights: NFHS-5 .....	7
Sampling Error .....	8
Table A.1 State and district information.....	10
Table A.2 Sample characteristics.....	13
Table A.3 Sample implementation: Women .....	14
Table A.4 Sample implementation: Men .....	18
<b>APPENDIX B ESTIMATES OF SAMPLING ERRORS.....</b>	<b>23</b>
Table B.1 List of variables for sampling errors, India, 2019-2021 .....	23
Table B.2 Sampling errors: Total sample, India, 2019-21 .....	24
Table B.3 Sampling errors: Urban sample, India, 2019-21 .....	25
Table B.4 Sampling errors: Rural sample, India, 2019-21 .....	26
<b>APPENDIX C INNOVATIONS IN IMPLEMENTATION OF NFHS IN INDIA.....</b>	<b>27</b>
Multi-layer monitoring and supervision of fieldwork .....	27
Developing nested designs using a modular approach.....	27
Paradigm shifts in the data collection process with the introduction of CAPI.....	27
Using fieldcheck tables (FCTs): An opportunity for real-time access to data and immediate feedback .....	28
Developing error messages in the data collected from a PSU by the supervisor.....	28
Generating Project Officer's Query Report (POQR) on selected indicators for each PSU .....	29
Standard Operating Procedure (SOP) in the survey implementation Post pandemic situation .....	29
<b>APPENDIX D DATA QUALITY TABLES.....</b>	<b>31</b>
Table D.1 Household age distribution .....	31
Table D.2.1 Age distribution of eligible and interviewed women.....	32

Table D.2.2 Age distribution of eligible and interviewed men .....	33
Table D.3 Completeness of reporting .....	34
Table D.4 Births by calendar year .....	35
Table D.5 Reporting of age at death in days .....	36
Table D.6 Reporting of age at death in months .....	37

<b>APPENDIX E ORGANIZATIONS INVOLVED IN NFHS-5 FIELDWORK AND BIOMARKER TESTING LABORATORIES.....</b>	<b>39</b>
--	-----------

<b>APPENDIX F NFHS-5 SURVEY STAFF .....</b>	<b>41</b>
---	-----------

<b>APPENDIX G SURVEY INSTRUMENTS.....</b>	<b>47</b>
---	-----------

**D**istrict was the lowest domain in NFHS-5, where some of the important maternal and child health indicators need to be provided with minimum standard error. The overall sample size required for NFHS-5 was derived by taking into consideration the different indicators which are needed at the district level. NFHS-5 had the mandate to produce estimates for each of the 707 districts that the country had as on March 01, 2017.

**SAMPLE SIZE**

As a large number of key NFHS-5 indicators at the district level were based on the number of pregnancies (leading to a live birth) during five years prior to the survey, the target sample size for women needed to be large enough to provide an adequate number of pregnancies. The actual sample size in each district and state was determined based on several considerations, including the different levels of disaggregation required for a given district, the types of analyses planned for a given state, the number of indicators to be measured that had very small values (below 5 percent), the need to monitor specific state programmes, and the need to minimize non-sampling errors associated with conducting and monitoring fieldwork for a large sample.

In view of the increasing focus on maternal and child health, especially under the National Health Mission (NHM), and given the objective to track their progress over time at the district and state levels, the sample sizes for NFHS-5 were worked out by considering 3+ ANC visits among women age 15-49 years as the key behavioural indicator, with due care paid to relative precision, statistical power, and design effects. For this purpose, the most recent estimates of NFHS-4 (2015-16) were considered for different states. As per those estimates, among the major states of the country, Bihar had the lowest level of 3+ ANC among women at 27.4 percent. This was, hence, taken as the value of *p* and used in the following formula, where value of *n* is given by:

$$n = \frac{1}{\alpha^2} \frac{(1 - P)}{P} D$$

*where*

*n* is the desired sample size, that is, number of pregnancies,

*P* is the prevalence of the variable under study,

*α* represents the desired relative standard error, and *D* is the design effect.

However, in response to the suggestions of a subcommittee of the Technical Advisory Committee (TAC) on the sampling design, the original decision to uniformly select 43 PSUs in each of the 707 districts was changed in view of the relative standard error (RSE) of 4+ ANC visits in different districts across the

country. The district-level RSEs for 4+ ANC visits were more than 10 percent in over 60 percent of the districts in seven states, namely Arunachal Pradesh, Bihar, Jharkhand, Madhya Pradesh, Rajasthan, Uttar Pradesh, and Uttarakhand. Therefore, the sample size in each district of these seven states was adjusted by adding two additional PSUs per district. This adjustment was made on the basis of the assumption that there would have been an increase of two percentage points in the prevalence of 4+ANC visits in these districts during the period 2015-18, which in fact was expected to increase more than two percent over this period. Under this assumption, the total number of districts having more than 10 percent RSEs in 4+ ANC visits was expected to decrease from 260 districts to only 17 districts. Accordingly, the sample size in each of the districts in the remaining states/UTs was decreased from 43 PSUs per district to 42 PSUs per district. The details of the number of PSUs and households, along with the number of PSUs and households included in the state module and those included in the subsample for canvassing DBS collection, are presented in Table 1. As NFHS-5 was designed to provide information on husband's background and women's work, knowledge of HIV/AIDS, sexual attitudes and behaviour, and domestic violence only at the state level, and most other indicators at the district level, a subsample of 15% of households (HHs) was selected for the implementation of the state module in addition to the district module. In 15% of households, a long questionnaire was administered, which included all the questions needed for the district-level estimates, plus additional questions on the topics listed above. The decision to select a sample of 15% of HHs for the implementation of the state module was taken based on the sample size required for estimating these parameters at the state level. In addition, the sample size for the implementation of the state module was almost equivalent to the state-level sample size in NFHS-4, providing an opportunity for comparisons of NFHS-3, NFHS-4, and NFHS-5 estimates. To achieve this, it was intended to interview every alternate selected household in 30 percent of the selected PSUs. For example, in West Bengal, 840 PSUs were selected, out of which 20 households were interviewed from each PSU, resulting in a total of 16,800 households (see Table1). Only 15% of those households (or 2,520 households in all) were to have the state module. However, the state module was not administered in every sample PSU. In the PSUs where the state module was administered, out of the 20 households chosen overall, only 10 households (one in every two households) were selected for the state module. This means that in West Bengal, 252 PSUs were selected for the state module. Since there were 840 PSUs in West Bengal, only 30% of the PSUs (252) were randomly selected for the state module.

The state-wise sample sizes for each of the 29 states and seven UTs are presented in Table 1. Dried blood spots (DBS) were collected from a subsample of the selected households. In each of the high malaria endemic states in the country, namely Arunachal Pradesh, Assam, Chhattisgarh, Jharkhand, Manipur, Madhya Pradesh, Meghalaya, Mizoram, Nagaland, Odisha, and Tripura, all the households selected for canvassing of the state module were also selected for the collection of DBS. In the rest of the states, only two PSUs from each district were selected from among the PSUs included in the state module, and every

alternate selected household was selected for the collection of DBS. The total number of PSUs and the total number of households selected for the collection of DBS from different states/UTs, as well as groups of states created for the purpose of survey implementation, are presented in the last two columns of Table 1.

From Table 1, it is evident that by developing district-level indicators at the aggregate level, the overall sample size for NFHS-5 was 609,120 households from 30,456 PSUs, including 91,400 households from 9,140 PSUs for canvassing the state modules.

## **SAMPLE DESIGN**

A uniform sample design was adopted in all the districts. In each district, the sample was selected in two stages: the selection of Primary Sampling Units (PSUs) – which happen to be villages in the rural areas and Census Enumeration Blocks (CEBs) in urban areas – was carried out with probability proportional to size (PPS) in the first stage. This was followed by the random selection of an equal number of households within each PSU in the second stage. Small PSUs with fewer than 40 households (HHs) were linked to the nearest geographically located PSUs. The PSUs were selected by PPS systematic sampling and the households by systematic sampling. The number of households selected per PSU was 20 in every state.

NFHS-5 had a stratified sample design. Stratification was achieved by separating each district into urban and rural areas. A second stage of stratification in the rural areas was achieved based on the village size (number of HHs) by creating three explicit strata and then six equal size sub-strata within each rural stratum after sorting the sampling frame by the percentage of Scheduled Caste (SC)/Scheduled Tribe (ST) population. Within each explicit sampling stratum, implicit stratification was achieved by sorting the sampling frame according to the female literacy rate. Within each of the three explicit rural strata created earlier on, villages were selected with probability proportional to size (PPS) sampling from the 2011 sampling frame.

In urban areas, information related to the CEBs was procured from the Office of the Registrar General and Census Commissioner, New Delhi, India. Within each urban sampling stratum of each district, implicit stratification was achieved by sorting the sampling frame according to the percentage of SC/ST population and by using the PPS selection procedure for selecting the CEBs.

A household listing operation was carried out in all of the selected PSUs before the main survey. The household listing operation consisted of visiting each of the selected PSUs and listing all residential HHs in those PSUs. The resulting list of households served as the sampling frame for the selection of households in the second stage. During the HH listing operation, the selected PSUs with an estimated number of households greater than 300 were divided into segments of about 100-150 HHs. Two segments were

selected for the survey with probability proportional to the segment size. After the HH listing, and in the second stage of sample selection, for each selected PSU, a fixed number of 22 households (adjusted for 10% non-response) were selected with systematic equal selection probability from the household list created during the household listing. All women age 15-49 in the selected households were eligible for the interview, and all men age 15-54 in the households selected for the state module were eligible for the interview.

Sl. No.	States/UTs	Number of districts	Sample size for district module		Sample size for state module		Sample size for DBS	
			Number of PSUs	Number of households	Number of PSUs	Number of households	Number of PSUs	Number of households
1	Arunachal Pradesh	20	900	18,000	270	2,700	270	2,700
2	Assam	33	1,386	27,720	416	4,160	416	4,160
3	Bihar	38	1,710	34,200	513	5,130	76	760
4	Chhattisgarh	27	1,134	22,680	340	3,400	340	3,400
5	Jharkhand	24	1,080	21,600	324	3,240	324	3,240
6	Madhya Pradesh	51	2,295	45,900	689	6,890	689	6,890
7	Manipur	9	378	7,560	113	1,130	113	1,130
8	Meghalaya	11	462	9,240	139	1,390	139	1,390
9	Mizoram	8	336	6,720	101	1,010	101	1,010
10	Nagaland	11	462	9,240	139	1,390	139	1,390
11	Odisha	30	1,260	25,200	378	3,780	378	3,780
12	Rajasthan	33	1,485	29,700	446	4,460	66	660
13	Sikkim	4	168	3,360	50	500	8	80
14	Tripura	8	336	6,720	101	1,010	101	1,010
15	Uttar Pradesh	75	3,375	67,500	1,013	10,130	150	1,500
16	Uttarakhand	13	585	11,700	176	1,760	26	260
17	Andhra Pradesh	13	546	10,920	164	1,640	26	260
18	Goa	2	84	1,680	25	250	4	40
19	Gujarat	33	1,386	27,720	416	4,160	66	660
20	Haryana	22	924	18,480	277	2,770	44	440
21	Himachal Pradesh	12	504	10,080	151	1,510	24	240
22	Jammu & Kashmir	20	840	16,800	252	2,520	40	400
23	Ladakh	2	84	1,680	25	250	4	40
24	Karnataka	30	1,260	25,200	378	3,780	60	600
25	Kerala	14	588	11,760	176	1,760	28	280
26	Maharashtra	36	1,512	30,240	454	4,540	72	720
27	NCT of Delhi	11	462	9,240	139	1,390	22	220
28	Punjab	22	924	18,480	277	2,770	44	440
29	Tamil Nadu	32	1,344	26,880	403	4,030	64	640
30	Telangana	31	1,302	26,040	391	3,910	62	620
31	West Bengal	20	840	16,800	252	2,520	40	400

*Continued...*

**Table 1 Sample size for NFHS-5 to derive district-level estimates with an adjustment for oversampling in the districts—Continued**

Sl. No.	States/UTs	Number of districts	Sample size for district module		Sample size for state module		Sample size for DBS	
			Number of PSUs	Number of households	Number of PSUs	Number of households	Number of PSUs	Number of households
32	Andaman & Nicobar Islands	3	126	2,520	38	380	6	60
33	Chandigarh	1	42	840	13	130	2	20
34	Dadra & Nagar Haveli and Daman & Diu	3	126	2,520	38	380	6	60
35	Lakshadweep	1	42	840	13	130	2	20
36	Puducherry	4	168	3,360	50	500	8	80
	<b>India</b>	<b>707</b>	<b>30,456</b>	<b>609,120</b>	<b>9,140</b>	<b>91,400</b>	<b>3,960</b>	<b>39,600</b>

Note: The number of households shown in the table are not adjusted for non-response.

## SAMPLING WEIGHT

Due to the non-proportional allocation of the sample to the different survey domains and to their urban and rural areas, the sampling weights were required for any analysis using the NFHS-5 data to ensure the actual representativeness of the survey results at the national level and as well as at the domain level. Since the NFHS-5 sample was a two-stage stratified cluster sample, sampling weights were calculated based on sampling probabilities separately for each sampling stage and for each cluster. We used the following notations:

$P_{1hi}$ : first-stage sampling probability of the  $i^{th}$  cluster in stratum  $h$

$P_{2hi}$ : second-stage sampling probability within the  $i^{th}$  cluster (household selection)

Let  $a_h$  be the number of clusters selected in stratum  $h$ , let  $M_{hi}$  be the number of households according to the sampling frame in the  $i^{th}$  cluster, and let  $\sum_h M_{hi}$  be the total number of households in stratum  $h$ . The probability of selecting the  $i^{th}$  cluster in stratum  $h$  in the NFHS-4 sample was calculated as follows:

$$\frac{a_h M_{hi}}{\sum_h M_{hi}}$$

Let  $b_{hi}$  be the proportion of households in the selected segments with respect to the total number of households in PSU  $i$  in stratum  $h$  if the PSU is segmented. Otherwise,  $b_{hi} = 1$ , and the probability of selecting cluster  $i$  in the sample is:

$$P_{1hi} = \frac{a_h M_{hi}}{\sum_h M_{hi}} \times b_{hi}$$

Let  $L_{hi}$  be the number of households listed in the household listing operation in cluster  $i$  in stratum  $h$ , and let  $g_{hi}$  be the number of households selected in the cluster. The second stage's selection probability for each household in the cluster was calculated as follows:

$$P_{2hi} = \frac{g_{hi}}{L_{hi}}$$

The overall selection probability for each household in cluster  $i$  of stratum  $h$  was the product of the selection probabilities in the two stages:

$$P_{hi} = P_{1hi} \times P_{2hi}$$

The sampling weight for each household in cluster  $i$  of stratum  $h$  was the inverse of its overall selection probability:

$$W_{hi} = 1 / P_{hi}$$

State-level spreadsheets containing all sampling parameters and selection probabilities were prepared to facilitate the calculation of the design weight. The design weight was adjusted for household as well as individual non-response to obtain the sampling weights for households, women, and men separately. The differences between the household sampling weight and the individual sampling weights were introduced by individual non-response. A special weight for domestic violence (DV) was calculated to account for the random selection of only one woman per household. The final sampling weights were normalized in order to give the total number of weighted cases equal to the total number of unweighted cases at the national level. Normalization was done by multiplying the sampling weight by the estimated total sampling fraction obtained from the survey for the household weight, individual woman's weight, individual man's weight, and the DV weight. In the case of the sampling weights for HIV testing, the weights were normalized at the national level for women and men together so that the HIV prevalence rates calculated for women and men together were valid. Normalized weights are relative weights which are valid for estimating means, proportions, and ratios, but not valid for estimating population totals and pooled data. To un-normalize the weights, the normalized weights should be divided by the relevant estimated total sampling fractions. The survey weights have been listed in the Table 2 below.

**Table 2 Survey weights: NFHS-5**

Module	Name/file	Level	Variable	Remarks
District/State	Household weight (HR file)	National	hv005	The household weight (hv005) for a particular household was the inverse of its household selection probability multiplied by the inverse of the weighted household response rate in the stratum. hv005 was used to estimate household indicators at all levels, including national, regional, state, and district levels.
District/State	Household weight (HR file)	State	shv005	The state-level weight (shv005) was used to estimate state-level household indicators and district-level indicators within the selected states. hv005 could also have been used instead of shv005, with the only difference in the result being that the weighted and un-weighted sample sizes would not have remained the same.
District/State	Individual weight for women (IR file)	National	v005	The individual weight for women (v005) was the household weight (hv005) multiplied by the inverse of the individual weighted response rate for women in the stratum. v005 was used to estimate women's indicators at all levels, including national, regional, state, and district levels.
District/State	Individual weight for women (IR file)	State	sv005	The state-level weight (sv005) was used to estimate state-level individual indicators and district-level indicators within the selected states. v005 could also have been used instead of sv005, with the only difference in the result being that the weighted and un-weighted sample sizes would not have remained the same.
District/State	Individual weight for men (MR file)	National	mv005	The individual weight for men (mv005) was the household weight for the men's subsample multiplied by the inverse of the individual weighted response rate for men in the stratum. mv005 was used to estimate men's indicators at all levels, including national, regional, state, and district levels.
District/State	Individual weight for men (MR file)	State	smv005	The state-level weight (smv005) was used to estimate state-level individual indicators and district-level indicators within the selected states. Mv005 could also have been used instead of smv005, with the only difference in the result being that the weighted and un-weighted sample sizes would not have remained the same.
State	Domestic Violence (IR file)	National	d005	The domestic violence weight (d005) was the individual weight (v005) adjusted for the within-household selection probabilities of women and their non-response for the domestic violence module. d005 was used to estimate women's indicators at national, regional, and state levels.
State	Domestic Violence (IR file)	State	sd005	The state-level weight (sd005) was used to estimate state-level domestic violence indicators. d005 could also have been used instead of sd005, with the only difference in the result being that the weighted and un-weighted sample sizes would not have remained the same.

Note: The district module covered the household questionnaire and the woman's questionnaire from section 1 (Respondent's Background) up to section 7 (Other Health Issues). The state module covered the household questionnaire and the entire woman's questionnaire starting from section 1 ( Respondent's Background) up to section 11 (Household Relations).

## SAMPLING ERROR

The estimates from a sample survey are affected by two types of errors: (1) non-sampling errors, and (2) sampling errors. Non-sampling errors are the result of mistakes made in implementing data collection and data processing such as failure to locate and interview the correct household, misunderstanding of the questions on the part of either the interviewer or the respondent, and data entry errors. Although numerous efforts were made during the implementation of the fifth National Family Health Survey (NFHS-5) to minimize this type of errors, non-sampling errors are impossible to avoid and difficult to evaluate statistically.

Sampling errors, on the other hand, can be evaluated statistically. The sample of respondents selected in NFHS-5 was only one of many samples that could have been selected from the same population, using the same design and the same expected sample size. Each of these samples would have yielded results that differed somewhat from the results of the actual sample selected. Sampling errors are a measure of the variability among all possible samples. Although the degree of variability is not known exactly, it can be estimated from the survey results.

A sampling error is usually measured in terms of the standard error for a particular statistic (mean, percentage, etc.), which is the square root of the variance. The standard error can be used to calculate confidence intervals within which the true value for the population can reasonably be assumed to fall. For example, for any given statistic calculated from a sample survey, the value of that statistic will fall within a range of plus or minus two times the standard error of that statistic in 95 percent of all possible samples of identical size and design.

If the sample of respondents had been selected as a simple random sample, it would have been possible to use straightforward formulas for calculating sampling errors. However, the NFHS-5 sample was the result of a multi-stage stratified design, and, consequently, it was necessary to use more complex formulae. The computer software used to calculate sampling errors for NFHS-5 is programmed in SAS/Stata. This procedure uses the Taylor linearization method for variance estimation for survey estimates that are means or proportions. The Jackknife repeated replication method is used for variance estimation of more complex statistics such as total fertility rates and child mortality rates.

The Taylor linearization method treats any proportion or mean as a ratio estimate,  $r = y/x$ , where  $y$  represents the total sample value for variable  $y$ , and  $x$  represents the total number of cases in the group or subgroup under consideration. The variance of  $r$  is computed using the formula given below, with the standard error being the square root of the variance:

$$SE^2(r) = var(r) = \frac{1-f}{x^2} \sum_{h=1}^H \left[ \frac{m_h}{m_h - 1} \left( \sum_{i=1}^{m_h} z_{hi}^2 - \frac{z_h^2}{m_h} \right) \right]$$

in which

$$z_{hi} = y_{hi} - rx_{hi}, \text{ and } z_h = y_h - rx_h$$

where

$h$  represents the stratum, which varies from 1 to  $H$ ,

$m_h$  is the total number of clusters selected in the  $h^{\text{th}}$  stratum,

$y_{hi}$  is the sum of the weighted values of variable  $y$  in the  $i^{\text{th}}$  cluster in the  $h^{\text{th}}$  stratum,

$x_{hi}$  is the sum of the weighted number of cases in the  $i^{\text{th}}$  cluster in the  $h^{\text{th}}$  stratum, and

$f$  is the overall sampling fraction, which is so small that it is ignored.

The Jackknife repeated replication method derives estimates of complex rates from each of several replications of the parent sample, and calculates standard errors for these estimates using simple formulae. Each replication considers all but one cluster in the calculation of the estimates. Pseudo-independent replications are thus created. In the NFHS-5 sample for India, there were 30,456 clusters. Hence, 30,456 replications were created. The variance of a rate  $r$  is calculated as follows:

$$SE^2(r) = var(r) = \frac{1}{k(k-1)} \sum_{i=1}^k (r_i - r)^2$$

in which

$$r_i = kr - (k-1)r_{(i)}$$

where

$r$  is the estimate computed from the full sample of 30,456 clusters,

$r_{(i)}$  is the estimate computed from the reduced sample of 30,455 clusters ( $i^{\text{th}}$  cluster excluded), and

$k$  is the total number of clusters.

In addition to the standard error, the design effect (DEFT) for each estimate is computed, which is defined as the ratio between the standard error using the given sample design and the standard error that would result if a simple random sample had been used. A DEFT value of 1.0 indicates that the sample design is as efficient as a simple random sample, while a value greater than 1.0 indicates the increase in the sampling error due to the use of a more complex and less statistically efficient design. The relative standard error (SE/R) and confidence limits ( $R \pm 2SE$ ) for each estimate are also computed.

Sampling errors for NFHS-5 were calculated for selected variables considered to be of primary interest. The results have been presented in this appendix for India as a whole and for the urban and rural areas of each state. For each variable, the type of statistic (mean, proportion, rate, or ratio) and the base population are given in Table A.1. Tables A.2-A.4 present the total, urban, and rural values of the statistic (R), their standard errors (SE), the number of unweighted (N) and weighted (WN) cases, the design effect (DEFT), the relative standard error (SE/R), and the 95 percent confidence limits ( $R \pm 2SE$ ) for each variable. The DEFT is considered undefined when the standard error for a simple random sample is zero (when the estimate is close to 0 or 1).

**Table A.1 State and district information**

State/union territory	District
Andaman & Nicobar Islands	Nicobar, North and Middle Andaman, South Andaman
Andhra Pradesh	Anantapur, Chittoor, East Godavari, Guntur, Krishna, Kurnool, Prakasam, Sri Potti Sriramulu Nellore, Srikakulam, Visakhapatnam, Vizianagaram, West Godavari, Y.S.R.
Arunachal Pradesh	Anjaw, Changlang, Dibang Valley, East Kameng, East Siang, Kra Daadi, Kurung Kumey, Lohit, Longding, Lower Dibang Valley, Lower Subansiri, Namsai, Papum Pare, Siang, Tawang, Tirap, Upper Siang, Upper Subansiri, West Kameng, West Siang
Assam	Baksa, Barpeta, Biswanath, Bongaigaon, Cachar, Charaideo, Chirang, Darrang, Dhemaji, Dhubri, Dibrugarh, Dima Hasao, Goalpara, Golaghat, Hailakandi, Hojai, Jorhat, Kamrup, Kamrup Metro, Karbi Anglong, Karimganj, Kokrajhar, Lakhimpur, Majuli, Marigaon, Nagaon, Nalbari, Sivasagar, Sonitpur, South Salmara Mancachar, Tinsukia, Udalguri, West Karbi Anglong
Bihar	Araria, Arwal, Aurangabad, Banka, Begusarai, Bhagalpur, Bhojpur, Buxar, Darbhanga, Gaya, Gopalganj, Jamui, Jehanabad, Kaimur (Bhabua), Katihar, Khagaria, Kishanganj, Lakhisarai, Madhepura, Madhubani, Munger, Muzaffarpur, Nalanda, Nawada, Pashchim Champaran, Patna, Purbi Champaran, Purnia, Rohtas, Saharsa, Samastipur, Saran, Sheikhpura, Sheohar, Sitamarhi, Siwan, Supaul, Vaishali
Chandigarh	Chandigarh
Chhattisgarh	Balod, Baloda Bazar, Balrampur, Bastar, Bemetara, Bijapur, Bilaspur, Dantewada, Dhamtari, Durg, Gariyaband, Janjgir-Champa, Jashpur, Kabirdham, Kanker, Kondagaon, Korba, Korea, Mahasamund, Mungeli, Narayanpur, Raigarh, Raipur, Rajnandgaon, Sukma, Surajpur, Surguja
Dadra & Nagar Haveli and Daman & Diu	Dadra & Nagar Haveli, Daman, Diu
Goa	North Goa, South Goa
Gujarat	Ahmadabad, Amreli, Anand, Arvalli, Banas Kantha, Bharuch, Bhavnagar, Botad, Chhotaudepur, Dang, Devbhumi Dwarka, Dohad, Gandhinagar, Gir Somnath, Jamnagar, Junagadh, Kachchh, Kheda, Mahesana, Mahisagar, Morbi, Narmada, Navsari, Panch Mahals, Patan, Porbandar, Rajkot, Sabar Kantha, Surat, Surendranagar, Tapi, Vadodara, Valsad
Haryana	Ambala, Bhiwani, Charki Dadri, Faridabad, Fatehabad, Gurugram, Hisar, Jhajjar, Jind, Kaithal, Karnal, Kurukshetra, Mahendragarh, Nuh, Palwal, Panchkula, Panipat, Rewari, Rohtak, Sirsa, Sonapat, Yamunanagar
Himachal Pradesh	Bilaspur, Chamba, Hamirpur, Kangra, Kinnaur, Kullu, Lahul and Spiti, Mandi, Shimla, Sirmaur, Solan, Una
Jammu & Kashmir	Anantnag, Badgam, Bandipora, Baramulla, Doda, Ganderbal, Jammu, Kathua, Kishtwar, Kulgam, Kupwara, Poonch, Pulwama, Rajauri, Ramban, Reasi, Samba, Shopian, Srinagar, Udhampur
Jharkhand	Bokaro, Chatra, Deoghar, Dhanbad, Dumka, East Singhbhum, Garhwa, Giridih, Godda, Gumla, Hazaribagh, Jamtara, Khunti, Koderma, Latehar, Lohardaga, Pakur, Palamu, Ramgarh, Ranchi, Sahebganj, Saraikela Kharsawan, Simdega, West Singhbhum
Karnataka	Bagalkot, Ballari, Belagavi, Bengaluru Rural, Bengaluru Urban, Bidar, Chamarajanagar, Chikkaballapur, Chikkamagaluru, Chitradurga, Dakshina Kannada, Davangere, Dharwad, Gadag, Hassan, Haveri, Kalaburagi, Kodagu, Kolar, Koppal, Mandya, Mysuru, Raichur, Ramanagara, Shivamogga, Tumakuru, Udupi, Uttar Kannad, Vijayapura, Yadgir

*Continued...*

**Table A.1 State and district information—Continued**

State/union territory	District
Kerala	Alappuzha, Ernakulam, Idukki, Kannur, Kasaragod, Kollam, Kottayam, Kozhikode, Malappuram, Palakkad, Pathanamthitta, Thiruvananthapuram, Thrissur, Wayanad
Ladakh	Kargil, Leh (Ladakh)
Lakshadweep	Lakshadweep
Madhya Pradesh	Agar Malwa, Alirajpur, Anuppur, Ashoknagar, Balaghat, Barwani, Betul, Bhind, Bhopal, Burhanpur, Chhatarpur, Chhindwara, Damoh, Datia, Dewas, Dhar, Dindori, East Nimar, Guna, Gwalior, Harda, Hoshangabad, Indore, Jabalpur, Jhabua, Katni, Khargone, Mandla, Mandsaur, Morena, Narsinghpur, Neemuch, Panna, Raisen, Rajgarh, Ratlam, Rewa, Sagar, Satna, Sehore, Seoni, Shahdol, Shajapur, Sheopur, Shivpuri, Sidhi, Singrauli, Tikamgarh, Ujjain, Umariya, Vidisha
Maharashtra	Ahmednagar, Akola, Amravati, Aurangabad, Beed, Bhandara, Buldhana, Chandrapur, Dhule, Gadchiroli, Gondia, Hingoli, Jalgaon, Jalna, Kolhapur, Latur, Mumbai, Mumbai Suburban, Nagpur, Nanded, Nandurbar, Nashik, Osmanabad, Palghar, Parbhani, Pune, Raigad, Ratnagiri, Sangli, Satara, Sindhudurg, Solapur, Thane, Wardha, Washim, Yavatmal
Manipur	Bishnupur, Chandel, Churachandpur, Imphal East, Imphal West, Senapati, Tamenglong, Thoubal, Ukhrul
Meghalaya	East Garo Hills, East Jaintia Hills, East Khasi Hills, North Garo Hills, Ri Bhoi, South Garo Hills, South West Garo Hills, South West Khasi Hills, West Garo Hills, West Jaintia Hills, West Khasi Hills
Mizoram	Aizawl, Champhai, Kolasib, Lawngtlai, Lunglei, Mamit, Saiha, Serchhip
Nagaland	Dimapur, Kiphire, Kohima, Longleng, Mokokchung, Mon, Peren, Phek, Tuensang, Wokha, Zunheboto
NCT of Delhi	Central, East, New Delhi, North, North East, North West, Shahdara, South, South East, South West, West
Odisha	Anugul, Balangir, Baleshwar, Bargarh, Bhadrak, Boudh, Cuttack, Deogarh, Dhenkanal, Gajapati, Ganjam, Jagatsinghapur, Jajapur, Jharsuguda, Kalahandi, Kandhamal, Kendrapara, Kendujhar, Khordha, Koraput, Malkangiri, Mayurbhanj, Nabarangpur, Nayagarh, Nuapada, Puri, Rayagada, Sambalpur, Sonepur, Sundargarh
Puducherry	Karaikal, Mahe, Pondicherry, Yanam
Punjab	Amritsar, Barnala, Bathinda, Faridkot, Fatehgarh Sahib, Fazilka, Firozpur, Gurdaspur, Hoshiarpur, Jalandhar, Kapurthala, Ludhiana, Mansa, Moga, Pathankot, Patiala, Rupnagar, S.A.S Nagar, Sangrur, Shahid Bhagat Singh Nagar, Sri Muktsar Sahib, Tarn Taran
Rajasthan	Ajmer, Alwar, Banswara, Baran, Barmer, Bharatpur, Bhilwara, Bikaner, Bundi, Chittorgarh, Churu, Dausa, Dholpur, Dungarpur, Ganganagar, Hanumangarh, Jaipur, Jaisalmer, Jalore, Jhalawar, Jhunjhunu, Jodhpur, Karauli, Kota, Nagaur, Pali, Pratapgarh, Rajsamand, Sawai Madhopur, Sikar, Sirohi, Tonk, Udaipur
Sikkim	East District, North District, South District, West District

*Continued...*

**Table A.1 State and district information—Continued**

State/union territory	District
Tamil Nadu	Ariyalur, Chennai, Coimbatore, Cuddalore, Dharmapuri, Dindigul, Erode, Kanchipuram, Kanniyakumari, Karur, Krishnagiri, Madurai, Nagapattinam, Namakkal, Perambalur, Pudukkottai, Ramanathapuram, Salem, Sivaganga, Thanjavur, The Nilgiris, Theni, Thiruvallur, Thiruvarur, Tiruchirappalli, Tirunelveli, Tiruppur, Tiruvannamalai, Tuticorin, Vellore, Villupuram, Virudhunagar
Telangana	Adilabad, Bhadradi Kothagudem, Hyderabad, Jagitial, Jangoan, Jayashankar Bhupalapally, Jogulamba Gadwal, Kamareddy, Karimnagar, Khammam, Kumuram Bheem Asifabad, Mahabubabad, Mahabubnagar, Mancherial, Medak, Medchal Malkajgiri, Nagarkurnool, Nalgonda, Nirmal, Nizamabad, Peddapalli, Rajanna Sircilla, Ranga Reddy, Sangareddy, Siddipet, Suryapet, Vikarabad, Wanaparthy, Warangal Rural, Warangal Urban, Yadadri Bhuvanagiri
Tripura	Dhalai, Gomati, Khowai, North Tripura, Sepahijala, South Tripura, Unakoti, West Tripura
Uttar Pradesh	Agra, Aligarh, Ambedkar Nagar, Amethi, Amroha, Auraiya, Azamgarh, Baghpat, Bahraich, Ballia, Balrampur, Banda, Barabanki, Bareilly, Basti, Bhadohi, Bijnor, Budaun, Bulandshahr, Chandauli, Chitrakoot, Deoria, Etah, Etawah, Faizabad, Farrukhabad, Fatehpur, Firozabad, Gautam Buddha Nagar, Ghaziabad, Ghazipur, Gonda, Gorakhpur, Hamirpur, Hapur, Hardoi, Hathras, Jalaun, Jaunpur, Jhansi, Kannauj, Kanpur Dehat, Kanpur Nagar, Kasganj, Kaushambi, Kheri, Kushi Nagar, Lalitpur, Lucknow, Maharajanj, Mahoba, Mainpuri, Mathura, Mau, Meerut, Mirzapur, Moradabad, Muzaffarnagar, Pilibhit, Pratapgarh, Prayagraj, Rae Bareli, Rampur, Saharanpur, Sambhal, Sant Kabeer Nagar, Shahjahanpur, Shamli, Shravasti, Siddharth Nagar, Sitapur, Sonbhadra, Sultanpur, Unnao, Varanasi
Uttarakhand	Almora, Bageshwar, Chamoli, Champawat, Dehradun, Haridwar, Nainital, Pauri Garhwal, Pithoragarh, Rudra Prayag, Tehri Garhwal, Udam Singh Nagar, Uttar Kashi
West Bengal	Twenty-Four Paraganas North, Twenty-Four Paraganas South, Bankura, Birbhum, Coochbehar, Darjeeling, Dinajpur Dakshin, Dinajpur Uttar, Hooghly, Howrah, Jalpaiguri, Kolkata, Maldah, Medinipur East, Medinipur West, Murshidabad, Nadia, Paschim Bardhaman, Purba Bardhaman, Purulia

Table A.2 Sample characteristics

State/union territory	Number of primary sampling units (PSUs)		
	Urban	Rural	Total
<b>INDIA</b>	<b>7,910</b>	<b>22,546</b>	<b>30,456</b>
Andaman & Nicobar Islands	26	100	126
Andhra Pradesh	157	389	546
Arunachal Pradesh	177	723	900
Assam	186	1,200	1,386
Bihar	181	1,529	1,710
Chandigarh	41	1	42
Chhattisgarh	211	923	1,134
Dadra & Nagar Haveli and Daman & Diu	76	50	126
Goa	52	32	84
Gujarat	442	944	1,386
Haryana	303	621	924
Himachal Pradesh	44	460	504
Jammu & Kashmir	161	679	840
Jharkhand	204	876	1,080
Karnataka	375	885	1,260
Kerala	243	345	588
Ladakh	19	65	84
Lakshadweep	33	9	42
Madhya Pradesh	549	1746	2,295
Maharashtra	516	996	1,512
Manipur	95	283	378
Meghalaya	54	408	462
Mizoram	144	192	336
Nagaland	111	351	462
NCT of Delhi	447	15	462
Odisha	184	1,076	1,260
Puducherry	134	34	168
Punjab	311	613	924
Rajasthan	322	1,163	1,485
Sikkim	30	138	168
Tamil Nadu	582	762	1,344
Telangana	356	946	1,302
Tripura	64	272	336
Uttar Pradesh	708	2,667	3,375
Uttarakhand	119	466	585
West Bengal	253	587	840



Table A.3 Sample implementation: Women—Continued

Percent distribution of households and eligible women by results of the household and individual interviews and the household, eligible women and overall women response rates, according to urban-rural residence and region (unweighted), India, 2019-21

Result	Central				East				West Bengal
	Chhattisgarh	Madhya Pradesh	Uttar Pradesh	Bihar	Jharkhand	Odisha			
<b>Selected households</b>									
Completed (C)	98.3	91.7	95.6	95.1	96.2	95.5		98.4	
Household present but no competent respondent at home (HP)	0.9	2.4	1.1	2.5	1.3	0.9		0.9	
Postponed (P)	0.0	0.1	0.2	0.0	0.0	0.0		0.0	
Refused (R)	0.2	3.5	1.3	0.4	1.2	0.3		0.3	
Dwelling not found (DNF)	0.0	0.2	0.1	0.0	0.1	0.1		0.0	
Household absent (HA)	0.3	1.5	1.3	1.6	0.9	2.4		0.2	
Dwelling vacant/address not a dwelling (DV)	0.1	0.2	0.3	0.1	0.1	0.3		0.1	
Dwelling destroyed (DD)	0.0	0.1	0.0	0.1	0.0	0.1		0.0	
Other (O)	0.1	0.3	0.1	0.1	0.1	0.4		0.1	
Total	100.0	100.0	100.0	100.0	100.0	100.0		100.0	
Number of sampled households	24,968	47,493	73,976	37,662	23,766	27,723		18,483	
Household response rate (HRR) <sup>1</sup>	98.8	93.7	97.3	97.0	97.3	98.5		98.7	
<b>Eligible women</b>									
Completed (EWC)	97.0	94.9	96.3	96.6	97.5	97.5		98.8	
Not at home (EWNH)	2.1	3.4	2.1	2.5	1.6	1.5		0.8	
Postponed (EWP)	0.0	0.0	0.1	0.0	0.0	0.0		0.0	
Refused (EWR)	0.4	1.1	1.0	0.4	0.5	0.3		0.1	
Partly completed (EWPC)	0.0	0.0	0.0	0.1	0.0	0.0		0.0	
Incapacitated (EWI)	0.4	0.4	0.3	0.3	0.3	0.6		0.3	
Other (EWO)	0.0	0.1	0.0	0.1	0.1	0.0		0.0	
Total	100.0	100.0	100.0	100.0	100.0	100.0		100.0	
Number of women	29,334	50,992	96,657	43,976	27,182	28,680		21,662	
Eligible women's response rate (EWRR) <sup>2</sup>	97.0	94.9	96.3	96.6	97.5	97.5		98.8	
Overall women's response rate (OWRR) <sup>3</sup>	95.9	88.9	93.7	93.7	94.9	96.1		97.5	

Continued...

Table A.3 Sample implementation: Women—Continued

Percent distribution of households and eligible women by results of the household and individual interviews and the household, eligible women and overall women response rates, according to urban-rural residence and region (unweighted), India, 2019-21

Result	Northeast										West			
	Arunachal Pradesh	Assam	Manipur	Meghalaya	Mizoram	Nagaland	Sikkim	Tripura	Dadra & Nagar Haveli and Daman & Diu	Goa	Gujarat	Maharashtra		
<b>Selected households</b>														
Completed (C)	96.8	98.8	94.7	99.8	98.2	99.7	95.2	97.5	96.5	97.9	96.3	94.9		
Household present but no competent respondent at home (HP)	0.4	0.4	1.6	0.0	0.3	0.0	1.2	1.4	1.7	0.4	1.2	0.9		
Postponed (P)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.1	0.2		
Refused (R)	0.5	0.2	0.2	0.1	0.3	0.1	0.4	0.3	0.5	1.3	0.4	1.6		
Dwelling not found (DNF)	0.3	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.1	0.0	0.0	0.1		
Household absent (HA)	1.2	0.4	2.5	0.0	0.7	0.1	2.3	0.3	0.7	0.2	1.4	1.3		
Dwelling vacant/address not a dwelling (DV)	0.4	0.1	0.4	0.0	0.3	0.0	0.3	0.2	0.1	0.1	0.5	0.5		
Dwelling destroyed (DD)	0.2	0.0	0.0	0.0	0.1	0.0	0.1	0.0	0.1	0.0	0.0	0.1		
Other (O)	0.2	0.1	0.6	0.0	0.1	0.0	0.5	0.2	0.3	0.1	0.1	0.3		
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0		
Number of sampled households	18,879	30,493	8,326	10,167	7,393	10,141	3,695	7,392	2,773	1,895	30,496	33,327		
Household response rate (HRR) <sup>1</sup>	98.6	99.3	98.1	99.8	99.4	99.9	98.4	98.3	97.6	98.3	98.2	97.1		
<b>Eligible women</b>														
Completed (EWC)	98.4	97.6	97.0	98.8	98.7	99.8	95.4	97.2	97.4	98.2	97.6	97.3		
Not at home (EWNH)	1.0	1.8	2.0	0.4	0.5	0.0	2.8	1.8	1.4	1.0	1.7	1.6		
Postponed (EWP)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0		
Refused (EWR)	0.3	0.2	0.2	0.4	0.5	0.1	0.8	0.3	0.8	0.5	0.2	0.6		
Partly completed (EWPc)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.0	0.0	0.0	0.0		
Incapacitated (EWI)	0.2	0.2	0.6	0.3	0.2	0.1	0.8	0.5	0.4	0.2	0.4	0.3		
Other (EWO)	0.0	0.1	0.2	0.1	0.0	0.0	0.1	0.1	0.1	0.0	0.1	0.1		
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0		
Number of women	20,085	35,823	8,294	13,242	7,372	9,717	3,430	7,521	2,785	2,067	34,177	34,687		
Eligible women's response rate (EWRR) <sup>2</sup>	98.4	97.6	97.0	98.8	98.7	99.8	95.4	97.2	97.4	98.2	97.6	97.3		
Overall women's response rate (OWRR) <sup>3</sup>	97.0	97.0	95.1	98.7	98.1	99.6	93.8	95.6	95.1	96.5	95.8	94.5		

Continued...

Table A.3 Sample implementation: Women—Continued

Percent distribution of households and eligible women by results of the household and individual interviews and the household, eligible women and overall women response rates, according to urban-rural residence and region (unweighted), India, 2019-21

Result	South										Total	
	Andaman & Nicobar Islands	Andhra Pradesh	Karnataka	Kerala	Lakshadweep	Puducherry	Tamil Nadu	Telangana				
<b>Selected households</b>												
Completed (C)	94.6	94.4	95.5	95.3	99.7	95.3	94.4	95.5	95.7	95.7	95.7	95.7
Household present but no competent respondent at home (HP)	2.2	2.0	1.6	1.0	0.0	0.5	1.0	1.4	1.3	1.3	1.3	1.3
Postponed (P)	0.0	0.0	0.1	0.1	0.0	0.0	0.1	0.1	0.1	0.1	0.1	0.1
Refused (R)	0.4	0.9	0.7	0.4	0.1	1.5	1.4	1.3	1.0	1.0	1.0	1.0
Dwelling not found (DNF)	0.1	0.1	0.2	0.3	0.0	0.1	0.1	0.0	0.1	0.0	0.1	0.1
Household absent (HA)	1.6	1.5	0.9	1.9	0.2	1.2	1.5	0.8	1.1	0.8	1.1	1.1
Dwelling vacant/address not a dwelling (DV)	0.8	0.8	0.4	0.8	0.0	1.2	1.2	0.6	0.4	0.6	0.4	0.4
Dwelling destroyed (DD)	0.1	0.1	0.2	0.1	0.0	0.1	0.1	0.2	0.1	0.2	0.1	0.1
Other (O)	0.2	0.2	0.5	0.1	0.0	0.1	0.2	0.1	0.1	0.2	0.1	0.2
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of sampled households	2,773	12,019	27,819	12,944	924	3,695	29,588	28,642	664,972	664,972	664,972	664,972
Household response rate (HRR) <sup>1</sup>	97.3	96.9	97.4	98.2	99.9	97.9	97.3	97.1	97.5	97.5	97.5	97.5
<b>Eligible women</b>												
Completed (EWC)	97.8	97.4	97.6	96.6	98.0	98.1	98.3	96.8	96.9	96.9	96.9	96.9
Not at home (EWNH)	1.0	1.5	1.6	1.9	1.1	0.8	0.5	1.5	2.0	2.0	2.0	2.0
Postponed (EWP)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Refused (EWR)	0.6	0.4	0.3	0.6	0.0	0.7	0.6	1.1	0.6	0.6	0.6	0.6
Partly completed (EWPC)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Incapacitated (EWI)	0.4	0.6	0.4	0.7	0.9	0.3	0.5	0.4	0.4	0.4	0.4	0.4
Other (EWO)	0.2	0.1	0.1	0.1	0.0	0.1	0.0	0.1	0.1	0.1	0.1	0.1
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	2,451	11,267	31,194	11,351	1,259	3,741	26,095	28,418	747,169	747,169	747,169	747,169
Eligible women's response rate (EWRR) <sup>2</sup>	97.8	97.4	97.6	96.6	98.0	98.1	98.3	96.8	96.9	96.9	96.9	96.9
Overall women's response rate (OWRR) <sup>3</sup>	95.1	94.4	95.1	94.9	97.9	96.0	95.7	94.1	94.5	94.5	94.5	94.5

<sup>1</sup> Using the number of households falling into specific response categories, the household response rate (HRR) was calculated as:  $100 * C$

C + HP + P + R + DNF

<sup>2</sup> The eligible women's response rate (EWRR) was equivalent to the percentage of interviews completed (EWC)  $100 * EWC$

EWC + EWNH + EWP + EWR + EWPC + EWI + EWO

<sup>3</sup> The overall women's response rate (OWRR) was calculated as:  $OWRR = HRR * EWRR/100$

Table A.4 Sample implementation: Men

Percent distribution of households and eligible men by results of the household and individual interviews and the household, eligible men and overall men response rates, according to urban-rural residence and region (unweighted), India, 2019-21

Result	Residence										
	Urban	Rural	Chandigarh	Delhi	Haryana	Himachal Pradesh	Jammu & Kashmir	Ladakh	Punjab	Rajasthan	Uttarakhand
<b>Selected households</b>											
Completed (C)	93.0	96.5	87.1	93.4	94.1	96.3	97.4	96.7	93.3	97.4	94.0
Household present but no competent respondent at home (HP)	1.4	1.2	0.8	1.6	1.5	0.9	1.4	1.8	2.1	1.2	0.9
Postponed (P)	0.1	0.1	0.8	0.1	0.1	0.1	0.0	0.0	0.1	0.0	0.0
Refused (R)	2.9	0.6	7.6	2.7	1.6	0.0	0.3	0.0	2.3	0.6	1.9
Dwelling not found (DNF)	0.1	0.1	0.0	0.0	0.4	0.0	0.1	0.0	0.1	0.0	0.1
Household absent (HA)	1.5	1.1	3.0	1.4	1.3	2.3	0.5	1.1	0.7	0.4	2.0
Dwelling vacant/address not a dwelling (DV)	0.7	0.3	0.0	0.3	0.8	0.3	0.1	0.0	0.6	0.1	0.8
Dwelling destroyed (DD)	0.1	0.1	0.0	0.1	0.1	0.0	0.0	0.0	0.1	0.1	0.0
Other (O)	0.3	0.2	0.8	0.6	0.1	0.1	0.2	0.4	0.7	0.1	0.3
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of sampled households	26,220	74,242	132	1,529	2,888	1,696	2,782	275	3,095	4,961	1,926
Household response rate (HRR) <sup>1</sup>	95.4	98.0	90.6	95.6	96.3	99.0	98.2	98.2	95.3	98.1	97.1
<b>Eligible men</b>											
Completed (EMC)	89.4	92.4	63.4	84.2	84.8	91.1	88.1	92.7	83.1	94.1	85.2
Not at home (EMNH)	7.4	6.0	28.7	10.3	13.1	7.7	11.3	6.9	12.7	4.9	12.1
Postponed (EMP)	0.1	0.1	0.6	0.0	0.0	0.0	0.0	0.0	0.3	0.1	0.2
Refused (EMR)	2.4	0.8	7.3	4.9	1.5	0.5	0.3	0.3	3.0	0.5	1.5
Partly completed (EMPC)	0.0	0.0	0.0	0.0	0.1	0.1	0.0	0.0	0.0	0.0	0.1
Incapacitated (EMI)	0.5	0.6	0.0	0.1	0.5	0.6	0.3	0.0	0.6	0.4	0.8
Other (EMO)	0.2	0.1	0.0	0.4	0.1	0.1	0.1	0.0	0.4	0.0	0.2
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of men	29,557	81,619	164	2,019	3,804	1,622	3,505	331	3,966	6,754	1,862
Eligible men's response rate (EMRR) <sup>2</sup>	89.4	92.4	63.4	84.2	84.8	91.1	88.1	92.7	83.1	94.1	85.2
Overall men's response rate (OMRR) <sup>3</sup>	85.3	90.6	57.4	80.5	81.7	90.1	86.4	91.0	79.2	92.3	82.7

Continued...

Table A.4 Sample implementation: Men—Continued

Percent distribution of households and eligible men by results of the household and individual interviews and the household, eligible men and overall men response rates, according to urban-rural residence and region (unweighted), India, 2019-21

Result	Central					East				
	Chhattisgarh	Madhya Pradesh	Uttar Pradesh	Bihar	Jharkhand	Odisha	West Bengal			
<b>Selected households</b>										
Completed (C)	98.4	90.7	95.0	95.4	95.6	95.4	98.8			
Household present but no competent respondent at home (HP)	0.8	2.3	1.3	2.3	1.4	0.9	0.7			
Postponed (P)	0.0	0.0	0.2	0.0	0.0	0.0	0.0			
Refused (R)	0.3	4.4	1.5	0.4	1.8	0.3	0.3			
Dwelling not found (DNF)	0.0	0.2	0.1	0.0	0.1	0.2	0.0			
Household absent (HA)	0.4	1.4	1.5	1.6	0.9	2.4	0.1			
Dwelling vacant/address not a dwelling (DV)	0.0	0.3	0.3	0.1	0.0	0.3	0.1			
Dwelling destroyed (DD)	0.1	0.3	0.1	0.1	0.0	0.1	0.0			
Other (O)	0.0	0.4	0.1	0.1	0.1	0.4	0.0			
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0			
Number of sampled households	3,774	6,999	11,168	5,688	3,608	4,246	2,782			
Household response rate (HRR) <sup>1</sup>	98.9	92.9	96.8	97.2	96.7	98.5	99.0			
<b>Eligible men</b>										
Completed (EMC)	94.1	88.0	88.6	90.9	92.1	93.3	96.4			
Not at home (EMINH)	4.7	9.2	8.7	7.7	5.9	4.8	2.8			
Postponed (EMP)	0.0	0.1	0.3	0.0	0.2	0.0	0.0			
Refused (EMR)	0.4	1.9	1.9	0.5	1.1	0.7	0.3			
Partly completed (EMPC)	0.0	0.0	0.0	0.1	0.0	0.0	0.0			
Incapacitated (EMI)	0.6	0.7	0.6	0.7	0.6	1.0	0.5			
Other (EMO)	0.2	0.1	0.1	0.1	0.0	0.1	0.0			
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0			
Number of men	4,434	7,980	13,599	5,387	3,706	4,141	3,133			
Eligible men's response rate (EMRR) <sup>2</sup>	94.1	88.0	88.6	90.9	92.1	93.3	96.4			
Overall men's response rate (OMRR) <sup>3</sup>	93.1	81.7	85.8	88.3	89.1	92.0	95.5			

Continued...

Table A.4 Sample implementation: Men—Continued

Percent distribution of households and eligible men by results of the household and individual interviews and the household, eligible men and overall men response rates, according to urban-rural residence and region (unweighted), India, 2019-21

Result	Northeast										West			
	Arunachal Pradesh	Assam	Manipur	Meghalaya	Mizoram	Nagaland	Sikkim	Tripura	Dadra & Nagar Haveli and Daman & Diu	Goa	Gujarat	Maharashtra		
<b>Selected households</b>														
Completed (C)	96.7	98.9	95.0	99.8	98.5	99.8	95.3	97.7	97.2	99.0	95.7	94.1		
Household present but no competent respondent at home (HP)	0.3	0.4	1.2	0.0	0.2	0.0	1.6	1.1	1.4	0.3	1.3	1.0		
Postponed (P)	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.2		
Refused (R)	0.7	0.2	0.0	0.2	0.3	0.0	0.4	0.5	0.2	0.7	0.5	2.2		
Dwelling not found (DNF)	0.2	0.0	0.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.2		
Household absent (HA)	1.1	0.3	2.6	0.0	0.5	0.1	2.2	0.2	0.7	0.0	1.7	1.4		
Dwelling vacant/address not a dwelling (DV)	0.5	0.1	0.2	0.0	0.4	0.1	0.5	0.2	0.0	0.0	0.7	0.5		
Dwelling destroyed (DD)	0.1	0.0	0.1	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.1		
Other (O)	0.3	0.1	0.7	0.0	0.1	0.1	0.0	0.4	0.5	0.0	0.1	0.3		
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0		
Number of sampled households	2,850	4,610	1,289	1,540	1,122	1,550	549	1,100	429	287	4,609	5,023		
Household response rate (HRR) <sup>1</sup>	98.7	99.4	98.6	99.8	99.5	100.0	97.9	98.4	98.3	99.0	98.1	96.3		
<b>Eligible men</b>														
Completed (EMC)	96.6	93.9	93.0	97.0	98.0	99.6	94.4	93.2	91.6	96.0	95.0	94.7		
Not at home (EMNH)	2.3	4.9	4.9	0.9	0.7	0.1	4.0	5.9	6.7	1.2	4.0	3.3		
Postponed (EMP)	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.1		
Refused (EMR)	0.5	0.6	0.6	1.4	0.5	0.2	0.4	0.2	1.3	2.5	0.4	1.2		
Partly completed (EMPC)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0		
Incapacitated (EMI)	0.3	0.3	1.4	0.5	0.3	0.1	1.2	0.6	0.0	0.3	0.5	0.6		
Other (EMO)	0.2	0.2	0.2	0.2	0.4	0.0	0.0	0.1	0.4	0.0	0.1	0.1		
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0		
Number of men	2,981	5,294	1,250	1,880	1,127	1,462	497	1,062	466	326	5,632	5,803		
Eligible men's response rate (EMRR) <sup>2</sup>	96.6	93.9	93.0	97.0	98.0	99.6	94.4	93.2	91.6	96.0	95.0	94.7		
Overall men's response rate (OMRR) <sup>3</sup>	95.4	93.4	91.6	96.8	97.6	99.6	92.4	91.8	90.1	95.0	93.2	91.3		

Continued...

Table A.4 Sample implementation: Men—Continued

Percent distribution of households and eligible men by results of the household and individual interviews and the household, eligible men and overall men response rates, according to urban-rural residence and region (unweighted), India 2019-21

Result	South										Total	
	Andaman & Nicobar Islands	Andhra Pradesh	Karnataka	Kerala	Lakshadweep	Puducherry	Tamil Nadu	Telangana				
<b>Selected households</b>												
Completed (C)	95.2	94.6	95.8	94.8	100.0	95.7	94.4	95.5	95.6			
Household present but no competent respondent at home (HP)	1.9	1.8	1.7	1.2	0.0	0.4	0.7	1.3	1.2			
Postponed (P)	0.0	0.2	0.0	0.1	0.0	0.0	0.1	0.0	0.1			
Refused (R)	0.5	1.2	0.8	0.6	0.0	1.6	1.5	1.4	1.2			
Dwelling not found (DNF)	0.0	0.1	0.1	0.3	0.0	0.0	0.1	0.0	0.1			
Household absent (HA)	1.4	1.3	0.8	2.2	0.0	1.1	1.5	0.8	1.2			
Dwelling vacant/address not a dwelling (DV)	0.5	0.7	0.3	0.9	0.0	1.2	1.4	0.6	0.4			
Dwelling destroyed (DD)	0.0	0.2	0.2	0.1	0.0	0.0	0.1	0.3	0.1			
Other (O)	0.5	0.1	0.4	0.1	0.0	0.0	0.2	0.2	0.2			
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0			100.0
Number of sampled households	418	1,817	4,194	1,981	143	561	4,479	4,362	100,462			
Household response rate (HRR) <sup>1</sup>	97.5	96.8	97.4	97.8	100.0	98.0	97.6	97.2	97.3			
<b>Eligible men</b>												
Completed (EMC)	94.3	92.2	93.9	89.1	97.1	96.4	94.9	92.0	91.6			
Not at home (EMNH)	3.9	5.0	4.1	8.0	0.7	2.2	2.5	4.7	6.4			
Postponed (EMP)	0.0	0.0	0.2	0.1	0.0	0.0	0.2	0.1	0.1			
Refused (EMR)	1.5	1.7	1.0	1.4	0.0	0.9	1.2	2.6	1.2			
Partly completed (EMPC)	0.0	0.1	0.1	0.1	0.0	0.0	0.0	0.0	0.0			
Incapacitated (EMI)	0.3	0.9	0.5	1.3	2.2	0.5	1.1	0.4	0.6			
Other (EMO)	0.0	0.1	0.2	0.1	0.0	0.0	0.0	0.2	0.1			
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0			100.0
Number of men	389	1,689	4,810	1,654	139	554	3,553	4,201	111,176			
Eligible men's response rate (EMRR) <sup>2</sup>	94.3	92.2	93.9	89.1	97.1	96.4	94.9	92.0	91.6			
Overall men's response rate (OMRR) <sup>3</sup>	92.0	89.3	91.4	87.1	97.1	94.5	92.6	89.3	89.2			

<sup>1</sup> Using the number of households falling into specific response categories, the household response rate (HRR) was calculated as:  $100 * R$

C + HP + P + R + LNT

<sup>2</sup> The eligible men's response rate (EMRR) was equivalent to the percentage of interviews completed (EMC)  $100 * EMC$

EMC + EMNH + EMP + EMR + EMPC + EMI + EMO

<sup>3</sup> The overall men's response rate (OMRR) was calculated as:  $OMRR = HRR * EMRR/100$



# ESTIMATES OF SAMPLING ERRORS

**Table B.1 List of variables for sampling errors, India, 2019-21**

Variable	Estimate	Base population
<b>HOUSEHOLDS</b>		
Using an improved source of drinking water	Proportion	Households
Using an improved sanitation facility	Proportion	Households
Using iodized salt	Proportion	Households
Sex ratio (females per 1,000 males)	Ratio	<i>De facto</i> household population, all ages
<b>WOMEN</b>		
No schooling (Females age 6 years and above)	Proportion	<i>De facto</i> household population of females age 6 and above
Urban residence	Proportion	Women age 15-49
No schooling (Women age 15-49)	Proportion	Women age 15-49
Completed 10 or more years of schooling	Proportion	Women age 15-49
Never married, including married <i>gauna</i> not performed	Proportion	Women age 15-49
Currently married	Proportion	Women age 15-49
Married before age 18	Proportion	Women age 20-49
Currently using any contraceptive method	Proportion	Currently married women age 15-49
Currently using a modern contraceptive method	Proportion	Currently married women age 15-49
Currently using a traditional contraceptive method	Proportion	Currently married women age 15-49
Currently using pill	Proportion	Currently married women age 15-49
Currently using IUD/PPIUD	Proportion	Currently married women age 15-49
Currently using condom/ <i>Nirodh</i>	Proportion	Currently married women age 15-49
Currently using female sterilization	Proportion	Currently married women age 15-49
Using public health sector source of contraception	Proportion	Women age 15-49 currently using modern methods of contraception
Unmet need for family planning	Proportion	Currently married women age 15-49
Want no more children	Proportion	Currently married women age 15-49
Want to delay next birth for at least 2 years	Proportion	Currently married women age 15-49
Mother received four or more antenatal care (ANC) visits	Proportion	Women with at least one birth in last five years (last birth)
Took iron and folic acid (IFA) for 100 days or more	Proportion	Women with at least one birth in last five years (last birth)
Birth registration	Proportion	<i>De jure</i> children under age 5 years
Births delivered by a skilled provider	Proportion	Births in last 5 years
Institutional delivery	Proportion	Births in last 5 years
Postnatal check for mother within 2 days of birth	Proportion	Women with at least one birth in last five years (last birth)
Postnatal check for newborn within 2 days of birth	Proportion	Women with at least one birth in last five years (last birth)
Exclusive breastfeeding	Proportion	Children under age 6 months
Children with diarrhoea in the last two weeks	Proportion	Children under age 5 years
Treated with oral rehydration salt (ORS) packets	Proportion	Children under age 5 years with diarrhoea in last 2 weeks
Children with diarrhoea taken to a health provider	Proportion	Children under age 5 years with diarrhoea in last 2 weeks
Child received BCG vaccination	Proportion	Children age 12-23 months
Child received penta or DPT vaccination (3 doses)	Proportion	Children age 12-23 months
Child received polio vaccination (3 doses)	Proportion	Children age 12-23 months
Child received first dose of measles vaccine	Proportion	Children age 12-23 months
Child received penta or hepatitis B vaccination (3 doses)	Proportion	Children age 12-23 months
Child with all basic vaccinations	Proportion	Children age 12-23 months
Height-for-age, stunting (below -2SD)	Proportion	Children under age 5 years who were measured
Weight-for-height, wasting (below -2SD)	Proportion	Children under age 5 years who were measured
Weight-for-age, underweight (below -2SD)	Proportion	Children under age 5 years who were measured
Children with any anaemia	Proportion	Children age 6-59 months with an anaemia test
Women with any anaemia	Proportion	Women age 15-49 with an anaemia test
Body mass index (BMI) <18.5 kg/m <sup>2</sup>	Proportion	Women age 15-49 who were measured
Body mass index (BMI) ≥25.0 kg/m <sup>2</sup>	Proportion	Women age 15-49 who were measured
Waist-to-hip ratio ≥0.85	Proportion	Women age 15-49 who were measured
Have heard of HIV or AIDS	Proportion	Women age 15-49
Have comprehensive knowledge about HIV/AIDS	Proportion	Women age 15-49
Ever experienced physical or sexual violence	Proportion	Women age 18-49
Total fertility rate (last 3 years)	Rate	Women
Neonatal mortality	Rate	Births in last 5 years
Postneonatal mortality	Rate	Births in last 5 years
Infant mortality	Rate	Births in last 5 years
Child mortality	Rate	Births in last 5 years
Under-five mortality	Rate	Births in last 5 years
<b>MEN</b>		
No schooling (Males age 6 years and above)	Proportion	<i>De facto</i> household population of males age 6 and above
Urban residence	Proportion	Men age 15-49
No schooling (Men age 15-49)	Proportion	Men age 15-49
Completed 10 or more years of schooling	Proportion	Men age 15-49
Never married, including married <i>gauna</i> not performed	Proportion	Men age 15-49
Currently married	Proportion	Men age 15-49
Married before age 21	Proportion	Men age 25-49
Want no more children	Proportion	Currently married men age 15-49
Want to delay next birth for at least 2 years	Proportion	Currently married men age 15-49
Men with any anaemia	Proportion	Men age 15-49 with an anaemia test
Body mass index (BMI) <18.5 kg/m <sup>2</sup>	Proportion	Men age 15-49 who were measured
Body mass index (BMI) ≥25.0 kg/m <sup>2</sup>	Proportion	Men age 15-49 who were measured
Waist-to-hip ratio ≥0.90	Proportion	Men age 15-49 who were measured
Have heard of HIV or AIDS	Proportion	Men age 15-49
Have comprehensive knowledge about HIV/AIDS	Proportion	Men age 15-49

**Table B.2 Sampling errors: Total sample, India, 2019-21**

Variable	Value (R)	Standard error (SE)	Number of cases		Design effect (DEFT)	Relative standard error (SE/R)	Confidence limits	
			Unweighted (N)	Weighted (WN)			R-2SE	R+2SE
HOUSEHOLDS								
Using an improved source of drinking water	0.959	0.001	636,699	636,699	2.729	0.001	0.958	0.960
Using an improved sanitation facility	0.693	0.002	636,699	636,699	2.863	0.002	0.690	0.696
Using iodized salt	0.943	0.001	633,902	633,062	2.428	0.001	0.941	0.944
Sex ratio (females per 1,000 males)	1,020.453	1.361	1379,311	1370,100	1.546	0.001	1,017.730	1,023.176
WOMEN								
No schooling (Females age 6 years and above)	0.282	0.001	1268,112	1265,051	1.971	0.003	0.280	0.284
Urban residence	0.325	0.002	724,115	724,115	3.026	0.005	0.322	0.328
No schooling (Women age 15-49)	0.226	0.001	724,115	724,115	2.003	0.004	0.224	0.228
Completed 10 or more years of schooling	0.410	0.001	724,115	724,115	2.460	0.003	0.408	0.413
Never married, including married <i>gauna</i> not performed	0.238	0.001	724,115	724,115	1.461	0.003	0.236	0.239
Currently married	0.720	0.001	724,115	724,115	1.503	0.001	0.718	0.722
Married before age 18	0.380	0.001	601,635	601,571	1.863	0.003	0.378	0.383
Currently using any contraceptive method	0.667	0.001	512,408	521,352	1.918	0.002	0.665	0.670
Currently using a modern contraceptive method	0.564	0.001	512,408	521,352	1.944	0.002	0.562	0.567
Currently using a traditional contraceptive method	0.103	0.001	512,408	521,352	1.893	0.008	0.101	0.104
Currently using pill	0.051	0.001	512,408	521,352	2.019	0.012	0.050	0.052
Currently using IUD/PPIUD	0.021	0.000	512,408	521,352	1.582	0.015	0.020	0.022
Currently using condom/ <i>Nirodh</i>	0.095	0.001	512,408	521,352	1.840	0.008	0.093	0.096
Currently using female sterilization	0.379	0.001	512,408	521,352	1.891	0.003	0.377	0.382
Using public health sector source of contraception	0.677	0.002	288,708	305,140	2.007	0.003	0.673	0.680
Unmet need for family planning	0.094	0.001	512,408	521,352	1.736	0.008	0.093	0.096
Want no more children	0.702	0.001	512,408	521,352	1.630	0.001	0.700	0.704
Want to delay next birth for at least 2 years	0.103	0.001	512,408	521,352	1.608	0.007	0.102	0.105
Mother received four or more antenatal care (ANC) visits	0.581	0.002	176,843	174,947	1.879	0.004	0.577	0.586
Took iron and folic acid (IFA) for 100 days or more	0.441	0.002	176,843	174,947	1.784	0.005	0.436	0.445
Birth registration	0.891	0.001	227,995	224,226	1.615	0.001	0.888	0.893
Births delivered by a skilled provider	0.894	0.001	232,920	230,870	1.738	0.001	0.892	0.897
Institutional delivery	0.886	0.001	232,920	230,870	1.774	0.002	0.883	0.889
Postnatal check for mother within 2 days of birth	0.814	0.002	176,843	174,947	1.922	0.002	0.810	0.817
Postnatal check for newborn within 2 days of birth	0.816	0.002	176,843	174,947	1.770	0.002	0.813	0.819
Exclusive breastfeeding	0.639	0.005	22,840	22,372	1.429	0.007	0.630	0.648
Children with diarrhoea in the last two weeks	0.073	0.001	224,218	222,233	1.608	0.013	0.071	0.075
Treated with oral rehydration salt (ORS) packets	0.606	0.006	15,334	16,213	1.454	0.010	0.595	0.618
Children with diarrhoea taken to a health provider	0.689	0.005	15,334	16,213	1.413	0.008	0.679	0.700
Child received BCG vaccination	0.952	0.002	43,436	43,247	1.623	0.002	0.949	0.955
Child received penta or DPT vaccination (3 doses)	0.867	0.003	43,436	43,247	1.535	0.003	0.862	0.872
Child received polio vaccination (3 doses)	0.805	0.003	43,436	43,247	1.527	0.004	0.799	0.810
Child received first dose of measles vaccine	0.879	0.003	43,436	43,247	1.576	0.003	0.874	0.884
Child received penta or hepatitis B vaccination (3 doses)	0.839	0.003	43,436	43,247	1.539	0.003	0.833	0.844
Child with all basic vaccinations	0.764	0.003	43,436	43,247	1.489	0.004	0.758	0.771
Height-for-age, stunting (below -2SD)	0.355	0.002	206,407	201,276	1.538	0.005	0.351	0.358
Weight-for-height, wasting (below -2SD)	0.193	0.002	202,059	197,314	1.819	0.009	0.189	0.196
Weight-for-age, underweight (below -2SD)	0.321	0.002	210,916	205,641	1.542	0.005	0.318	0.325
Children with any anaemia	0.671	0.002	154,935	152,752	1.546	0.003	0.667	0.675
Women with any anaemia	0.570	0.001	690,166	682,035	1.953	0.002	0.568	0.573
Body mass index (BMI) <18.5 kg/m <sup>2</sup>	0.187	0.001	665,157	659,686	1.776	0.005	0.185	0.188
Body mass index (BMI) ≥25.0 kg/m <sup>2</sup>	0.240	0.001	665,157	659,686	2.009	0.004	0.238	0.242
Waist-to-hip ratio ≥0.85	0.566	0.002	664,414	658,894	2.770	0.003	0.562	0.569
Have heard of HIV or AIDS	0.871	0.002	108,785	108,014	2.313	0.003	0.866	0.875
Have comprehensive knowledge about HIV/AIDS	0.216	0.003	108,785	108,014	2.227	0.013	0.210	0.221
Ever experienced physical or sexual violence	0.305	0.004	70,921	67,309	2.349	0.013	0.297	0.313
Total fertility rate (last 3 years)	1.985	0.009	2058,883	2059,778	1.532	0.004	1.968	2.002
Neonatal mortality rate (last 5 years)	24.914	0.465	233,463	231,428	1.332	0.019	23.985	25.843
Postneonatal mortality rate (last 5 years)	10.286	0.290	233,785	231,819	1.334	0.028	9.705	10.866
Infant mortality rate (last 5 years)	35.200	0.569	233,636	231,589	1.373	0.016	34.062	36.338
Child mortality rate (last 5 years)	6.905	0.238	237,141	235,142	1.409	0.034	6.429	7.380
Under-five mortality rate (last 5 years)	41.862	0.623	234,367	232,332	1.390	0.015	40.616	43.107
MEN								
No schooling (Males age 6 years and above)	0.135	0.001	1234,482	1226,880	1.921	0.005	0.134	0.137
Urban residence	0.353	0.005	93,267	93,144	3.055	0.014	0.343	0.362
No schooling (Men age 15-49)	0.107	0.002	93,267	93,144	2.102	0.020	0.103	0.111
Completed 10 or more years of schooling	0.502	0.004	93,267	93,144	2.721	0.009	0.493	0.511
Never married, including married <i>gauna</i> not performed	0.392	0.003	93,267	93,144	1.851	0.008	0.386	0.398
Currently married	0.596	0.003	93,267	93,144	1.843	0.005	0.590	0.602
Married before age 21	0.234	0.003	62,197	62,375	2.061	0.015	0.227	0.241
Want no more children	0.692	0.004	55,280	55,475	2.127	0.006	0.683	0.700
Want to delay next birth for at least 2 years	0.113	0.003	55,280	55,475	1.971	0.023	0.108	0.118
Men with any anaemia	0.251	0.003	86,582	84,822	2.016	0.013	0.244	0.257
Body mass index (BMI) <18.5 kg/m <sup>2</sup>	0.162	0.003	87,824	85,989	1.864	0.016	0.157	0.167
Body mass index (BMI) ≥25.0 kg/m <sup>2</sup>	0.229	0.003	87,824	85,989	2.132	0.014	0.222	0.235
Waist-to-hip ratio ≥0.90	0.476	0.004	87,816	85,976	2.522	0.009	0.468	0.485
Have heard of HIV or AIDS	0.943	0.002	93,267	93,144	2.668	0.002	0.939	0.947
Have comprehensive knowledge about HIV/AIDS	0.307	0.005	93,267	93,144	3.305	0.016	0.297	0.317

**Table B.3 Sampling errors: Urban sample, India, 2019-21**

Variable	Value (R)	Standard error (SE)	Number of cases		Design effect (DEFT)	Relative standard error (SE/R)	Confidence limits	
			Unweighted (N)	Weighted (WN)			R-2SE	R+2SE
HOUSEHOLDS								
Using an improved source of drinking water	0.987	0.001	160,138	211,271	2.244	0.001	0.985	0.988
Using an improved sanitation facility	0.807	0.004	160,138	211,271	3.702	0.005	0.800	0.815
Using iodized salt	0.969	0.001	159,190	209,599	2.196	0.001	0.967	0.971
Sex ratio (females per 1,000 males)	985.276	2.578	339,574	443,586	1.513	0.003	980.119	990.432
WOMEN								
No schooling (Females age 6 years and above)	0.174	0.002	307,765	401,394	2.352	0.010	0.171	0.178
No schooling (Women age 15-49)	0.127	0.002	179,535	235,279	2.386	0.015	0.123	0.131
Completed 10 or more years of schooling	0.563	0.003	179,535	235,279	2.907	0.006	0.556	0.570
Never married, including married <i>gauna</i> not performed	0.259	0.002	179,535	235,279	1.558	0.006	0.256	0.263
Currently married	0.694	0.002	179,535	235,279	1.615	0.003	0.691	0.698
Married before age 18	0.278	0.002	152,606	200,735	2.124	0.009	0.273	0.283
Currently using any contraceptive method	0.693	0.003	122,046	163,394	1.941	0.004	0.687	0.698
Currently using a modern contraceptive method	0.585	0.003	122,046	163,394	1.999	0.005	0.579	0.591
Currently using a traditional contraceptive method	0.107	0.002	122,046	163,394	1.987	0.016	0.104	0.111
Currently using pill	0.043	0.001	122,046	163,394	2.055	0.028	0.041	0.046
Currently using IUD/PPIUD	0.027	0.001	122,046	163,394	1.514	0.026	0.026	0.029
Currently using condom/ <i>Nirodh</i>	0.136	0.002	122,046	163,394	1.903	0.014	0.132	0.140
Currently using female sterilization	0.363	0.003	122,046	163,394	1.937	0.007	0.358	0.368
Using public health sector source of contraception	0.549	0.004	71,745	100,136	2.192	0.007	0.541	0.557
Unmet need for family planning	0.084	0.001	122,046	163,394	1.660	0.016	0.082	0.087
Want no more children	0.705	0.002	122,046	163,394	1.779	0.003	0.700	0.710
Want to delay next birth for at least 2 years	0.096	0.001	122,046	163,394	1.651	0.015	0.093	0.098
Mother received four or more antenatal care (ANC) visits	0.681	0.004	37,975	49,341	1.846	0.007	0.672	0.690
Took iron and folic acid (IFA) for 100 days or more	0.540	0.005	37,975	49,341	1.827	0.009	0.531	0.549
Birth registration	0.933	0.002	46,963	60,133	1.634	0.002	0.929	0.937
Births delivered by a skilled provider	0.940	0.002	47,199	61,528	1.853	0.003	0.935	0.945
Institutional delivery	0.938	0.003	47,199	61,528	1.976	0.003	0.933	0.943
Postnatal check for mother within 2 days of birth	0.860	0.003	37,975	49,341	1.847	0.004	0.853	0.866
Postnatal check for newborn within 2 days of birth	0.867	0.003	37,975	49,341	1.733	0.004	0.861	0.873
Exclusive breastfeeding	0.599	0.011	4,325	5,493	1.479	0.019	0.576	0.621
Children with diarrhoea in the last two weeks	0.062	0.002	45,884	59,780	1.528	0.029	0.058	0.065
Treated with oral rehydration salt (ORS) packets	0.625	0.013	2,837	3,682	1.419	0.021	0.599	0.651
Children with diarrhoea taken to a health provider	0.722	0.012	2,837	3,682	1.420	0.017	0.698	0.747
Child received BCG vaccination	0.947	0.005	8,879	11,632	1.900	0.005	0.938	0.956
Child received penta or DPT vaccination (3 doses)	0.860	0.006	8,879	11,632	1.620	0.007	0.847	0.872
Child received polio vaccination (3 doses)	0.792	0.007	8,879	11,632	1.590	0.009	0.778	0.806
Child received first dose of measles vaccine	0.872	0.006	8,879	11,632	1.684	0.007	0.860	0.884
Child received penta or hepatitis B vaccination (3 doses)	0.830	0.007	8,879	11,632	1.620	0.008	0.817	0.843
Child with all basic vaccinations	0.755	0.007	8,879	11,632	1.536	0.009	0.740	0.769
Height-for-age, stunting (below -2SD)	0.301	0.004	41,434	52,017	1.607	0.013	0.293	0.309
Weight-for-height, wasting (below -2SD)	0.185	0.003	40,476	50,858	1.543	0.017	0.179	0.192
Weight-for-age, underweight (below -2SD)	0.273	0.004	42,362	53,214	1.580	0.014	0.266	0.281
Children with any anaemia	0.642	0.004	33,857	42,917	1.556	0.007	0.634	0.651
Women with any anaemia	0.538	0.002	167,154	214,754	2.030	0.005	0.533	0.543
Body mass index (BMI) <18.5 kg/m <sup>2</sup>	0.132	0.002	163,591	210,860	1.807	0.012	0.129	0.135
Body mass index (BMI) ≥25.0 kg/m <sup>2</sup>	0.332	0.002	163,591	210,860	2.072	0.007	0.328	0.337
Waist-to-hip ratio ≥0.85	0.598	0.004	163,340	210,571	2.903	0.006	0.591	0.606
Have heard of HIV or AIDS	0.930	0.004	27,064	34,839	2.815	0.005	0.922	0.939
Have comprehensive knowledge about HIV/AIDS	0.286	0.006	27,064	34,839	2.365	0.023	0.273	0.299
Ever experienced physical or sexual violence	0.252	0.009	17,779	21,793	2.672	0.035	0.234	0.269
Total fertility rate (last 3 years)	1.633	0.016	513,927	674,454	1.708	0.010	1.600	1.665
Neonatal mortality rate (last 5 years)	17.960	0.966	47,386	61,779	1.510	0.054	16.028	19.892
Postneonatal mortality rate (last 5 years)	8.597	0.652	47,544	61,982	1.483	0.076	7.293	9.901
Infant mortality rate (last 5 years)	26.556	1.262	47,414	61,815	1.604	0.048	24.033	29.080
Child mortality rate (last 5 years)	5.030	0.541	48,799	63,806	1.740	0.108	3.948	6.112
Under-five mortality rate (last 5 years)	31.453	1.389	47,506	61,961	1.634	0.044	28.676	34.230
MEN								
No schooling (Males age 6 years and above)	0.078	0.001	309,590	405,166	2.076	0.014	0.076	0.080
No schooling (Men age 15-49)	0.067	0.004	24,211	32,852	2.346	0.056	0.059	0.074
Completed 10 or more years of schooling	0.621	0.011	24,211	32,852	3.499	0.018	0.599	0.643
Never married, including married <i>gauna</i> not performed	0.426	0.006	24,211	32,852	1.891	0.014	0.414	0.438
Currently married	0.562	0.006	24,211	32,852	1.855	0.011	0.550	0.574
Married before age 21	0.152	0.007	16,427	22,314	2.608	0.048	0.138	0.167
Want no more children	0.674	0.009	13,585	18,458	2.223	0.013	0.656	0.692
Want to delay next birth at least 2 years	0.103	0.005	13,585	18,458	1.964	0.050	0.093	0.114
Men with any anaemia	0.204	0.006	21,883	28,670	1.976	0.029	0.192	0.216
Body mass index (BMI) <18.5 kg/m <sup>2</sup>	0.130	0.005	22,296	29,166	2.085	0.040	0.120	0.140
Body mass index (BMI) ≥25.0 kg/m <sup>2</sup>	0.298	0.008	22,296	29,166	2.243	0.026	0.282	0.313
Waist-to-hip ratio ≥0.90	0.501	0.009	22,284	29,148	2.735	0.019	0.483	0.520
Have heard of HIV or AIDS	0.969	0.003	24,211	32,852	2.57	0.003	0.963	0.975
Have comprehensive knowledge about HIV/AIDS	0.374	0.011	24,211	32,852	3.568	0.030	0.352	0.397

**Table B.4 Sampling errors: Rural sample, India, 2019-21**

Variable	Value (R)	Standard error (SE)	Number of cases		Design effect (DEFT)	Relative standard error (SE/R)	Confidence limits	
			Unweighted (N)	Weighted (WN)			R-2SE	R+2SE
HOUSEHOLDS								
Using an improved source of drinking water	0.945	0.001	476,561	425,428	2.913	0.001	0.943	0.947
Using an improved sanitation facility	0.636	0.002	476,561	425,428	2.428	0.003	0.633	0.639
Using iodized salt	0.930	0.001	474,712	423,463	2.550	0.001	0.928	0.932
Sex ratio (females per 1,000 males)	1,037.295	1.587	1039,737	926,514	1.540	0.002	1,034.120	1,040.470
WOMEN								
No schooling (Females age 6 years and above)	0.332	0.001	960,347	863,656	1.797	0.003	0.330	0.334
No schooling (Women age 15-49)	0.273	0.001	544,580	488,836	1.890	0.004	0.271	0.276
Completed 10 or more years of schooling	0.337	0.001	544,580	488,836	2.149	0.004	0.334	0.340
Never married, including married <i>gauna</i> not performed	0.227	0.001	544,580	488,836	1.312	0.003	0.226	0.229
Currently married	0.732	0.001	544,580	488,836	1.330	0.001	0.731	0.734
Married before age 18	0.432	0.001	449,029	400,836	1.706	0.003	0.429	0.434
Currently using any contraceptive method	0.656	0.001	390,362	357,957	1.857	0.002	0.653	0.658
Currently using a modern contraceptive method	0.555	0.001	390,362	357,957	1.843	0.003	0.552	0.558
Currently using a traditional contraceptive method	0.100	0.001	390,362	357,957	1.737	0.008	0.099	0.102
Currently using pill	0.054	0.001	390,362	357,957	1.964	0.013	0.053	0.055
Currently using IUD/PPIUD	0.018	0.000	390,362	357,957	1.552	0.018	0.018	0.019
Currently using condom/ <i>Nirodh</i>	0.076	0.001	390,362	357,957	1.599	0.009	0.074	0.077
Currently using female sterilization	0.386	0.001	390,362	357,957	1.794	0.004	0.384	0.389
Using public health sector source of contraception	0.739	0.002	216,963	205,004	1.777	0.002	0.735	0.742
Unmet need for family planning	0.099	0.001	390,362	357,957	1.746	0.008	0.097	0.100
Want no more children	0.701	0.001	390,362	357,957	1.474	0.002	0.699	0.703
Want to delay next birth for at least 2 years	0.107	0.001	390,362	357,957	1.546	0.007	0.105	0.109
Mother received four or more antenatal care (ANC) visits	0.542	0.003	138,868	125,606	1.875	0.005	0.537	0.547
Took iron and folic acid (IFA) for 100 days or more	0.402	0.002	138,868	125,606	1.718	0.006	0.397	0.406
Birth registration	0.875	0.002	181,032	164,093	1.655	0.002	0.872	0.878
Births delivered by a skilled provider	0.878	0.002	185,721	169,342	1.747	0.002	0.874	0.881
Institutional delivery	0.867	0.002	185,721	169,342	1.772	0.002	0.864	0.870
Postnatal check for mother within 2 days of birth	0.796	0.002	138,868	125,606	1.957	0.003	0.791	0.800
Postnatal check for newborn within 2 days of birth	0.796	0.002	138,868	125,606	1.797	0.002	0.792	0.800
Exclusive breastfeeding	0.652	0.005	18,515	16,879	1.386	0.007	0.642	0.662
Children with diarrhoea in the last two weeks	0.077	0.001	178,334	162,452	1.645	0.014	0.075	0.079
Treated with oral rehydration salt (ORS) packets	0.601	0.006	12,497	12,531	1.476	0.011	0.588	0.614
Children with diarrhoea taken to a health provider	0.680	0.006	12,497	12,531	1.421	0.009	0.668	0.691
Child received BCG vaccination	0.954	0.002	34,557	31,614	1.387	0.002	0.951	0.957
Child received penta or DPT vaccination (3 doses)	0.870	0.003	34,557	31,614	1.458	0.003	0.865	0.876
Child received polio vaccination (3 doses)	0.809	0.003	34,557	31,614	1.464	0.004	0.803	0.815
Child received first dose of measles vaccine	0.882	0.003	34,557	31,614	1.483	0.003	0.877	0.887
Child received penta or hepatitis B vaccination (3 doses)	0.842	0.003	34,557	31,614	1.466	0.003	0.836	0.848
Child with all basic vaccinations	0.768	0.003	34,557	31,614	1.441	0.004	0.761	0.774
Height-for-age, stunting (below -2SD)	0.373	0.002	164,973	149,259	1.534	0.005	0.370	0.377
Weight-for-height, wasting (below -2SD)	0.195	0.002	161,583	146,456	1.936	0.010	0.191	0.199
Weight-for-age, underweight (below -2SD)	0.338	0.002	168,554	152,427	1.532	0.006	0.334	0.342
Children with any anaemia	0.683	0.002	121,078	109,835	1.516	0.003	0.678	0.687
Women with any anaemia	0.585	0.001	523,012	467,281	1.832	0.002	0.583	0.588
Body mass index (BMI) <18.5 kg/m <sup>2</sup>	0.212	0.001	501,566	448,826	1.747	0.005	0.210	0.214
Body mass index (BMI) ≥25.0 kg/m <sup>2</sup>	0.197	0.001	501,566	448,826	1.794	0.005	0.195	0.199
Waist-to-hip ratio ≥0.85	0.550	0.002	501,074	448,323	2.604	0.003	0.547	0.554
Have heard of HIV or AIDS	0.842	0.003	81,721	73,175	2.212	0.003	0.836	0.848
Have comprehensive knowledge about HIV/AIDS	0.182	0.003	81,721	73,175	2.000	0.015	0.177	0.188
Ever experienced physical or sexual violence	0.330	0.004	53,142	45,516	2.136	0.013	0.322	0.339
Total fertility rate (last 3 years)	2.144	0.010	1544,956	1385,324	1.415	0.004	2.124	2.163
Neonatal mortality rate (last 5 years)	27.450	0.526	186,077	169,649	1.291	0.019	26.398	28.502
Postneonatal mortality rate (last 5 years)	10.908	0.317	186,241	169,837	1.273	0.029	10.275	11.541
Infant mortality rate (last 5 years)	38.358	0.625	186,222	169,774	1.300	0.016	37.108	39.607
Child mortality rate (last 5 years)	7.624	0.256	188,342	171,336	1.289	0.034	7.112	8.135
Under-five mortality rate (last 5 years)	45.689	0.681	186,861	170,370	1.309	0.015	44.327	47.050
MEN								
No schooling (Males age 6 years and above)	0.164	0.001	924,892	821,714	1.896	0.005	0.162	0.165
No schooling (Men age 15-49)	0.129	0.003	69,056	60,291	1.976	0.020	0.124	0.134
Completed 10 or more years of schooling	0.437	0.004	69,056	60,291	1.930	0.008	0.430	0.445
Never married, including married <i>gauna</i> not performed	0.373	0.003	69,056	60,291	1.677	0.008	0.367	0.379
Currently married	0.614	0.003	69,056	60,291	1.701	0.005	0.608	0.620
Married before age 21	0.279	0.004	45,770	40,061	1.718	0.013	0.272	0.286
Want no more children	0.701	0.004	41,695	37,017	1.939	0.006	0.692	0.709
Want to delay next birth at least 2 years	0.118	0.003	41,695	37,017	1.919	0.026	0.112	0.124
Men with any anaemia	0.274	0.004	64,699	56,152	1.998	0.014	0.267	0.282
Body mass index (BMI) <18.5 kg/m <sup>2</sup>	0.178	0.003	65,528	56,824	1.703	0.015	0.173	0.184
Body mass index (BMI) ≥25.0 kg/m <sup>2</sup>	0.193	0.003	65,528	56,824	1.777	0.015	0.187	0.199
Waist-to-hip ratio ≥0.90	0.464	0.004	65,532	56,828	2.265	0.010	0.455	0.473
Have heard of HIV or AIDS	0.929	0.003	69,056	60,291	2.729	0.003	0.923	0.934
Have comprehensive knowledge about HIV/AIDS	0.270	0.005	69,056	60,291	2.689	0.017	0.261	0.279

**T**he challenges relating to expanding the content and coverage of NFHS, along with those that arose from the COVID-19 pandemic, resulted in the devising of innovative mechanisms in data collection and the adoption of multiple strategies during survey implementation. This section deals with a brief description of those innovations and implementation strategies which contributed to maintaining the overall quality of data.

### **MULTI-LAYER MONITORING AND SUPERVISION OF FIELDWORK**

In conformity with the standards of the Demographic Health Surveys (DHS) conducted across the world, NFHS has provisions for a multi-layer monitoring of fieldwork to strengthen the data quality, including spot checks, backchecks, review of field check tables, debriefing of fieldworkers, and continuous supportive supervision. In the course of NFHS-5, the results obtained each day, using inbuilt CAPI programmes, provided constant feedback and facilitated the adoption of corrective measures on the individual and team basis for various aspects of survey implementation. The IIPS field staff conducted spot checks and backchecks of surveyed households in a minimum of 10 percent of PSUs that were randomly selected by the IIPS Central Office. Once the errors were identified, the nature of the errors was explained to all the team members, along with the possible reasons for those errors. The team members were then required to re-visit those respondents and households before closing the data for those PSUs. The practice of debriefing and revisits in the first week of the survey was a major step in improving the data quality, especially in minimizing the missing events due to a communication gap between interviewers and respondents.

### **DEVELOPING NESTED DESIGNS USING A MODULAR APPROACH**

Given the mandate of NFHS-5 (2019-21) to provide district-level estimates of population, health, and nutrition indicators, a nested design was developed by adopting a modular approach. Some of the key domains like husband's background and women's work, sexual behaviour, knowledge of HIV/AIDS, household relations, and women's empowerment, which were not designed to have estimates at the district level, were included in the state module. Thus, the district module was a shorter version of the questionnaire canvassed in all 640 districts in NFHS-4 (as on March 31, 2014) and in 707 districts in NFHS-5 (as on March 31, 2017). The state module, which was an extended version of the questionnaire, was canvassed in 30 percent of selected PSUs in each district and among 50 percent of selected households (HHs) of these PSUs along with several biomarkers and additional sections in the woman's and man's questionnaires.

### **PARADIGM SHIFTS IN THE DATA COLLECTION PROCESS WITH THE INTRODUCTION OF CAPI**

Starting with the 2015-16 round, NFHS has been using Computer Assisted Personal Interviewing (CAPI), which helps in strengthening the data quality and saves time. The CAPI software provides results in real time, which are easily exportable to other formats. The CAPI data entry and editing programme is designed with numerous checks

and strategies to ensure high data quality. The inbuilt algorithm in the CAPI programme automatically handles skip patterns, filters, and eligibility for questionnaires. The process of data collection using CAPI has an excellent provision of synchronizing data from the interviewer's CAPI computer to the supervisor's CAPI computer, which provides an opportunity for back-checking information to improve data quality. This inbuilt mechanism partially saves incomplete questionnaires, offering the opportunity to complete the interview in multiple sessions, minimizing respondents' fatigue even in surveys with lengthy questionnaires. The use of the innovative SyncCloud technology improves the data synchronization from the supervisor's CAPI to the Central Office and gives access to real-time data from any device or computer. In this process, NFHS-5 assigned a unique code to each investigator within a state, helping track the progress and performance of the investigators and providing timely individual-level feedback.

### **USING FIELDCHECK TABLES (FCTS): AN OPPORTUNITY FOR REAL-TIME ACCESS TO DATA AND IMMEDIATE FEEDBACK**

NFHS-5 developed a protocol for accessing real-time data daily using the SyncCloud data streaming system. Continuous evaluation of data through field-check tables and regular feedback to field teams helped avoid errors and improved the quality of the data. The CAPI programmes helped in generating field-check tables (FCTS) on key indicators daily, which were reviewed by the Quality Assurance Team (QAT) in the Central Office to allow individual-level feedback to be communicated to the teams working in different parts of the country. A total of 51 indicators were developed as part of the FCTS, covering various aspects of data quality, including response rates, age displacement, birth displacement, and skips associated with multiple questions. These FCTS were used to provide feedback on the data quality. In addition, Skype interactions with the core team of the Field Agency (FA) and the IIPS field POs once every two weeks were arranged by the members of the quality assurance unit in the NFHS office at IIPS in NFHS-5 (2019-21). All these innovative measures significantly contributed to the tracking and monitoring of the daily field operations of NFHS. Particularly, they were used to boost the morale of the underperforming teams/interviewers and to motivate them citing the performance of the other teams.

### **DEVELOPING ERROR MESSAGES IN THE DATA COLLECTED FROM A PSU BY THE SUPERVISOR**

For the first time in NFHS-5 (2019-20), there was a provision for generating error messages with regard to internal consistency in the data, with the provision for immediate corrections. IIPS and ICF developed and implemented this application to reduce the burden of secondary editing after the completion of the data collection. This application was designed so that any inconsistencies in the responses of a completed interview could be highlighted. The team supervisor could ask the interviewer about the inconsistencies and make the necessary corrections. The interviewer could revisit the respondent if required for any clarification of those issues. In this way, the error messages turned out to be a handy tool to ensure data quality in NFHS-5 before the survey team left a completed PSU.

## **GENERATING PROJECT OFFICER'S QUERY REPORT (POQR) ON SELECTED INDICATORS FOR EACH PSU**

It is worth mentioning that backchecks are an integral part of the quality control mechanism adopted in all the large-scale surveys. However, two questions are generally raised on the issue of backchecks. First, how should the households to revisit be selected? Second, how should the changes required be incorporated? To address these issues, NFHS-5 (2019-21) developed and used an algorithm called the Project Officer's Query Report (PQQR) on the Supervisor's CAPI instrument. Once the data collection was completed in a PSU and data synchronized on the supervisor's CAPI, the IIPS project officer, using a specific login and password, could run the query tool to view a list of households having some potential gaps and inconsistencies in the information. After running POQR, the IIPS PO would revisit the household and backcheck the information, maintaining gender sensitivity. Thus, the application of POQR in NFHS-5 helped review subsamples of interviewed households to ensure accuracy and reliability of the information, and, if there was any problem, to go back to the interviewer's CAPI to correct that information before resynchronizing the data on the supervisor's CAPI. This application was applied throughout the survey with a relatively larger emphasis during the post-pandemic survey implementation.

## **STANDARD OPERATING PROCEDURE (SOP) IN THE SURVEY IMPLEMENTATION - PANDEMIC SITUATION**

Taking the COVID-19 situation into account, with the restart of the survey, several protective measures were taken to prevent the COVID-19 infection among the survey teams and the respondents as well as to ensure the pandemic didn't affect the accomplishments achieved through the hard work of every member of the NFHS team. At the team and surveyor levels, insurance coverage was ensured centrally from IIPS. All core team members and survey teams were mandated to install the Aarogya Setu App on their phones and instructed to maintain physical distance during the interview to ensure privacy and confidentiality of the respondents. In addition, all teams were educated to check for the well-being of each team member every morning before leaving for fieldwork with thermal screening, the equipment for which was provided by IIPS. If any member of a team showed symptoms, the team was stopped for the fieldwork, after which the member was diagnosed. The fieldwork was initiated only if the member was found to be COVID-19 negative with a self-declaration notice from all the team members that they were fit to go to the field on a daily basis.

At the community level, all the teams were mandated to contact the headman / frontline workers of the village to get the COVID-19 status of the selected household members before the interviews were done. Thermal screening of community members who were willing to be screened by the Health Investigators of the survey team on the first day of the visit was carried out while distributing specially-designed leaflets to the community as part of COVID-19 awareness creation. This created a conducive environment for the survey teams at the PSU level. Another intervention was providing masks, sanitizers, and COVID-19 brochures to all the selected households, with each respondent being given a new mask during the interview and CAB investigations. Compulsory thermal screening of all the members of selected households was conducted. If anyone in the household had fever, the household was not allowed to be interviewed. A revisit was done for the reassessment of status over the next three or four days.

For the CAB investigations, the health investigators were instructed to use additional protective equipment like face shields, aprons, and goggles. Updated guidelines from the government were adopted from time to time. The team members were directed to use sanitizer/soap and water to clean their hands frequently during the fieldwork, preferably at the beginning and end of the CAB investigations of each respondent. The CAB investigations were asked to be done with minimum contact with the respondents. The protocol of using a new set of gloves for each respondent and disposing bio-hazardous waste daily was strictly adhered to. Furthermore, the CAB equipment was mandated to be cleaned after the end of the CAB measurements in each household.

Table D.1 Household age distribution

Single-year age distribution of the *de facto* household population by sex (weighted), India, 2019-21

Age	Women		Men		Age	Women		Men	
	Number	Percent	Number	Percent		Number	Percent	Number	Percent
0	21,791	1.6	22,835	1.7	37	15,505	1.1	13,674	1.0
1	20,960	1.5	22,576	1.6	38	22,117	1.6	19,426	1.4
2	21,538	1.5	23,516	1.7	39	14,055	1.0	12,316	0.9
3	22,545	1.6	23,809	1.7	40	27,466	2.0	30,039	2.2
4	22,918	1.6	25,037	1.8	41	11,542	0.8	10,073	0.7
5	23,321	1.7	25,448	1.9	42	18,268	1.3	17,605	1.3
6	24,949	1.8	27,021	2.0	43	13,949	1.0	11,134	0.8
7	24,790	1.8	26,600	1.9	44	12,374	0.9	10,916	0.8
8	25,333	1.8	27,630	2.0	45	26,886	1.9	29,366	2.1
9	22,364	1.6	23,584	1.7	46	13,895	1.0	11,832	0.9
10	26,508	1.9	29,300	2.1	47	13,941	1.0	11,882	0.9
11	21,620	1.5	23,839	1.7	48	18,514	1.3	16,751	1.2
12	27,096	1.9	28,767	2.1	49	13,850	1.0	11,489	0.8
13	25,870	1.9	26,572	1.9	50	12,101	0.9	20,503	1.5
14	21,398	1.5	24,636	1.8	51	11,530	0.8	9,446	0.7
15	25,480	1.8	25,939	1.9	52	18,269	1.3	14,000	1.0
16	25,464	1.8	24,751	1.8	53	14,076	1.0	10,170	0.7
17	24,170	1.7	24,595	1.8	54	13,221	0.9	11,729	0.9
18	28,810	2.1	28,711	2.1	55	24,276	1.7	17,743	1.3
19	23,128	1.7	21,476	1.6	56	13,182	0.9	11,590	0.8
20	27,407	2.0	25,126	1.8	57	9,732	0.7	9,685	0.7
21	22,049	1.6	19,832	1.4	58	13,541	1.0	12,818	0.9
22	26,917	1.9	24,336	1.8	59	7,787	0.6	8,613	0.6
23	23,395	1.7	20,498	1.5	60	27,338	2.0	24,926	1.8
24	23,793	1.7	21,131	1.5	61	7,326	0.5	7,515	0.5
25	30,064	2.2	26,699	1.9	62	12,471	0.9	12,677	0.9
26	23,720	1.7	21,508	1.6	63	7,286	0.5	7,837	0.6
27	21,968	1.6	19,791	1.4	64	6,027	0.4	7,165	0.5
28	27,178	1.9	24,172	1.8	65	22,567	1.6	21,946	1.6
29	18,229	1.3	16,162	1.2	66	4,819	0.3	5,781	0.4
30	31,688	2.3	31,147	2.3	67	4,812	0.3	5,975	0.4
31	14,348	1.0	13,192	1.0	68	6,361	0.5	6,422	0.5
32	23,851	1.7	23,762	1.7	69	3,453	0.2	4,408	0.3
33	16,535	1.2	14,278	1.0	70 and over	58,495	4.2	60,602	4.4
34	16,825	1.2	15,382	1.1	Don't know/missing	204	0.0	142	0.0
35	30,518	2.2	32,145	2.3					
36	18,351	1.3	16,100	1.2	Total	1,398,122	100.0	1,370,100	100.0

Note: The *de facto* population includes all residents and non-residents who stayed in the household the night before the interview.

Table D.2.1 Age distribution of eligible and interviewed women

*De facto* household population of women age 10-54, number and percentage of interviewed women age 15-49, and percentage of eligible women who were interviewed (weighted) by five-year age groups, India, 2019-21

Age	Household population of women age 10-54	Interviewed women age 15-49		Percentage of eligible women interviewed
		Number	Percentage	
10-14	122,492	na	na	na
15-19	127,052	122,874	17.1	96.7
20-24	123,562	118,833	16.5	96.2
25-29	121,158	116,760	16.2	96.4
30-34	103,247	99,885	13.9	96.7
35-39	100,546	97,116	13.5	96.6
40-44	83,599	80,673	11.2	96.5
45-49	87,085	84,039	11.7	96.5
50-54	69,198	na	na	na
15-49	746,249	720,180	100.0	96.5

Note: The *de facto* population includes all residents and non-residents who stayed in the household the night before the interview. Weights for both household population of women and interviewed women are household weights. Age is based on the Household Questionnaire.

na = Not applicable

Table D.2.2 Age distribution of eligible and interviewed men

*De facto* household population of men age 10-59, number and percentage of interviewed men age 15-54, and percentage of eligible men who were interviewed (weighted) by five-year age groups, India, 2019-21

Age	Household population of men age 10-59	Interviewed men age 15-54		Percentage of eligible men interviewed
		Number	Percentage	
10-14	19,418	na	na	na
15-19	17,168	16,031	16.2	93.4
20-24	15,239	13,889	14.0	91.1
25-29	15,263	13,785	13.9	90.3
30-34	14,269	12,859	13.0	90.1
35-39	13,772	12,467	12.6	90.5
40-44	11,688	10,590	10.7	90.6
45-49	12,013	10,901	11.0	90.7
50-54	9,430	8,553	8.6	90.7
55-59	9,376	na	na	na
15-54	108,843	99,074	100.0	91.0

Note: The *de facto* population includes all residents and non-residents who stayed in the household the night before the interview. Weights for both household population of men and interviewed men are household weights. Age is based on the household questionnaire.  
na = Not applicable

Table D.3 Completeness of reporting

Percentage of observations missing information for selected demographic and health questions (weighted), India, 2019-21

Subject	Reference group	Percentage with missing information	Number of cases
<b>Birth date</b>	Births in the 15 years preceding the survey		
Month only		0.29	730,177
Month and year		0.18	730,177
Age at death	Deceased children born in the 15 years preceding the survey	0.08	33,096
<b>Age/date at first marriage<sup>1</sup></b>			
Women	Ever married women age 15-49	0.06	552,040
Men	Ever married men age 15-54	0.16	65,191
<b>Respondent's education</b>			
Women	Women age 15-49	0.00	724,115
Men	Men age 15-54	0.00	101,839
<b>Diarrhoea in past two weeks</b>	Children 0-59 months	0.00	131,655
<b>Anthropometry: Women</b>	Women age 15-49 from the Biomarker Questionnaire		
Height		7.15	746,255
Weight		7.13	746,255
Height or weight		7.16	746,255
<b>Anthropometry: Men</b>	Men age 15-49 from the Biomarker Questionnaire		
Height		15.15	101,347
Weight		15.12	101,347
Height or weight		15.16	101,347
<b>Anthropometry: Children</b>	Children age 0-59 months from the Biomarker Questionnaire		
Height		5.50	216,402
Weight		5.17	216,402
Height or weight		5.51	216,402
<b>Anaemia</b>			
Women	Women age 15-49 from the Biomarker Questionnaire	8.62	746,255
Men	Men age 15-49 from the Biomarker Questionnaire	16.43	110,730
Children	Children age 0-59 months from the Biomarker Questionnaire	9.39	195,770

<sup>1</sup> Both year and age missing

**Table D.4 Births by calendar year**

Number of births, percentage with complete birth date, sex ratio at birth, and calendar year ratio by calendar year, according to living, dead, and total children (weighted), India, 2019-21

Calendar year	Number of births			Percentage with year and month of birth given			Sex ratio at birth <sup>1</sup>			Calendar year ratio <sup>2</sup>		
	Living	Dead	Total	Living	Dead	Total	Living	Dead	Total	Living	Dead	Total
2021	1,499	72	1,570	100.0	100.0	100.0	1,058	660	1,036	na	na	na
2020	13,931	535	14,466	100.0	99.1	100.0	963	755	955	na	na	na
2019	37,211	1,318	38,530	100.0	99.1	99.9	928	872	926	129.7	118.1	129.3
2018	43,435	1,698	45,132	99.9	99.3	99.9	933	768	926	107.4	107.8	107.4
2017	43,683	1,831	45,514	99.9	98.7	99.9	930	849	926	98.6	102.9	98.7
2016	45,198	1,860	47,058	99.9	98.4	99.8	911	833	908	99.9	98.4	99.9
2015	46,783	1,952	48,735	99.8	98.5	99.8	929	776	922	100.5	99.5	100.4
2014	47,915	2,063	49,979	99.7	96.9	99.6	909	843	906	100.3	97.1	100.2
2013	48,719	2,300	51,019	99.7	94.9	99.5	936	773	928	99.3	106.3	99.6
2012	50,242	2,264	52,505	99.6	96.1	99.4	921	823	917	104.3	100.9	104.2
2017-2021	139,759	5,453	145,213	99.9	99.0	99.9	935	816	930	na	na	na
2012-2016	238,857	10,439	249,296	99.7	96.9	99.6	921	808	916	na	na	na
2007-2011	238,984	12,561	251,546	99.5	95.4	99.3	925	834	920	na	na	na
2002-2006	229,305	14,514	243,819	99.4	95.3	99.1	914	872	912	na	na	na
<2002	346,140	32,067	378,207	98.7	93.2	98.3	877	850	874	na	na	na
All	1,193,045	75,034	1,268,079	99.4	94.9	99.1	909	843	905	na	na	na

na = Not applicable

<sup>1</sup>  $(B_m/B_f) \times 100$ , where  $B_m$  and  $B_f$  are the numbers of male and female births, respectively

<sup>2</sup>  $[2B_x / (B_{x-1} + B_{x+1})] \times 100$ , where  $B_x$  is the number of births in calendar year  $x$

**Table D.5 Reporting of age at death in days**

Distribution of reported deaths under one month of age by age at death in days and the percentage of neonatal deaths reported to occur at ages 0-6 days for five-year periods of birth preceding the survey (weighted), India, 2019-21

Age at death (days)	Number of years preceding the survey				
	0-4	5-9	10-14	15-19	0-19
<1	2,170	2,496	2,769	2,897	10,331
1	1,096	1,398	1,591	1,567	5,652
2	350	489	475	487	1,802
3	534	542	574	589	2,239
4	235	204	227	256	923
5	215	202	212	264	893
6	151	148	169	181	650
7	152	146	183	180	661
8	127	147	141	164	579
9	65	64	63	75	267
10	85	100	117	137	440
11	35	32	55	46	169
12	54	64	88	68	274
13	36	23	20	43	123
14	17	20	30	20	86
15	141	156	221	210	728
16	31	26	24	25	106
17	17	17	27	32	92
18	18	39	24	29	110
19	14	8	18	10	51
20	57	72	66	66	261
21	28	48	31	41	148
22	23	26	29	28	106
23	3	4	14	6	27
24	8	6	7	9	30
25	35	24	41	27	127
26	10	5	7	4	26
27	10	8	3	6	27
28	12	12	10	12	46
29	1	2	0	7	10
30	13	10	11	11	44
31	2	5	3	5	16
Total 0-30	5,744	6,538	7,250	7,497	27,029
Percentage early neonatal <sup>1</sup>	82.7	83.8	83.0	83.2	83.2

<sup>1</sup> 0-6 days / 0-30 days

**Table D.6 Reporting of age at death in months**

Distribution of reported deaths under two years of age by age at death in months and the percentage of infant deaths reported to occur at age under one month for five-year periods of birth preceding the survey, India, 2019-21

Age at death (months)	Number of years preceding the survey				
	0-4	5-9	10-14	15-19	0-19
<1 <sup>a</sup>	5,744	6,538	7,250	7,497	27,029
1	535	597	658	665	2,455
2	349	349	411	354	1,463
3	263	327	358	363	1,310
4	175	178	182	218	753
5	135	125	171	156	587
6	230	265	349	338	1,181
7	110	143	189	155	597
8	129	148	161	189	627
9	122	184	216	256	778
10	69	69	74	79	291
11	58	56	76	67	256
12	41	53	86	95	275
13	18	8	17	13	57
14	13	12	10	11	46
15	15	22	26	26	89
16	5	11	10	23	49
17	2	9	2	16	30
18	44	55	82	117	298
19	3	4	4	13	24
20	1	4	4	7	16
21	1	0	1	4	7
22	4	17	2	2	25
23	11	7	3	16	38
24	1	6	10	7	23
1 year	233	466	621	754	2,074
Total 0-11 months	7,918	8,978	10,095	10,336	37,327
Percentage neonatal <sup>1</sup>	72.5	72.8	71.8	72.5	72.4

<sup>a</sup> Includes deaths under one month reported in days

<sup>1</sup> <1 month /<12 months



# ORGANIZATIONS INVOLVED IN NFHS-5 FIELDWORK AND BIOMARKER TESTING LABS

Appendix **E**

Field Agencies	States/Union Territories
<b>Academy of Management Studies (AMS)</b> 15, Laxmanpuri, Faizabad Road Lucknow – 226016	Uttar Pradesh (East), Uttar Pradesh (Central)
<b>Nielsen Pvt. Ltd.</b> 1st, 2nd & 3rd Floor, Bharat Yuvak Bhavan, 1, Jai Singh Road, New Delhi – 110001	Assam, Goa, Karnataka
<b>Indian Institute of Health Management Research (IIHMR)</b> Prabhu Dayal Marg, Near Sanganer Airport Jaipur – 302029	Maharashtra (West), Odisha, Rajasthan (East) & (West), Tripura, West Bengal
<b>SRM-School of Public Health (SRM University)</b> 3rd Floor, Medical College Building, Intra College Road, SRM Nagar, SRM University, Potheri, Kattankulathur, Chennai, Tamil Nadu 603203	Puducherry, Tamil Nadu
<b>TALEEM Research Foundation</b> City Plaza, Sterling City Road, Sterling City, Bopal, Ahmedabad, Gujarat 380058	Gujarat (East)
<b>Centre for Operations Research &amp; Training (CORT)</b> 402, Woodland Apartment, 4th Floor, Opposite Income Tax Office Race Course Road, Vadodara, Gujarat – 390007	Gujarat (West), Dadra & Nagar Haveli and Daman & Diu
<b>Society for Promotion of Youth &amp; Masses (SPYM)</b> SPYM Centre, 111/ 9, Opp. Sector B-4, Vasant Kunj New Delhi – 110070	Chandigarh, Haryana, Kerala, Lakshadweep, Punjab
<b>Population Research Centre, Shimla</b> Himachal Pradesh University, Summer Hill, Shimla – 171005	Himachal Pradesh
<b>Population Research Centre, Institute of Economic Growth (IEG)</b> University Enclave, University of Delhi (North Campus), Delhi 110 007, India	NCT of Delhi
<b>Research &amp; Development Initiative Pvt. Ltd (RDI)</b> N-9-A, Lower Ground Floor, Kalkaji, New Delhi – 110019	Manipur, Nagaland, Uttarakhand, Uttar Pradesh (West)
<b>Development and Research Services Pvt. Ltd. (DRS)</b> A1/19, 1st Floor, Safdarjung Enclave, New Delhi – 110 029	Bihar, Chhattisgarh, Jharkhand, Madhya Pradesh (East)
<b>Karvy Data Management Services Ltd</b> Karvy Gateway', Plot No. 38 & 39, Nanakramguda, Financial District, Gachibowli, Hyderabad, Rangareddi - 500032. Telangana, India.	Jammu & Kashmir, Sikkim, Telangana
<b>TRIOs Development Support (P) Ltd</b> Plot No:72, Sai Enclave, Behind EPFO Complex, Sector 23, New Delhi, Delhi 110075	Maharashtra (East)
<b>Sigma Research and Consulting Pvt. Ltd</b> C 23, South Extension I, First Floor, New Delhi 110049	Andaman & Nicobar Islands, Andhra Pradesh
<b>Indian Institute of Development Management (IIDM)</b> E-7, 136, Lajpat Society, Arera Colony, Bhopal, Madhya Pradesh 462016	Madhya Pradesh (West)
<b>IPSOS</b> Lotus Corporate Park Unit No.1701, 17th floor, F Wing Off Western Express Highway, Goregaon (East), Mumbai – 400 063	Arunachal Pradesh
<b>IQVIA</b> B4 18-20, HT House, Kasturba Gandhi Marg, Connaught Place, New Delhi 110 001	Meghalaya, Mizoram

---

**Biomarker Testing Laboratories****Biomarker Test**

---

**ICMR-National AIDS Research Institute (NARI)**

Indian Council of Medical Research  
73, 'G'-Block MIDC Bhosari, Pune – 411026

Provided assistance for HbA1c and Vitamin D3 tests

**ICMR- National Institute of Malaria Research (NIMR)**

Sector 8, Dwarka,  
New Delhi-110077 (India)

Provided assistance for Malaria tests

---

**International Institute for Population Sciences, Mumbai**

**Principal Investigators**

Prof. K.S. James	Prof. Chander Shekhar
Prof. S.K. Singh	Prof. Laxmi Kant Dwivedi
Prof. Hemkothang Lungdim	Dr. Sarang Pedgaonkar

**Senior Project Officers**

Dr. Wankhede Akash	Dr. Narendra Kumar
Mr. Milind Bharambe	Dr. Pushendra Kumar
Mr. Bibhishana Bhuyan	Mr. Rahul Mishra
Ms. Ayantika Biswas	Mr. Kabir Pal
Dr. Brajesh	Dr. Brijlal Patel
Ms. Pratishtha Choudhary	Mr. Santosh Phad
Mr. Gudakesh	Ms. Shasikala Saroj
Dr. Nidhi Gupta	Dr. Manish Singh
Dr. Jitendra Kumar Gupta	Mr. Nirbhay Kumar Singh
Ms. Sudha Gurusamy	Ms. K. Preeti Singha
Mr. Arvind Santu Jadhav	Dr. Swati Srivastava
Ms. Priyanka Janbhandu	Dr. Sudatar D Tayade
Ms. Poonam Kamble	

**Project Officers**

Ms. Debasmita Acharya	Ms. Neeta Mali
Mr. Abhijeet A. Ahiwale	Mr. Sushant Mandal
Dr. S.K. Tarique Ajiz	Ms. Shalini Meshram
Mr. MD. Ali	Mr. Ravi Raj N
Ms. Mayanka Ambade	Dr. Arma Nassim
Dr. Shalaka A Bhalerao	Mr. Pradeep Pal
Dr. Vishaka Bhalerao	Mr. Atul Kumar Pandey
Dr. Mohd. Yaqoob Bhat	Mr. Shailesh Pandit
Dr. Purvi Bhatnagar	Mr. Surajit Patnaik
Mr. Prashant Bhosale	Mr. Donald M Paul
Mr. N. Brahmanandam	Mr. Jamshaphrang Potham
Dr. Vishakha Chaudhary	Mr. Jangbahadur Prasad
Dr. Vidya Chavan	Mr. Rajeev
Mr. Shrikanta Das	Mr. Amit Ranjan
Mr. Zabenthung Enny	Ms. Ravina Ranjan
Mr. Mani Deep Govindu	Mr. Lalit Kumar Rawat
Ms. Pradita Gupta	Mr. Manoj Sahu
Dr. Deepak D Halwar	Dr. Rincy Samuel
Ms. Jayati Harshita	Ms. Ananya Sen
Ms. Sonali Ingale	Ms. Bharti Kumari Shakya
Mr. Sameer Kumar Jena	Mr. Ajeet Kumar Singh
Dr. Gyan Chandra Kashyap	Mr. Gunindro Singh
Dr. Akshay Kulkarni	Mr. Pravin Kumar Singh
Dr. Nitin Kumar	Mr. Virendra Singh
Mr. Rajneesh Kumar	Ms. Suditi Singh

Mr. Sreeramudu Kuruva	Mr. Chiman Sinha
Dr. Rani Komal Lata	Mr. Md Firoz Sk
Ms. C. Latha	Ms. Melody Thangjam
Mr. Bhimsen Makar	Dr. Shri Kant Tomar

### Accounts and Administrative Staff

Mr. V.S. Tripathi	Ms. Ujjawala D Bhillare
Mr. S.B. Nalavade	Mr. Prakash Kandra
Mr. Avadhesh Kumar	Mr. Vikas Kandra
Ms. Parimala	

### Consultants

Dr. Fred Arnold	Dr. Sunita Kishor
Ms. Elizabeth Britton	Mr. Dnyaneshwar B. Kale
Mr. Trevor Croft	Ms. Ladys Ortiz Parra
Dr. Mahmoud Elkasabi	Mr. Han Raggars
Mr. Tom Fish	Mr. Guillermo Rojas
Dr. Shonda Gaylord	Mr. Albert Themme
Mr. Chris Gramer	Ms. Hanna Useem
Mr. Glen Heller	Ms. Vaidehi Yelamanchili
Mr. Alex Izmukhambetov	Ms. Mianmian Yu
Mr. Bradley Janocha	

### Steering Committee

	Name/Designation	Organization
Chairperson	Secretary	M/o Health & Family Welfare, New Delhi
Member	Secretary/Representative	M/o Statistics & Programme Implementation, New Delhi
Member	Secretary/Representative	M/o Women & Child Development, New Delhi
Member	Secretary/Representative	Dept. of Health Research, M/o Health & Family Welfare, New Delhi
Member	Secretary/Representative	Dept. of AYUSH, M/o Health & Family Welfare, New Delhi
Member	Secretary/Representative	M/o Drinking Water & Sanitation, New Delhi
Member	Secretary/Representative	Dept. of Empowerment of Persons with Disabilities, M/o Social Justice and Empowerment
Member	Secretary/Representative	M/o Tribal Affairs, New Delhi
Member	Director General (Health Services)	M/o Health & Family Welfare, New Delhi
Member	Special Secretary & Financial Advisor	M/o Health & Family Welfare, New Delhi
Member	Addl. Secretary & Mission Director (NHM)	M/o Health & Family Welfare, New Delhi
Member	Addl. Secretary	NACO, M/o Health & Family Welfare, New Delhi
Member	Addl. Secretary & Mission Director (NRHM)	M/o Health & Family Welfare, New Delhi
Member	Addl. Director General (Stats.)	M/o Health & Family Welfare, New Delhi
Member	Addl. Secretary & Financial Advisor	M/o Health & Family Welfare, New Delhi
Member	Registrar General of India	New Delhi
Member	Director General (Stats.)	M/o Health & Family Welfare, New Delhi
Member	DDG (Stats.)	M/o Health & Family Welfare, New Delhi
Member	Advisor (Health)	NITI Aayog, New Delhi
Member	Director	IIPS, Mumbai
Member	Director	National Institute of Medical Statistics (NIMS), ICMR, New Delhi
Member	Representative from Development Partners	USAID – Coordinator for Development Partners

### Administrative and Financial Management Committee (AFMC)

	<b>Name/Designation</b>	<b>Organization</b>
Chairperson	Addl. Secretary & Financial Advisor	M/o Health & Family Welfare, New Delhi
Member	Addl. Director General (Stats.)	M/o Health & Family Welfare, New Delhi
Member	Joint Secretary (Policy)	M/o Health & Family Welfare, New Delhi
Member	Joint Secretary/Representative	Dept. of AIDS Control, M/o Health & Family Welfare, New Delhi
Member	Chief Director (Stats.)	M/o Health & Family Welfare, New Delhi
Member	Director	IIPS, Mumbai
Member	Chief Coordinator	IIPS, Mumbai
Member	Deputy Secretary, Internal Finance	M/o Health & Family Welfare, New Delhi
Member	Under Secretary, Budget	M/o Health & Family Welfare, New Delhi
Member Secretary	Director (Stats. - Surveys)	M/o Health & Family Welfare, New Delhi

### Project Monitoring Committee (PMC)

	<b>Name/Designation</b>	<b>Organization</b>
Chairman	AS & MD (NHM)	M/o Health & Family Welfare, New Delhi
Co-Chairman	DG (Stats.)	M/o Health & Family Welfare, New Delhi
Member	Joint Secretary (RCH)	M/o Health & Family Welfare, New Delhi
Member	Joint Secretary (Policy)	M/o Health & Family Welfare, New Delhi
Member	Joint Secretary (IFD)	M/o Health & Family Welfare, New Delhi
Member	Chief Director (Stats.)	M/o Health & Family Welfare, New Delhi
Member	Advisor (DGHS)	M/o Health & Family Welfare, New Delhi
Member	Director (Stats.)	M/o Health & Family Welfare, New Delhi
Member	Advisor (MoHFW)	M/o Health & Family Welfare, New Delhi
Member	Director	IIPS, Mumbai
Member	Principal Investigator	IIPS, Mumbai
Member	Principal Investigator	IIPS, Mumbai
Member	Director (NIMS)	ICMR
Member	Representative	USAID
Member	Deputy Secretary	M/o Health & Family Welfare, New Delhi
Member	Deputy Secretary	M/o Health & Family Welfare, New Delhi
Member	Representative	NACO

### Technical Advisory Committee (TAC)

	<b>Name/Designation</b>	<b>Organization</b>
Chairperson	Mr. Rajesh Bhushan (Secretary)	M/o Health & Family Welfare, New Delhi
Member	AS & FA	M/o Health & Family Welfare, New Delhi
Member	AS & MD (NHM)	M/o Health & Family Welfare, New Delhi
Member	AS (Health)	M/o Health & Family Welfare, New Delhi
Member	Director of General (Stats.)	M/o Health & Family Welfare, New Delhi
Member	AS	M/o Health & Family Welfare, New Delhi
Member	DDG (Stats.)	M/o Health & Family Welfare, New Delhi
Member	Joint Secretary	M/o Health & Family Welfare, New Delhi
Member	Joint Secretary	M/o Health & Family Welfare, New Delhi
Member	Joint Secretary (RCH)	M/o Health & Family Welfare, New Delhi
Member	Director	IIPS, Mumbai
Member	Principal Investigator	IIPS, Mumbai
Member	Advisor (MH & FP)	M/o Health & Family Welfare, New Delhi
Member	Addl. Commissioner	M/o Health & Family Welfare, New Delhi

Member	Addl. Commissioner	M/o Health & Family Welfare, New Delhi
Member	Joint Director (Stats.)	M/o Health & Family Welfare, New Delhi
Member	Joint Commissioner (Immunization)	M/o Health & Family Welfare, New Delhi
Member	DC (Adolescent Health)	M/o Health & Family Welfare, New Delhi
Member	Representative	IIPS, Mumbai

## LIST OF CONTRIBUTORS

**Dr. K.S. James**, Director & Sr. Professor, International Institute for Population Sciences, Govandi Station Road, Deonar, Mumbai – 400 088, Maharashtra, India

**Dr. S.K. Singh**, Professor & Head, Department of Survey Research & Data Analytics, International Institute for Population Sciences, Govandi Station Road, Deonar, Mumbai – 400 088, Maharashtra, India

**Dr. Hemkothang Lungdim**, Professor & Head, Department of Public Health & Mortality Studies, International Institute for Population Sciences, Govandi Station Road, Deonar, Mumbai – 400 088, Maharashtra, India

**Dr. Chander Shekhar**, Professor, Department of Fertility & Social Demography, International Institute for Population Sciences, Govandi Station Road, Deonar, Mumbai – 400 088, Maharashtra, India

**Dr. Laxmi Kant Dwivedi**, Professor, Department of Survey Research & Data Analytics, International Institute for Population Sciences, Govandi Station Road, Deonar, Mumbai – 400 088, Maharashtra, India

**Dr. Sarang Pedgaonkar**, Assistant Professor, Department of Family & Generations, International Institute for Population Sciences, Govandi Station Road, Deonar, Mumbai – 400 088, Maharashtra, India

**Dr. Fred Arnold**, Technical Deputy Director, Demographic and Health Surveys Program, ICF, Maryland 20850, USA

**Dr. Mahmoud Elkasabi**, Senior Survey Sampling Statistician, Demographic and Health Surveys Program, ICF, Maryland 20850, USA



The four core survey questionnaires (Household Questionnaire, Woman’s Questionnaire, Man’s Questionnaire, and Biomarker Questionnaire) used in NFHS-5 are presented here: [http://rchiips.org/nfhs/NFHS-5\\_State\\_Report.shtml](http://rchiips.org/nfhs/NFHS-5_State_Report.shtml). In all 36 states/union territories, the questionnaires were canvassed using Computer Assisted Personal Interviewing, except that the Biomarker Questionnaire was paper based and the results were entered into mini-computers in the field. Since the fieldwork for NFHS-5 was conducted in two phases that spanned parts of three calendar years (2019, 2020 and 2021), the reference period for questions/sections that were reference-period specific was different for Phase 1 and Phase 2 states/union territories<sup>1</sup>. The table below gives a list of affected sections and questions with the reference year for the two phases of fieldwork.

Questionnaire	Section and question number	Reference year	
		Phase 1 states	Phase 2 states
<b>Household</b>	QH21-QH23	2019-20	2020-21
	QH87-QH95	Jan. 2016 or later	Jan 2017 or later
<b>Woman’s</b>	Q224, Q225, Q246, Q247	Jan 2014 or later	Jan 2015 or later
	Q248, Q249	Before Jan 2014	Before Jan 2015
	Section 3: Q345, Q346	Jan 2014 or later	Jan 2015 or later
	Section 4: Q401-Q499J	Jan 2014 or later	Jan 2015 or later
	Section 4: Q499L-Q499P	Jan 2017 or later	Jan 2018 or later
	Section5: Q501-Q548	Jan 2016 or later	Jan 2017 or later
	Q550, Q551	Jan 2017 or later	Jan 2018 or later
	Section 5A: Q555-Q568	Jan 2013 or later	Jan 2014 or later
<b>Biomarker</b>	Section 10: Q1018-Q1032	Jan 2017 or later	Jan 2018 or later
	Calendar	2014-2019	2015-2021
	QB204-QB212	Jan 2014 or later	Jan 2015 or later

NFHS-5 questionnaires were translated into 17 languages. Questionnaires in the CAPI mini-computer in each state were multilingual, with questions in the principal language of the state/union territory and English, as well as 1-2 other commonly used languages in the state/union territory, where applicable.

<sup>1</sup> NFHS-5 fieldwork for India was conducted in two phases— Phase-I from 17 June 2019 to 30 January 2020 covering 17 states and 5 UTs (Andaman & Nicobar Islands, Andhra Pradesh, Assam, Bihar, Dadra & Nagar Haveli and Daman & Diu, Goa, Gujarat, Himachal Pradesh, Jammu & Kashmir, Karnataka, Kerala, Ladakh, Lakshadweep, Maharashtra, Manipur, Meghalaya, Mizoram, Nagaland, Sikkim, Telangana, Tripura, West Bengal) and Phase-II from 2 January 2020 to 30 April 2021 covering 11 states and 3 UTs (Arunachal Pradesh, Chandigarh, Chhattisgarh, Haryana, Jharkhand, Madhya Pradesh, NCT of Delhi, Odisha, Puducherry, Punjab, Rajasthan, Tamil Nadu, Uttar Pradesh, Uttarakhand) — by 17 Field Agencies.



INTRODUCTION AND INFORMED CONSENT

नमस्ते। मेरा नाम \_\_\_\_\_ है। मैं (NAME OF ORGANIZATION) के साथ काम कर रहा/ रही हूँ। हम पूरे भारत में स्वास्थ्य पर एक सर्वेक्षण कर रहे हैं। जो जानकारी हम परिवार कल्याण और स्वास्थ्य के बारे में घरों और व्यक्तियों से इकट्ठी करेंगे वो सरकार को स्वास्थ्य सेवाएं बनाने में मदद करेगी। आपका परिवार इस सर्वेक्षण के लिए चुना गया है। मैं आपसे आपके परिवार के बारे में कुछ सवाल पूछना चाहूँगा/ चाहूँगी। इन सवालों में लगभग 25-35 मिनट लगेंगे। आपके सारे जवाब गुप्त रखे जायेंगे और हमारे सर्वेक्षण के सदस्यों के अलावा किसी को भी नहीं बताये जायेंगे। आपका इस सर्वेक्षण में भाग लेना स्वैच्छिक है। अगर आप मेरे किसी सवाल का जवाब नहीं देना चाहते, तो मुझे बता दीजिये और मैं अगले सवाल पर चला/चली जाऊँगा/ जाऊँगी या आप किसी भी समय यह बातचीत रोक सकते हैं।

क्या आप मुझसे कुछ सवाल पूछना चाहती / चाहते है?

ANSWER ANY QUESTIONS AND ADDRESS RESPONDENT'S CONCERNS.

यदि आपको इस सर्वेक्षण के बारे में और जानकारी चाहिए तो आप इस कार्ड पर दिए गए नाम वाले व्यक्ति को संपर्क करें।

GIVE CARD WITH CONTACT INFORMATION.

क्या आप इस सर्वेक्षण में भाग लेने के लिए सहमत हैं?

Namaste. My name is \_\_\_\_\_. I am working with (NAME OF ORGANIZATION). We are conducting a survey about health all over India. The information on family welfare and health that we collect from households and individuals will help the government to plan health services. Your household was selected for the survey. I would like to ask you some questions about your household. The questions usually take about 25-35 minutes. All of the answers you give will be confidential and will not be shared with anyone other than members of our survey team. Your participation in the survey is voluntary. If I ask you any question you don't want to answer, just let me know and I will go on to the next question or you can stop the interview at any time.

If you have any questions about this survey you may ask me.

ANSWER ANY QUESTIONS AND ADDRESS RESPONDENT'S CONCERNS.

If you have any further questions about this survey you may contact the persons listed on this card.

GIVE CARD WITH CONTACT INFORMATION.

Do you agree to participate in this survey?

SIGNATURE OF INTERVIEWER \_\_\_\_\_ DATE \_\_\_\_\_

RESPONDENT AGREES  
TO BE INTERVIEWED ... 1

RESPONDENT DOES NOT AGREE  
TO BE INTERVIEWED ... 2 → END

↓  
BEGIN INTERVIEW

RECORD TIME    HOURS .....

MINUTES .....

THIS PAGE IS INTENTIONALLY BLANK

**HOUSEHOLD SCHEDULE**

अब हम उन लोगों के बारे में कुछ जानकारी चाहेंगे जो सामान्यतः आपके घर में रहते हैं या जो अभी आपके साथ रह रहे हैं।  
Now we would like some information about the people who usually live in your household or who are staying with you now.

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	MARITAL STATUS	ELIGIBILITY				BIRTH REGISTRATION	
				क्या (NAME) पुरुष है या स्त्री है या विपरीत लिंग है?	क्या (NAME) सामान्यतः यहाँ (रहते/रहती) है?			क्या (NAME) पिछली रात यहाँ (उन्हें थे/उन्हें थीं)?	(NAME) की आयु क्या है?	IF AGE 13 OR OLDER	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49		CIRCLE LINE NUMBER OF ALL WOMEN AGE 15 OR OLDER
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(9A)	(10)	(10A)	(11)	(12)
01		<input type="text"/>	M F T 1 2 3	YES NO 1 2	YES NO 1 2	IN YEARS <input type="text"/>	<input type="text"/>	01	01	01	01	01	C R N DK 1 2 3 8
02		<input type="text"/>	1 2 3	1 2	1 2	<input type="text"/>	<input type="text"/>	02	02	02	02	02	1 2 3 8
03		<input type="text"/>	1 2 3	1 2	1 2	<input type="text"/>	<input type="text"/>	03	03	03	03	03	1 2 3 8
04		<input type="text"/>	1 2 3	1 2	1 2	<input type="text"/>	<input type="text"/>	04	04	04	04	04	1 2 3 8
05		<input type="text"/>	1 2 3	1 2	1 2	<input type="text"/>	<input type="text"/>	05	05	05	05	05	1 2 3 8
06		<input type="text"/>	1 2 3	1 2	1 2	<input type="text"/>	<input type="text"/>	06	06	06	06	06	1 2 3 8
07		<input type="text"/>	1 2 3	1 2	1 2	<input type="text"/>	<input type="text"/>	07	07	07	07	07	1 2 3 8
08		<input type="text"/>	1 2 3	1 2	1 2	<input type="text"/>	<input type="text"/>	08	08	08	08	08	1 2 3 8
09		<input type="text"/>	1 2 3	1 2	1 2	<input type="text"/>	<input type="text"/>	09	09	09	09	09	1 2 3 8
10		<input type="text"/>	1 2 3	1 2	1 2	<input type="text"/>	<input type="text"/>	10	10	10	10	10	1 2 3 8
11		<input type="text"/>	1 2 3	1 2	1 2	<input type="text"/>	<input type="text"/>	11	11	11	11	11	1 2 3 8



TICK HERE IF CONTINUATION QUESTIONNAIRE USED

7A बहु सुनिश्चित करने के लिये की कृपया अपने पूरे परिवार का कुटीरालय का विवरण दें।  
Just to make sure that I have a complete household listing.

a) क्या वहाँ कोई अन्य व्यक्ति है जिस को हमने इस सूची में शामिल नहीं किया है जैसे कि छोटे बच्चे का बच्चा।  
Are there any other persons such as small children or infants that we have not listed? YES → ENTER EACH IN TABLE NO

b) क्या वहाँ कि कोई अन्य लोग सामान्यतः रहते हैं जो आपने परिवार में सम्मिल नहीं है जैसे कि नौकर या दोस्त।  
Are there any other people who stay not be members of your family such as domestic servants, lodgers or friends who usually live here? YES → ENTER EACH IN TABLE NO

c) क्या किसी गलत रात वहाँ कोई मेहमान, अस्थायी आगन्तुक अथवा कोई अन्य व्यक्ति ठहरे थे जो इस सूची में शामिल नहीं है।  
Are there any guests or temporary visitors staying here, or anyone else who stayed here last night, who have not been listed? YES → ENTER EACH IN TABLE NO

**(A) CODES FOR Q. 3**

**RELATIONSHIP TO HEAD OF HOUSEHOLD:**

- 01 = HEAD
- 02 = WIFE OR HUSBAND
- 03 = SON OR DAUGHTER
- 04 = SON-IN-LAW OR DAUGHTER-IN-LAW
- 05 = GRANDCHILD
- 06 = PARENT
- 07 = PARENT-IN-LAW
- 08 = BROTHER OR SISTER
- 09 = BROTHER-IN-LAW OR SISTER-IN-LAW
- 10 = NIECE/NEPHEW
- 11 = OTHER RELATIVE
- 12 = ADOPTED/FOSTER/STEP-CHILD
- 13 = DOMESTIC SERVANT
- 14 = OTHER NOT RELATED
- 96 = DONT KNOW

**(B) CODES FOR Q. 7**

**AGE:**

- 06 = AGE LESS THAN ONE YEAR
- 96 = AGE 95 YEARS OR MORE

**(C) CODES FOR Q. 8**

**MARITAL STATUS:**

- 1 = CURRENTLY MARRIED
- 2 = MARRIED, BUT GAINA NOT PERFORMED
- 3 = WIDOWED
- 4 = DIVORCED
- 5 = SEPARATED
- 6 = DESERTED
- 7 = NEVER MARRIED
- 8 = DONT KNOW

**(D) CODES FOR Q. 12**

**BIRTH REGISTRATION:**

- 1 = C = CERTIFICATE
- 3 = R = REGISTRATION
- 3 = N = NEITHER
- 8 = DK = DONT KNOW

**(E) CODE FOR Q. 18**

**PRESCHOOL**

- 1 = ICDS RUN PSE
- 2 = OTHER GOVERNMENT RUN PSE
- 3 = PRIVATELY RUN PSE
- 4 = OTHER
- 8 = DONT KNOW

**(F) CODES FOR Q. 20 AND Q. 22**

**EDUCATION GRADE:**

- 00 = LESS THAN 1 YEAR COMPLETED
- (00 CAN BE USED ONLY FOR Q. 20, NOT FOR Q. 22)
- 65 = PRE-PRIMARY
- 96 = DONT KNOW

**(G) CODES FOR Q. 13**

**REASON FOR NOT ATTENDING SCHOOL:**

- 01 = SCHOOL TOO FAR AWAY
- 02 = TRANSPORT NOT AVAILABLE
- 03 = FURTHER EDUCATION NOT CONSIDERED NECESSARY
- 04 = REQUIRED FOR HOUSEHOLD WORK
- 05 = REQUIRED FOR WORK ON FARM/FAMILY BUSINESS
- 06 = REQUIRED FOR OUTSIDE WORK FOR PAYMENT IN CASH OR KIND
- 07 = COSTS TOO MUCH
- 08 = NO PROPER SCHOOL FACILITIES FOR GIRLS
- 09 = DUE TO DISASTER/NATURAL CALAMITY

- 10 = NOT SAFE TO SEND GIRLS
- 11 = NO FEMALE TEACHER
- 12 = REQUIRED FOR CARE OF SIBLINGS
- 13 = NOT INTERESTED IN STUDIES
- 14 = REPEATED FAILURES
- 15 = GOT MARRIED
- 16 = DID NOT GET ADMISSION
- 96 = OTHER
- 96 = DONT KNOW

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																											
27	<p>कोई व व्यक्ति प्रायः कितनी बार आपके घर के अंदर धूम्रपान करता है? क्या आप कहेंगे रोजाना, हफ्ते में एकबार, महीने में एक बार, से कम, या कभी नहीं?</p> <p>How often does anyone smoke inside your house? Would you say daily, weekly, monthly, less than monthly, or never?</p>	<p>DAILY ..... 1</p> <p>WEEKLY ..... 2</p> <p>MONTHLY ..... 3</p> <p>LESS THAN MONTHLY ..... 4</p> <p>NEVER ..... 5</p>																																												
28	<p>क्या आपके परिवार में आप या कोई अन्य सदस्य तपेदिक [टी बी] रोग से पीड़ित है?</p> <p>Does any usual resident of your household including you suffer from tuberculosis?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	→ 31																																											
29	<p>तपेदिक [टी बी] रोग से कौन पीड़ित है?</p> <p>कोई अन्य?</p> <p>Who suffers from tuberculosis?</p> <p>Anyone else?</p> <p>RECORD LINE NUMBER(S).</p> <p>IF NO MORE TB CASES, RECORD '95'.</p>	<p>30 FOR EACH PERSON, ASK:</p> <p>क्या (NAME) ने तपेदिक [टी बी] के लिए चिकित्सात्मक इलाज कराया है?</p> <p>IF YES, ASK: (NAME) कहाँ गये?</p> <p>Has (NAME) received medical treatment for the tuberculosis?</p> <p>IF YES, ASK: Where did (NAME) go?</p> <table style="margin-left: auto; margin-right: auto;"> <tr> <td></td> <td>YES,</td> <td>YES,</td> <td></td> <td></td> </tr> <tr> <td></td> <td>PUBLIC</td> <td>PRIVATE</td> <td>YES,</td> <td></td> </tr> <tr> <td></td> <td>ONLY</td> <td>ONLY</td> <td>BOTH</td> <td>NO</td> </tr> </table> <table style="margin-left: auto; margin-right: auto;"> <tr> <td>LINE NO.</td> <td><input type="text"/></td> <td><input type="text"/></td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> <tr> <td>LINE NO.</td> <td><input type="text"/></td> <td><input type="text"/></td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> <tr> <td>LINE NO.</td> <td><input type="text"/></td> <td><input type="text"/></td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> <tr> <td>LINE NO.</td> <td><input type="text"/></td> <td><input type="text"/></td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> </table>		YES,	YES,				PUBLIC	PRIVATE	YES,			ONLY	ONLY	BOTH	NO	LINE NO.	<input type="text"/>	<input type="text"/>	1	2	3	4	LINE NO.	<input type="text"/>	<input type="text"/>	1	2	3	4	LINE NO.	<input type="text"/>	<input type="text"/>	1	2	3	4	LINE NO.	<input type="text"/>	<input type="text"/>	1	2	3	4	
	YES,	YES,																																												
	PUBLIC	PRIVATE	YES,																																											
	ONLY	ONLY	BOTH	NO																																										
LINE NO.	<input type="text"/>	<input type="text"/>	1	2	3	4																																								
LINE NO.	<input type="text"/>	<input type="text"/>	1	2	3	4																																								
LINE NO.	<input type="text"/>	<input type="text"/>	1	2	3	4																																								
LINE NO.	<input type="text"/>	<input type="text"/>	1	2	3	4																																								
31	<p>क्या आपके परिवार में आपको या किसी अन्य सदस्य को किसी प्रकार की विकलांगता है?</p> <p>Does any usual resident of your household including you have any disability?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	→ 34																																											
32	<p>कृपया उन व्यक्तियों के नाम बताएं।</p> <p>Please tell me the names of those persons.</p> <p>RECORD NAME AND LINE NUMBER OF EACH PERSON MENTIONED.</p> <p>IF NO MORE PERSONS WITH ANY DISABILITY, RECORD '95'.</p>	<p>1. NAME _____ LINE NO. <input type="text"/></p> <p>2. NAME _____ LINE NO. <input type="text"/></p> <p>3. NAME _____ LINE NO. <input type="text"/></p> <p>4. NAME _____ LINE NO. <input type="text"/></p>																																												
33	<p>FOR EACH PERSON WITH A DISABILITY, ASK:</p> <p>(NAME) को किस प्रकार की विकलांगता है?</p> <p>कोई अन्य?</p> <p>What type of disability does (NAME) have?</p> <p>Any other?</p>	<table style="margin-left: auto; margin-right: auto;"> <tr> <td></td> <td></td> <td colspan="4">LINE NUMBER</td> </tr> <tr> <td></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table> <p>HEARING ..... A    A    A    A</p> <p>SPEECH ..... B    B    B    B</p> <p>VISUAL ..... C    C    C    C</p> <p>MENTAL ..... D    D    D    D</p> <p>LOCOMOTOR . E    E    E    E</p> <p>OTHER ..... X    X    X    X</p>			LINE NUMBER					<input type="text"/>																																				
		LINE NUMBER																																												
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>																																									

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
34	आपके घर के सदस्यों के लिए पीने के पानी का मुख्य स्रोत क्या है? What is the main source of drinking water for members of your household?	<b>PIPED WATER</b> PIPED INTO DWELLING ..... 11 PIPED TO YARD/PLOT ..... 12 PIPED TO NEIGHBOUR ..... 13 PUBLIC TAP/STANDPIPE ..... 14 TUBE WELL OR BOREHOLE ..... 21 <b>DUG WELL</b> PROTECTED WELL ..... 31 UNPROTECTED WELL ..... 32 <b>WATER FROM SPRING</b> PROTECTED SPRING ..... 41 UNPROTECTED SPRING ..... 42 RAINWATER ..... 51 TANKER TRUCK ..... 61 CART WITH SMALL TANK ..... 71 SURFACE WATER (RIVER/DAM/ LAKE/POND/STREAM/CANAL/ IRRIGATION CHANNEL) ..... 81 BOTTLED WATER ..... 91 COMMUNITY RO PLANT ..... 92 OTHER ..... 96 (SPECIFY)	→ 37B
35	पानी का स्रोत कहाँ पर है? Where is the water source located?	IN OWN DWELLING ..... 1 IN OWN YARD/PLOT ..... 2 ELSEWHERE ..... 3	→ 37B
36	यहाँ एक बार जाने में, पानी लेने में, और वापस आने में कितना समय लगता है? How long does it take to go there, get water, and come back in one trip?	MINUTES ..... <input type="text"/> <input type="text"/> <input type="text"/> DELIVERED TO DWELLING ..... 000 ON THE PREMISES ..... 996 DON'T KNOW ..... 998	→ 37B
37	आपके घर के लिए इस स्रोत से पानी आने के लिए सामान्यतः कौन जाता है? Who usually goes to this source to fetch the water for your household?	ADULT WOMAN ..... 1 ADULT MAN ..... 2 FEMALE CHILD UNDER AGE 15 YEARS ..... 3 MALE CHILD UNDER AGE 15 YEARS ..... 4 OTHER ..... 6 (SPECIFY)	
37A	CHECK 34: CODE '13' OR '14' OR '21' CIRCLED? AT LEAST ONE CIRCLED <input type="checkbox"/> NONE CIRCLED <input type="checkbox"/>		→ 35
37B	पिछले दो हफ्तों में, क्या इस स्रोत का पानी कम से कम एक पूर्ण दिन के लिए उपलब्ध नहीं था? In the past two weeks, was the water from this source not available for at least one full day?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
38	क या आपके घर के सदस्य पीने के पानी को सुरक्षित बनाने के लिए कुछ करते हैं? Does this household do anything to the water to make it safer to drink?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 40
39	पीने के पानी को सुरक्षित बनाने के लिए सामान्यतः आपका परिवार क्या करता है ? कोई और ? What does this household usually do to make the water safer to drink? Anything else?  RECORD ALL MENTIONED.	BOIL ..... A USE ALUM ..... B ADD BLEACH/CHLORINE TABLETS ..... C STRAIN THROUGH A CLOTH ..... D USE WATER FILTER (CERAMIC/ SAND/COMPOSITE/ETC.) ..... E USE ELECTRONIC PURIFIER ..... F USE SOLAR DISINFECTION ..... G LET IT STAND AND SETTLE ..... H OTHER ..... X (SPECIFY) DON'T KNOW ..... Z	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
40	आपके परिवार के सदस्य सामान्यतः किस प्रकार की शौच सुविधा का इस्तेमाल करते हैं? What kind of toilet facility do members of your household usually use?	<b>FLUSH OR POUR FLUSH TOILET</b> FLUSH TO PIPED SEWER SYSTEM ..... 11 FLUSH TO SEPTIC TANK ..... 12 FLUSH TO PIT LATRINE ..... 13 FLUSH TO SOMEWHERE ELSE ..... 14 FLUSH, DON'T KNOW WHERE ..... 15  <b>PIT LATRINE</b> VENTILATED IMPROVED SINGLE PIT (VIP)/BIOGAS LATRINE ..... 21 SINGLE PIT LATRINE WITH SLAB ..... 22 SINGLE PIT LATRINE WITHOUT SLAB/ OPEN PIT ..... 23 TWIN PIT/COMPOSTING TOILET ..... 31 DRY TOILET ..... 41 NO FACILITY/USES OPEN SPACE OR FIELD ..... 51 OTHER ..... 96 (SPECIFY)	→ 44
41	शौचालय सुविधा कहाँ पर है? Where is the toilet facility located?	IN OWN DWELLING ..... 1 IN OWN YARD/PLOT ..... 2 ELSEWHERE ..... 3	
42	क्या इस शौच सुविधा का इस्तेमाल अन्य परिवार भी करते हैं? Do you share this toilet facility with other households?	YES ..... 1 NO ..... 2	→ 46
43	आपके परिवार को लेकर और किलके परिवार इस शौच सुविधा का इस्तेमाल करते हैं? Including your own household, how many households use this toilet facility?	NO. OF HOUSEHOLDS IF LESS THAN 10 ..... <input type="text" value="0"/> <input type="text" value=""/> 10 OR MORE HOUSEHOLDS ..... 95 DON'T KNOW ..... 96	→ 45
44	क्या आपके परिवार के सदस्यों को शौचालय की सुविधा है? Do members of your household have access to a toilet facility?	YES ..... 1 NO ..... 2	→ 46
45	आपके परिवार के सदस्यों के लिए किस तरह की शौचालय सुविधा सुलभ है? What kind of toilet facility do members of your household have access to?	OWN TOILET ..... 1 COMMUNITY TOILET ..... 2 SHARED TOILET WITH OTHER HOUSEHOLD ..... 3	
46	आपके घर में किस प्रकार की जल निकास व्यवस्था है? What type of drainage facility does your household have?	CLOSED DRAINAGE ..... 1 OPEN DRAINAGE ..... 2 DRAIN TO SOAK PIT ..... 3 NO DRAINAGE ..... 4	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
47	परिवार के मुखिया का धर्म क्या है? What is the religion of the head of the household?	HINDU ..... 01 MUSLIM ..... 02 CHRISTIAN ..... 03 SIKH ..... 04 BUDDHIST/NEO-BUDDHIST ..... 05 JAIN ..... 06 JEWISH ..... 07 PARSI/ZOROASTRIAN ..... 08 NO RELIGION ..... 09 OTHER ..... 96 (SPECIFY)	
48	परिवार के मुखिया की जाति या जनजाति क्या है? What is the caste or tribe of the head of the household?	CASTE ..... 991 (SPECIFY) TRIBE ..... 992 (SPECIFY) NO CASTE/TRIBE ..... 993 DON'T KNOW ..... 998	→ 50
49	क्या यह अनुसूचित जाति, अनुसूचित जनजाति, अन्य पिछड़े वर्ग में से है या इनमें से कोई नहीं है? Is this a scheduled caste, a scheduled tribe, other backward class, or none of them?	SCHEDULED CASTE ..... 1 SCHEDULED TRIBE ..... 2 OTHER BACKWARD CLASS ..... 3 NONE OF THEM ..... 4 DON'T KNOW ..... 8	
50	क्या आपके घर में _____ है? Does your household have:		YES NO
	a) Electricity? विजली?	ELECTRICITY ..... 1	2
	b) A mattress? मट्रेस?	MATTRESS ..... 1	2
	c) A pressure cooker? प्रेशर कुकर?	PRESSURE COOKER ..... 1	2
	d) A chair? कुर्सी?	CHAIR ..... 1	2
	e) A cot or bed? कोट या बार्पाई?	COT/BED ..... 1	2
	f) A table? मेज?	TABLE ..... 1	2
	g) An electric fan? विजली का पंखा?	ELECTRIC FAN ..... 1	2
	h) A radio or transistor? रेडियो या ट्रांजिस्टर?	RADIO/TRANSISTOR ..... 1	2
	i) A black and white television? काला और सफेद टेलीविजन?	B & W TELEVISION ..... 1	2
	j) A colour television? रंगीन टेलीविजन?	COLOUR TELEVISION ..... 1	2
	k) A sewing machine? सिलाई मशीन?	SEWING MACHINE ..... 1	2
	l) A mobile telephone? मोबाईल टेलीफोन?	MOBILE TELEPHONE ..... 1	2
	m) A landline telephone? लैंडलाइन टेलीफोन?	LANDLINE TELEPHONE ..... 1	2
	n) Internet? इंटरनेट?	INTERNET ..... 1	3
	o) A computer? कंप्यूटर?	COMPUTER ..... 1	2
	p) A refrigerator? रेफ्रिजरेटर?	REFRIGERATOR ..... 1	2
	q) An air conditioner/cooler? ए सी / कूलर?	AIR CONDITIONER/COOLER ..... 1	2
	r) A washing machine? कपड़े धोने की मशीन?	WASHING MACHINE ..... 1	2
	s) A watch or clock? घड़ी या दीवार घड़ी?	WATCH/CLOCK ..... 1	2
	t) A bicycle? साइकिल?	BICYCLE ..... 1	2
	u) A motorcycle or scooter? मोटर साइकिल या स्कूटर?	MOTORCYCLE/SCOOTER ..... 1	2
	v) An animal-drawn cart? जानवर द्वारा खींची जानेवाली गाड़ी?	ANIMAL-DRAWN CART ..... 1	2
	w) A car? कार?	CAR ..... 1	2
	x) A water pump? पानी पंप?	WATER PUMP ..... 1	2
	y) A thresher? शेथर?	THRESHER ..... 1	2
	z) A tractor? ट्रैक्टर?	TRACTOR ..... 1	2

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
51	<p>आपका पकाने के लिए आपका घर में मुख्यतः किस प्रकार के ईंधन का उपयोग किया जाता है?</p> <p>What type of fuel does your household mainly use for cooking?</p>	<p>ELECTRICITY ..... 01</p> <p>LPG/NATURAL GAS ..... 02</p> <p>BIOGAS ..... 03</p> <p>KEROSENE ..... 04</p> <p>COALLIGNITE ..... 05</p> <p>CHARCOAL ..... 06</p> <p>WOOD ..... 07</p> <p>STRAW/SHRUBS/GRASS ..... 08</p> <p>AGRICULTURAL CROP WASTE ..... 09</p> <p>DUNG CAKES ..... 10</p> <p>NO FOOD COOKED IN HOUSEHOLD ..... 95</p> <p>OTHER ..... 96</p> <p>(SPECIFY)</p>	<p>→ 53</p> <p>→ 57</p>
52	<p>क्या इस घर में खाना स्टोव पर, चूल्हे पर या खुली आग में पकाया जाता है?</p> <p>In this household, is food cooked on a stove, a chullah, or an open fire?</p>	<p>STOVE ..... 1</p> <p>CHULLAH ..... 2</p> <p>OPEN FIRE ..... 3</p> <p>OTHER ..... 6</p> <p>(SPECIFY)</p>	
53	<p>क्या खाना सामान्यतः घर में, अलग इमारत में या बाहर पकाया जाता है?</p> <p>Is the cooking usually done in the house, in a separate building, or outdoors?</p>	<p>IN THE HOUSE ..... 1</p> <p>IN A SEPARATE BUILDING ..... 2</p> <p>OUTDOORS ..... 3</p> <p>OTHER ..... 6</p> <p>(SPECIFY)</p>	<p>→ 56</p>
54	<p>क्या आपके घर में खाना पकाने के लिए अलग कमरा है?</p> <p>Do you have a separate room which is used as a kitchen?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	
55	<p>जो कमरा खाना पकाने के लिए उपयोग करते हैं, क्या वह हवादार (वेंटिलेशन) है?</p> <p>Does the room used for cooking have any ventilation?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	
56	<p>आपका परिवार रसोई की बकरा बची हुई साबुनी या पानी आदि का निवारण कैसे करता है?</p> <p>How does this household dispose of the kitchen waste?</p> <p>RECORD ALL MENTIONED.</p>	<p>LET OUT INTO DRAIN/SEWER ..... A</p> <p>OPEN DRAIN ..... B</p> <p>CLOSED DRAIN ..... C</p> <p>REUSE FOR GARDEN OR FARMING ..... D</p> <p>REUSE FOR OTHER DOMESTIC PURPOSES ..... E</p> <p>MANUAL COLLECTION ..... F</p> <p>OTHER ..... X</p> <p>(SPECIFY)</p>	
57	<p>MAIN MATERIAL OF THE FLOOR.</p> <p>RECORD OBSERVATION.</p>	<p><b>NATURAL FLOOR</b></p> <p>MUD/CLAY/EARTH ..... 11</p> <p>SAND ..... 12</p> <p>DUNG ..... 13</p> <p><b>RUDIMENTARY FLOOR</b></p> <p>RAW WOOD PLANKS ..... 21</p> <p>PALM/BAMBOO ..... 22</p> <p>BRICK ..... 23</p> <p>STONE ..... 24</p> <p><b>FINISHED FLOOR</b></p> <p>PARQUET OR POLISHED WOOD ..... 31</p> <p>VINYL OR ASPHALT ..... 32</p> <p>CERAMIC TILES ..... 33</p> <p>CEMENT ..... 34</p> <p>CARPET ..... 35</p> <p>POLISHED STONE/MARBLE/GRANITE ..... 36</p> <p>OTHER ..... 96</p> <p>(SPECIFY)</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
58	<p>MAIN MATERIAL OF THE ROOF.</p> <p>RECORD OBSERVATION.</p>	<p><b>NATURAL ROOFING</b></p> <p>NO ROOF ..... 11</p> <p>THATCH/PALM LEAF/</p> <p>  REED/GRASS ..... 12</p> <p>MUD ..... 13</p> <p>SOD/MUD AND GRASS MIXTURE ..... 14</p> <p>PLASTIC/POLYTHENE SHEETING ..... 15</p> <p><b>RUDIMENTARY ROOFING</b></p> <p>RUSTIC MAT ..... 21</p> <p>PALM/BAMBOO ..... 22</p> <p>RAW WOOD PLANKS/TIMBER ..... 23</p> <p>UNBURNT BRICK ..... 24</p> <p>LOOSELY PACKED STONE ..... 25</p> <p><b>FINISHED ROOFING</b></p> <p>METAL/GI ..... 31</p> <p>WOOD ..... 32</p> <p>CALAMINE/CEMENT FIBER ..... 33</p> <p>ASBESTOS SHEETS ..... 34</p> <p>RCC/RBC/CEMENT/CONCRETE ..... 35</p> <p>ROOFING SHINGLES ..... 36</p> <p>TILES ..... 37</p> <p>SLATE ..... 38</p> <p>BURNT BRICK ..... 39</p> <p>OTHER ..... 96</p> <p>(SPECIFY)</p>	
59	<p>MAIN MATERIAL OF THE EXTERIOR WALLS.</p> <p>RECORD OBSERVATION.</p>	<p><b>NATURAL WALLS</b></p> <p>NO WALLS ..... 11</p> <p>CANE/PALM/TRUNKS/BAMBOO ..... 12</p> <p>MUD ..... 13</p> <p>GRASS/REEDS/THATCH ..... 14</p> <p><b>RUDIMENTARY WALLS</b></p> <p>BAMBOO WITH MUD ..... 21</p> <p>STONE WITH MUD ..... 22</p> <p>PLYWOOD ..... 23</p> <p>CARDBOARD ..... 24</p> <p>UNBURNT BRICK ..... 25</p> <p>RAW WOOD/REUSED WOOD ..... 26</p> <p><b>FINISHED WALLS</b></p> <p>CEMENT/CONCRETE ..... 31</p> <p>STONE WITH LIME/CEMENT ..... 32</p> <p>BURNT BRICKS ..... 33</p> <p>CEMENT BLOCKS ..... 34</p> <p>WOOD PLANKS/SHINGLES ..... 35</p> <p>GI/METAL/ASBESTOS SHEETS ..... 36</p> <p>OTHER ..... 96</p> <p>(SPECIFY)</p>	
60	<p>इस घर में सोने के लिए कितने कमरों का उपयोग किया जाता है?</p> <p>How many rooms in this household are used for sleeping?</p>	<p>ROOMS ..... <input type="text"/> <input type="text"/></p>	
61	<p>क्या इस परिवार का कोई भी सदस्य इस घर का या किसी दूसरे घर का मालिक है?</p> <p>Does any member of this household own this house or any other house?</p>	<p>YES ..... 1</p> <p>NO ..... 2 → 63</p>	
62	<p>उन घर का मालिक कौन है?</p> <p>Who owns this house?</p>	<p>MALE MEMBER ..... 1</p> <p>FEMALE MEMBER ..... 2</p> <p>BOTH ..... 3</p> <p>DON'T KNOW ..... 8</p>	
63	<p>क्या इस परिवार का कोई भी सदस्य किसी खेतीदार जमीन का मालिक है?</p> <p>Does any member of this household own any agricultural land?</p>	<p>YES ..... 1</p> <p>NO ..... 2 → 67</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP	
64	इस खेतीकर जमीन का मालिक कौन है? Who owns this agricultural land ?	MALE MEMBER ..... 1 FEMALE MEMBER ..... 2 BOTH ..... 3 DONT KNOW ..... 8		
65	इस परिवार के सदस्यों के पास अपनी कितनी खेतीकर जमीन है? How much agricultural land do members of this household own?  <u>(IF NOT IN ACRES, THEN CONVERT INTO ACRES)</u>	ACRES ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .....		
66	इस जमीन में से कितनी सिंचित है? Out of this land, how much is irrigated?  <u>(IF NOT IN ACRES, THEN CONVERT INTO ACRES)</u>	ACRES ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NONE ..... 9995 DONT KNOW ..... 9996		
67	क्या आपके परिवार के पास इनमें से कोई पशु है: Does your household own any of the following animals:  a) Cows, bulls, buffaloes, or yaks? गाय, बैल, बैसा या बकरा? b) Camels? ऊँट? c) Horses, donkeys, or mules? घोड़े, गधे या खरबंदर? d) Goats or sheep? बकरी या भेड़? e) Pigs? मुँजर? f) Chickens or ducks? मुर्गा या बकड़ा?	YES NO COWS/BULLS/BUFFALOES/YAKS . 1 2 CAMELS ..... 1 2 HORSES/DONKEYS/MULES ..... 1 2 GOATS/SHEEP ..... 1 2 PIGS ..... 1 2 CHICKENS/DUCKS ..... 1 2		
68	CHECK 67: AT LEAST ONE 'YES' <input type="checkbox"/> ALL 'NO' <input type="checkbox"/>		→ 70	
69	क्या यह परिवार किसी सोने वाले कमरे की पशु (जी) के साथ साझा करता है? Does this household share a sleeping room with (this/these) animal(s)?	YES ..... 1 NO ..... 2		
70	क्या इस परिवार के किसी सामान्य सदस्य का बैंक या डाकघर में कोई खाता है? Does any usual member of this household have a bank account or a post office account?	YES ..... 1 NO ..... 2 DONT KNOW ..... 8		
71	क्या इस परिवार का कोई सामान्य सदस्य स्वास्थ्य योजना या स्वास्थ्य बीमा के अंतर्गत आता है? Is any usual member of this household covered by a health scheme or health insurance?	YES ..... 1 NO ..... 2 DONT KNOW ..... 8	→ 73	
72	स्वास्थ्य योजना या स्वास्थ्य बीमा किस प्रकार का है? अन्य किसी प्रकार का? What type of health scheme or health insurance? Any other type?  RECORD ALL MENTIONED,	EMPLOYEES STATE INSURANCE SCHEME (ESIS) ..... A CENTRAL GOVERNMENT HEALTH SCHEME (CGHS) ..... B STATE HEALTH INSURANCE SCHEME ..... C RASHTRIYA SWASTHYA BIMA YOJANA (RSBY) ..... D COMMUNITY HEALTH INSURANCE PROGRAMME ..... E OTHER HEALTH INSURANCE THROUGH EMPLOYER ..... F MEDICAL REIMBURSEMENT FROM EMPLOYER ..... G OTHER PRIVATELY PURCHASED COMMERCIAL HEALTH INSURANCE . H OTHER ..... X (SPECIFY)		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
73	<p>जब आपके परिवार के सदस्य बीमार पड़ते हैं तो वे सामान्यतः इलाज के लिए कहाँ जाते हैं? When members of your household get sick, where do they generally go for treatment?</p>	<p><b>PUBLIC HEALTH SECTOR</b>            GOVT./MUNICIPAL HOSPITAL ..... 11            GOVT. DISPENSARY ..... 12            UHC/UHP/UFWC ..... 13            CHC/RURAL HOSPITAL/BLOCK PHC . 14            PHC/ADDITIONAL PHC ..... 15            SUB-CENTRE ..... 16  <b>AYUSH</b>            AYURVEDA ..... 17            YOGA AND NATUROPATHY ..... 18            UNANI ..... 19            SIDDHA ..... 20            HOMEOPATHY ..... 21            SOWA RIGPA (TTM) ..... 22            OTHER ..... 23            (SPECIFY)            ANGANWADI/ICDS CENTRE ..... 24            ASHA ..... 25            GOVT. MOBILE CLINIC ..... 26            OTHER PUBLIC HEALTH SECTOR .... 27            NGO OR TRUST HOSPITAL/CLINIC .... 31  <b>PRIVATE HEALTH SECTOR</b>            PVT. HOSPITAL ..... 41            PVT. DOCTOR/CLINIC ..... 42            PVT. PARAMEDIC ..... 43  <b>AYUSH</b>            AYURVEDA ..... 44            YOGA AND NATUROPATHY ..... 45            UNANI ..... 46            SIDDHA ..... 47            HOMEOPATHY ..... 48            SOWA RIGPA (TTM) ..... 49            OTHER ..... 50            (SPECIFY)            TRADITIONAL HEALER ..... 51            PHARMACY/DRUGSTORE ..... 52            DAI (TBA) ..... 53            OTHER PRIVATE HEALTH SECTOR . 54  <b>OTHER</b>            SHOP ..... 61            HOME TREATMENT ..... 62            OTHER ..... 96            (SPECIFY)</p>	<p>→ 75</p>
74	<p>आपके परिवार के सदस्य बीमार पड़ते हैं पर सामान्यतः सरकारी सुविधा में क्यों नहीं जाते हैं? कौन से अन्य कारण? Why don't members of your household generally go to a government facility when they are sick? Any other reason?  RECORD ALL MENTIONED.</p>	<p>NO NEARBY FACILITY ..... A            FACILITY TIMING NOT CONVENIENT .... B            HEALTH PERSONNEL OFTEN ABSENT . C            WAITING TIME TOO LONG ..... D            POOR QUALITY OF CARE ..... E             OTHER ..... X            (SPECIFY)</p>	
75	<p>क्या इस परिवार के पास बीपी कार्ड है? Does your household have a BPL card?</p>	<p>YES ..... 1            NO ..... 2            DON'T KNOW ..... 8</p>	
76	<p>क्या इस परिवार के पास कोई मच्छरदानी है जिसे का इस्तेमाल सोते समय किया जा सकता है? Does your household have any mosquito nets that can be used while sleeping?</p>	<p>YES ..... 1            NO ..... 2</p>	<p>→ 83</p>
77	<p>आपके घर में कितनी मच्छरदानियाँ हैं? How many mosquito nets does your household have? IF 7 OR MORE NETS, RECORD '7'.</p>	<p>NUMBER OF NETS ..... <input type="text"/></p>	

		NET #1	NET #2	NET #3
78	OBSERVE OR ASK THE BRAND/TYPE OF MOSQUITO NET. IF BRAND IS UNKNOWN AND YOU CANNOT OBSERVE THE NET, SHOW PICTURES OF TYPICAL NET TYPES/BRANDS TO RESPONDENT.	<b>LONG-LASTING INSECTICIDE-TREATED NET (LLIN)</b> DAWA PLUS . . . . . 11 DURANET . . . . . 12 INTERCEPTOR . . . . . 13 LIFENET . . . . . 14 MAGNET . . . . . 15 NETPROTECT . . . . . 16 OLYSET . . . . . 17 PERMANET . . . . . 18 ROYAL SENTRY . . . . . 19 YORKOOL . . . . . 20 OTHER/ DK BRAND . . . . . 26  OTHER TYPE . . . . . 96 DK TYPE . . . . . 98	<b>LONG-LASTING INSECTICIDE-TREATED NET (LLIN)</b> DAWA PLUS . . . . . 11 DURANET . . . . . 12 INTERCEPTOR . . . . . 13 LIFENET . . . . . 14 MAGNET . . . . . 15 NETPROTECT . . . . . 16 OLYSET . . . . . 17 PERMANET . . . . . 18 ROYAL SENTRY . . . . . 19 YORKOOL . . . . . 20 OTHER/ DK BRAND . . . . . 26  OTHER TYPE . . . . . 96 DK TYPE . . . . . 98	<b>LONG-LASTING INSECTICIDE-TREATED NET (LLIN)</b> DAWA PLUS . . . . . 11 DURANET . . . . . 12 INTERCEPTOR . . . . . 13 LIFENET . . . . . 14 MAGNET . . . . . 15 NETPROTECT . . . . . 16 OLYSET . . . . . 17 PERMANET . . . . . 18 ROYAL SENTRY . . . . . 19 YORKOOL . . . . . 20 OTHER/ DK BRAND . . . . . 26  OTHER TYPE . . . . . 96 DK TYPE . . . . . 98
79	मक छरदानी आपको कहाँ से मिली? From where did you get the mosquito net?	PURCHASED FROM THE MARKET . . . . . 1 GOVERNMENT SUPPLIED BY . . . . . 2 NGO/TRUST . . . . . 3 OTHER . . . . . 6 (SPECIFY) DON'T KNOW . . . . . 8	PURCHASED FROM THE MARKET . . . . . 1 GOVERNMENT SUPPLIED BY . . . . . 2 NGO/TRUST . . . . . 3 OTHER . . . . . 6 (SPECIFY) DON'T KNOW . . . . . 8	PURCHASED FROM THE MARKET . . . . . 1 GOVERNMENT SUPPLIED BY . . . . . 2 NGO/TRUST . . . . . 3 OTHER . . . . . 6 (SPECIFY) DON'T KNOW . . . . . 8
80	इस मक छरदानी में पिछली रात को क या कोई सोया था? Did anyone sleep under this mosquito net last night?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 82) ← NOT SURE . . . . . 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 82) ← NOT SURE . . . . . 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 82) ← NOT SURE . . . . . 8
81	इस मक छरदानी में पिछली रात कौन सोया था? Who slept under this mosquito net last night?  RECORD THE PERSON'S NAME AND LINE NUMBER FROM THE HOUSEHOLD SCHEDULE.	NAME _____ LINE NO. <input type="text"/> <input type="text"/> ----- NAME _____ LINE NO. <input type="text"/> <input type="text"/> ----- NAME _____ LINE NO. <input type="text"/> <input type="text"/> ----- NAME _____ LINE NO. <input type="text"/> <input type="text"/>	NAME _____ LINE NO. <input type="text"/> <input type="text"/> ----- NAME _____ LINE NO. <input type="text"/> <input type="text"/> ----- NAME _____ LINE NO. <input type="text"/> <input type="text"/> ----- NAME _____ LINE NO. <input type="text"/> <input type="text"/>	NAME _____ LINE NO. <input type="text"/> <input type="text"/> ----- NAME _____ LINE NO. <input type="text"/> <input type="text"/> ----- NAME _____ LINE NO. <input type="text"/> <input type="text"/> ----- NAME _____ LINE NO. <input type="text"/> <input type="text"/>
82		GO BACK TO 78 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 83.	GO BACK TO 78 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 83.	GO TO 78 IN FIRST COLUMN OF A NEW QUESTIONNAIRE; OR, IF NO MORE NETS, GO TO 83.

83	<p>अब हम उन स्थानों के बारे में जानना चाहेंगे जहाँ पर परिवार अपने हाथ धोते हैं। कृपया मुझे वह ५ स्थान दिखाएँ जहाँ पर आपके घर के सदस्य सबसे अधिक बार हाथ धोते हैं?</p> <p>We would now like to learn about the places that households use to wash their hands.</p> <p>Can you please show me where members of your household most often wash their hands?</p>	<p>OBSERVED ..... 1</p> <p>NOT OBSERVED, NOT IN DWELLING/YARD/PLOT ..... 2</p> <p>NOT OBSERVED, NO PERMISSION TO SEE ..... 3</p> <p>NOT OBSERVED, OTHER REASON ..... 4</p> <p>(SKIP TO 86) ←</p>
84	<p>OBSERVATION ONLY: OBSERVE PRESENCE OF WATER AT THE PLACE FOR HANDWASHING.</p>	<p>WATER IS AVAILABLE ..... 1</p> <p>WATER IS NOT AVAILABLE ..... 2</p>
85	<p>OBSERVATION ONLY: OBSERVE PRESENCE OF SOAP, DETERGENT, OR OTHER CLEANSING AGENT.</p> <p>RECORD ALL MENTIONED.</p>	<p>SOAP OR DETERGENT (BAR, LIQUID, POWDER, PASTE) ..... A</p> <p>ASH, MUD, SAND ..... B</p> <p>NONE ..... C</p>
86	<p>मैं यह जांचना चाहूंगा/चाहूँगी कि क्या आपके घर में आयोडीनयुक्त नमक है या नहीं। क्या आप मुझे नमक का एक नमूना दे सकते हैं जिसका उपयोग आपके घर में खाना पकाने के लिए किया जाता है?</p> <p>I would like to check whether the salt used in your household is iodized. May I have a sample of the salt used to cook meals in your household?</p> <p>TEST SALT FOR IODINE.</p>	<p>IODINE PRESENT ..... 1</p> <p>NO IODINE ..... 2</p> <p>NO SALT IN HOUSEHOLD ..... 3</p> <p>SALT NOT TESTED ..... 6</p> <p>(SPECIFY REASON)</p>

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES
87	जनवरी 2017 से क्या इस घर के किसी सामान्य सदस्य कि मृत्यु हुई है? Did any usual member of this household die since January 2017?	YES ..... 1 NO ..... 2 → 86
88	कितने लोगों कि मृत्यु हुई है? How many persons died?	TOTAL DEATHS ..... <input type="text"/>

					IF FEMALE AND DIED WHEN 12 YEARS OR OLDER:		
88	89	90	91	92	93	94	95
कृपया (उनका/उनकी) नाम बताये जिसकी मृत्यु हुई है. Please tell me the name(s) of the (person/ people) who died.	स्वा (NAME) पुरुष था या स्त्री? Was (NAME) male or female?	स्वा (NAME) की मृत्यु सिविल प्राधिकारी के पास दर्ज कराई गई थी? Was (NAME's) death registered with the civil authority?	(NAME) कि उम्र कितनी थी जब (उनका/उनकी) मृत्यु हुआ/हुई थी? How old was (NAME) when (he/she) died? RECORD IN DAYS OR MONTHS OR YEARS.	किस महीने और साल में (NAME) कि मृत्यु हुई? In what month and year did (NAME) die?	स्वा (NAME) कि मृत्यु गर्भावस्था के दौरान, प्रसव के दौरान, या गर्भावस्था के समाप्ति या बच्चे के जन्म के दो महीने के अंदर हुई? Did (NAME) die during pregnancy, during childbirth or within two months after the end of pregnancy or childbirth?	क्या मृत्यु दुर्घटना, हिंसा, विष [पहर], डूबने, जपदा रोग या आत्महत्या के कारण हुई? Was the death due to an accident, violence, poisoning, drowning, disaster, homicide or suicide?	
(1) NAME	MALE .... 1 FEMALE .. 2	YES ... 1 NO ... 2	DAYS 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS 3 <input type="text"/>	MONTH <input type="text"/> YEAR <input type="text"/>	YES ..... 1 GO TO NEXT LINE NO ..... 2	YES ..... 1 NO ..... 2	
(2) NAME	MALE .... 1 FEMALE .. 2	YES ... 1 NO ... 2	DAYS 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS 3 <input type="text"/>	MONTH <input type="text"/> YEAR <input type="text"/>	YES ..... 1 GO TO NEXT LINE NO ..... 2	YES ..... 1 NO ..... 2	
(3) NAME	MALE .... 1 FEMALE .. 2	YES ... 1 NO ... 2	DAYS 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS 3 <input type="text"/>	MONTH <input type="text"/> YEAR <input type="text"/>	YES ..... 1 GO TO NEXT LINE NO ..... 2	YES ..... 1 NO ..... 2	
(4) NAME	MALE .... 1 FEMALE .. 2	YES ... 1 NO ... 2	DAYS 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS 3 <input type="text"/>	MONTH <input type="text"/> YEAR <input type="text"/>	YES ..... 1 GO TO NEXT LINE NO ..... 2	YES ..... 1 NO ..... 2	
(5) NAME	MALE .... 1 FEMALE .. 2	YES ... 1 NO ... 2	DAYS 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS 3 <input type="text"/>	MONTH <input type="text"/> YEAR <input type="text"/>	YES ..... 1 GO TO NEXT LINE NO ..... 2	YES ..... 1 NO ..... 2	

86	RECORD TIME	HOURS ..... <input type="text"/>
		MINUTES ..... <input type="text"/>

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

---

---

---

---

---

---

---

COMMENTS ON SPECIFIC QUESTIONS:

---

---

---

---

---

---

---

ANY OTHER COMMENTS:

---

---

---

---

---

---

---

SUPERVISOR'S OBSERVATIONS

---

---

---

---

---

---

---

---

NAME OF SUPERVISOR: \_\_\_\_\_ DATE: \_\_\_\_\_

IDENTIFICATION				
STATE _____	[ ] [ ] [ ] [ ] [ ]			
DISTRICT _____	[ ] [ ] [ ] [ ] [ ]			
TEHSIL/TALUK _____				
CITY/TOWN/VILLAGE _____				
TYPE OF PSU (URBAN = 1, RURAL = 2) .....	[ ]			
PSU NUMBER .....	[ ] [ ] [ ] [ ] [ ]			
STRUCTURE NUMBER .....	[ ] [ ] [ ] [ ] [ ]			
HOUSEHOLD NUMBER .....	[ ] [ ] [ ] [ ] [ ]			
NAME AND LINE NUMBER OF WOMAN _____				
ADDRESS OF HOUSEHOLD _____				
IS HOUSEHOLD SELECTED FOR THE STATE MODULE? (YES = 1, NO = 2) .....	[ ]			
IS WOMAN SELECTED FOR QUESTIONS ON HOUSEHOLD RELATIONS (SECTION 11)? (YES = 1, NO = 2) .....	[ ]			
INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY [ ] [ ] MONTH [ ] [ ] [ ] [ ] YEAR [ ] [ ] [ ] [ ] [ ] [ ]
INTERVIEWER'S NAME	_____	_____	_____	INT. NO. [ ] [ ] [ ] [ ] [ ] [ ]
RESULT CODE*	_____	_____	_____	RESULT CODE* [ ] [ ] [ ] [ ] [ ] [ ]
NEXT VISIT: DATE TIME	_____ _____	_____ _____		TOTAL NUMBER OF VISITS ..... [ ]
SUPERVISOR'S NAME .....	_____			SUPERV. NUMBER [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
*RESULT CODES: 1 COMPLETED                      4 REFUSED 2 NOT AT HOME                      5 PARTLY COMPLETED                      7 OTHER _____ 3 POSTPONED                      6 INCAPACITATED                      (SPECIFY) _____				
**LANGUAGE CODES: 01 ASSAMESE      08 MALAYALAM      15 TAMIL 02 BENGALI        09 MANIPURI        16 TELUGU 03 GUJARATI       10 MARATHI        17 URDU 04 HINDI            11 NEPALI           18 ENGLISH 05 KANNADA       12 ORIYA            19 GARO 06 KASHMIRI      13 PUNJABI        20 KHASI 07 KONKANI       14 SINDHI           96 OTHER _____ SPECIFY			**LANGUAGE OF QUESTIONNAIRE <b>HINDI</b> **RESPONDENT'S MOTHER TONGUE _____ **LANGUAGE OF INTERVIEW _____ TRANSLATOR USED? (YES = 1, NO = 2) .....	
			[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]	

**SECTION 1. RESPONDENT'S BACKGROUND**

**INTRODUCTION AND INFORMED CONSENT**

नमस्ते! मेरा नाम \_\_\_\_\_ है। मैं (NAME OF ORGANIZATION) के साथ काम कर रही हूँ। हम पूरे भारत में स्वास्थ्य पर एक सर्वेक्षण कर रहे हैं। जो जानकारी हम परिवार कल्याण और स्वास्थ्य के बारे में करेंगे और व्यक्तियों से इकट्ठी करेंगे वो सरकार को स्वास्थ्य सेवाएं बनाने में मदद करेगी। आपका परिवार इस सर्वेक्षण के लिए चुना गया है। इन गवाहों में लगभग 40 - 60 मिनट लगेंगे। आपके बारे में जवाब पूछे जायेंगे और हमारे सर्वेक्षण के सवालों के जवाब किसी को भी नहीं बताने जायेंगे। आपका इस सर्वेक्षण में भाग लेना स्वैच्छिक है। अगर आप मेरे किसी सवाल का जवाब नहीं देना चाहते, तो मुझे बता दीजिये और मैं अगले सवाल पर चली जाऊँगी या आप किसी भी समय यह बातचीत रोक सकते हैं। यदि आपको इस सर्वेक्षण के बारे में और जानकारी चाहिए तो आप मुझसे पूछिए या उस व्यक्ति को संपर्क करें, जिसका कार्ड आपके परिवार को दिया जा चुका है।

क्या आप मुझसे कुछ सवाल पूछना चाहती है?

ANSWER ANY QUESTIONS AND ADDRESS RESPONDENT'S CONCERNS.

क्या आप इस सर्वेक्षण में भाग लेने के लिए सहमत हैं?

Namaste. My name is \_\_\_\_\_. I am working with (NAME OF ORGANIZATION). We are conducting a survey about health all over India. The information on family welfare and health that we collect from households and individuals will help the government to plan health services. Your household was selected for the survey. The questions usually take about 40 - 60 minutes. All of the answers you give will be confidential and will not be shared with anyone other than members of our survey team. Your participation in the survey is voluntary. If I ask you any question you don't want to answer, just let me know and I will go on to the next question or you can stop the interview at any time. If you have any questions about this survey you may ask me or contact the persons listed on the card given to your household.

Do you have any questions?

ANSWER ANY QUESTIONS AND ADDRESS RESPONDENT'S CONCERNS.

Do you agree to participate in this survey?

SIGNATURE OF INTERVIEWER: \_\_\_\_\_ DATE: \_\_\_\_\_

RESPONDENT AGREES  
TO BE INTERVIEWED ..... 1

RESPONDENT DOES NOT AGREE  
TO BE INTERVIEWED ..... 2 → END

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"/>	
102	आपका जन्म किस महीने और साल में हुआ था? In what month and year were you born?	MONTH ..... <input type="text"/> <input type="text"/> DON'T KNOW MONTH ..... 98 YEAR ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR ..... 9998	
103	पिछले जन्मदिन पर आपकी आयु कितनी थी? How old were you at your last birthday? COMPARE AND CORRECT 102 AND/OR 103 IF INCONSISTENT.	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	
104	आप कितने समय से निरंतर (CURRENT PLACE OF RESIDENCE) में रह रहे हैं? How long have you been living continuously in (CURRENT PLACE OF RESIDENCE)? IF LESS THAN 1 YEAR, RECORD '00'	YEARS ..... <input type="text"/> <input type="text"/> ALWAYS ..... 95 VISITOR ..... 96	
105	क्या आप कभी स्कूल गयी हैं? Have you ever attended school?	YES ..... 1 NO ..... 2	→ 108
106	आपने कौन सा उच्चतम दर्जा पास किया है? What is the highest grade you completed?	GRADE ..... <input type="text"/> <input type="text"/>	
107	CHECK 106: GRADE 00-08 <input type="checkbox"/> GRADE 09 AND ABOVE <input type="checkbox"/>		→ 110
108	अब मैं चाहूंगी कि आप मुझे यह वाक्य पढ़कर सुनाएं। SHOW A SENTENCE FROM THE LITERACY CARD TO RESPONDENT. IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE: क्या आप इस वाक्य के किसी भी भाग को पढ़कर मुझे सुना सकती हैं?  Now I would like you to read this sentence to me. SHOW A SENTENCE FROM THE LITERACY CARD TO RESPONDENT. IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE: Can you read any part of the sentence to me?	CANNOT READ AT ALL ..... 1 ABLE TO READ ONLY PARTS OF SENTENCE ..... 2 ABLE TO READ WHOLE SENTENCE ..... 3 NO CARD WITH REQUIRED LANGUAGE ..... 4 (SPECIFY LANGUAGE) BLIND/VISUALLY IMPAIRED ..... 5	
109	CHECK 108: CODE '2', '3' OR '4' RECORDED <input type="checkbox"/> CODE '1' OR '5' RECORDED <input type="checkbox"/>		→ 111
110	क्या आप अखबार या पत्रिका लगभग सप्ताह में कम से कम एक बार, सप्ताह में एक बार से कम या कभी नहीं पढ़ती हैं? Do you read a newspaper or magazine at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK ..... 1 LESS THAN ONCE A WEEK ..... 2 NOT AT ALL ..... 3	
111	क्या आप रेडियो लगभग सप्ताह में कम से कम एक बार, सप्ताह में एक बार से कम या कभी नहीं सुनती हैं? Do you listen to the radio at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK ..... 1 LESS THAN ONCE A WEEK ..... 2 NOT AT ALL ..... 3	
112	क्या आप टेलीविजन लगभग सप्ताह में कम से कम एक बार, सप्ताह में एक बार से कम या कभी नहीं देखती हैं? Do you watch television at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK ..... 1 LESS THAN ONCE A WEEK ..... 2 NOT AT ALL ..... 3	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
113	क्या आप सामान्यतः महीने में कम से कम एक बार सिनेमाघर या थियेटर में सिनेमा देखने जाती हैं? Do you usually go to a cinema hall or theatre to see a movie at least once a month?	YES ..... 1 NO ..... 2	
114	आपका धर्म क्या है? What is your religion?	HINDU ..... 01 MUSLIM ..... 02 CHRISTIAN ..... 03 SIKH ..... 04 BUDDHIST/NEO-BUDDHIST ..... 05 JAIN ..... 06 JEWISH ..... 07 PARSI/ZOROASTRIAN ..... 08 NO RELIGION ..... 09 OTHER _____ 96 (SPECIFY)	
115	आपकी जाति वा जनजाति क्या है? What is your caste or tribe?	CASTE _____ 991 (SPECIFY) TRIBE _____ 992 (SPECIFY) NO CASTE/TRIBE ..... 993 DONT KNOW ..... 998	→ 201
116	क्या आप अनुसूचित जाति, अनुसूचित जनजाति, अन्य पिछड़े वर्ग से हैं वा इनमें से कोई नहीं हैं? Do you belong to a scheduled caste, a scheduled tribe, other backward class, or none of these?	SCHEDULED CASTE ..... 1 SCHEDULED TRIBE ..... 2 OBC ..... 3 NONE OF THEM ..... 4	

**SECTION 2. REPRODUCTION**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
201	<p>अब मैं आपसे उन बच्चों के बारे में पूछना चाहूँगी जिन्हें आपने अपने जीवनकाल में जन्म दिया है। क्या आपने कभी किसी बच्चे को जन्म दिया है?</p> <p>Now I would like to ask about all the births you have had during your life. Have you ever given birth?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	→ 206
202	<p>क्या आपके कोई ऐसे बेटे या बेटियाँ हैं जिन्हें आपने जन्म दिया है और जो अभी आपके साथ रहते हैं?</p> <p>Do you have any sons or daughters to whom you have given birth who are now living with you?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	→ 204
203	<p>a. कितने बेटे आपके साथ रहते हैं? How many sons live with you?</p> <p>b. और कितनी बेटियाँ आपके साथ रहती हैं? And how many daughters live with you?</p> <p>IF NONE, RECORD '00'.</p>	<p>SONS AT HOME ..... <input type="text"/> <input type="text"/></p> <p>DAUGHTERS AT HOME ..... <input type="text"/> <input type="text"/></p>	
204	<p>क्या आपके ऐसे बेटे या बेटियाँ हैं जिन्हें आपने जन्म दिया है और जो जीवित हैं लेकिन आपके साथ नहीं रहते हैं?</p> <p>Do you have any sons or daughters to whom you have given birth who are alive but do not live with you?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	→ 206
205	<p>a. ऐसे कितने जीवित बेटे हैं जो आपके साथ नहीं रहते हैं? How many sons are alive but do not live with you?</p> <p>b. और ऐसी कितनी जीवित बेटियाँ हैं जो आपके साथ नहीं रहती हैं? And how many daughters are alive but do not live with you?</p> <p>IF NONE, RECORD '00'.</p>	<p>SONS ELSEWHERE ..... <input type="text"/> <input type="text"/></p> <p>DAUGHTERS ELSEWHERE ..... <input type="text"/> <input type="text"/></p>	
206	<p>क्या आपने कभी किसी लड़के या लड़की को जन्म दिया है जो जन्म के समय जीवित था या थी लेकिन बाद में जिसकी मृत्यु हो गई?</p> <p>IF NO, PROBE: कोई बच्चा या जो रोया था या जिम्मे जीवित होने का कोई संकेत दिया लेकिन बाद में जीवित नहीं रहा?</p> <p>Have you ever given birth to a boy or girl who was born alive but later died? IF NO, PROBE: Any baby who cried, who made any movement, sound or effort to breathe, or who showed any other signs of life even if for a very short time?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	→ 206
207	<p>a. कितने लड़कों की मृत्यु हुई है? How many boys have died?</p> <p>b. और कितनी लड़कियों की मृत्यु हुई है? And how many girls have died?</p> <p>IF NONE, RECORD '00'.</p>	<p>BOYS DEAD ..... <input type="text"/> <input type="text"/></p> <p>GIRLS DEAD ..... <input type="text"/> <input type="text"/></p>	
208	<p>SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.</p>	<p>TOTAL ..... <input type="text"/> <input type="text"/></p>	
209	<p>CHECK 208: बहु सुनिश्चित करने के लिए कि मैंने सही लिखा है: आपने अपने जीवन में कुल _____ बच्चों को जन्म दिया है। क्या यह सही है? Just to make sure that I have this right: you have had in TOTAL _____ births during your life. Is that correct?</p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/> → PROBE AND CORRECT 201-208 AS NECESSARY.</p>		
210	<p>CHECK 208: ONE OR MORE BIRTHS <input type="checkbox"/> NO BIRTHS <input type="checkbox"/> → 228</p>		

211 अब मैं आपसे सभी बच्चों के नाम लिखना चाहूँगी जहाँ वे अभी जीवित हैं या नहीं। शुरूआत अपने सबसे पहले बच्चे के नाम से करें। Now I would like to record the names of all your births, whether still alive or not, starting with the first one you had. RECORD NAMES OF ALL THE BIRTHS IN 212. RECORD TWINS AND TRIPLETS ON SEPARATE LINES. (IF THERE ARE MORE THAN 12 BIRTHS, USE AN ADDITIONAL QUESTIONNAIRE STARTING WITH THE SECOND ROW).									
212	213	214	215	216	217	218	219	220	221
आपके (पहले/अपने) बच्चे का नाम क्या रखा गया था?	क्या (NAME) लड़का है या लड़की है?	क्या इनमें से कोई कुछवा बच्चे के?	(NAME) का जन्म किस महीने और साल में हुआ था? PROBE: उसका जन्मदिन क्या था?	क्या (NAME) अभी जीवित है?	कितने साल (NAME) की अबु कितनी थी?	क्या (NAME) आपके साथ रहे रहा/रही है?	IF ALIVE: RECORD HOUSE-HOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSE-HOLD).	IF DEAD: मृत्यु के समय (NAME) की अबु कितनी थी? IF '1 YR', PROBE: (NAME) उस समय कितने महीनों का था/थी?	क्या (NAME) OF PREVIOUS BIRTH) और (NAME) के बीच कितनी दुर्लभ जीवित बच्चे का जन्म हुआ था, उन बच्चे की भी शामिल करें कितनी जन्म के पश्चात् मृत्यु हो गईं थी?
What name was given to your (first/next) baby?	Is (NAME) a boy or a girl?	Were any of these births twins?	On what day, 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?	Is (NAME) living with you?	RECORD AGE IN COMPLETED YEARS.	How old was (NAME) when he/she died? IF '1 YR', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME), including any children who died after birth?
01	BOY 1 GIRL 2	SING 1 MULT 2	DAY <input type="text"/> MONTH <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2	LINE NUMBER <input type="text"/> (NEXT BIRTH)	DAYS ... 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS ... 3 <input type="text"/>	
02	BOY 1 GIRL 2	SING 1 MULT 2	DAY <input type="text"/> MONTH <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2	LINE NUMBER <input type="text"/> (GO TO 221)	DAYS ... 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS ... 3 <input type="text"/>	YES ... 1 ADD ← BIRTH NO ... 2 NEXT ↓ BIRTH
03	BOY 1 GIRL 2	SING 1 MULT 2	DAY <input type="text"/> MONTH <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2	LINE NUMBER <input type="text"/> (GO TO 221)	DAYS ... 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS ... 3 <input type="text"/>	YES ... 1 ADD ← BIRTH NO ... 2 NEXT ↓ BIRTH
04	BOY 1 GIRL 2	SING 1 MULT 2	DAY <input type="text"/> MONTH <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2	LINE NUMBER <input type="text"/> (GO TO 221)	DAYS ... 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS ... 3 <input type="text"/>	YES ... 1 ADD ← BIRTH NO ... 2 NEXT ↓ BIRTH
05	BOY 1 GIRL 2	SING 1 MULT 2	DAY <input type="text"/> MONTH <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2	LINE NUMBER <input type="text"/> (GO TO 221)	DAYS ... 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS ... 3 <input type="text"/>	YES ... 1 ADD ← BIRTH NO ... 2 NEXT ↓ BIRTH
06	BOY 1 GIRL 2	SING 1 MULT 2	DAY <input type="text"/> MONTH <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2	LINE NUMBER <input type="text"/> (GO TO 221)	DAYS ... 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS ... 3 <input type="text"/>	YES ... 1 ADD ← BIRTH NO ... 2 NEXT ↓ BIRTH

212 आपके (पहले/अपने) बच्चे का नाम क्या रखा गया था?	213 क्या (NAME) लड़का है या लड़की है?	214 क्या इनमें से कोई जुड़वा बच्चे के थे?	215 (NAME) का जन्म किस तारीख और साल में हुआ था? PROBE: उसका जन्मदिन क्या था?	216 क्या (NAME) अभी जीवित है?	217 IF ALIVE: कितने जन्मदिन पर (NAME) की अनु किलमी थी?	218 IF ALIVE: क्या (NAME) आपके साथ रह रहा/रही है?	219 IF ALIVE: RECORD HOUSE-HOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSE-HOLD).	220 IF DEAD: बच्चे के मरण (NAME) की अनु किलमी थी? IF '1 YR', PROBE: (NAME) उन मरण कितने तारीख का था/थी?	221 क्या (NAME) OF PREVIOUS BIRTH) और (NAME) के बीच किलमी बच्चे के जन्म हुआ था, उन बच्चे की की अनु किलमी पर मरण हुआ था?
07	BOY 1 GIRL 2	SING 1 MULT 2	DAY <input type="text"/> MONTH <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2	LINE NUMBER <input type="text"/> (GO TO 221)	DAYS ... 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS ... 3 <input type="text"/>	YES ... 1 ADD ← BIRTH NO ... 2 NEXT → BIRTH
08	BOY 1 GIRL 2	SING 1 MULT 2	DAY <input type="text"/> MONTH <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2	LINE NUMBER <input type="text"/> (GO TO 221)	DAYS ... 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS ... 3 <input type="text"/>	YES ... 1 ADD ← BIRTH NO ... 2 NEXT → BIRTH
09	BOY 1 GIRL 2	SING 1 MULT 2	DAY <input type="text"/> MONTH <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2	LINE NUMBER <input type="text"/> (GO TO 221)	DAYS ... 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS ... 3 <input type="text"/>	YES ... 1 ADD ← BIRTH NO ... 2 NEXT → BIRTH
10	BOY 1 GIRL 2	SING 1 MULT 2	DAY <input type="text"/> MONTH <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2	LINE NUMBER <input type="text"/> (GO TO 221)	DAYS ... 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS ... 3 <input type="text"/>	YES ... 1 ADD ← BIRTH NO ... 2 NEXT → BIRTH
11	BOY 1 GIRL 2	SING 1 MULT 2	DAY <input type="text"/> MONTH <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2	LINE NUMBER <input type="text"/> (GO TO 221)	DAYS ... 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS ... 3 <input type="text"/>	YES ... 1 ADD ← BIRTH NO ... 2 NEXT → BIRTH
12	BOY 1 GIRL 2	SING 1 MULT 2	DAY <input type="text"/> MONTH <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2	LINE NUMBER <input type="text"/> (GO TO 221)	DAYS ... 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS ... 3 <input type="text"/>	YES ... 1 ADD ← BIRTH NO ... 2 NEXT → BIRTH

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
222	<p>क्या (NAME OF LAST BIRTH) के जन्म के बाद आपको कोई जीवित बच्चा पैदा हुआ?</p> <p>Have you had any live births since the birth of (NAME OF LAST BIRTH)?</p> <p>IF YES, RECORD BIRTH(S) IN TABLE.</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	
223	<p>क्या (NAME OF FIRST BIRTH) के जन्म के पहले आपको कोई जीवित बच्चा पैदा हुआ?</p> <p>Before the birth of (NAME OF FIRST BIRTH), did you have any other live births?</p> <p>IF YES, RECORD BIRTH(S) IN TABLE.</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	
224	CHECK 215 AND ENTER THE NUMBER OF BIRTHS IN JANUARY 2015 OR LATER.	<p>NUMBER OF BIRTHS ..... <input type="text"/></p> <p>NONE ..... 0</p>	→ 226
225	<p>FOR EACH BIRTH SINCE JANUARY 2015, ENTER 'B' IN THE MONTH OF BIRTH IN <b>COLUMN 1</b> OF THE CALENDAR. WRITE THE NAME OF THE CHILD TO THE LEFT OF THE 'B' CODE. FOR EACH BIRTH, ASK THE NUMBER OF COMPLETED MONTHS THE PREGNANCY LASTED AND RECORD 'P' IN EACH OF THE PRECEDING MONTHS ACCORDING TO THE DURATION OF PREGNANCY. (NOTE: THE NUMBER OF P's MUST BE ONE LESS THAN THE NUMBER OF MONTHS THAT THE PREGNANCY LASTED.)</p> <p><b>C</b> FOR EACH BIRTH ASK:</p> <p>क्या आप (NAME) के समय गर्भवती भी तब तब आपका बच्चा ट्रेसलंड (सोनीग्रफी) परीक्षण हुआ था?</p> <p>At any time when you were pregnant with (NAME), did you have an ultrasound test?</p> <p>RECORD 'Y' IF YES AND 'N' IF NO IN <b>COLUMN 2</b> IN THE MONTH OF BIRTH.</p>		
226	<p>क्या आप अभी गर्भवती हैं?</p> <p>Are you pregnant now?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>UNSURE ..... 8</p>	→ 231
227	<p>आप कितने महीनों से गर्भवती हैं?</p> <p>How many months pregnant are you?</p> <p>RECORD NUMBER OF COMPLETED MONTHS. ENTER 'P's IN <b>COLUMN 1</b> OF CALENDAR, BEGINNING WITH MONTH OF INTERVIEW AND FOR THE TOTAL NUMBER OF COMPLETED MONTHS.</p> <p><b>C</b></p>	<p>MONTHS ..... <input type="text"/></p>	
228	<p>क्या इस गर्भावस्था के दौरान कभी भी आपका बच्चा ट्रेसलंड (सोनीग्रफी) परीक्षण हुआ है?</p> <p>At any time during this pregnancy, have you had an ultrasound test?</p> <p><b>C</b> RECORD 'Y' IF YES AND 'N' IF NO IN <b>COLUMN 2</b> OF THE CALENDAR IN THE CURRENT MONTH.</p>		
229	<p>तब आप गर्भवती हुईं तब समय तब तब आप गर्भवती होना चाहती थीं?</p> <p>When you got pregnant, did you want to get pregnant at that time?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	→ 231

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																
230	<p>CHECK 208: TOTAL NUMBER OF BIRTHS</p> <p><input type="checkbox"/> ONE OR MORE</p> <p>a. क्या आप बच्चा या बच्चों में चाहती थीं या आप कोई और बच्चे नहीं चाहती थीं?</p> <p>Did you want to have the baby later on or did you not want any more children?</p> <p><input type="checkbox"/> NONE</p> <p>b. क्या आप बच्चा या बच्चों में चाहती थीं या आप कोई बच्चा नहीं चाहती थीं?</p> <p>Did you want to have the baby later on or did you not want any children?</p>	<p>LATER ..... 1</p> <p>NO MORE/NONE ..... 2</p>																	
231	<p>क्या आपका कोई बच्चा ऐसा था जिसका अपने आप गर्भवतल हो गया, गर्भवतल कराया गया या मृत बच्चे का जन्म हुआ?</p> <p>Have you ever had a pregnancy that miscarried, was aborted, or ended in a stillbirth?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	→ 250																
232	<p>ऐसे सबसे आखिरी गर्भ की समाप्ति कब हुई?</p> <p>When did the last such pregnancy end?</p>	<p>MONTH ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></table></p> <p>YEAR ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></table></p>																	
233	<p>CHECK 232:</p> <p>LAST PREGNANCY ENDED IN <input type="checkbox"/> JANUARY 2015 OR LATER</p> <p>LAST PREGNANCY ENDED IN <input type="checkbox"/> 2014 OR EARLIER</p>		→ 250																
234	<p>क्या इस गर्भ का अंत: गर्भवतल हो सकता गर्भवतल कराया गया था, या बच्चा मृत पैदा हुआ था?</p> <p>Did that pregnancy end in a miscarriage, an abortion, or a stillbirth?</p> <p><b>C</b> CIRCLE RESPONSE CODE AND ENTER 'M' FOR MISCARRIAGE, 'A' FOR ABORTION, OR 'S' FOR STILLBIRTH IN <b>COLUMN 1</b> OF THE CALENDAR IN MONTH IN WHICH PREGNANCY WAS TERMINATED.</p>	<p>MISCARRIAGE ..... 1</p> <p>ABORTION ..... 2</p> <p>STILLBIRTH ..... 3</p>																	
235	<p>आखिरी ऐसे गर्भ की जब समाप्ति हुई उस समय आपको कितने महीने का गर्भ था?</p> <p>How many months pregnant were you when the last such pregnancy ended?</p> <p><b>C</b> RECORD NUMBER OF COMPLETED MONTHS. ENTER 'P's IN <b>COLUMN 1</b> OF CALENDAR IN MONTHS <b>BEFORE</b> THE PREGNANCY TERMINATED. TOTAL NUMBER OF 'P's MUST BE ONE LESS THAN NUMBER OF MONTHS PREGNANT AT TIME OF TERMINATION.</p>	<p>MONTHS ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table></p>																	
236	<p>क्या इस गर्भवतल के दौरान कभी भी आपका डॉक्टर/डॉल्फोनीसी/परीक्षण हुआ था?</p> <p>At any time during this pregnancy, did you have an ultrasound test?</p> <p><b>C</b> RECORD 'Y' IF YES AND 'N' IF NO IN <b>COLUMN 2</b> OF THE CALENDAR IN MONTH IN WHICH PREGNANCY WAS TERMINATED.</p>																		
237	<p>CHECK 234:</p> <p>ABORTION <input type="checkbox"/></p> <p>MISCARRIAGE OR STILLBIRTH <input type="checkbox"/></p>		→ 246																

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
238	गर्भपात कहाँ कराया गया था? Where was the abortion performed?	<b>PUBLIC HEALTH SECTOR</b> GOVT./MUNICIPAL HOSPITAL ..... 11 <b>AYUSH</b> AYURVEDA ..... 12 YOGA AND NATUROPATHY ..... 13 UNANI ..... 14 SIDDHA ..... 15 HOMEOPATHY ..... 16 SOWA RIGPA (TTM) ..... 17 OTHER ..... 18 (SPECIFY) GOVT. DISPENSARY/CLINIC ..... 19 UHC/UHP/UFWC ..... 20 CHC/RURAL HOSP./BLOCK PHC ..... 21 PHC/ADDITIONAL PHC ..... 22 SUB-CENTRE ..... 23 GOVT. MOBILE CLINIC ..... 24 OTHER PUBLIC HEALTH SECTOR ..... 25 (SPECIFY) NGO OR TRUST HOSPITAL/CLINIC ..... 31 <b>PRIVATE HEALTH SECTOR</b> PRIVATE HOSPITAL/CLINIC ..... 41 DISPENSARY/CLINIC ..... 42 OTHER PRIVATE HEALTH SECTOR ..... 43 (SPECIFY) <b>OTHER</b> AT HOME ..... 51 ELSEWHERE ..... 96 (SPECIFY)	
239	गर्भपात किसके द्वारा किया गया? Who performed the abortion?	DOCTOR ..... 1 NURSE/ANMLHV ..... 2 VAIDYA/HAKIM/HOMEOPATH (AYUSH) ..... 3 DAI ..... 4 FAMILY MEMBER/RELATIVE/FRIEND ..... 5 SELF ..... 6 OTHER ..... 7 (SPECIFY)	
240	गर्भपात के लिए किस तरीके का इस्तेमाल किया गया था? What method was used for the abortion?	MEDICINES ..... 1 MVA ..... 2 OTHER SURGICAL ..... 3 ANY OTHER ..... 4 (SPECIFY) DONT KNOW ..... 9	
241	गर्भपात करने का मुख्य कारण क्या था? What was the main reason for the abortion?	UNPLANNED PREGNANCY ..... 01 CONTRACEPTIVE FAILURE ..... 02 COMPLICATION(S) IN PREGNANCY ..... 03 HEALTH DID NOT PERMIT ..... 04 FEMALE FOETUS ..... 05 MALE FOETUS ..... 06 ECONOMIC REASONS ..... 07 LAST CHILD TOO YOUNG ..... 08 FOETUS HAD CONGENITAL ABNORMALITY ..... 09 HUSBAND/MOTHER IN LAW DID NOT WANT ..... 95 OTHER ..... 96 (SPECIFY)	
242	क्या गर्भपात से आपको कोई समस्या हुई? Did you have any complication from the abortion?	YES ..... 1 NO ..... 2	→ 246
243	क्या आपको उस समय या के लिए कोई इलाज कराया था? Did you seek treatment for the complication?	YES ..... 1 NO ..... 2	→ 245



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																
245	<p>आपने इलाज क सो नहीं कराया था कोई अन्य कारण?</p> <p>Why did you not seek treatment? Any other reason?</p> <p>RECORD ALL MENTIONED.</p>	<p>COULD NOT AFFORD TREATMENT ..... A</p> <p>COULD NOT AFFORD TRANSPORT ..... B</p> <p>FEAR OF STIGMA BY PROVIDER ..... C</p> <p>FEAR OF STIGMA BY COMMUNITY ..... D</p> <p>COMPLICATION WAS MINOR/DID NOT REQUIRE TREATMENT ..... E</p> <p>PROBLEM RESOLVED ITSELF ..... F</p> <p>COULD NOT GET AWAY FROM FAMILY RESPONSIBILITIES ..... G</p> <p>HUSBAND DID NOT GIVE PERMISSION .. H</p> <p>OTHER ..... X</p> <p>(SPECIFY)</p>																	
246	<p>जनवरी 2015 से क्या आपके कोई ऐसे अन्य गर्भधारण हुए जिसका परिणाम जीवित जन्म में न हुआ हो?</p> <p>Since January 2015, have you had any other pregnancies that did not result in a live birth?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	→ 248																
247	<p>ASK THE DATE AND THE DURATION OF PREGNANCY FOR EACH EARLIER NON-LIVE BIRTH PREGNANCY SINCE JANUARY 2015.</p> <p><b>C</b> ENTER 'T' IN <b>COLUMN 1</b> OF CALENDAR IN MONTH THAT EACH PREGNANCY TERMINATED AND 'P' FOR REMAINING NUMBER OF COMPLETED MONTHS.</p> <p>FOR EACH TERMINATED PREGNANCY ASK:</p> <p>क्या इस गर्भधारण के दौरान कभी की जायका आ इलसाउंड (सोनोग्राफी) परिक्षण हुआ है?</p> <p>At any time during this pregnancy, did you have an ultrasound test?</p> <p><b>C</b> RECORD 'Y' IF YES AND 'N' IF NO IN <b>COLUMN 2</b> OF THE CALENDAR IN MONTH IN WHICH PREGNANCY WAS TERMINATED.</p>																		
248	<p>क्या 2014 में या उससे पहले आपको कोई ऐसे गर्भधारण हुए जिसका परिणाम जीवित जन्म में नहीं हुआ हो?</p> <p>Did you have any pregnancies that terminated in 2014 or earlier that did not result in a live birth?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	→ 250																
249	<p>2014 में या उससे पहले अखिरी गर्भ की समाप्ति कब हुई?</p> <p>When did the last such pregnancy that terminated in 2014 or earlier?</p>	<p>MONTH ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></table></p> <p>YEAR ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></table></p>																	
250	<p>आपका पिछला मासिक धर्म कब शुरू हुआ?</p> <p>When did your last menstrual period start?</p> <p>_____</p> <p>(DATE, IF GIVEN)</p> <p>IF LESS THAN 1 WEEK, RECORD DAYS; IF LESS THAN 1 MONTH, RECORD WEEKS; IF LESS THAN 1 YEAR, RECORD MONTHS.</p>	<p>DAYS AGO ..... 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table></p> <p>WEEKS AGO ..... 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table></p> <p>MONTHS AGO ..... 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table></p> <p>YEARS AGO ..... 4 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table></p> <p>HAS HAD HYSTERECTOMY ..... 993 → 254</p> <p>IN MENOPAUSE ..... 994</p> <p>BEFORE LAST BIRTH ..... 995 → 253</p> <p>NEVER MENSTRUATED ..... 996</p>																	
251	<p>CHECK 250:</p> <p>LAST MENSTRUAL PERIOD = 5 MONTHS AGO <input type="checkbox"/></p> <p>OTHER <input type="checkbox"/> → 257</p>																		
252	<p>CHECK 226:</p> <p>NOT PREGNANT OR UNSURE <input type="checkbox"/></p> <p>PREGNANT <input type="checkbox"/> → 257</p>																		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
253	कुछ महिलाएँ गर्भाशय निकालने हेतु ऑपरेशन करवाती हैं। क्या आपने कोई ऐसा ऑपरेशन करवाया है? Some women undergo an operation to remove the uterus. Have you undergone such an operation?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 257
254	आपने कितने साल पहले यह ऑपरेशन [हिस्टेरिक्टमी] करवाया था? How many years ago was this operation [hysterectomy] performed?  IF LESS THAN 1 YEAR AGO, RECORD '00'.	YEARS AGO ..... <input type="text"/> DON'T KNOW ..... 98	
255	यह ऑपरेशन [हिस्टेरिक्टमी] कहाँ पर करवाया गया था? Where was this operation [hysterectomy] performed?  IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTRE, OR CLINIC IS PUBLIC OR PRIVATE HEALTH SECTOR, WRITE THE NAME OF THE PLACE.  _____ (NAME OF FACILITY/PLACE)	<b>PUBLIC HEALTH SECTOR</b> GOVT./MUNICIPAL HOSPITAL ..... 11 GOVT. DISPENSARY ..... 12 UHC/UHP/UFWC ..... 13 CHC/RURAL HOSPITAL/ BLOCK PHC ..... 14 PHC/ADDITIONAL PHC ..... 15 SUB-CENTRE ..... 16 GOVT. MOBILE CLINIC ..... 17 CAMP ..... 18 OTHER PUBLIC SECTOR HEALTH FACILITY ..... 19  NGO OR TRUST HOSPITAL/CLINIC ..... 21  <b>PRIVATE HEALTH SECTOR</b> PVT. HOSPITAL ..... 31 PVT. DOCTOR/CLINIC ..... 32 PVT. MOBILE CLINIC ..... 33 OTHER PRIVATE HEALTH FACILITY ..... 34 OTHER ..... 96 (SPECIFY) DON'T KNOW ..... 98	
258	किस कारण से यह ऑपरेशन करवाया गया था? कोई अन्य कारण? Why was this operation performed? Any other reason?  RECORD ALL MENTIONED.	<b>EXCESSIVE MENSTRUAL</b> BLEEDING AND/OR PAIN ..... A FIBROIDS/CYSTS ..... B UTERINE RUPTURE ..... C CANCER ..... D UTERINE PROLAPSE ..... E SEVERE POST-PARTUM HAEMORRHAGE ..... F CERVICAL DISCHARGE ..... G OTHER ..... X (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
257	CHECK 250: NEVER MENSTRUATED <input type="checkbox"/> OTHER <input type="checkbox"/>		→ 261
258	CHECK 103: AGE 15-24 <input type="checkbox"/> AGE 25 OR MORE <input type="checkbox"/>		→ 261
259	जब आपका पहला मासिक धर्म शुरू हुआ, तब आपकी उम्र कितनी थी? How old were you when you had your first monthly period?	AGE IN COMPLETED YEARS <input type="text"/>	
260	मासिक धर्म के दौरान मूत्र के राग से बचने के लिए महिलाएं विभिन्न तरीके अपनाती हैं। क्या आप कुछ प्रयोग करती हैं यदि हाँ तो क्या? कुछ और? Women use different methods of protection during their menstrual period to prevent bloodstains from becoming evident. What do you use for protection, if anything? Anything else? RECORD ALL MENTIONED.	CLOTH ..... A LOCALLY PREPARED NAPKINS ..... B SANITARY NAPKINS ..... C TAMPONS ..... D MENSTRUAL CUP ..... E NOTHING ..... F OTHER _____ X (SPECIFY)	
261	एक मासिक धर्म से अगले मासिक धर्म के दौरान क्या कुछ ऐसे दिन होते हैं जिनमें यदि महिला गीन संबंध रखती है तो उसके गर्भवती होने की संभावना अधिक रहती है? From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant if she has sexual relations?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 263
262	क्या वह समय मासिक धर्म शुरू होने के ठीक पहले, मासिक धर्म के दौरान, मासिक धर्म बंद होने के ठीक बाद, या दो मासिक धर्मों के बिल्कुल बीच में होता है? Is this time just before her period begins, during her period, right after her period has ended, or halfway between two periods?	JUST BEFORE HER PERIOD BEGINS ..... 1 DURING HER PERIOD ..... 2 RIGHT AFTER HER PERIOD HAS ENDED ..... 3 HALFWAY BETWEEN TWO PERIODS ..... 4 OTHER _____ 6 (SPECIFY) DON'T KNOW ..... 8	
263	CHECK 250: LAST MENSTRUAL PERIOD < 6 MONTHS AGO <input type="checkbox"/> OTHER <input type="checkbox"/>		→ 301
264	क्या आप मासिक धर्म के समय स्नान करती हैं? Do you take a bath during your menstrual period?	YES ..... 1 NO ..... 2	→ 301
265	मासिक धर्म के दौरान, क्या आप सामान्यतः उसी स्नानघर में स्नान करती हैं जहाँ परिवार के अन्य सदस्य स्नान करते हैं? During your period, do you usually take a bath in the same bathroom as other household members take a bath?	YES ..... 1 NO ..... 2 DOES NOT HAVE BATHROOM ..... 3	

**SECTION 3A. MARRIAGE AND COHABITATION**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
301	आपकी वर्तमान वैवाहिक स्थिति क्या है? What is your current marital status?	CURRENTLY MARRIED ..... 1 MARRIED, GAUNA NOT PERFORMED ..... 2 WIDOWED ..... 3 DIVORCED ..... 4 SEPARATED ..... 5 DESERTED ..... 6 NEVER MARRIED ..... 7	→ 305 → 307 → 315
302	क्या आपके पति आपके साथ रह रहे हैं, या वे कहीं और रह रहे हैं? Is your husband living with you now, or is he staying elsewhere?	LIVING WITH HER ..... 1 STAYING ELSEWHERE ..... 2	→ 304
303	कितने समय से आप और आपके पति एक साथ नहीं रह रहे हैं? 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 <input type="text"/> <input type="text"/> YEARS ..... 2 <input type="text"/> <input type="text"/>	
304	RECORD THE HUSBAND'S NAME AND LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE. IF HE IS NOT LISTED IN THE HOUSEHOLD, RECORD '00' IN THE BOXES FOR LINE NUMBER.	NAME _____  LINE NO. .... <input type="text"/> <input type="text"/>	
305	आपके अलावा, क्या आपके पति की और भी पत्नियाँ हैं? Besides yourself, does your husband have other wives?	YES ..... 1 NO ..... 2 DONT KNOW ..... 8	→ 307
306	कुल गिनकर, आपके समेत, उसकी कितनी पत्नियाँ हैं? Including yourself, in total, how many wives does he have?	NUMBER OF WIVES ..... <input type="text"/> DONT KNOW ..... 8	
307	क्या आपका विवाह एक या एक से अधिक बार हुआ है? Have you been married once or more than once?	ONLY ONCE ..... 1 MORE THAN ONCE ..... 2	→ 308A
308	आपका विवाह किस महीने और साल में हुआ था? In what month and year did you get married?	MONTH ..... <input type="text"/> <input type="text"/> DONT KNOW MONTH ..... 98	
308A	अब मैं आपसे पूछना चाहूँगी कि जब आपका आपके पहले पति से विवाह हुआ था वह किस-सा महीना और साल था? Now I would like to ask about when you married your first husband. In what month and year was that?	YEAR ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DONT KNOW YEAR ..... 9998	→ 310
309	जब (पहली बार) आपका विवाह हुआ था, तब आपकी आयु कितनी थी? How old were you when you (first) got married?	AGE ..... <input type="text"/> <input type="text"/>	
310	शारी में पहले क्या आपके (वर्तमान) पति की आपसे कोई रिश्तेदारी थी? Before you got married, was your (current) husband related to you in any way?	YES ..... 1 NO ..... 2	→ 312
311	आपकी बेनी रिश्तेदारी थी? What type of relationship was it?	FIRST COUSIN ON FATHER'S SIDE ... 1 FIRST COUSIN ON MOTHER'S SIDI ... 2 SECOND COUSIN ..... 3 UNCLE ..... 4 OTHER BLOOD RELATIVE ..... 5 BROTHER-IN-LAW ..... 6 OTHER NON-BLOOD RELATIVE ..... 7	
312	CHECK 301: MARITAL STATUS  CODE '2' CIRCLED <input type="checkbox"/>  CODE '2' NOT CIRCLED <input type="checkbox"/>		→ 315

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
313	<p>CHECK 307:</p> <p style="text-align: center;">MARRIED ONLY ONCE <input type="checkbox"/>                      MARRIED MORE THAN ONCE <input type="checkbox"/></p> <p>a. आपने अपने पति के साथ कौन से महीने और साल में रहना शुरू किया था? In what month and year did you start living with your husband?</p> <p>b. अब मैं आपसे यह पूछना चाहूँगी कि जब आपने अपने पहले पति के साथ रहना शुरू किया, वह कौन-सा महीना और साल था? Now I would like to ask about when you started living with your first husband. In what month and year was that?</p>	<p>MONTH ..... <input type="text"/> <input type="text"/></p> <p>DONT KNOW MONTH ..... 98</p> <p>YEAR ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>DONT KNOW YEAR ..... 9998</p>	→ 316
314	<p>आपने उनके साथ जब पहली बार रहना शुरू किया तब आपकी आयु कितनी थी? How old were you when you first started living with him?</p>	<p>AGE ..... <input type="text"/> <input type="text"/></p>	→ 316
315	<p>CHECK FOR THE PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.</p> <p>अब मैं आपसे पारिवारिक जीवन संबंधी मुद्दों को ठीक से समझने के लिए वैयक्तिक जीवन के बारे में कुछ प्रश्न पूछना चाहूँगी। मैं आपको फिर से विश्वास दिलाती हूँ कि आपके उत्तर पूरी तरह से गोपनीय रखे जाएंगे और किसी को नहीं बताएँ जायेंगे। अगर आप फिर भी उत्तर नहीं देना चाहें तो मुझे बताएं, मैं अगले प्रश्न पर चली जाऊँगी।</p> <p>क्या आपने कभी संभोग किया है?</p> <p>Now I need to ask you some questions about sexual life in order to gain a better understanding of some family life issues. Let me assure you again that your answers are completely confidential and will not be told to anyone. If you do not want to answer, just let me know and I will skip to the next question.</p> <p>Have you ever had sexual intercourse?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	→ 317
316	<p>CHECK FOR THE PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.</p> <p>(अब मैं आपसे पारिवारिक जीवन संबंधी मुद्दों को ठीक से समझने के लिए वैयक्तिक जीवन के बारे में कुछ प्रश्न पूछना चाहूँगी। मैं आपको फिर से विश्वास दिलाती हूँ कि आपके उत्तर पूरी तरह से गोपनीय रखे जाएंगे और किसी को नहीं बताएँ जायेंगे। अगर आप फिर भी उत्तर नहीं देना चाहें तो मुझे बताएं, मैं अगले प्रश्न पर चली जाऊँगी।)</p> <p>जब आपने सबसे पहली बार संभोग किया तब आपकी आयु कितनी थी?</p> <p>(Now I need to ask you some questions about sexual life in order to gain a better understanding of some family life issues. Let me assure you again that your answers are completely confidential and will not be told to anyone. If you do not want to answer, just let me know and I will skip to the next question.)</p> <p>How old were you when you had sexual intercourse for the very first time?</p>	<p>NEVER HAD SEXUAL INTERCOURSE ..... 00</p> <p>AGE IN YEARS ..... <input type="text"/> <input type="text"/></p> <p>FIRST TIME WHEN STARTED LIVING WITH (FIRST) HUSBAND ... 95</p>	

## SECTION 3B. CONTRACEPTION

317	अब मैं अपनी परिवार नियोजन के बारे में बात करना चाहूँगी - ऐसे बहुत से तरीके या साधन हैं जिन्हें हमारी गर्भधारण टालने या रोकने के लिए इस्तेमाल कर सकते हैं। क्या आपने कभी (METHOD) के बारे में सुना है?  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. Have you ever heard of (METHOD)?	
01	स्त्री स्तब्दी : और अधिक बच्चे के जन्म को रोकने के लिए, बिना ऑपरेशन कर सकती है। FEMALE STERILIZATION: A woman can have an operation to avoid having any more children.	YES ..... 1 NO ..... 2
02	पुरुष स्तब्दी : और अधिक बच्चे के जन्म को रोकने के लिए पुरुष ऑपरेशन कर सकते हैं। MALE STERILIZATION: A man can have an operation to avoid having any more children.	YES ..... 1 NO ..... 2
03	आइ यू डी या पी वी आइ यू डी : बिना डॉक्टर या नर्स से अपनी योनि में आइ यू डी या लूप रखा सकती हैं। IUD OR PPIUD: A woman can have a loop or coil placed inside her vagina by a doctor or a nurse.	YES ..... 1 NO ..... 2
04	सर्भिनोसक इंजेक्शन : बिना स्वास्थ्य प्रदाताकी (डॉक्टर,नर्स इत्यादि) से इंजेक्शन लगावा सकती हैं जो उन्हें एक या अधिक महीनों के लिए गर्भरही होने से रोक सकता है। INJECTABLES: A woman can have an injection by a health provider that stops her from becoming pregnant for one or more months.	YES ..... 1 NO ..... 2
05	सर्भिनोसक गोली : बिना गर्भरक्षण की टालने के लिए एक गोली प्रतिदिन वा प्रत्येक सप्ताह ले सकती हैं। PILL: A woman can take a pill every day or every week to avoid becoming pregnant.	YES ..... 1 NO ..... 2
06	कंडोम वा निरोध : पुरुष संभोग के पहले अपने लिंग पर रबर का आवरण लगा सकते हैं। CONDOM OR NIRODH: A man can put a rubber sheath on his penis before sexual intercourse.	YES ..... 1 NO ..... 2
07	स्त्री कंडोम : स्त्री संभोग के पहले अपनी योनि में रबर का आवरण रख सकती हैं। FEMALE CONDOM: A woman can place a sheath in her vagina before sexual intercourse.	YES ..... 1 NO ..... 2
08	अपासकालीन सर्भिनोसक : बिना गर्भरक्षण की टालने के लिए संभोग होने के बाद तीन दिन तक सर्भिनोसक गोली ले सकती हैं। EMERGENCY CONTRACEPTION: A woman can take pills up to three days after sexual intercourse to avoid becoming pregnant.	YES ..... 1 NO ..... 2
09	सर्भ-निरोध टोपी [डायाफ्राम] : बिना संभोग के पहले स्वयं ही उसे योनि के अंदर रख सकती हैं ? DIAPHRAGM: A woman can place a diaphragm inside herself before intercourse.	YES ..... 1 NO ..... 2
10	फोम वा जेली [फोम वा जलजला पदार्थ] : बिना संभोग के पहले स्वयं ही फोम वा जेली को योनि के अंदर लगा सकती हैं ? FOAM OR JELLY: A woman can place foam or jelly inside herself before intercourse.	YES ..... 1 NO ..... 2

11	<p>मानक दिन विधि : किसी रंगीन बन्धों वाली डोरी का इस्तेमाल उन दिनों को जानने के लिए करती हैं जब वे गर्भवती हो सकती हैं; जिन दिनों वे गर्भवती हो सकती हैं, उन दिनों में वे कंडोम (मिरोच) का इस्तेमाल करती हैं या संभोग नहीं करती हैं।</p> <p>STANDARD DAYS METHOD: A woman uses a string of colored beads to know the days she can get pregnant. On the days she can get pregnant, she uses a condom or does not have sexual intercourse.</p>	<p>YES ..... 1 NO ..... 2</p>
12	<p>लक्ष्मणन अमेनोरिया विधि [LAM] : मासिक धर्म की अवधि प्रारंभ होने से पहले, प्रसव के छह महीने बाद, एक ही दिन और रात को लगातार स्तनपान करने की विधि का उपयोग करती है।</p> <p>LACTATIONAL AMENORRHOEA METHOD (LAM): Up to six months after childbirth, before the menstrual period has returned, a woman uses a method requiring frequent breastfeeding day and night.</p>	<p>YES ..... 1 NO ..... 2</p>
13	<p>सुरक्षित काल विधि : प्रत्येक महीने में जब ही लैंगिक रूप से सक्रिय रहती है तब महीने के दिन दिनों में उसके गर्भवती होने की आवाधिक संभावना रहती है उन दिनों में संभोग न करने से गर्भधारण को टाल सकती है।</p> <p>RHYTHM METHOD: Every month that a woman is sexually active she can avoid pregnancy by not having sexual intercourse on the days of the month she is most likely to get pregnant.</p>	<p>YES ..... 1 NO ..... 2</p>
14	<p>अधःपलन यानि विपदाकाल : पुरुष अर्धोत्थर्य (पीर्य जाने) के पहले सावधानी पूर्वक विधि को बाहर निकाल लेता है।</p> <p>WITHDRAWAL: A man can be careful and pull out before climax.</p>	<p>YES ..... 1 NO ..... 2</p>
15	<p>क्या आपने किसी अन्य तरीके या साधनों के बारे में सुना है जिनका उपयोग किया जा सकता है गर्भधारण को टालने के लिए कर सकते हैं?</p> <p>Have you heard of any other ways or methods that women or men can use to avoid pregnancy?</p>	<p>a. OTHER MODERN METHOD YES ..... 1 (SPECIFY) ..... NO ..... 2</p> <p>b. OTHER TRADITIONAL METHOD YES ..... 1 (SPECIFY) ..... NO ..... 2</p>

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
318	CHECK 318: EVER HAD SEXUAL INTERCOURSE YES OR <input type="checkbox"/> NOT ASKED <input type="checkbox"/>	NEVER HAD SEX <input type="checkbox"/>	→ 320
319	क-या आपने कभी गर्भधारण को रोकने या टालने के लिए किसी साधन का उपयोग किया या किसी भी तरह से कोशिश की? Have you ever used anything or tried in any way to delay or avoid getting pregnant?	YES ..... 1 NO ..... 2	→ 321
320	<b>C</b> ENTER '0' IN <u>COLUMN 1</u> OF CALENDAR IN EACH BLANK MONTH.		→ 355
321	आपने क्या उपलब्ध किया या अपनाया? What have you used or done?  RECORD ALL MENTIONED. CORRECT 317 (IF NECESSARY).	FEMALE STERILIZATION ..... A MALE STERILIZATION ..... B IUD/PPIUD ..... C INJECTABLES ..... D PILL ..... E CONDOM/NIRODH ..... F FEMALE CONDOM ..... G EMERGENCY CONTRACEPTION ..... H DIAPHRAGM ..... I FOAM/JELLY ..... J STANDARD DAYS METHOD ..... K LACTATIONAL AMEN. METHOD ..... L RHYTHM METHOD ..... M WITHDRAWAL ..... N OTHER MODERN METHOD ..... X OTHER TRADITIONAL METHOD ..... Y	
322	CHECK 321: EVER USED EMERGENCY CONTRACEPTION CODE '1' CIRCLED <input type="checkbox"/> CODE '1' NOT CIRCLED <input type="checkbox"/>		→ 325
323	पिछले 12 माहों में, आपने कितनी बार अत्यावधानीय गर्भनिरोधक कोशियों का प्रयोग किया? In the last 12 months, how many times have you used emergency contraception?	NONE ..... 00  NUMBER OF TIMES ..... <input type="text"/>	→ 325
324	आपने अत्यावधानीय गर्भनिरोधक कोशियों कहीं से पाने का तरीका कितनी अन्य जगह से? Where did you get the emergency contraception? Anywhere else?  RECORD ALL MENTIONED.	<b>PUBLIC HEALTH SECTOR</b> GOVT./MUNICIPAL HOSPITAL ..... A <b>AYUSH</b> AYURVEDA ..... B YOGA AND NATUROPATHY ..... C UNANI ..... D SIDDHA ..... E HOMEOPATHY ..... F SOWA RIGPA (TTM) ..... G OTHER ..... H (SPECIFY) GOVT. DISPENSARY ..... I UHC/UHP/UFWC ..... J CHC/RURAL HOSPITAL/BLOCK PHC ..... K PHC/ADDITIONAL PHC ..... L SUB-CENTRE/ANM ..... M GOVT. MOBILE CLINIC ..... N ANGANWADI/CDS CENTRE ..... O ASHA ..... P OTHER COMMUNITY-BASED WORKER ..... Q OTHER PUBLIC HEALTH SECTOR ..... R NGO OR TRUST HOSPITAL/CLINIC ..... S <b>PRIVATE HEALTH SECTOR</b> PVT. HOSPITAL ..... T PVT. DOCTOR/CLINIC ..... U PVT. MOBILE CLINIC ..... V <b>AYUSH</b> AYURVEDA ..... W YOGA AND NATUROPATHY ..... X UNANI ..... Y SIDDHA ..... Z HOMEOPATHY ..... AA SOWA RIGPA (TTM) ..... AB OTHER ..... AC (SPECIFY) TRADITIONAL HEALER ..... AD PHARMACY/DRUGSTORE ..... AE DAI (TBA) ..... AF OTHER PRIVATE HEALTH SECTOR ..... AG <b>OTHER SOURCE</b> SHOP ..... BA FRIEND/RELATIVE ..... BB OTHER ..... BX (SPECIFY)	

325	CHECK 208: ONE OR MORE BIRTHS <input type="checkbox"/> NO BIRTHS <input type="checkbox"/>		→ 327
326	अब मैं आपसे इस समय के बारे में पूछना चाहूँगी जब आपने पहली बार गर्भधारण करने के लिए कुछ किया या किसी तरीके का उपयोग किया था। इस समय क्या आपके कोई जीवित बच्चे थे यदि हाँ तो कितने? Now I would like to ask you about the first time that you did something or used a method to 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"/>	
327	CHECK 321: RESPONDENT STERILIZED? CODE 'A' NOT RECORDED <input type="checkbox"/> CODE 'A' RECORDED <input type="checkbox"/>		→ 330A
327A	CHECK 250 AND 253: HAS HAD A HYSTERECTOMY <input type="checkbox"/> HAS NOT HAD A HYSTERECTOMY <input type="checkbox"/>		→ 346
328	CHECK 226: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/>		→ 346
329	क्या आप इस समय गर्भधारण करने या रोकने के लिए कुछ कर रही हैं या किसी तरीके का उपयोग कर रही हैं? Are you currently doing something or using any method to delay or avoid getting pregnant?	YES ..... 1 NO ..... 2	→ 346
330	अप जोन-से तरीके का उपयोग कर रही हैं? Which method are you using? RECORD ALL MENTIONED. IF MORE THAN ONE METHOD MENTIONED, FOLLOW SKIP INSTRUCTION FOR HIGHEST METHOD ON LIST. CORRECT 317 (IF NECESSARY).	FEMALE STERILIZATION ..... A MALE STERILIZATION ..... B IUD/PIUD ..... C INJECTABLES ..... D PILL ..... E CONDOM/NIRODH ..... F FEMALE CONDOM ..... G EMERGENCY CONTRACEPTION ..... H DIAPHRAGM ..... I FOAMJELLY ..... J STANDARD DAYS METHOD ..... K LACTATIONAL AMEN. METHOD ..... L RHYTHM METHOD ..... M WITHDRAWAL ..... N OTHER MODERN METHOD ..... X OTHER TRADITIONAL METHOD ..... Y	→ 331 → 339 → 343A
330A	RECORD 'A' FOR FEMALE STERILIZATION.		

331	<p>स्वच्छेदी कहाँ पर हुई थी? In what facility did the sterilization take place?</p> <p>IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTRE, OR CLINIC IS PUBLIC OR PRIVATE HEALTH SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF FACILITY/PLACE)</p>	<p><b>PUBLIC HEALTH SECTOR</b></p> <p>GOVT./MUNICIPAL HOSPITAL ..... 11</p> <p>GOVT. DISPENSARY ..... 12</p> <p>UHC/UHPI/UFWC ..... 13</p> <p>CHC/RURAL HOSPITAL/ BLOCK PHC ..... 14</p> <p>PHC/ADDITIONAL PHC ..... 15</p> <p>SUB-CENTRE ..... 16</p> <p>GOVT. MOBILE CLINIC ..... 17</p> <p>CAMP ..... 18</p> <p>OTHER PUBLIC SECTOR HEALTH FACILITY ..... 19</p> <p>NGO OR TRUST HOSPITAL/CLINIC ..... 21</p> <p><b>PRIVATE HEALTH SECTOR</b></p> <p>PVT. HOSPITAL ..... 31</p> <p>PVT. DOCTOR/CLINIC ..... 32</p> <p>PVT. MOBILE CLINIC ..... 33</p> <p>OTHER PRIVATE HEALTH FACILITY ..... 34</p> <p>OTHER ..... 96</p> <p>(SPECIFY) _____</p> <p>DON'T KNOW ..... 98</p>	
332	<p>CHECK 330/330A; RESPONDENT STERILIZED?</p> <p>CODE 'A' <input checked="" type="checkbox"/> RECORDED</p> <p>CODE 'A' <input type="checkbox"/> NOT RECORDED</p>		→ 339
333	<p>आपके स्वच्छेदी ऑपरेशन के पहले क्या आपको स्वास्थ्य कार्यकर्ता द्वारा यह बताया गया था कि इस ऑपरेशन के कारण आपको कोई (और) बच्चा नहीं हो पाएगा?</p> <p>Before your sterilization operation, were you told by a healthcare provider that you would not be able to have any (more) children because of the operation?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	
334	<p>ऑपरेशन के दौरान और उसके तुरंत बाद, आप को किसी देखभाल की आप किस बेगी में रखा जायेगी: बहुत अच्छी, ठीक-ठाक, इतनी अच्छी नहीं या बुराब?</p> <p>How would you rate the care you received during and immediately after the operation: very good, all right, not so good, or bad?</p>	<p>VERY GOOD ..... 1</p> <p>ALL RIGHT ..... 2</p> <p>NOT SO GOOD ..... 3</p> <p>BAD ..... 4</p>	
335	<p>कोई परामर्श जो आपने लिया हो उसको शामिल करते हुए स्वच्छेदी के लिए आपने कुल कितना खर्च किया था?</p> <p>How much did you pay in total for the sterilization, including any consultation you may have had?</p>	<p>AMOUNT Rs. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>FREE ..... 99995</p> <p>DON'T KNOW ..... 99996</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
336	क्या आपको गर्भांघी के लिए कोई अनुदान राशि प्राप्त हुई? Did you receive any compensation for the sterilization?	YES ..... 1 NO ..... 2	→ 338
337	आपको कितनी अनुदान राशि प्राप्त हुई? How much compensation did you receive?	AMOUNT ..... Rs. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DONT KNOW ..... 9998	
338	क्या आपको इस बात पर अफसोस है कि आपने गर्भांघी करा ली? Do you regret that you had the sterilization?	YES ..... 1 NO ..... 2	→ 343
339	CHECK 217 AND 330 ANY CHILD BELOW 3 YEARS AND USING IUD/PPIUD <input type="checkbox"/> OTHER <input type="checkbox"/>		→ 343A
340	क्या आपको आरव्यूटी/पीपीआरव्यूटी (IUD/PPIUD) इस्तेमाल करने के लिए अनुदान राशि मिला था? Did you receive compensation for use of the IUD/PPIUD?	YES ..... 1 NO ..... 2	→ 343A
341	आपको कितना अनुदान राशि मिला था? How much compensation did you receive?	AMOUNT ..... Rs. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DONT KNOW ..... 9998	
342	क्या प्रत्येक के 48 घंटे के भीतर आपको आरव्यूटी/पीपीआरव्यूटी जमा दी गई थी? Was your IUD/PPIUD inserted within 48 hours following childbirth?	YES ..... 1 NO ..... 2	
343	गर्भांघी कौन-से महीने और साल में कराई गई थी? In what month and year was the sterilization performed?		
343A	आपने (CURRENT METHOD) का इस्तेमाल लगातार कौन-से महीने और साल से शुरू किया? PROBE: इस महीने क्या (CURRENT METHOD) का इस्तेमाल किया बंद किए हुए, कितने समय से कर रही हैं? Since what month and year have you been using (CURRENT METHOD) without stopping? PROBE: For how long have you been using (CURRENT METHOD) now without stopping?	MONTH ..... <input type="text"/> <input type="text"/> YEAR ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
344	CHECK 343/343A, 215 AND 232: ANY BIRTH OR PREGNANCY TERMINATION AFTER MONTH AND YEAR OF START OF USE OF CONTRACEPTION IN 343/343A?  <b>FOR METHODS OTHER THAN STERILIZATION:</b> GO BACK TO 343A, PROBE AND RECORD MONTH AND YEAR AT START OF CONTINUOUS USE OF CURRENT METHOD (MUST BE AFTER LAST BIRTH OR PREGNANCY TERMINATION). <b>FOR FEMALE STERILIZATION:</b> CORRECT 343 OR 330 (IF NECESSARY); FOLLOW CORRECT SKIP PATTERN.	YES <input type="checkbox"/> NO <input type="checkbox"/>	

345	<p>CHECK 343/343A:</p> <p style="text-align: center;">YEAR IS 2015-20 <input type="checkbox"/></p> <p><b>C</b> ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN <b>COLUMN 1</b> OF CALENDAR AND IN EACH MONTH BACK TO DATE STARTED USING.</p> <p>↓</p> <p>THEN CONTINUE WITH 346.</p>	<p style="text-align: center;">YEAR IS 2014 OR EARLIER <input type="checkbox"/></p> <p><b>C</b> ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN <b>COLUMN 1</b> OF CALENDAR AND EACH MONTH BACK TO JANUARY 2015.</p> <p>↓</p> <p>THEN SKIP TO → 353</p>																																																				
346	<p>मैं आपसे पिछले कुछ वर्षों के दौरान आप का अपने प्रति द्वारा गर्भधारण को रोकने के लिए इस्तेमाल की गई विधि के बारे में कुछ बातें पूछना चाहूँगी।</p> <p>I would like to ask you some questions about the times you or your husband may have used a method to avoid getting pregnant during the last few years.</p> <p>USE CALENDAR TO PROBE FOR EARLIER PERIODS OF USE AND NONUSE, STARTING WITH MOST RECENT USE, BACK TO JANUARY 2015.</p> <p>USE NAMES OF CHILDREN, DATES OF BIRTH, AND PERIODS OF PREGNANCY AS REFERENCE POINTS.</p> <p><b>C</b> IN <b>COLUMN 1</b>, ENTER METHOD USE CODE OR '0' FOR NONUSE IN EACH BLANK MONTH.</p> <p>ILLUSTRATIVE QUESTIONS:</p> <p><b>COLUMN 1:</b></p> <p>a. अंतिम बार अपने विधि का इस्तेमाल कब किया था? वह कौन-सी विधि थी? When was the last time you used a method? Which method was that?</p> <p>b. इस विधि का इस्तेमाल करना कब शुरू किया था? (NAME) के जन्म के कितने समय बाद? When did you start using that method? How long after the birth of (NAME)?</p> <p>c. उस समय अपने कितने समय तक विधि का इस्तेमाल किया था? How long did you use the method then?</p> <p><b>C</b> IN <b>COLUMN 3</b>, ENTER CODES FOR DISCONTINUATION IN THE SAME ROW AS THE LAST MONTH OF USE. NUMBER OF CODES IN <b>COLUMN 3</b> MUST BE SAME AS NUMBER OF INTERRUPTIONS OF METHOD USE IN <b>COLUMN 1</b>.</p> <p>ASK WHY SHE STOPPED USING THE METHOD. IF A PREGNANCY FOLLOWED, ASK WHETHER SHE BECAME PREGNANT UNINTENTIONALLY WHILE USING THE METHOD OR DELIBERATELY STOPPED TO GET PREGNANT.</p> <p>ILLUSTRATIVE QUESTIONS:</p> <p><b>COLUMN 3:</b></p> <p>d. अपने (METHOD) का इस्तेमाल क्यों बंद किया? Why did you stop using the (METHOD)?</p> <p>e. क्या (METHOD) का इस्तेमाल करने के दौरान आप गर्भवती हुई थी, क्या अपने गर्भवती होने के लिए विधि का इस्तेमाल करना बंद कर दिया था या आपने कुछ दूसरे कारणों से इस्तेमाल करना बंद कर दिया था? Did you become pregnant while using (METHOD), or did you stop to get pregnant, or did you stop for some other reason?</p> <p><b>C</b> IF DELIBERATELY STOPPED TO BECOME PREGNANT, ASK:</p> <p>f. (METHOD) का इस्तेमाल बंद करने के बाद आपको गर्भधारण में कितने महीने लगे? How many months did it take you to get pregnant after you stopped using (METHOD)?</p> <p>AND ENTER '0' IN EACH SUCH MONTH IN <b>COLUMN 1</b>.</p>																																																					
347	<p>CHECK 330/330A:</p> <p>RECORD METHOD CODE:</p> <p>IF MORE THAN ONE METHOD CODE CIRCLED IN 330/330A, CIRCLE CODE FOR HIGHEST METHOD IN LIST.</p>	<table border="0"> <tr><td>NO CODE CIRCLED .....</td><td>00</td><td>→ 355</td></tr> <tr><td>FEMALE STERILIZATION .....</td><td>01</td><td></td></tr> <tr><td>MALE STERILIZATION .....</td><td>02</td><td>→ 359</td></tr> <tr><td>IUD/PIIUD .....</td><td>03</td><td></td></tr> <tr><td>INJECTABLES .....</td><td>04</td><td></td></tr> <tr><td>PILL .....</td><td>05</td><td></td></tr> <tr><td>CONDOMNIRODH .....</td><td>06</td><td></td></tr> <tr><td>FEMALE CONDOM .....</td><td>07</td><td></td></tr> <tr><td>EMERGENCY CONTRACEPTION .....</td><td>08</td><td>→ 351</td></tr> <tr><td>DIAPHRAGM .....</td><td>09</td><td></td></tr> <tr><td>FOAM/JELLY .....</td><td>10</td><td></td></tr> <tr><td>STANDARD DAYS METHOD .....</td><td>11</td><td></td></tr> <tr><td>LACTATIONAL AMENORRHOEA METHOD .....</td><td>12</td><td></td></tr> <tr><td>RHYTHM METHOD .....</td><td>13</td><td>→ 350</td></tr> <tr><td>WITHDRAWAL .....</td><td>14</td><td></td></tr> <tr><td>OTHER MODERN METHOD .....</td><td>15</td><td></td></tr> <tr><td>OTHER TRADITIONAL METHOD .....</td><td>16</td><td></td></tr> </table>	NO CODE CIRCLED .....	00	→ 355	FEMALE STERILIZATION .....	01		MALE STERILIZATION .....	02	→ 359	IUD/PIIUD .....	03		INJECTABLES .....	04		PILL .....	05		CONDOMNIRODH .....	06		FEMALE CONDOM .....	07		EMERGENCY CONTRACEPTION .....	08	→ 351	DIAPHRAGM .....	09		FOAM/JELLY .....	10		STANDARD DAYS METHOD .....	11		LACTATIONAL AMENORRHOEA METHOD .....	12		RHYTHM METHOD .....	13	→ 350	WITHDRAWAL .....	14		OTHER MODERN METHOD .....	15		OTHER TRADITIONAL METHOD .....	16		
NO CODE CIRCLED .....	00	→ 355																																																				
FEMALE STERILIZATION .....	01																																																					
MALE STERILIZATION .....	02	→ 359																																																				
IUD/PIIUD .....	03																																																					
INJECTABLES .....	04																																																					
PILL .....	05																																																					
CONDOMNIRODH .....	06																																																					
FEMALE CONDOM .....	07																																																					
EMERGENCY CONTRACEPTION .....	08	→ 351																																																				
DIAPHRAGM .....	09																																																					
FOAM/JELLY .....	10																																																					
STANDARD DAYS METHOD .....	11																																																					
LACTATIONAL AMENORRHOEA METHOD .....	12																																																					
RHYTHM METHOD .....	13	→ 350																																																				
WITHDRAWAL .....	14																																																					
OTHER MODERN METHOD .....	15																																																					
OTHER TRADITIONAL METHOD .....	16																																																					

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
348	<p>आपने (MONTH/YEAR) में (CURRENT METHOD) का इस्तेमाल करना शुरू किया। उस समय क्या आपको इस विधि के इस्तेमाल में हो सकने वाले दुष्प्रभाव या समस्याओं के बारे में बताया गया था?</p> <p>You started using (CURRENT METHOD) in (MONTH/YEAR). At that time, were you told about side effects or problems you might have with the method?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	→ 350
349	<p>क्या आपको स्वास्थ्य कार्यकर्ता ने कभी भी इस विधि में हो सकने वाले दुष्प्रभाव या समस्याओं के बारे में बताया था?</p> <p>Were you ever told by a health or family planning worker about side effects or problems you might have with the method?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	→ 351
350	<p>क्या आपको बताया गया था कि यदि इस विधि के इस्तेमाल में किसी दुष्प्रभाव या समस्या का अनुभव हुआ तो आपको क्या करना चाहिए?</p> <p>Were you told what to do if you experienced side effects or problems?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	
351	<p>CHECK 347:</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>CODE '01' RECORDED <input type="checkbox"/></p> </div> <div style="text-align: center;"> <p>CODE '01' NOT RECORDED <input type="checkbox"/></p> </div> </div> <p>a. जब आपको नसबंदी हुई, क्या आपको परिवार नियोजन की अन्य विधियों के बारे में बताया गया था जिनका इस्तेमाल आप कर सकती थीं?</p> <p>When you got sterilized, were you told about other methods of family planning that you could use?</p> <p>b. आपने जब (CURRENT METHOD) (MONTH/YEAR) में प्राप्त की थी, क्या आपको परिवार नियोजन की अन्य विधियों के बारे में बताया गया था जिनका इस्तेमाल आप कर सकती थीं?</p> <p>When you obtained (CURRENT METHOD), were you told about other methods of family planning that you could use?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	→ 353
352	<p>क्या स्वास्थ्य या परिवार नियोजन कार्यकर्ता ने कभी भी आपको परिवार नियोजन की अन्य विधियों के बारे में बताया था जिनका इस्तेमाल आप कर सकती थीं?</p> <p>Were you ever told by a health or family planning worker about other methods of family planning that you could use?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	
353	<p>CHECK 330/330A:</p> <p>RECORD METHOD CODE:</p> <p>IF MORE THAN ONE METHOD CODE CIRCLED IN 330/330A, RECORD CODE FOR HIGHEST METHOD IN LIST.</p>	<p>FEMALE STERILIZATION ..... 01</p> <p>MALE STERILIZATION ..... 02</p> <p>IUD/PPIUD ..... 03</p> <p>INJECTABLES ..... 04</p> <p>PILL ..... 05</p> <p>CONDOM/NIRODH ..... 06</p> <p>FEMALE CONDOM ..... 07</p> <p>EMERGENCY CONTRACEPTION ..... 08</p> <p>DIAPHRAGM ..... 09</p> <p>FOAM/JELLY ..... 10</p> <p>STANDARD DAYS METHOD ..... 11</p> <p>LACTATIONAL AMENORRHOEA METHOD ..... 12</p> <p>RHYTHM METHOD ..... 13</p> <p>WITHDRAWAL ..... 14</p> <p>OTHER MODERN METHOD ..... 15</p> <p>OTHER TRADITIONAL METHOD ..... 16</p>	<p>→ 359</p> <p>→ 359</p>

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
354	<p>अपने चिकित्सीय चार (CURRENT METHOD) कहां से प्राप्त किये? Where did you obtain (CURRENT METHOD) the last time?</p> <p>IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTRE, OR CLINIC IS PUBLIC OR PRIVATE HEALTH SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____ (NAME OF FACILITY/PLACE)</p>	<p><b>PUBLIC HEALTH SECTOR</b></p> <p>GOVT./MUNICIPAL HOSPITAL ..... 11</p> <p><b>AYUSH</b></p> <p>AYURVEDA ..... 12</p> <p>YOGA AND NATUROPATHY ..... 13</p> <p>UNANI ..... 14</p> <p>SIDDHA ..... 15</p> <p>HOMEOPATHY ..... 16</p> <p>SOWA RIGPA (TTM) ..... 17</p> <p>OTHER ..... 18</p> <p>_____ (SPECIFY)</p> <p>GOVT. DISPENSARY ..... 19</p> <p>LHC/UHP/UPWC ..... 20</p> <p>CHC/RURAL HOSPITAL/ BLOCK PHC ..... 21</p> <p>PHC/ADDITIONAL PHC ..... 22</p> <p>SUB-CENTRE/ANM ..... 23</p> <p>GOVT. MOBILE CLINIC ..... 24</p> <p>CAMP ..... 25</p> <p>ANGANWADI/CDS CENTRE ..... 26</p> <p>ASHA ..... 27</p> <p>OTHER COMMUNITY- BASED WORKER ..... 28</p> <p>OTHER PUBLIC HEALTH SECTOR ..... 29</p> <p>NGO OR TRUST HOSPITAL/CLINIC ... 31</p> <p><b>PRIVATE HEALTH SECTOR</b></p> <p>PVT. HOSPITAL ..... 41</p> <p>PVT. DOCTOR/CLINIC ..... 42</p> <p>PVT. MOBILE CLINIC ..... 43</p> <p><b>AYUSH</b></p> <p>AYURVEDA ..... 44</p> <p>YOGA AND NATUROPATHY ..... 45</p> <p>UNANI ..... 46</p> <p>SIDDHA ..... 47</p> <p>HOMEOPATHY ..... 48</p> <p>SOWA RIGPA (TTM) ..... 49</p> <p>OTHER ..... 50</p> <p>_____ (SPECIFY)</p> <p>TRADITIONAL HEALER ..... 51</p> <p>PHARMACY/DRUGSTORE ..... 52</p> <p>DAI (TBA) ..... 53</p> <p>OTHER PRIVATE HEALTH SECTOR ..... 54</p> <p><b>OTHER SOURCE</b></p> <p>SHOP ..... 61</p> <p>HUSBAND ..... 62</p> <p>FRIEND/RELATIVE ..... 63</p> <p>OTHER ..... 96</p> <p>_____ (SPECIFY)</p>	<p>→ 359</p>
355	<p>CHECK 250 AND 253:</p> <p>HAS HAD A <input type="checkbox"/> HYSTERECTOMY</p> <p>HAS NOT HAD <input type="checkbox"/> A HYSTERECTOMY</p>		<p>→ 359</p>
356	<p>क्या आपको स्वास्थ्य कार्यकर्ता ने कभी भी परिवार नियोजन की किसी विधि के बारे में बताया था जिसके इस्तेमाल करने से गर्भधारण टाला जा सकता है? Were you ever told by a health worker about any methods of family planning that you can use to avoid pregnancy?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
357	<p>क्या आपको किसी ऐसी जगह की जानकारी है जहाँ से आप परिवार नियंत्रण की विधि प्राप्त कर सकते हैं? Do you know of a place where you can obtain a method of family planning?</p>	<p>YES ..... 1 NO ..... 2</p>	→ 359
358	<p>कहाँ कोण-सी जगह है? कोई अन्य जगह? Where is that? Any other place?</p> <p>RECORD ALL PLACES MENTIONED.</p> <p>IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTRE, OR CLINIC IS PUBLIC OR PRIVATE HEALTH SECTOR, WRITE THE NAME OF THE PLACE(S).</p> <p>_____ (NAME OF FACILITY/PLACE(S))</p>	<p><b>PUBLIC HEALTH SECTOR</b></p> <p>GOVT./MUNICIPAL HOSPITAL ..... A</p> <p><b>AYUSH</b></p> <p>AYURVEDA ..... B YOGA AND NATUROPATHY ..... C UNANI ..... D SIDDHA ..... E HOMEOPATHY ..... F SOWA RIGPA (TTM) ..... G OTHER ..... H (SPECIFY)</p> <p>GOVT. DISPENSARY ..... I UHC/UHR/UFWC ..... J CHC/RURAL HOSPITAL/ BLOCK PHC ..... K PHC/ADDITIONAL PHC ..... L SUB-CENTRE/ANM ..... M GOVT. MOBILE CLINIC ..... N CAMP ..... O ANGANWADI/ICDS CENTRE ..... P ASHA ..... Q OTHER COMMUNITY- BASED WORKER ..... R OTHER PUBLIC HEALTH SECTOR ..... S</p> <p>NGO OR TRUST HOSPITAL/CLINIC ..... T</p> <p><b>PRIVATE HEALTH SECTOR</b></p> <p>PVT. HOSPITAL ..... U PVT. DOCTOR/CLINIC ..... V PVT. MOBILE CLINIC ..... W</p> <p><b>AYUSH</b></p> <p>AYURVEDA ..... X YOGA AND NATUROPATHY ..... Y UNANI ..... Z SIDDHA ..... AA HOMEOPATHY ..... AB SOWA RIGPA (TTM) ..... AC OTHER ..... AD (SPECIFY)</p> <p>TRADITIONAL HEALER ..... AE PHARMACY/DRUGSTORE ..... AF DAI (TBA) ..... AG OTHER PRIVATE HEALTH SECTOR ..... AH</p> <p><b>OTHER SOURCE</b></p> <p>SHOP ..... BA FRIEND/RELATIVE ..... BB OTHER ..... BC (SPECIFY)</p>	

**SECTION 3C. CONTACTS WITH COMMUNITY HEALTH WORKERS**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																
359	<p>अब मैं आपसे ए एन एम वा एल एच वी से हाल में ही हुए किसी संपर्क के बारे में बात करना चाहूँगी। पिछले तीन महीनों में, आपकी क्या ए एन एम वा एल एच वी से मुलाकात हुई?</p> <p>Now I would like to talk to you about any contacts you have had recently with an ANM or LHV. In the last three months have you met with an ANM or LHV?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	→ 361																																
360	<p>पिछले तीन महीनों में, आपकी (इस व्यक्ति/इन व्यक्तियों) से कितनी बार मुलाकात हुई:</p> <p>In the last three months, how many times did you meet with (this person/these persons):</p> <p>IF NONE, RECORD '00'.</p> <p>a. घर में? At home?</p> <p>b. आंगनवाड़ी केंद्र में? At the anganwadi centre?</p> <p>c. स्वास्थ्य सुविधा केंद्र वा शिविर में? At a health facility or camp?</p> <p>d. अन्य किसी जगह पर? Anywhere else?</p>	<p>HOME ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p> <p>AWC ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p> <p>HEALTH FACILITY/CAMP ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p> <p>ELSEWHERE ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p>																																	
361	<p>पिछले तीन महीनों में क्या आप किसी आंगनवाड़ी कार्यकर्ता, आशा वा अन्य सामुदायिक स्वास्थ्य कार्यकर्ता से मिली हैं?</p> <p>In the last three months, have you met with an anganwadi worker, ASHA or other community health worker?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	→ 364																																
362	<p>आप किससे मिलीं? क्या किसी से?</p> <p>Who did you meet? Anyone else?</p> <p>RECORD ALL MENTIONED.</p>	<p>ANGANWADI WORKER ..... A</p> <p>ASHA ..... B</p> <p>MPW ..... C</p> <p>OTHER ..... X</p> <p align="center">(SPECIFY)</p>																																	
363	<p>पिछले तीन महीनों में, आपकी (इस व्यक्ति/इन व्यक्तियों) से कितनी बार मुलाकात हुई:</p> <p>In the last three months, how many times did you meet with (this person/these persons):</p> <p>IF NONE, RECORD '00'.</p> <p>a. घर में? At home?</p> <p>b. आंगनवाड़ी केंद्र में? At the anganwadi centre?</p> <p>c. स्वास्थ्य सुविधा केंद्र वा शिविर में? At a health facility or camp?</p> <p>d. अन्य किसी जगह पर? Anywhere else?</p>	<p>HOME ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p> <p>AWC ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p> <p>HEALTH FACILITY/CAMP ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p> <p>ELSEWHERE ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p>																																	
364	<p>CHECK 359 AND 361:</p> <p>AT LEAST ONE 'YES' <input type="checkbox"/> BOTH 'NO' <input type="checkbox"/></p>		→ 368																																
365	<p>पिछले तीन महीनों में (PERSONS MENTIONED IN 359 AND 361) के साथ (इस संपर्क/इन सभी संपर्कों) के दौरान कौन सी विभिन्न सेवाएं प्रदान की गईं तथा किस विषयों पर बातचीत की गई? कुछ और?</p> <p>During (this contact/all these contacts) with (PERSONS MENTIONED IN 359 AND 361) in the last three months, what were the different services provided and matters talked about? Anything else?</p> <p>RECORD ALL MENTIONED.</p>	<p>FAMILY PLANNING ..... A</p> <p>IMMUNIZATION ..... B</p> <p>ANTENATAL CARE ..... C</p> <p>DELIVERY CARE ..... D</p> <p>BIRTH PREPAREDNESS ..... E</p> <p>COMPLICATION READINESS ..... F</p> <p>POSTNATAL CARE ..... G</p> <p>DISEASE PREVENTION ..... H</p> <p>MEDICAL TREATMENT FOR SELF ..... I</p> <p>TREATMENT FOR SICK CHILD ..... J</p> <p>TREATMENT FOR OTHER PERSON ..... K</p> <p>MALARIA CONTROL ..... L</p> <p>SUPPLEMENTARY FOOD ..... M</p> <p>GROWTH MONITORING OF CHILD ..... N</p> <p>EARLY CHILDHOOD CARE ..... O</p> <p>PRESCHOOL EDUCATION ..... P</p> <p>NUTRITION/HEALTH EDUCATION ..... Q</p> <p>FAMILY LIFE EDUCATION ..... R</p> <p>MENSTRUAL HYGIENE ..... S</p> <p>OTHER ..... X</p> <p align="center">(SPECIFY)</p>																																	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
366	आपके (पिछले) संपर्क के दौरान आपकी मुलाकात किससे हुई? Who did you meet during your (most recent) contact?	ANM ..... 1 LHV ..... 2 ANGANWADI WORKER ..... 3 ASHA ..... 4 MPW ..... 5 OTHER ..... 6 (SPECIFY)	
367	CHECK 360(c) AND 363(c): 360(c) AND 363(c) = 00 <input type="checkbox"/> OR BLANK <input type="checkbox"/> OTHER <input type="checkbox"/>		→ 369
368	पिछले तीन माहों में, क्या आप अपने (या अपने बच्चे के लिए किसी कारण से स्वास्थ्य सुविधा या शिविर में गईं थीं? In the last three months, have you visited a health facility or camp for any reason for yourself (or for your children)?	YES ..... 1 NO ..... 2	→ 401
369	आपने हाल ही में आप अपने (या अपने बच्चे के लिए किस प्रकार की स्वास्थ्य सुविधा में गई थीं? What type of health facility did you visit most recently for yourself (or for your children)?  IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTRE, OR CLINIC IS PUBLIC OR PRIVATE HEALTH SECTOR, WRITE THE NAME OF THE PLACE(S).  _____ (NAME OF FACILITY/PLACE(S))	<b>PUBLIC HEALTH SECTOR</b> GOVT./MUNICIPAL HOSPITAL ..... 11 <b>AYUSH</b> AYURVEDA ..... 12 YOGA AND NATUROPATHY ..... 13 UNANI ..... 14 SIDDHA ..... 15 HOMEOPATHY ..... 16 SOWA RIGPA (TTM) ..... 17 OTHER ..... 18 (SPECIFY) GOVT. DISPENSARY ..... 19 UHC/UHPI/UFWC ..... 20 CHC/RURAL HOSPITAL/ BLOCK PHC ..... 21 PHC/ADDITIONAL PHC ..... 22 SUB-CENTRE ..... 23 GOVT. MOBILE CLINIC ..... 24 CAMP ..... 25 ANGANWADI/CDS CENTRE ..... 26 OTHER PUBLIC SECTOR HEALTH FACILITY ..... 27 NGO OR TRUST HOSPITAL/CLINIC ..... 31 <b>PRIVATE HEALTH SECTOR</b> PVT. HOSPITAL/CLINIC ..... 41 PVT. MOBILE CLINIC ..... 42 <b>AYUSH</b> AYURVEDA ..... 43 YOGA AND NATUROPATHY ..... 44 UNANI ..... 45 SIDDHA ..... 46 HOMEOPATHY ..... 47 SOWA RIGPA (TTM) ..... 48 OTHER ..... 49 (SPECIFY) PHARMACY/DRUGSTORE ..... 50 OTHER PRIVATE SECTOR HEALTH FACILITY ..... 51 OTHER ..... 96 (SPECIFY)	
370	आप किस सेवा के लिए गईं थीं? कोई अन्य सेवा? What service did you go for? Any other service?  RECORD ALL MENTIONED.	FAMILY PLANNING ..... A IMMUNIZATION ..... B ANTENATAL CARE ..... C DELIVERY CARE ..... D POSTNATAL CARE ..... E DISEASE PREVENTION ..... F MEDICAL TREATMENT FOR SELF ..... G TREATMENT FOR CHILD ..... H TREATMENT FOR OTHER PERSON ..... I GROWTH MONITORING OF CHILD ..... J HEALTH CHECK-UP ..... K MEDICAL TERMINATION OF PREGNANCY (MTP) ..... L OTHER ..... X (SPECIFY)	

SECTION 4. PREGNANCY, DELIVERY, POSTNATAL CARE AND CHILDREN'S NUTRITION

401	CHECK 224: ONE OR MORE BIRTHS IN JANUARY 2015 OR LATER <input type="checkbox"/>	NO BIRTHS IN JANUARY 2015 OR LATER <input type="checkbox"/>	→ 553	
402	ENTER IN THE TABLE BELOW THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN JANUARY 2015 OR LATER. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 3 BIRTHS, USE LAST 2 COLUMNS OF ADDITIONAL QUESTIONNAIRES). अब मैं आपसे पिछले पांच वर्षों में जन्मे आपके सभी बच्चे के बारे में कुछ प्रश्न पूछना चाहूँगी। (हम प्रत्येक बच्चे के बारे में अलग से बातचीत करेंगे।) Now I would like to ask you some questions about your children born in the last five years. (We will talk about each child separately.)			
403	LINE NUMBER FROM 212	LAST BIRTH LINE NUMBER ... <input type="text"/>	NEXT-TO-LAST BIRTH LINE NUMBER ... <input type="text"/>	SECOND-FROM-LAST BIRTH LINE NUMBER ... <input type="text"/>
404	FROM 212 AND 216	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>
405	आप (NAME) के समय जब गर्भवती हुईं, क्या आप इस समय जब गर्भवती होना चाहती थीं? When you got pregnant with (NAME), did you want to get pregnant at that time?	YES ..... 1 NO ..... 2 (SKIP TO 408) ←	YES ..... 1 NO ..... 2 (SKIP TO 444) ←	YES ..... 1 NO ..... 2 (SKIP TO 444) ←
406	CHECK 208: ONLY ONE BIRTH <input type="checkbox"/>   MORE THAN ONE BIRTH <input type="checkbox"/> a. क्या आप बाद में बच्चे को चाहती थीं या कोई बच्चा नहीं चाहती थीं? Did you want to have a baby later on, or did you not want any children? b. क्या आप बहुत बाद में बच्चे को चाहती थीं या कोई बच्चा नहीं चाहती थीं? Did you want to have a baby later on, or did you not want any more children?	LATER ..... 1 NO MORE ..... 2 (SKIP TO 408) ←	LATER ..... 1 NO MORE ..... 2 (SKIP TO 444) ←	LATER ..... 1 NO MORE ..... 2 (SKIP TO 444) ←
407	आप और कितने समय तक इंतजार करना चाहती थीं? How much longer did you want to wait?	MONTHS ... 1 <input type="text"/> YEARS ... 2 <input type="text"/> DON'T KNOW ... 999	MONTHS ... 1 <input type="text"/> YEARS ... 2 <input type="text"/> DON'T KNOW ... 999	MONTHS ... 1 <input type="text"/> YEARS ... 2 <input type="text"/> DON'T KNOW ... 999
408	आप अपनी गर्भवतीता का पता चलने, उस समय आप कितने महीनों की गर्भवती थीं? How many months pregnant were you when you came to know about the pregnancy?	MONTHS ... <input type="text"/> DON'T REMEMBER ... 98		
409	क्या आपने गर्भवतीता की पुष्टि करने के लिए किसी गर्भवतीता जाँच किट का प्रयोग किया? Did you use a pregnancy testing kit to confirm this pregnancy?	YES ..... 1 NO ..... 2		
410	क्या इस गर्वतिता का रजिस्ट्रेशन हुआ था? Was this pregnancy registered?	YES ..... 1 NO ..... 2 (SKIP TO 414) ←		
411	रजिस्ट्रेशन का के कितने महीने में आपने रजिस्ट्रेशन करवाया? How many months pregnant were you when you registered?	MONTHS ... <input type="text"/> DON'T REMEMBER ... 98		
412	आपने रजिस्ट्रेशन कितने के साथ किया? With whom did you register?	ANM ..... 1 ASHA ..... 2 AWW ..... 3 OTHER ..... 6		

NO.	QUESTIONS AND FILTERS	LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH
		NAME _____	NAME _____	NAME _____
413	<p>क या माताकासुने के बाद मातृ सुरक्षा कार्ड के बाद सुरक्षा कार्ड प्राप्त हुआ है कि नहीं?</p> <p>Did you receive a Mother and Child Protection Card after registration?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>		
414	<p>क्या माताकासुने के दौरान क या सुरक्षा कार्ड के लिए किसी से सलाह मिली है कि नहीं?</p> <p>Did you see anyone for antenatal care for this pregnancy?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>(SKIP TO 423)</p>		
415	<p>किससे सुरक्षा कार्ड के लिए सलाह मिली? कोई अन्य क?</p> <p>Whom did you see? Anyone else?</p> <p>PROBE TO IDENTIFY EACH TYPE OF PERSON. RECORD ALL MENTIONED.</p>	<p><b>HEALTH PERSONNEL</b></p> <p>DOCTOR ..... A</p> <p>ANM/NURSE/MID-WIFE/LHV ..... B</p> <p><b>OTHER HEALTH PERSONNEL</b></p> <p>DAI/TRADITIONAL BIRTH ATTENDANT ..... C</p> <p>COMMUNITY/VILLAGE HEALTH WORKER ..... D</p> <p>ANGANWADI/CDS WORKER ..... E</p> <p>ASHA ..... F</p> <p>OTHER ..... X</p> <p>(SPECIFY)</p>		
416	<p>क्या माताकासुने के लिए सुरक्षा कार्ड के लिए सलाह कहाँ पर मिली? कोई अन्य जगह क?</p> <p>Where did you receive antenatal care for this pregnancy? Any other place?</p> <p>RECORD ALL PLACES MENTIONED.</p> <p>IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTRE, OR CLINIC IS PUBLIC OR PRIVATE HEALTH SECTOR, WRITE THE NAME OF THE PLACE(S).</p> <p>(NAME OF FACILITY/PLACE(S))</p>	<p><b>HOME</b></p> <p>YOUR HOME ..... A</p> <p>PARENTS' HOME ..... B</p> <p>OTHER HOME ..... C</p> <p><b>PUB. HEALTH SECTOR</b></p> <p>GOVT./MUNIC. HOSPITAL ..... D</p> <p>GOVT. DISP. .... E</p> <p>UHC/UHF/UPWC ..... F</p> <p>CHC/RUR. HOSP./BLOCK PHC ..... G</p> <p>PHC/ADD. PHC ..... H</p> <p>SUB-CENTRE ..... I</p> <p>ANGANWADI/CDS CENTRE ..... J</p> <p>VILLAGE CLINIC BY ANM ..... K</p> <p>OTHER PUBLIC SECT. HEALTH FACILITY ..... L</p> <p>NGO/TRUST HOSP./CLINIC ..... M</p> <p><b>PVT. HEALTH SECTOR</b></p> <p>PVT. HOSP./MATERNITY HOME/CLINIC ..... N</p> <p>OTHER PVT. SECT. HEALTH FACILITY ..... O</p> <p>OTHER ..... X</p> <p>(SPECIFY)</p>		

NO.	QUESTIONS AND FILTERS	LAST BIRTH		NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH
		NAME _____	NAME _____	NAME _____	
417	<p>इस गर्भावस्था के लिए जब आपको पहली बार प्रसवपूर्व देखभाल मिली, वह आप कितने महीने से गर्भवती थीं?</p> <p>How many months pregnant were you when you first received antenatal care for this pregnancy?</p>	<p>MONTHS ... <input type="text"/> <input type="text"/></p> <p>DON'T KNOW ..... 98</p>			
418	<p>इस गर्भावस्था के दौरान आपको कितनी बार प्रसवपूर्व देखभाल मिली?</p> <p>How many times did you receive antenatal care during this pregnancy?</p>	<p>NUM. OF TIMES ... <input type="text"/> <input type="text"/></p> <p>DON'T KNOW ..... 98</p>			
419	<p>इस गर्भावस्था के दौरान आपको प्रसवपूर्व देखभाल के दौरान, क्या कहीं से कोई भी काम से कम एक बार किया गया था?</p> <p>As part of your antenatal care during this pregnancy, were any of the following done at least once?</p> <p>a. क्या आपका वजन लिया गया था? Were you weighed?</p> <p>b. क्या आपका रक्तचाप / रक्तचाप मापा गया था? Was your blood pressure measured?</p> <p>c. क्या आपने पेशाब का नमूना दिया था? Did you give a urine sample?</p> <p>d. क्या आप के लिए रक्त का नमूना लिया गया था? Was a sample of your blood taken for testing?</p> <p>e. क्या आपकी पेट के दिशा में छिछोरे की जांच की गयी? Was your abdomen examined?</p>	<p>YES NO</p> <p>WEIGHED ... 1 2</p> <p>BP ..... 1 2</p> <p>URINE ..... 1 2</p> <p>BLOOD ..... 1 2</p> <p>ABDOMEN . . . 1 2</p>			
420	<p>आपकी (किसी भी) प्रसवपूर्व देखभाल के दौरान, क्या आपको गर्भावस्था की जटिलता के इन लक्षणों के बारे में बताया गया था?</p> <p>During (any of) your antenatal care visit(s), were you told about the following signs of pregnancy complications?</p> <p>a. शीशु से रक्त आना? Vaginal bleeding?</p> <p>b. तड़ित? Convulsions?</p> <p>c. लम्बी अवधि की काम पीड़ा? Prolonged labour?</p> <p>d. तीव्र (उपरोक्त) पेट दर्द? Severe abdominal pain?</p> <p>e. उच्च रक्तचाप / रक्तचाप? High blood pressure?</p>	<p>YES NO</p> <p>BLEEDING ... 1 2</p> <p>CONVULSIONS . 1 2</p> <p>PROLONGED LABOUR ... 1 2</p> <p>ABDOMINAL PAIN ..... 1 2</p> <p>HIGH BLOOD PRESSURE . 1 2</p>			
421	<p>क्या आपको यह बताया गया था कि गर्भावस्था की जटिलता की स्थिति में आपको कहाँ जाना है?</p> <p>Were you told where to go if you had any pregnancy complications?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>			

NO.	QUESTIONS AND FILTERS	LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH
		NAME _____	NAME _____	NAME _____
422	<p>क्या (NAME) के पिता अपनी (बिना भी) अंतर्गत देखभाल के दौरान मौजूद थे?</p> <p>Was (NAME's) father present during (any of) your antenatal visits?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>		
423	<p>इस गर्भावस्था के दौरान, क्या आपको अपनी बांह में एक टीका [इंजेक्शन] लगाया जा चुका था जो बच्चे के कोलास के साथ देखाया जा रहा होना था ताकि बच्चे के लिए खतरा न हो?</p> <p>During this pregnancy, were you given an injection in the arm to prevent the baby from getting tetanus, that is, convulsions after birth?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>(SKIP TO 426) ←</p> <p>DONT KNOW ..... 8</p>		
424	<p>इस गर्भावस्था के दौरान आपको कितनी बार टेटनास का टीका [इंजेक्शन] लगाया गया था?</p> <p>During this pregnancy, how many times did you get a tetanus injection?</p> <p>IF 7 OR MORE TIMES, RECORD '7'.</p>	<p>TIMES ..... <input type="text"/></p> <p>DONT KNOW ..... 8</p>		
425	CHECK 424:	<p>2 OR MORE TIMES <input type="checkbox"/> OTHER <input type="checkbox"/></p> <p>(SKIP TO 429)</p>		
426	<p>इस गर्भावस्था के पहले किसी समय, क्या आपको कोई टेटनास का टीका [इंजेक्शन] लगाया गया था?</p> <p>At any time before this pregnancy, did you receive any tetanus injections?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>(SKIP TO 429) ←</p> <p>DONT KNOW ..... 8</p>		
427	<p>इस गर्भावस्था के पूर्व आपको टेटनास का टीका कितनी बार लगाया गया था?</p> <p>Before this pregnancy, how many times did you receive a tetanus injection?</p> <p>IF 7 OR MORE TIMES, RECORD '7'.</p>	<p>TIMES ..... <input type="text"/></p> <p>DONT KNOW ..... 8</p>		
428	<p>इस गर्भावस्था के कितने वर्ष पहले आपको अंतिम टेटनास का टीका [इंजेक्शन] लगाया गया था?</p> <p>How many years ago did you receive the last tetanus injection before this pregnancy?</p>	<p>YEARS AGO ..... <input type="text"/></p>		
429	<p>इस गर्भावस्था के दौरान, क्या आपको अपना कोई भी लोहे के गोले या लोहे के गोले दिए गए थे?</p> <p>During this pregnancy, were you given or did you buy any iron folic acid tablets or syrup?</p> <p>SHOW TABLETS/SYRUP.</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>(SKIP TO 431) ←</p> <p>DONT KNOW ..... 8</p>		
430	<p>पूरी गर्भावस्था के दौरान, आपको कितने दिनों तक लोहे के गोले या लोहे के गोले दिए गए थे?</p> <p>During the whole pregnancy, for how many days did you take the tablets or syrup?</p> <p>IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER OF DAYS.</p>	<p>NUM. OF DAYS <input type="text"/></p> <p>DONT KNOW ... 998</p>		
431	<p>इस गर्भावस्था के दौरान, क्या आपको अपनी आंतों के कीड़े के लिए कोई दवा ली थी?</p> <p>During this pregnancy, did you take any drug for intestinal worms?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DONT KNOW ..... 8</p>		

NO.	QUESTIONS AND FILTERS	LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH
		NAME _____	NAME _____	NAME _____
432	इस गर्भकाल का के दौरान क्या आपको किस छतवाली का नियमित रूप सेकधी-कधी काकधी नहीं इसकेसाग किलर का? During this pregnancy, did you use a mosquito net regularly, sometimes or never?	REGULARLY ..... 1 SOMETIMES ..... 2 NEVER ..... 3		
433	इस गर्भकाल का के दौरान क्या आपको दिन के समयों में देखने में कोई परेशानी हुई? During this pregnancy, did you have difficulty with your vision during daylight?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 3		
434	इस गर्भकाल के दौरान, क्या आपको ठहर हुई भी जो बुखार से संबंधित नहीं थी? During this pregnancy, did you have convulsions not from fever?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 3		
435	इस गर्भकाल के दौरान, क्या आपके पैर, हाथ या चेहरे पर सूजन आई थी? During this pregnancy, did you have swelling of the legs, body or face?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 3		
436	इस गर्भकाल के दौरान क्या आपको आंगनवाडी केंद्र से कोई अतिरिक्त अतिर फिल का? Did you receive any supplementary nutrition from the anganwadi centre during this pregnancy?	YES ..... 1 NO ..... 2 (SKIP TO 436) ←		
437	इस गर्भकाल के दौरान, क्या आपको आंगनवाडी केंद्र से अतिरिक्त अतिर हमेशा फिल का? During this pregnancy, were you always able to get the supplementary nutrition from the anganwadi centre?	YES, ALWAYS ..... 1 NO ..... 2		
438	इस गर्भकाल के अतिरिक्त तीन महीनों में क्या आपको किसी ए.एन.एम., एन.एच.वी., आशा, आंगनवाडी कार्यकर्ता या किसी अन्य समुदायिक स्वास्थ्य कार्यकर्ता से मुलाकात हुई? During the last three months of this pregnancy, did you meet with an ANM, Lady Health Visitor, ASHA, anganwadi worker, or other community health worker?	YES ..... 1 NO ..... 2 (SKIP TO 441) ←		
439	इस (पैरों) से, आप कहीं का मिली? Where did you meet this/these person(s)?	HOME ONLY ..... 1 ELSEWHERE ONLY ..... 2 BOTH HOME AND ELSEWHERE ..... 3		

NO.	QUESTIONS AND FILTERS	LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH
		NAME _____	NAME _____	NAME _____
440	<p>किस गर्भावस्था के अंतिम तीन महीनों के दौरान किसी भी मुलाकात के समय आपको क्या इस विषयों पर कम से कम एक बार सलाह मिली थी?</p> <p>During any of these meetings in the last three months of this pregnancy, did you receive advice on the following at least once?</p> <p>a. संतान पालन की महत्वपूर्णता The importance of institutional delivery?</p> <p>b. ताल की देखभाल? Cord care?</p> <p>c. स्तनपान? Breastfeeding?</p> <p>d. शिशु को गर्म रखना? Keeping the baby warm?</p> <p>e. परिवार नियंत्रण का एक और गर्भधारण को टालना या रोकना? Family planning or delaying or avoiding another pregnancy?</p>	<p>YES NO</p> <p>INSTITUTIONAL DELIVERY . 1 2</p> <p>CORD CARE . 1 2</p> <p>BREASTFEED . 1 2</p> <p>BABY WARM . 1 2</p> <p>FAMILY PLANNING . 1 2</p>		
441	<p>प्रसव के दौरान, क्या आपको बच्चे का पैर भी लटकने से बचने का अनुभव मिला?</p> <p>During delivery, did you experience a breech presentation?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>		
442	<p>प्रसव के दौरान, क्या आपको लम्बी प्रसव पीड़ा का अनुभव मिला?</p> <p>During delivery, did you experience prolonged labour?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>		
443	<p>प्रसव के दौरान, क्या आपको अत्यधिक रक्तस्राव का अनुभव हुआ था?</p> <p>During delivery, did you experience excessive bleeding?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>		
444	<p>बच्चा (NAME) का जन्म हुआ तो वह बड़ा/बड़ी/सामान्य/सामान्य से बड़ा/बड़ी, सामान्य, सामान्य से छोटा/छोटी या बहुत छोटा/छोटी?</p> <p>When (NAME) was born, was (he/she) very large, larger than average, average, smaller than average, or very small?</p>	<p>VERY LARGE ..... 1</p> <p>LARGER THAN AVERAGE ..... 2</p> <p>AVERAGE ..... 3</p> <p>SMALLER THAN AVERAGE ..... 4</p> <p>VERY SMALL ..... 5</p> <p>DON'T KNOW ..... 8</p>	<p>VERY LARGE ..... 1</p> <p>LARGER THAN AVERAGE ..... 2</p> <p>AVERAGE ..... 3</p> <p>SMALLER THAN AVERAGE ..... 4</p> <p>VERY SMALL ..... 5</p> <p>DON'T KNOW ..... 8</p>	<p>VERY LARGE ..... 1</p> <p>LARGER THAN AVERAGE ..... 2</p> <p>AVERAGE ..... 3</p> <p>SMALLER THAN AVERAGE ..... 4</p> <p>VERY SMALL ..... 5</p> <p>DON'T KNOW ..... 8</p>
445	<p>बच्चा (NAME) के जन्म के समय उसका वजन लिया गया था?</p> <p>Was (NAME) weighed at birth?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>[SKIP TO 447] ←</p> <p>DON'T KNOW ..... 8</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>[SKIP TO 447] ←</p> <p>DON'T KNOW ..... 8</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>[SKIP TO 447] ←</p> <p>DON'T KNOW ..... 8</p>

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
446	(NAME) कत वजन थियो कत? How much did (NAME) weigh?  RECORD WEIGHT IN KILOGRAMS FROM HEALTH CARD, IF AVAILABLE.	KG FROM CARD 1 <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/>  KG FROM RECALL 2 <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/>  DON'T KNOW . 99998	KG FROM CARD 1 <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/>  KG FROM RECALL 2 <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/>  DON'T KNOW . 99998	KG FROM CARD 1 <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/>  KG FROM RECALL 2 <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/>  DON'T KNOW . 99998
447	(NAME) को जन्म के समय किनको सहयोग थियो थियो? Who assisted with the delivery of (NAME)? Anyone else? PROBE FOR THE TYPE OF PERSON. RECORD ALL PERSONS ASSISTING. IF RESPONDENT SAYS NO ONE ASSISTED, PROBE TO DETERMINE WHETHER ANY ADULTS WERE PRESENT DURING THE DELIVERY.	<b>HEALTH PERSONNEL</b> DOCTOR ..... A ANM/NURSE/ MIDWIFE/LHV . B OTHER HEALTH PERSONNEL . C  <b>OTHER PERSON</b> DAI (TBA) ..... D FRIEND/RELATIVE . E  OTHER _____ X (SPECIFY) NO ONE ..... Y	<b>HEALTH PERSONNEL</b> DOCTOR ..... A ANM/NURSE/ MIDWIFE/LHV . B OTHER HEALTH PERSONNEL . C  <b>OTHER PERSON</b> DAI (TBA) ..... D FRIEND/RELATIVE . E  OTHER _____ X (SPECIFY) NO ONE ..... Y	<b>HEALTH PERSONNEL</b> DOCTOR ..... A ANM/NURSE/ MIDWIFE/LHV . B OTHER HEALTH PERSONNEL . C  <b>OTHER PERSON</b> DAI (TBA) ..... D FRIEND/RELATIVE . E  OTHER _____ X (SPECIFY) NO ONE ..... Y
448	(NAME) कत जन्म भएको ठाउँ कत? Where did you give birth to (NAME)?  IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTRE, OR CLINIC IS PUBLIC OR PRIVATE HEALTH SECTOR, WRITE THE NAME OF THE PLACE.  (NAME OF FACILITY/PLACE)	<b>HOME</b> YOUR HOME .... 11 (SKIP TO 464) ← PARENTS' HOME . 12 OTHER HOME .... 13 (SKIP TO 464) ←  <b>PUB. HEALTH SECTOR</b> GOVT./MUNIC. HOSPITAL .... 21 GOVT. DISP. .... 22 UHC/UHP/UPWC . 23 CHC/RUR. HOSP/ . BLOCK PHC .... 24 PHC/ADD. PHC . 25 SUB-CENTRE .... 26 OTHER PUB. SECT. HEALTH FACILITY ..... 27  NGO/TRUST HOSP / CLINIC ..... 31  <b>PVT. HEALTH SECTOR</b> PVT. HOSP./ MATERNITY HOME/CLINIC . 41 OTHER PVT. SECT. HEALTH FACILITY ..... 42 OTHER ..... 96 (SPECIFY) (SKIP TO 464) ←	<b>HOME</b> YOUR HOME .... 11 (SKIP TO 464) ← PARENTS' HOME . 12 OTHER HOME .... 13 (SKIP TO 464) ←  <b>PUB. HEALTH SECTOR</b> GOVT./MUNIC. HOSPITAL .... 21 GOVT. DISP. .... 22 UHC/UHP/UPWC . 23 CHC/RUR. HOSP/ . BLOCK PHC .... 24 PHC/ADD. PHC . 25 SUB-CENTRE .... 26 OTHER PUB. SECT. HEALTH FACILITY ..... 27  NGO/TRUST HOSP / CLINIC ..... 31  <b>PVT. HEALTH SECTOR</b> PVT. HOSP./ MATERNITY HOME/CLINIC . 41 OTHER PVT. SECT. HEALTH FACILITY ..... 42 OTHER ..... 96 (SPECIFY) (SKIP TO 464) ←	<b>HOME</b> YOUR HOME .... 11 (SKIP TO 464) ← PARENTS' HOME . 12 OTHER HOME .... 13 (SKIP TO 464) ←  <b>PUB. HEALTH SECTOR</b> GOVT./MUNIC. HOSPITAL .... 21 GOVT. DISP. .... 22 UHC/UHP/UPWC . 23 CHC/RUR. HOSP/ . BLOCK PHC .... 24 PHC/ADD. PHC . 25 SUB-CENTRE .... 26 OTHER PUB. SECT. HEALTH FACILITY ..... 27  NGO/TRUST HOSP / CLINIC ..... 31  <b>PVT. HEALTH SECTOR</b> PVT. HOSP./ MATERNITY HOME/CLINIC . 41 OTHER PVT. SECT. HEALTH FACILITY ..... 42 OTHER ..... 96 (SPECIFY) (SKIP TO 464) ←
449	जन्म हुँदा स्वास्थ्य केन्द्र जानेको प्रमुख साधनको रूपमा के प्रयोग गरियो थियो? What was the main mode of transportation used by you to reach the health facility for delivery?	<b>GOVERNMENT</b> AMBULANCE ..... 01 OTHER AMBULANCE . 02 JEEP/CAR ..... 03 MOTORCYCLE/ SCOOTER ..... 04 BUS/TRAIN ..... 05 TEMPO/AUTO/ TRACTOR ..... 06 CART ..... 07 ON FOOT ..... 08 (SKIP TO 452) ← OTHER ..... 96 SPECIFY		
450	जन्म हुँदा स्वास्थ्य केन्द्र जानेको प्रमुख साधनको रूपमा के प्रयोग गरियो थियो? Who arranged the transportation to take you to the health facility for delivery?  RECORD ALL MENTIONED.	DOCTOR ..... A ANM ..... B HEALTH WORKER . C ANGANWADI WORKER ..... D ASHA ..... E PRI. MEMBER ..... F NGO ..... G CBO ..... H HUSBAND ..... I MOTHER-IN-LAW . J MOTHER ..... K RELATIVES/FRIENDS . L SELF ..... M OTHER ..... X SPECIFY		



NO.	QUESTIONS AND FILTERS	LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH
		NAME _____	NAME _____	NAME _____
459	कब से मिलने मिले था, JAY के अंत में आपकी पहिले अंत में कब How many days after delivery did you receive the financial assistance under JAY? IF THE SAME DAY, RECORD '00' IF 95 DAYS OR MORE, RECORD '99'	DAYS ..... <input type="text"/> DON'T KNOW ..... 95		
460	आपको कुल मिली राशि कितनी थी? What was the total amount that you received?	Rs. <input type="text"/> DON'T KNOW ... 999995		
461	(NAME) के जन्म के बाद कितने घण्टे आप स्वास्थ्य सुविधा में रही? How long after (NAME) was delivered did you stay in the health facility? IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS ... 1 <input type="text"/> DAYS ... 2 <input type="text"/> WEEKS ... 3 <input type="text"/> DON'T KNOW ..... 995		
462	क्या (NAME) का जन्म सीसेरियन सेक्शन से हुआ था, यानी क्या वे आपको अपने पेट को काट कर बच्चे को निकाला गया था? Was (NAME) delivered by caesarean section, that is, did they cut your belly open to take the baby out?	YES ..... 1 NO ..... 2 (SKIP TO 464) ←	YES ..... 1 NO ..... 2 (SKIP TO 464) ←	YES ..... 1 NO ..... 2 (SKIP TO 464) ←
463	कब निर्णय लिया गया था कि आपका सीसेरियन सेक्शन होगा? क्या प्रसव पीड़ा शुरू होने से पहले या प्रसव पीड़ा शुरू होने के बाद? When was the decision made for you to have a C-section? Was it before the onset of labour or after the onset of labour?	BEFORE ONSET OF LABOUR ..... 1 AFTER ONSET OF LABOUR ..... 2 DON'T KNOW ..... 5	BEFORE ONSET OF LABOUR ..... 1 AFTER ONSET OF LABOUR ..... 2 DON'T KNOW ..... 5	BEFORE ONSET OF LABOUR ..... 1 AFTER ONSET OF LABOUR ..... 2 DON'T KNOW ..... 5
464	जन्म के तुरंत बाद, क्या आपने (NAME) की पीठ में लगाया था? Immediately after the birth, was (NAME) put on your chest?	YES ..... 1 NO ..... 2 (SKIP TO 466) ← DON'T KNOW ..... 5	YES ..... 1 NO ..... 2 (SKIP TO 464) ← DON'T KNOW ..... 5	YES ..... 1 NO ..... 2 (SKIP TO 464) ← DON'T KNOW ..... 5
465	क्या (NAME) की बगल की त्वचा आपकी बगल की त्वचा को छू रही थी? Was (NAME)'s bare skin touching your bare skin?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 5	YES ..... 1 NO ..... 2 DON'T KNOW ..... 5	YES ..... 1 NO ..... 2 DON'T KNOW ..... 5
466	CHECK 448: PLACE OF DELIVERY	11, 12, 13, OR 06 (SKIP TO 482) OTHER		
467	मैं आपसे प्रसव के बाद आपकी स्वास्थ्य की जांच के बारे में पूछना चाहती हूँ, जैसे कि: किसी ने आपकी स्वास्थ्य के बारे में सवाल पूछे या आपकी जांच की, जब आप प्रसव के सुविधा/केन्द्र में थीं तब क्या किसी ने आपकी स्वास्थ्य की जांच की थी? I would like to talk to you about checks on your health after delivery, for example, someone asking you questions about your health or examining you. Did anyone check on your health while you were still in the facility?	YES ..... 1 NO ..... 2 (SKIP TO 470) ←		
468	प्रसव के कितने घण्टों के बाद आपकी पहली जांच हुई थी? How long after delivery did the first check take place? IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS ... 1 <input type="text"/> DAYS ... 2 <input type="text"/> WEEKS ... 3 <input type="text"/> DON'T KNOW ... 595		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____												
469	<p>कौन सा व्यक्ति आपके स्वास्थ्य की जांच किसी भी चीज के लिए की?</p> <p>Who checked on your health at that time?</p> <p>PROBE FOR MOST QUALIFIED PERSON.</p>	<p><b>HEALTH PERSONNEL</b></p> <p>DOCTOR ..... 11</p> <p>ANM/NURSE/ MIDWIFE/LHV ..... 12</p> <p>OTHER HEALTH PERSONNEL ..... 13</p> <p><b>OTHER PERSON</b></p> <p>ASHA ..... 21</p> <p>DAI (TBA) ..... 22</p> <p>OTHER ..... 99 (SPECIFY)</p>														
470	<p>आप ही प्रसव के बाद (NAME) के स्वास्थ्य पर जांच के बारे में अपने काम करते बाइकी हूँ, प्रसवदलन के लिए, कोई (NAME) बा/बी जांच कर रहा है, स्वास्थ्य की जांच, या जांच के लिए कि (NAME) ठीक है या नहीं।</p> <p>आप अपने स्वास्थ्य सुविधा में भी जांच किसी भी चीज (NAME) की स्वास्थ्य सुविधा पर जांच की?</p> <p>Now I would like to talk to you about checks on (NAME's) health after delivery, for example, someone examining (NAME), checking the cord, or seeing if (NAME) is okay.</p> <p>Did anyone check on (NAME's) health while you were still in the facility?</p>	<p>YES ..... 1</p> <p>NO ..... 2 (SKIP TO 473) ←</p> <p>DON'T KNOW ..... 9</p>														
471	<p>आप के बाद (NAME) के स्वास्थ्य की जांच कब तक कर रहे हैं?</p> <p>How long after delivery was (NAME's) health first checked?</p> <p>IF LESS THAN ONE DAY, RECORD HOURS.</p> <p>IF LESS THAN ONE WEEK, RECORD DAYS.</p>	<p>HOURS ... 1 <table border="1" data-bbox="730 882 852 927"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p> <p>DAYS ... 2 <table border="1" data-bbox="730 927 852 972"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p> <p>WEEKS ... 3 <table border="1" data-bbox="730 972 852 1016"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p> <p>DON'T KNOW ... 999</p>														
472	<p>कौन सा व्यक्ति (NAME) के स्वास्थ्य की जांच किसी भी चीज के लिए की?</p> <p>Who checked on (NAME's) health at that time?</p> <p>PROBE FOR MOST QUALIFIED PERSON</p>	<p><b>HEALTH PERSONNEL</b></p> <p>DOCTOR ..... 11</p> <p>ANM/NURSE/ MIDWIFE/LHV ..... 12</p> <p>OTHER HEALTH PERSONNEL ..... 13</p> <p><b>OTHER PERSON</b></p> <p>ASHA ..... 21</p> <p>DAI (TBA) ..... 22</p> <p>OTHER ..... 99 (SPECIFY)</p>														
473	<p>आप अपने स्वास्थ्य सुविधा छोड़ी, उसके बाद क्या किसी ने आपकी स्वास्थ्य की जांच की?</p> <p>Now I would like to talk to you about what happened after you left the facility. Did anyone check on your health after you left the facility?</p>	<p>YES ..... 1</p> <p>NO ..... 2 (SKIP TO 477) ←</p>														
474	<p>आप के किसी समय बाद, जांच कब तक की गई?</p> <p>How long after delivery did that check take place?</p> <p>IF LESS THAN ONE DAY, RECORD HOURS.</p> <p>IF LESS THAN ONE WEEK, RECORD DAYS.</p>	<p>HOURS ... 1 <table border="1" data-bbox="730 1518 852 1563"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p> <p>DAYS ... 2 <table border="1" data-bbox="730 1563 852 1608"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p> <p>WEEKS ... 3 <table border="1" data-bbox="730 1608 852 1653"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p> <p>DON'T KNOW ... 999</p>														

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____						
475	<p>किस व्यक्ति को आपकी सहायता की जाँच मिली थी?</p> <p>Who checked on your health at that time?</p>	<p><b>HEALTH PERSONNEL</b>            DOCTOR ..... 11            ANM/NURSE/            MIDWIFE/LHV ..... 12            OTHER HEALTH            PERSONNEL ..... 13</p> <p><b>OTHER PERSON</b>            ASHA ..... 21            DAI (TBA) ..... 22</p> <p>OTHER ..... 96            (SPECIFY)</p>								
476	<p>जाँच कहाँ मिली थी?</p> <p>Where did the check take place?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE</p> <p>IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTRE, OR CLINIC IS PUBLIC OR PRIVATE HEALTH SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____            (NAME OF FACILITY/PLACE)</p>	<p><b>HOME</b>            YOUR HOME .... 11            PARENTS' HOME .. 12            OTHER HOME .... 13</p> <p><b>PUB. HEALTH SECTOR</b>            GOVT./MUNIC.            HOSPITAL ..... 21            GOVT. DISP. .... 22            UHCA/INP/UPWC .. 23            CHC/RUR. HOSP/ .. 24            BLOCK PHC ..... 24            PHC/ADD. PHC .... 25            SUB-CENTRE ..... 26            OTHER PUB.            SECT. HEALTH            FACILITY ..... 27</p> <p>NGO/TRUST HOSP./            CLINIC ..... 31</p> <p><b>PVT. HEALTH SECTOR</b>            PVT. HOSP./            MATERNITY            HOME/CLINIC .. 41            OTHER PVT            SECT. HEALTH            FACILITY ..... 42</p> <p>OTHER ..... 96            (SPECIFY)</p>								
477	<p>क्या मैं तुम्हारा स्वास्थ्य के बारे में (NAME) के स्वास्थ्य के बारे में बात करके से सहायता कर सकता हूँ।</p> <p>तुम्हारा स्वास्थ्य के बारे में बात करने के लिए मैं तुम्हारे साथ बातचीत कर सकता हूँ।</p> <p>I would like to talk to you about checks on (NAME)'s health after you left the facility.</p> <p>Did any health care provider or a traditional birth attendant check on (NAME)'s health in the two months after you left the facility?</p>	<p>YES ..... 1            NO ..... 2            (SKIP TO 481) ↙</p>								
478	<p>(NAME) के जाँच के बाद कितने घंटे, दिन या सप्ताह बाद जाँच मिली थी?</p> <p>How many hours, days or weeks after the birth of (NAME) did that check take place?</p> <p>IF LESS THAN ONE DAY, RECORD HOURS.            IF LESS THAN ONE WEEK, RECORD DAYS.</p>	<p>HOURS ... 1 <table border="1" data-bbox="738 1373 858 1417"><tr><td></td><td></td></tr></table></p> <p>DAYS ... 2 <table border="1" data-bbox="738 1417 858 1462"><tr><td></td><td></td></tr></table></p> <p>WEEKS ... 3 <table border="1" data-bbox="738 1462 858 1507"><tr><td></td><td></td></tr></table></p> <p>DON'T KNOW ... 999</p>								
479	<p>किस व्यक्ति (NAME) के स्वास्थ्य की जाँच मिली थी?</p> <p>Who checked on (NAME)'s health at that time?</p>	<p><b>HEALTH PERSONNEL</b>            DOCTOR ..... 11            ANM/NURSE/            MIDWIFE/LHV ..... 12            OTHER HEALTH            PERSONNEL ..... 13</p> <p><b>OTHER PERSON</b>            ASHA ..... 21            DAI (TBA) ..... 22</p> <p>OTHER ..... 96            (SPECIFY)</p>								

NO.	QUESTIONS AND FILTERS	LAST BIRTH			NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH
		NAME _____	NAME _____	NAME _____	NAME _____	NAME _____
480	<p>(NAME) की जन्म जहाँ हुआ है? Where did this check of (NAME) take place? PROBE TO IDENTIFY THE TYPE OF SOURCE</p> <p>IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTRE, OR CLINIC IS PUBLIC OR PRIVATE HEALTH SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____ (NAME OF FACILITY/PLACE)</p>	<p><b>HOME</b> YOUR HOME .... 11 PARENTS' HOME .. 12 OTHER HOME .... 13</p> <p><b>PUB. HEALTH SECTOR</b> GOVT./MUNIC. HOSPITAL ..... 21 GOVT. DISP ..... 22 UHC/UHP/UPFWC .. 23 CHC/RUR. HOSP/ .. BLOCK PHC ..... 24 PHC/ADD. PHC .... 25 SUB-CENTRE ..... 26 OTHER PUB. SECT. HEALTH FACILITY ..... 27</p> <p>NGO/TRUST HOSP./ CLINIC ..... 31</p> <p><b>PVT. HEALTH SECTOR</b> PVT. HOSP./ MATERNITY HOME/CLINIC .. 41 OTHER PVT. SECT. HEALTH FACILITY ..... 42 OTHER _____ 96 (SPECIFY)</p>				
481	<p>आपकी जन्म से छह महीने के बाद, की जाँचों के दौरान, क्या किसी स्वास्थ्य कर्मचारी, अंगनवाड़ी कार्यकर्ता, आशा या जन्म दाई [TBA] ने आपकी स्वास्थ्य की जाँच की थी? In the two months after you were discharged, did any health personnel, anganwadi worker, ASHA, or traditional birth attendant [dai] check on your health?</p>	<p>YES ..... 1 (SKIP TO 485) ←</p> <p>NO ..... 2 (SKIP TO 489) ←</p>				
482	<p>आपने अपना जन्म स्वास्थ्य सुविधा में क्यों नहीं कराया? PROBE: क्यों जन्म कराया? Why didn't you deliver in a health facility? PROBE: Any other reason? RECORD ALL MENTIONED.</p>	<p>COSTS TOO MUCH .. A. FACILITY NOT OPEN .. B. TOO FAR/ NO TRANSPORTATION .. C. DON'T TRUST FACILITY/POOR QUALITY SERVICE .. D. NO FEMALE PROVID- ER AT FACILITY .. E. HUSBAND/FAMILY DID NOT ALLOW .. F. NOT NECESSARY .. G. NOT CUSTOMARY .. H. OTHER _____ X (SPECIFY)</p>				
483	<p>(NAME) के जन्म के समय इनमें से क्या-क्या किया गया था? At the time of delivery of (NAME) were the following done:</p> <p>a. क्या ही जन्म सेट किट का उपयोग किया गया था? Was a disposable delivery kit used?</p> <p>b. बच्चे के तुरंत जन्म के बाद उसे तुरंत धुआँ और सूखाने के लिए तुरंत तुरंत सूखाया गया था? Was the baby immediately wiped dry and then wrapped without being bathed?</p> <p>c. साफ चाकू के लिए साफ चाकू का उपयोग किया गया था? Was a clean blade used to cut the cord?</p>	<p>YES NO DK</p> <p>DELIVERY KIT USED 1 2 8</p> <p>WIPE AND WRAP .. 1 2 8</p> <p>BLADE ... 1 2 8</p>				
484	<p>(NAME) के जन्म के बाद मैं आपकी जाँच करूँगी की जाँच के बारे में सुझाव माँगूँगी, जैसे कि किसी ने आपकी स्वास्थ्य के बारे में सलाह दी है या आपकी जाँच की। क्या किसी स्वास्थ्य कर्मचारी, अंगनवाड़ी कार्यकर्ता, आशा या जन्म दाई [TBA] ने आपकी स्वास्थ्य की जाँच की थी? I would like to talk to you about checks on your health after (NAME) was born, for example, someone asking you questions about your health or examining you. Did any health personnel, anganwadi worker, ASHA, or traditional birth attendant [dai] check on your health?</p>	<p>YES ..... 1 NO ..... 2 (SKIP TO 489) ←</p>				



NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
490	<p>(NAME) के जन्म के दिनांक से, दोबारा जाँच किये जाने के लिए कितने घण्टों, दिनों या सप्ताहों के बाद पहली जाँच हुई थी?</p> <p>How many hours, days or weeks after the birth of (NAME) did the first check take place?</p> <p>IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.</p>	<p>HRS AFTER BIRTH ... 1</p> <p>DAYS AFTER BIRTH ... 2</p> <p>WKS AFTER BIRTH ... 3</p> <p>DON'T KNOW ..... 999</p>		
491	<p>कौन कौन (NAME) के स्वास्थ्य की जाँच करने की थी?</p> <p>Who checked on (NAME)'s health at that time?</p> <p>PROBE FOR MOST QUALIFIED PERSON.</p>	<p><b>HEALTH PERSONNEL</b></p> <p>DOCTOR ..... 11</p> <p>ANM/NURSE/ MIDWIFE/LHV ... 12</p> <p>OTHER HEALTH PERSONNEL .... 13</p> <p><b>OTHER PERSON</b></p> <p>ASHA ..... 21</p> <p>DAJ (TBA) ..... 22</p> <p>OTHER ..... 99</p> <p>(SPECIFY)</p>		
492	<p>(NAME) की पहली जाँच कहां हुई थी?</p> <p>Where did this first check of (NAME) take place?</p> <p>IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTRE, OR CLINIC IS PUBLIC OR PRIVATE HEALTH SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____ (NAME OF FACILITY/PLACE)</p>	<p><b>HOME</b></p> <p>YOUR HOME .... 11</p> <p>PARENTS' HOME ... 12</p> <p>OTHER HOME .... 13</p> <p><b>PUB. HEALTH SECTOR</b></p> <p>GOVT./MUNIC. HOSPITAL .... 21</p> <p>GOVT. DISP. .... 22</p> <p>UHCA/JHP/UFWC ... 23</p> <p>CHC/RUR. HOSP./ BLOCK PHC .... 24</p> <p>PHC/ADDITIONAL PHC ..... 25</p> <p>SUB-CENTRE ..... 26</p> <p>ANGANWADI/CCS CENTRE ..... 27</p> <p>OTHER PUB. SECT. HEALTH FACILITY ..... 28</p> <p>NGO/TRUST HOSP./ CLINIC ..... 31</p> <p><b>PVT. HEALTH SECTOR</b></p> <p>PVT. HOSP./ MATERNITY HOME/CLINIC ... 41</p> <p>OTHER PVT. SECT. HEALTH FACILITY ..... 42</p> <p>OTHER ..... 99</p> <p>(SPECIFY)</p>		
493	<p>जन्म के बाद के दो महीनों में, क्या आपको:</p> <p>In the first two months after delivery, did you have:</p> <p>a. खूनी से बड़ा जखाना रक्त स्राव था? Massive vaginal bleeding?</p> <p>b. बहुत ही उच्च बुखार था? Very high fever?</p>	<p>YES NO</p> <p>a) ..... 1 2</p> <p>b) ..... 1 2</p>		



NO.	QUESTIONS AND FILTERS	LAST BIRTH			NEXT-TO-LAST BIRTH			SECOND-FROM-LAST BIRTH		
		NAME _____	NAME _____	NAME _____	NAME _____	NAME _____	NAME _____	NAME _____	NAME _____	NAME _____
499A	(NAME) के बाद के बाद, अपने किसी भी बच्चे के साथ कितने महीने नहीं रहे? For how many months after the birth of (NAME) did you not have sexual relations?	MONTHS ... <input type="text"/> <input type="text"/>	MONTHS ... <input type="text"/> <input type="text"/>	MONTHS ... <input type="text"/> <input type="text"/>	DON'T KNOW ..... 95	DON'T KNOW ..... 95				
499B	क्या (NAME) को अपने स्तनपान कराया? Did you ever breastfeed (NAME)?	YES ..... 1 NO ..... 2 (SKIP TO 499I) ←	YES ..... 1 NO ..... 2 (SKIP TO 499I) ←	YES ..... 1 NO ..... 2 (SKIP TO 499I) ←						
499C	क्या के बच्चे के बाद शुरू करने (NAME) को शुरू करने का समय क्या था? How long after birth did you start breastfeeding (NAME)?  IF LESS THAN ONE 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"/>								
499D	क्या के बाद के पहले तीन दिनों में, क्या (NAME) को माँ के दूध के अलावा, कुछ और पीने को दिया गया था? In the first three days after delivery, was (NAME) given anything to drink other than breast milk?	YES ..... 1 NO ..... 2 (SKIP TO 499F) ←								
499E	(NAME) को पीने के लिए क्या दिया गया था? What was (NAME) given to drink? Anything else?  RECORD ALL LIQUIDS MENTIONED.	MILK (OTHER THAN BREAST MILK) ... A PLAIN WATER ..... B SUGAR OR GLUCOSE WATER ..... C GRUPE WATER ..... D SUGAR-SALT-WATER SOLUTION ..... E FRUIT JUICE ..... F INFANT FORMULA ..... G TEA ..... H HONEY ..... I JANAM GHUTTI ..... J OTHER (SPECIFY) ... X								
499F	CHECK 404: IS CHILD LIVING?	LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 499H)								
499G	क्या अब (NAME) को अभी भी स्तनपान कराया जा रहा है? Are you still breastfeeding (NAME)?	YES ..... 1 (SKIP TO 499J) ← NO ..... 2								
499H	क्या के बच्चे (NAME) को ब्रेस्टफीडिंग करने के लिए कितने महीने का समय था? For how many months did you breastfeed (NAME)?	MONTHS ... <input type="text"/> <input type="text"/>								
499I	CHECK 404: IS CHILD LIVING?	LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (GO BACK TO 405 IN NEXT COLUMN, OR, IF NO MORE BIRTHS, GO TO 499L)	LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (GO BACK TO 405 IN NEXT COLUMN, OR, IF NO MORE BIRTHS, GO TO 499L)	LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (GO BACK TO 405 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE, OR, IF NO MORE BIRTHS, GO TO 499L)						
499J	क्या (NAME) ने कल या गिद्धी रात को ब्रेस्टफीडिंग करने के लिए बोतल से कुछ पिया था? Did (NAME) drink anything from a bottle with a nipple yesterday or last night?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8						
499K		GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 499L.	GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 499L.	GO BACK TO 405 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 499L.						

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
499L	<p>CHECK 215 AND 218:</p> <p>HAS AT LEAST ONE CHILD BORN IN 2018 OR LATER AND LIVING WITH HER <input type="checkbox"/></p> <p>RECORD NAME OF YOUNGEST CHILD LIVING WITH HER (AND CONTINUE WITH 499M)</p> <p>_____ (NAME)</p>	<p>DOES NOT HAVE ANY CHILDREN BORN IN 2018 OR LATER AND LIVING WITH HER <input type="checkbox"/></p>	501
499M	<p>अब मैं उनका पता नहीं और सादा पदार्थों के बारे में पूछना चाहूँगी जो (NAME FROM 499L) ने कल दिन में या रात में किया था। अगर वे पदार्थ आपके बच्चे ने किसी अन्य आहार में मिलाकर भी लिया हो तो भी मैं जानना चाहूँगी।</p> <p>क या (NAME FROM 499L) ने _____ (नामा / चीज)।</p> <p>Now I would like to ask you about liquids or foods that (NAME FROM 499L) had yesterday during the day or at night. I am interested in whether your child had the item I mention even if it was combined with other foods.</p> <p>Did (NAME FROM 499L) (drink/eat):</p>		
		<p>YES NO DK</p>	
	a. सादा पानी? Plain water?	a. 1 2 8	
	b. जूस या जूस पेय? Juice or juice drinks?	b. 1 2 8	
	c. सादा दूध? Clear broth?	c. 1 2 8	
	d. दूध जैसे डिब्बाबंदी, पावडर का जानवर का सादा दूध? IF YES: (NAME) को कितने बार ऐसा दूध दिया गया? Milk such as tinned, powdered, or fresh animal milk? IF YES: How many times did (NAME) drink milk? IF 7 OR MORE TIMES, RECORD '7'.	d. 1 2 8	NUMBER OF TIMES DRANK MILK <input type="checkbox"/>
	e. बाल्यकालिक रूप से उत्पादित शिशु सूत्र? IF YES: (NAME) को कितने बार ये दिया गया? Infant formula? IF YES: How many times did (NAME) drink infant formula? IF 7 OR MORE TIMES, RECORD '7'.	e. 1 2 8	NUMBER OF TIMES DRANK FORMULA <input type="checkbox"/>
	f. कोई और तरल पदार्थ? Any other liquids?	f. 1 2 8	
	g. दही? IF YES: (NAME) को कितने बार दही दिया गया? Yogurt? IF YES: How many times did (NAME) eat yogurt? IF 7 OR MORE TIMES, RECORD '7'.	g. 1 2 8	NUMBER OF TIMES ATE YOGURT <input type="checkbox"/>
	h. बाल्यकालिक रूप से उपचारित बेबी फूड जैसे सेरेलैक या फारेक्स? Any commercially fortified baby food, e.g. Cerelac or Farex?	h. 1 2 8	
	i. कोई ब्रॉड, रोटी, चपाती, चावल, नूडल, बिस्किट, इडली या अन्य कोई अनाज से बना हुआ खाद्यपदार्थ? Any bread, roti, chapati, rice, noodles, biscuits, idli, or any other foods made from grains?	i. 1 2 8	
	j. कोई कद्दू, गाजर, मकरंद या पीले आरु जो अंदर से पीले या नारंगी रहते हैं? Any pumpkin, carrots, squash or sweet potatoes that are yellow or orange inside?	j. 1 2 8	
	k. आरु, मुरम, अरबी, मसूर या अन्य कोई कंदमूल खाद्यपदार्थ जो जड़ से बने हैं? Any white potatoes, white yams, manioc, cassava, or any other foods made from roots?	k. 1 2 8	
	l. कोई गहरी हरी पत्तेदार सब्जी? Any dark green, leafy vegetables?	l. 1 2 8	
	m. पका हुआ आम, पपीता, खरबूजा या ककदू? Any ripe mangoes, papayas, cantaloupe or jackfruit?	m. 1 2 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	n. कोई अन्य फल या सब्जियाँ? Any other fruits or vegetables?	n. 1 2 8	
	o. कोई कलेजी, गुठला, दिल या कोई दुसरे भाग का मांस? Any liver, kidney, heart or other organ meat?	o. 1 2 8	
	p. कोई मुर्गी, बत्खन या अन्य पक्षी? Any chickens, duck, or other birds?	p. 1 2 8	
	q. किसी अन्य प्रकार का मांस? Any other meat?	q. 1 2 8	
	r. कोई अंडे? Any eggs?	r. 1 2 8	
	s. ताजी या सूखी मछली या कड़े बोनवानी मछलियों या अन्य समुद्री जीव जैसे केकड़े Any fresh or dried fish or shellfish?	s. 1 2 8	
	t. फलियाँ, सोयाबिन, चना, मटर, राजमा या बादामों से तैयार किए गए कोई खाद्य पदार्थ? Any foods made from beans, peas, lentils, or nuts?	t. 1 2 8	
	u. पनीर या अन्य दूध से बने खाद्य पदार्थ? Any cheese or other food made from milk?	u. 1 2 8	
	v. कोई अन्य ठोस अर्ध-ठोस या नरम खाद्य पदार्थ? Any other solid, semi-solid, or soft food?	v. 1 2 8	
499N	CHECK 499M CATEGORIES 'g' THROUGH 'v'  NOT A <input type="checkbox"/> SINGLE 'YES' ↓	AT LEAST ONE 'YES' <input type="checkbox"/>	→ 499P
499O	कल दिन में या रात में क्या (NAME) ने कोई ठोस, अर्ध-ठोस या नरम अन्न खाया था? IF 'YES' PROBE: किस तरह के ठोस, अर्ध-ठोस या नरम अन्न (NAME) ने खाया था? Did (NAME) eat any solid, semi-solid, or soft foods yesterday during the day or at night? IF 'YES' PROBE: What kind of solid, semi-solid or soft foods did (NAME) eat?	YES ..... 1 (GO BACK TO 499M TO RECORD FOOD EATEN YESTERDAY) NO ..... 2	→ 501
499P	कल दिन में या रात में (NAME) ने कितनी बार कोई ठोस, अर्ध-ठोस या नरम अन्न खाया था? How many times did (NAME) eat solid, semi-solid, or soft foods yesterday during the day or at night? IF 7 OR MORE TIMES, RECORD '7'.	NUMBER OF TIMES ..... <input type="checkbox"/> DONT KNOW ..... 8	

SECTION 5. CHILD IMMUNIZATIONS AND HEALTH

501	ENTER IN THE TABLE THE BIRTH HISTORY NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 2017 OR LATER. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 3 BIRTHS, USE LAST 2 COLUMNS OF ADDITIONAL QUESTIONNAIRE(S)).			
502	BIRTH HISTORY NUMBER FROM 212.	LAST BIRTH BIRTH HISTORY NUMBER <input type="text"/>	NEXT-TO-LAST BIRTH BIRTH HISTORY NUMBER <input type="text"/>	SECOND-FROM-LAST BIRTH BIRTH HISTORY NUMBER <input type="text"/>
503	FROM 212 AND 216	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (GO TO 503 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 550)	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (GO TO 503 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 550)	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE, OR IF NO MORE BIRTHS, GO TO 550)
504	<p>फिरफेरे से: बच्ची/बे में क्या (NAME) को (दवा/के डोजी या टबले से कोई) विटामिन ए की सुरक्षा दी गयी थी?</p> <p>Within the last six months, was (NAME) given a vitamin A dose like (this/any of these)?</p> <p>SHOW COMMON AMPOULES/ CAPSULES/SYRUPS</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>
505	<p>फिरफेरे से: बच्ची/बे में क्या (NAME) को (दवा/के डोजी या टबले से कोई) अक्षरक की गोली या सीरप दी गयी थी?</p> <p>Within the last seven days, was (NAME) given iron pills or syrup or sprinkles with iron like (this/any of these)?</p> <p>SHOW COMMON CAPSULES/SYRUPS/SPRINKLES.</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>
506	<p>फिरफेरे से: बच्ची/बे में क्या (NAME) को बालों के कीड़ों के लिए कोई दवा दी गयी थी?</p> <p>Was (NAME) given any drug for intestinal worms in the last six months?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>
507	<p>क्या आपने पात्र कोई टिका कार्ड या अन्य दस्तावेज दे दिया था (NAME) को जहाँ तक टीकों के बारे में लिखा है?</p> <p>IF YES: क्या मैं आपका दवा देखा सकता हूँ?</p> <p>Do you have a card or other document where (NAME)'s vaccinations are written down? IF YES: May I see the card or other document where vaccinations are written down?</p>	<p>YES, SEEN ..... 1 (SKIP TO 509) ←</p> <p>YES, NOT SEEN ..... 2 (SKIP TO 512) ←</p> <p>NO CARD ..... 3</p>	<p>YES, SEEN ..... 1 (SKIP TO 509) ←</p> <p>YES, NOT SEEN ..... 2 (SKIP TO 512) ←</p> <p>NO CARD ..... 3</p>	<p>YES, SEEN ..... 1 (SKIP TO 509) ←</p> <p>YES, NOT SEEN ..... 2 (SKIP TO 512) ←</p> <p>NO CARD ..... 3</p>
508	<p>क्या आपने पात्र कभी (NAME) को जहाँ तक टीकों का कार्ड था?</p> <p>Did you ever have a vaccination card for (NAME)?</p>	<p>YES ..... 1 (SKIP TO 512) ←</p> <p>NO ..... 2</p>	<p>YES ..... 1 (SKIP TO 512) ←</p> <p>NO ..... 2</p>	<p>YES ..... 1 (SKIP TO 512) ←</p> <p>NO ..... 2</p>

- (1) COPY VACCINATION DATE FOR EACH VACCINE FROM THE CARD.
- (2) WRITE 'A' IN 'DAY' COLUMN IF CARD SHOWS THAT A VACCINATION WAS GIVEN, BUT NO DATE IS RECORDED.
- (3) IF ONLY PART OF DATE IS SHOWN ON CARD, RECORD '8' OR '998' FOR 'DON'T KNOW' IN THE COLUMNS FOR WHICH INFORMATION IS NOT GIVEN.

	LAST BIRTH				NEXT-TO-LAST BIRTH				SECOND-FROM-LAST BIRTH		
	DAY	MONTH	YEAR		DAY	MONTH	YEAR		DAY	MONTH	YEAR
BCG				BCG				BCG			
POLIO 0 (POLIO GIVEN AT BIRTH)				P 0				P 0			
POLIO 1				P 1				P 1			
POLIO 2				P 2				P 2			
POLIO 3				P 3				P 3			
DPT 1				D 1				D 1			
DPT 2				D 2				D 2			
DPT 3				D 3				D 3			
IPV 1				IPV 1				IPV 1			
IPV 2				IPV 2				IPV 2			
HEPATITIS B 0 (GIVEN AT BIRTH)				H 0				H 0			
HEPATITIS B 1				H 1				H 1			
HEPATITIS B 2				H 2				H 2			
HEPATITIS B 3				H 3				H 3			
PENTAVALENT 1				PV 1				PV 1			
PENTAVALENT 2				PV 2				PV 2			
PENTAVALENT 3				PV 3				PV 3			
ROTAVIRUS 1				RV 1				RV 1			
ROTAVIRUS 2				RV 2				RV 2			
ROTAVIRUS 3				RV 3				RV 3			
JE 1				JE 1				JE 1			
JE 2				JE 2				JE 2			
MCV 1				MCV 1				MCV 1			
MCV 2				MCV 2				MCV 2			
DPT 1 BOOSTER				DPT 1 B				DPT 1 B			
VITAMIN A (LAST DOSE)				VIT A				VIT A			
VITAMIN A (NEXT-TO-LAST DOSE)				VIT A				VIT A			

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
511	<p>क्या पीपिलो अफियास में पिपारई गई सुप्राक सहित, क्या (NAME) को कोई ऐसे और टीके लगाये गये हैं, जिनकी जानकारी इस कार्ड पर अन्य दस्तावेजों में नहीं बड़ी है?</p> <p>Has (NAME) received any vaccinations that are not recorded on this card or other documents, including vaccinations received in a Pulse Polio campaign?</p> <p>RECORD 'YES' ONLY IF THE RESPONDENT MENTIONS AT LEAST ONE OF THE VACCINATIONS IN 509 THAT ARE NOT RECORDED AS HAVING BEEN GIVEN.</p>	<p>YES ..... 1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 509) (SKIP TO 514) ←</p> <p>NO ..... 2 (SKIP TO 514) ←</p> <p>DON'T KNOW ..... 8</p>	<p>YES ..... 1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 509) (SKIP TO 514) ←</p> <p>NO ..... 2 (SKIP TO 514) ←</p> <p>DON'T KNOW ..... 8</p>	<p>YES ..... 1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 509) (SKIP TO 514) ←</p> <p>NO ..... 2 (SKIP TO 514) ←</p> <p>DON'T KNOW ..... 8</p>
512	<p>क्या पीपिलो अफियास में पिपारई गई सुप्राक सहित, क्या (NAME) को बीमारियों से बचाने के लिए कभी कोई टीका लगाये गये है?</p> <p>Did (NAME) ever receive any vaccinations to prevent (him/her) from getting diseases, including vaccinations received in a Pulse Polio campaign?</p>	<p>YES ..... 1 NO ..... 2 (SKIP TO 517) ←</p> <p>DON'T KNOW ..... 8</p>	<p>YES ..... 1 NO ..... 2 (SKIP TO 517) ←</p> <p>DON'T KNOW ..... 8</p>	<p>YES ..... 1 NO ..... 2 (SKIP TO 517) ←</p> <p>DON'T KNOW ..... 8</p>
513	<p>कृपया मुझे बताएं कि क्या (NAME) को इनमें से कोई टीका लगा है। Please tell me if (NAME) received any of the following vaccinations:</p>			
513A	<p>अपेकिव (टी बी) से बचाने के लिए बी.सी.जी. का टीका जिसे इन्जेक्शन के रूप में बड़ों या बच्चों में लगाया जाता है जिससे मासालास-पट्टी पर एक निशान बन जाता है। A BCG vaccination against tuberculosis, that is, an injection in the arm or shoulder that usually causes a scar?</p>	<p>YES ..... 1 NO ..... 2 DON'T KNOW ..... 8</p>	<p>YES ..... 1 NO ..... 2 DON'T KNOW ..... 8</p>	<p>YES ..... 1 NO ..... 2 DON'T KNOW ..... 8</p>
513B	<p>पीपिलो की सुप्राक, जिसकी कुछ बूँदों में पिपारई जाती है, क्या पीपिलो अफियास में पिपारई गई सुप्राक सहित? Polo vaccine, that is, drops in the mouth, including vaccine received in a Pulse Polio campaign?</p>	<p>YES ..... 1 NO ..... 2 (SKIP TO 513E) ←</p> <p>DON'T KNOW ..... 8</p>	<p>YES ..... 1 NO ..... 2 (SKIP TO 513E) ←</p> <p>DON'T KNOW ..... 8</p>	<p>YES ..... 1 NO ..... 2 (SKIP TO 513E) ←</p> <p>DON'T KNOW ..... 8</p>
513C	<p>क्या पीपिलो की पहली सुप्राक जन्म के पंद्रह दिनों या उससे पहले या बाद में दी गई थी या बाद में? Was the first polo vaccine received in the first two weeks after birth or later?</p>	<p>FIRST 2 WEEKS ... 1 LATER ..... 2</p>	<p>FIRST 2 WEEKS ... 1 LATER ..... 2</p>	<p>FIRST 2 WEEKS ... 1 LATER ..... 2</p>
513D	<p>पीपिलो की सुप्राक कितनी बार दी गई थी? How many times was the oral polo vaccine given? IF MORE THAN 7, RECORD '7'.</p>	<p>NUMBER OF TIMES ... <input type="text"/></p>	<p>NUMBER OF TIMES ... <input type="text"/></p>	<p>NUMBER OF TIMES ... <input type="text"/></p>

NO.	QUESTIONS AND FILTERS	LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH
		NAME _____	NAME _____	NAME _____
513E	<p>डी पी टी का टीका भी इन्जेक्शन द्वारा जन्म का दिनांक में लगाया जाता है और कभी-कभी पोलियो की घुंटाक के साथ भी दिया जाता है?</p> <p>A DPT vaccination, that is, an injection given in the thigh or buttocks, sometimes at the same time as polio drops?</p>	YES ..... 1 NO ..... 2 (SKIP TO 513G) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 513G) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 513G) ← DON'T KNOW ..... 8
513F	<p>डी पी टी का टीका कितनी बार दिया गया था?</p> <p>How many times was a DPT vaccination given?</p> <p>IF MORE THAN 7, RECORD 7.</p>	NUMBER OF TIMES ..... <input type="text"/>	NUMBER OF TIMES ..... <input type="text"/>	NUMBER OF TIMES ..... <input type="text"/>
513G	<p>पोलियो के खिलाफ घुंटाक के लिए उपरी घुंटा में दिया गया BPV इन्जेक्शन, अक्सर मौखिक पोलियो दवा के दौरान एक ही समय में दिया जाता है?</p> <p>An BPV injection that is given in the upper arm to protect against polio, often at the same time as oral polio drops?</p>	YES ..... 1 NO ..... 2 (SKIP TO 513I) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 513I) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 513I) ← DON'T KNOW ..... 8
513H	<p>BPV इन्जेक्शन कितनी बार दिया गया था?</p> <p>How many times was an BPV vaccination given?</p> <p>IF MORE THAN 7, RECORD 7.</p>	NUMBER OF TIMES ..... <input type="text"/>	NUMBER OF TIMES ..... <input type="text"/>	NUMBER OF TIMES ..... <input type="text"/>
513I	<p>पेन्टावैलेंट टीकाइन्जेक्शन जो जन्म का दिनांक में लगाया जाता है, कभी-कभी यह पोलियो की घुंटाक के साथ दिया जाता है?</p> <p>A pentavalent vaccine/injection that is given in the thigh or buttocks, sometimes given at the same time as polio drops?</p>	YES ..... 1 NO ..... 2 (SKIP TO 513K) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 513K) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 513K) ← DON'T KNOW ..... 8
513J	<p>पेन्टावैलेंट टीका कितनी बार दिया गया था?</p> <p>How many times was a pentavalent vaccination given?</p> <p>IF MORE THAN 7, RECORD 7.</p>	NUMBER OF TIMES ..... <input type="text"/>	NUMBER OF TIMES ..... <input type="text"/>	NUMBER OF TIMES ..... <input type="text"/>
513K	<p>बच्चा (NAME) को हेपेटाइटिस बी का टीका किस वक़्त दिया गया था?</p> <p>Was (NAME) given an injection at birth to prevent Hepatitis B?</p>	YES ..... 1 NO ..... 2 (SKIP TO 513N) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 513N) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 513N) ← DON'T KNOW ..... 8
513L	<p>बच्चा हेपेटाइटिस बी का पहला टीका जन्म के पहले की सप्ताह में दिया गया था या बाद में?</p> <p>Was the first Hepatitis B vaccine received in the first two weeks after birth or later?</p>	FIRST 2 WEEKS ..... 1 LATER ..... 2	FIRST 2 WEEKS ..... 1 LATER ..... 2	FIRST 2 WEEKS ..... 1 LATER ..... 2

NO.	QUESTIONS AND FILTERS	LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH
		NAME _____	NAME _____	NAME _____
513M	<p>इन्फ्लूएंजा बी टीका किसकी क्या दिया गया था?</p> <p>How many times was a Hepatitis B vaccination given?</p> <p>IF MORE THAN 7, RECORD '7'.</p>	NUMBER OF TIMES ..... <input type="text"/>	NUMBER OF TIMES ..... <input type="text"/>	NUMBER OF TIMES ..... <input type="text"/>
513N	<p>क्या (NAME) को रोटावायरस टीका दिया गया है, जो दारूनिवार (दवा) की रोटावायरस के लिए मुँह में डालने परचम के रूप में दिया जाता है?</p> <p>Has (NAME) received a rotavirus vaccine, that is, liquid in the mouth to prevent diarrhoea?</p>	YES ..... 1 NO ..... 2 (SKIP TO 513P) ←   DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 513P) ←   DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 513P) ←   DON'T KNOW ..... 8
513O	<p>IF YES: किसकी क्या रोटावायरस टीका दिया गया था?</p> <p>IF YES: How many times was the rotavirus vaccine given?</p>	NUMBER OF TIMES ... <input type="text"/>	NUMBER OF TIMES ... <input type="text"/>	NUMBER OF TIMES ... <input type="text"/>
513P	<p>क्या (NAME) को कभी जापानीय एन्सेफलाइटिस के लिए टीका दिया गया था?</p> <p>Did (NAME) ever receive a JE vaccination against Japanese encephalitis?</p>	YES ..... 1 NO ..... 2 (SKIP TO 513R) ←   DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 513R) ←   DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 513R) ←   DON'T KNOW ..... 8
513Q	<p>कैसे टीका किसकी क्या दिया गया था?</p> <p>How many times was a JE vaccination given?</p> <p>IF MORE THAN 3, RECORD '3'.</p>	NUMBER OF TIMES ... <input type="text"/>	NUMBER OF TIMES ... <input type="text"/>	NUMBER OF TIMES ... <input type="text"/>
513R	<p>क्या (NAME) को कभी खसरी का एक एक भाग का इंजेक्शन दिया गया था - यह टीका खसरी से बचने के लिए, जो 9 महीने की उम्र में या उससे बड़ी उम्र में, खसरी से बचाना प्रयोग है?</p> <p>Was (NAME) ever given a measles or MMR injection - that is, a shot in the arm at the age of 9 months or older - to prevent (him/her) from getting measles?</p>	YES ..... 1 NO ..... 2 (SKIP TO 513T) ←   DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 513T) ←   DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 513T) ←   DON'T KNOW ..... 8
513S	<p>खसरी का एक/दो/तीन/चार/पांच/छह/सात/आठ/नौ/दस/ग्यारह/बार दिया गया था?</p> <p>How many times was a measles or MMR vaccination given?</p>	NUMBER OF TIMES ..... <input type="text"/>	NUMBER OF TIMES ..... <input type="text"/>	NUMBER OF TIMES ..... <input type="text"/>
513T	<p>क्या (NAME) को कभी डीपटी 1 बूस्टर की खसरी दी गई थी?</p> <p>Was (NAME) ever given a DPT1 booster dose?</p>	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8
514	CHECK 509 AND 512: ANY VACCINATIONS RECEIVED?	YES <input type="checkbox"/> NO <input type="checkbox"/> (SKIP TO 517)	YES <input type="checkbox"/> NO <input type="checkbox"/> (SKIP TO 517)	YES <input type="checkbox"/> NO <input type="checkbox"/> (SKIP TO 517)

NO.	QUESTIONS AND FILTERS	LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH
		NAME _____	NAME _____	NAME _____
515	<p>(NAME) को ज्यादातर टीके कौन-सी जगह से लगाए गए थे? Where did (NAME) receive most of (his/her) vaccinations?</p> <p>IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTRE, OR CLINIC IS PUBLIC OR PRIVATE HEALTH SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____ (NAME OF FACILITY/PLACE)</p>	<p><b>PUB. HEALTH SECTOR</b> GOVT./MUNICIPAL HOSPITAL ... 11 <b>AYUSH</b> AYURVEDA ... 12 YOGA AND NATUROPATHY ... 13 UNANI ... 14 SIDHA ... 15 HOMEOPATHY ... 16 SOWA RIGPA (TTM) ... 17 OTHER ... 18 (SPECIFY) ... 19 GOVT. DISP. ... 20 UHC/UHF/UPWC ... 21 CHC/RUR. HOSP/ BLOCK PHC ... 22 PHC/ADDITIONAL PHC ... 23 SUB-CENTRE ... 24 GOVT. MOBILE CLINIC ... 25 CAMP ... 26 ANGANWADI/CDS CENTRE ... 27 PULSE POLIO ... 28 OTHER PUBLIC SECT. HEALTH FACILITY ... 29 NGO/TRUST HOSP./ CLINIC ... 31 <b>PVT. HEALTH SECTOR</b> PVT. HOSPITAL ... 41 PVT. DOCTOR/ CLINIC ... 42 PVT. PARAMEDIC ... 43 <b>AYUSH</b> AYURVEDA ... 44 YOGA AND NATUROPATHY ... 45 UNANI ... 46 SIDHA ... 47 HOMEOPATHY ... 48 SOWA RIGPA (TTM) ... 49 OTHER ... 50 (SPECIFY) ... 51 PHARMACY/ DRUGSTORE ... 52 OTHER PVT. HEALTH FAC. ... 53 OTHER ... 95 (SPECIFY)</p>	<p><b>PUB. HEALTH SECTOR</b> GOVT./MUNICIPAL HOSPITAL ... 11 <b>AYUSH</b> AYURVEDA ... 12 YOGA AND NATUROPATHY ... 13 UNANI ... 14 SIDHA ... 15 HOMEOPATHY ... 16 SOWA RIGPA (TTM) ... 17 OTHER ... 18 (SPECIFY) ... 19 GOVT. DISP. ... 20 UHC/UHF/UPWC ... 21 CHC/RUR. HOSP/ BLOCK PHC ... 22 PHC/ADDITIONAL PHC ... 23 SUB-CENTRE ... 24 GOVT. MOBILE CLINIC ... 25 CAMP ... 26 ANGANWADI/CDS CENTRE ... 27 PULSE POLIO ... 28 OTHER PUBLIC SECT. HEALTH FACILITY ... 29 NGO/TRUST HOSP./ CLINIC ... 31 <b>PVT. HEALTH SECTOR</b> PVT. HOSPITAL ... 41 PVT. DOCTOR/ CLINIC ... 42 PVT. PARAMEDIC ... 43 <b>AYUSH</b> AYURVEDA ... 44 YOGA AND NATUROPATHY ... 45 UNANI ... 46 SIDHA ... 47 HOMEOPATHY ... 48 SOWA RIGPA (TTM) ... 49 OTHER ... 50 (SPECIFY) ... 51 PHARMACY/ DRUGSTORE ... 52 OTHER PVT. HEALTH FAC. ... 53 OTHER ... 95 (SPECIFY)</p>	<p><b>PUB. HEALTH SECTOR</b> GOVT./MUNICIPAL HOSPITAL ... 11 <b>AYUSH</b> AYURVEDA ... 12 YOGA AND NATUROPATHY ... 13 UNANI ... 14 SIDHA ... 15 HOMEOPATHY ... 16 SOWA RIGPA (TTM) ... 17 OTHER ... 18 (SPECIFY) ... 19 GOVT. DISP. ... 20 UHC/UHF/UPWC ... 21 CHC/RUR. HOSP/ BLOCK PHC ... 22 PHC/ADDITIONAL PHC ... 23 SUB-CENTRE ... 24 GOVT. MOBILE CLINIC ... 25 CAMP ... 26 ANGANWADI/CDS CENTRE ... 27 PULSE POLIO ... 28 OTHER PUBLIC SECT. HEALTH FACILITY ... 29 NGO/TRUST HOSP./ CLINIC ... 31 <b>PVT. HEALTH SECTOR</b> PVT. HOSPITAL ... 41 PVT. DOCTOR/ CLINIC ... 42 PVT. PARAMEDIC ... 43 <b>AYUSH</b> AYURVEDA ... 44 YOGA AND NATUROPATHY ... 45 UNANI ... 46 SIDHA ... 47 HOMEOPATHY ... 48 SOWA RIGPA (TTM) ... 49 OTHER ... 50 (SPECIFY) ... 51 PHARMACY/ DRUGSTORE ... 52 OTHER PVT. HEALTH FAC. ... 53 OTHER ... 95 (SPECIFY)</p>

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
516A	ENTER IN THE TABLE THE BIRTH HISTORY NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 2015 OR LATER. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 3 BIRTHS, USE LAST 2 COLUMNS OF ADDITIONAL QUESTIONNAIRE(S)).			
516B	BIRTH HISTORY NUMBER FROM 212	LAST BIRTH BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/>	NEXT-TO-LAST BIRTH BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/>	SECOND-FROM-LAST BIRTH BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/>
516C	FROM 212 AND 218	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (GO TO 516C IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 550)	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (GO TO 516C IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 550)	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (GO TO 516C IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 550)
517	क्या (NAME) को पित्तले की समस्या में कभी बदल हुए थे? Has (NAME) had diarrhoea in the last 2 weeks?	YES ..... 1 NO ..... 2 (SKIP TO 526) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 526) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 526) ← DON'T KNOW ..... 8
517A	क्या बरसों में खून आया था? Was there any blood in the stools?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8
518	अब मैं यह जानना चाहूँगी कि क्या के दौरान, (NAME) को पीने का पर्याप्त (हाँ के पुत्र के सहित) कितना दिया गया था। क्या उसे सामान्य से कम, लगभग उसी ही मात्रा में या सामान्य से अधिक पीने को दिया गया था?  IF LESS, PROBE: क्या उसे सामान्य से बहुत कम या बहुत कम पीने को दिया गया था?  Now I would like to know how much (NAME) was given to drink during the diarrhoea (including breast milk). Was (NAME) given less than usual to drink, about the same amount, or more than usual to drink?  IF LESS, PROBE: Was (NAME) given much less than usual to drink or somewhat less?	MUCH LESS ..... 1 SOMEWHAT LESS ..... 2 ABOUT THE SAME ..... 3 MORE ..... 4 NOTHING TO DRINK ..... 5 DON'T KNOW ..... 8	MUCH LESS ..... 1 SOMEWHAT LESS ..... 2 ABOUT THE SAME ..... 3 MORE ..... 4 NOTHING TO DRINK ..... 5 DON'T KNOW ..... 8	MUCH LESS ..... 1 SOMEWHAT LESS ..... 2 ABOUT THE SAME ..... 3 MORE ..... 4 NOTHING TO DRINK ..... 5 DON'T KNOW ..... 8

NO.	QUESTIONS AND FILTERS	LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH
		NAME _____	NAME _____	NAME _____
519	<p>कम (NAME) की वजह हुए हैं, कम उम्र सामान्य से कम, सामान्य उम्र की ही वजह से, सामान्य से अधिक खाने के लिए दिया गया था या खाने के लिए कुछ भी नहीं दिया गया था?</p> <p>IF LESS, PROBE: क्या उम्र सामान्य से बहुत कम या बड़ा या कम खाने की वजह था?</p> <p>When (NAME) had diarrhoea, was (he/she) given less than usual to eat, about the same amount, more than usual, or nothing to eat?</p> <p>IF LESS, PROBE: Was (he/she) given much less than usual to eat or somewhat less?</p>	<p>MUCH LESS ..... 1</p> <p>SOMEWHAT LESS ..... 2</p> <p>ABOUT THE SAME ..... 3</p> <p>MORE ..... 4</p> <p>STOPPED FOOD ..... 5</p> <p>NEVER GAVE FOOD ..... 6</p> <p>DON'T KNOW ..... 8</p>	<p>MUCH LESS ..... 1</p> <p>SOMEWHAT LESS ..... 2</p> <p>ABOUT THE SAME ..... 3</p> <p>MORE ..... 4</p> <p>STOPPED FOOD ..... 5</p> <p>NEVER GAVE FOOD ..... 6</p> <p>DON'T KNOW ..... 8</p>	<p>MUCH LESS ..... 1</p> <p>SOMEWHAT LESS ..... 2</p> <p>ABOUT THE SAME ..... 3</p> <p>MORE ..... 4</p> <p>STOPPED FOOD ..... 5</p> <p>NEVER GAVE FOOD ..... 6</p> <p>DON'T KNOW ..... 8</p>
520	<p>कहीं के लिए क्या आपने कहीं से सलाह की या इलाज कायाया?</p> <p>Did you seek advice or treatment for the diarrhoea from any source?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>(SKIP TO 525) ←</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>(SKIP TO 525) ←</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>(SKIP TO 525) ←</p>
521	<p>आपने कहीं से सलाह की या इलाज कायाया? किसी अन्य जगह से?</p> <p>Where did you seek advice or treatment? Anywhere else?</p> <p>RECORD ALL SOURCES MENTIONED.</p> <p>IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTRE, OR CLINIC IS PUBLIC OR PRIVATE HEALTH SECTOR, WRITE THE NAME OF THE PLACE(S).</p> <p>(NAME OF FACILITY/PLACE(S))</p>	<p><b>PUB. HEALTH SECTOR</b></p> <p>GOVT./MUNICIPAL HOSPITAL ... A</p> <p><b>AYUSH</b></p> <p>AYURVEDA ... B</p> <p>YOGA AND NATUROPATHY ... C</p> <p>UNANI ..... D</p> <p>SIDDHA ..... E</p> <p>HOMEOPATHY ..... F</p> <p>SOWA RIGPA (TTM) ..... G</p> <p>OTHER ..... H</p> <p>(SPECIFY)</p> <p>GOVT. DISP. .... I</p> <p>UHC/UHP/UFWC ..... J</p> <p>CHC/RUR. HOSP/ BLOCK PHC ... K</p> <p>PHC/ADDITIONAL PHC ..... L</p> <p>SUB-CENTRE/ ANM ..... M</p> <p>GOVT. MOBILE CLINIC ..... N</p> <p>CAMP ..... O</p> <p>ANGANWADI/CDS CENTRE ..... P</p> <p>ASHA ..... Q</p> <p>OTHER PUBLIC HEALTH SECTOR ..... R</p> <p>NGO/TRUST HOSP/ CLINIC ..... S</p> <p><b>PVT. HEALTH SECTOR</b></p> <p>PVT. HOSPITAL ... T</p> <p>PVT. DOCTOR/ CLINIC ..... U</p> <p>PVT. PARAMEDIC ... V</p> <p><b>AYUSH</b></p> <p>AYURVEDA ... W</p> <p>YOGA AND NATUROPATHY ... X</p> <p>UNANI ..... Y</p> <p>SIDDHA ..... Z</p> <p>HOMEOPATHY ... AA</p> <p>SOWA RIGPA (TTM) ..... AB</p> <p>OTHER ..... AC</p> <p>(SPECIFY)</p> <p>PHARMACY/ DRUGSTORE ... AD</p> <p>OTHER PRIVATE HEALTH SECTOR ..... AE</p> <p><b>OTHER SOURCE</b></p> <p>SHOP ..... BA</p> <p>TRADITIONAL HEALER ..... BB</p> <p>FRIEND/RELATIVE ... BC</p> <p>OTHER ..... BK</p> <p>(SPECIFY)</p>	<p><b>PUB. HEALTH SECTOR</b></p> <p>GOVT./MUNICIPAL HOSPITAL ... A</p> <p><b>AYUSH</b></p> <p>AYURVEDA ... B</p> <p>YOGA AND NATUROPATHY ... C</p> <p>UNANI ..... D</p> <p>SIDDHA ..... E</p> <p>HOMEOPATHY ..... F</p> <p>SOWA RIGPA (TTM) ..... G</p> <p>OTHER ..... H</p> <p>(SPECIFY)</p> <p>GOVT. DISP. .... I</p> <p>UHC/UHP/UFWC ..... J</p> <p>CHC/RUR. HOSP/ BLOCK PHC ... K</p> <p>PHC/ADDITIONAL PHC ..... L</p> <p>SUB-CENTRE/ ANM ..... M</p> <p>GOVT. MOBILE CLINIC ..... N</p> <p>CAMP ..... O</p> <p>ANGANWADI/CDS CENTRE ..... P</p> <p>ASHA ..... Q</p> <p>OTHER PUBLIC HEALTH SECTOR ..... R</p> <p>NGO/TRUST HOSP/ CLINIC ..... S</p> <p><b>PVT. HEALTH SECTOR</b></p> <p>PVT. HOSPITAL ... T</p> <p>PVT. DOCTOR/ CLINIC ..... U</p> <p>PVT. PARAMEDIC ... V</p> <p><b>AYUSH</b></p> <p>AYURVEDA ... W</p> <p>YOGA AND NATUROPATHY ... X</p> <p>UNANI ..... Y</p> <p>SIDDHA ..... Z</p> <p>HOMEOPATHY ... AA</p> <p>SOWA RIGPA (TTM) ..... AB</p> <p>OTHER ..... AC</p> <p>(SPECIFY)</p> <p>PHARMACY/ DRUGSTORE ... AD</p> <p>OTHER PRIVATE HEALTH SECTOR ..... AE</p> <p><b>OTHER SOURCE</b></p> <p>SHOP ..... BA</p> <p>TRADITIONAL HEALER ..... BB</p> <p>FRIEND/RELATIVE ... BC</p> <p>OTHER ..... BK</p> <p>(SPECIFY)</p>	<p><b>PUB. HEALTH SECTOR</b></p> <p>GOVT./MUNICIPAL HOSPITAL ... A</p> <p><b>AYUSH</b></p> <p>AYURVEDA ... B</p> <p>YOGA AND NATUROPATHY ... C</p> <p>UNANI ..... D</p> <p>SIDDHA ..... E</p> <p>HOMEOPATHY ..... F</p> <p>SOWA RIGPA (TTM) ..... G</p> <p>OTHER ..... H</p> <p>(SPECIFY)</p> <p>GOVT. DISP. .... I</p> <p>UHC/UHP/UFWC ..... J</p> <p>CHC/RUR. HOSP/ BLOCK PHC ... K</p> <p>PHC/ADDITIONAL PHC ..... L</p> <p>SUB-CENTRE/ ANM ..... M</p> <p>GOVT. MOBILE CLINIC ..... N</p> <p>CAMP ..... O</p> <p>ANGANWADI/CDS CENTRE ..... P</p> <p>ASHA ..... Q</p> <p>OTHER PUBLIC HEALTH SECTOR ..... R</p> <p>NGO/TRUST HOSP/ CLINIC ..... S</p> <p><b>PVT. HEALTH SECTOR</b></p> <p>PVT. HOSPITAL ... T</p> <p>PVT. DOCTOR/ CLINIC ..... U</p> <p>PVT. PARAMEDIC ... V</p> <p><b>AYUSH</b></p> <p>AYURVEDA ... W</p> <p>YOGA AND NATUROPATHY ... X</p> <p>UNANI ..... Y</p> <p>SIDDHA ..... Z</p> <p>HOMEOPATHY ... AA</p> <p>SOWA RIGPA (TTM) ..... AB</p> <p>OTHER ..... AC</p> <p>(SPECIFY)</p> <p>PHARMACY/ DRUGSTORE ... AD</p> <p>OTHER PRIVATE HEALTH SECTOR ..... AE</p> <p><b>OTHER SOURCE</b></p> <p>SHOP ..... BA</p> <p>TRADITIONAL HEALER ..... BB</p> <p>FRIEND/RELATIVE ... BC</p> <p>OTHER ..... BK</p> <p>(SPECIFY)</p>

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
522	CHECK 521:	TWO OR MORE CODES CIRCLED ONLY ONE CODE CIRCLED (SKIP TO 524)	TWO OR MORE CODES CIRCLED ONLY ONE CODE CIRCLED (SKIP TO 524)	TWO OR MORE CODES CIRCLED ONLY ONE CODE CIRCLED (SKIP TO 524)
523	आपने पहली बार कहां से सलाह ली या इलाज कराया? Where did you first seek advice or treatment? USE LETTER CODE FROM 521.	FIRST PLACE <input type="text"/>	FIRST PLACE <input type="text"/>	FIRST PLACE <input type="text"/>
524	दवा शुरू होने के दिनों में से कहां, आराम (NAME) के लिए पहली बार सलाह ली या इलाज कराया? How many days after the diarrhoea began did you first seek advice or treatment for (NAME)? IF THE SAME DAY, RECORD '00'.	DAYS ..... <input type="text"/>	DAYS ..... <input type="text"/>	DAYS ..... <input type="text"/>
525	उस से उसे क्या दवा शुरू हुई, क्या उसे कभी उससे से कुछ चीजों के लिए दिया गया था. Was (he/she) given any of the following to drink at any time since (he/she) started having the diarrhoea: a. एक विशेष पैकेट (LOCAL NAME FOR ORS PACKET) से बना हुआ दवा पानी? A fluid made from a special packet called (LOCAL NAME FOR ORS PACKET)? b. चावल या (OR OTHER LOCAL GRAIN) से बना दवा पानी? Gruel made from rice (OR OTHER LOCAL GRAIN)?	YES NO DK FLUID FROM ORS PKT ..... 1 2 8 GRUEL ... 1 2 8	YES NO DK FLUID FROM ORS PKT ..... 1 2 8 GRUEL ... 1 2 8	YES NO DK FLUID FROM ORS PKT ..... 1 2 8 GRUEL ... 1 2 8
526	दिल्ली तक नहीं से, क्या (NAME) को बीससेबिस दिन तक में, was (NAME) given: a. _____ (LOCAL NAME FOR MULTIPLE MICRONUTRIENT POWDER) b. _____ (LOCAL NAME FOR READY TO USE A THERAPEUTIC FOOD SUCH AS PLUMPY NUT) c. _____ (LOCAL NAME FOR READY TO USE SUPPLEMENTAL FOOD SUCH AS PLUMPY DOZ)	YES NO DK a. POWDER . 1 2 8 b. PLUMPY NUT ..... 1 2 8 c. PLUMPY DOZ ... 1 2 8	YES NO DK a. POWDER . 1 2 8 b. PLUMPY NUT ..... 1 2 8 c. PLUMPY DOZ ... 1 2 8	YES NO DK a. POWDER . 1 2 8 b. PLUMPY NUT ..... 1 2 8 c. PLUMPY DOZ ... 1 2 8
526A	CHECK 517: CODE '1' RECORDED	YES NO (SKIP TO 530)	YES NO (SKIP TO 530)	YES NO (SKIP TO 530)

NO.	QUESTIONS AND FILTERS	LAST BIRTH		NEXT-TO-LAST BIRTH		SECOND-FROM-LAST BIRTH	
		NAME _____		NAME _____		NAME _____	
527	क्या वह ज़ुन होने के बाद से क वा उसे कभी और दिया गया? Was (he/she) given zinc at any time since (he/she) started having diarrhoea?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8		YES ..... 1 NO ..... 2 DON'T KNOW ..... 8		YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
528	क्या कल के उपचार के लिए कुछ (और) दिया गया था? Was anything (else) given to treat the diarrhoea?	YES ..... 1 NO ..... 2 (SKIP TO 530) ←		YES ..... 1 NO ..... 2 (SKIP TO 530) ←		YES ..... 1 NO ..... 2 (SKIP TO 530) ←	
529	उपचार के उपचार के लिए (और) क्या दिया गया था? कौन सा दवा दीया? What (else) was given to treat the diarrhoea? Anything else?  RECORD ALL TREATMENTS GIVEN.	<b>PILL OR SYRUP</b> ANTIBIOTIC ..... A ANTIMOTILITY ..... B OTHER (NOT ANTI-BIOTIC, ANTI-MOTILITY, OR ZINC) ..... C UNKNOWN PILL OR SYRUP ..... D  <b>INJECTION</b> ANTIBIOTIC ..... E NON-ANTIBIOTIC ..... F UNKNOWN INJECTION ..... G INTRAVENOUS (IV) ..... H HOME REMEDY/HERBAL MEDICINE ..... I OTHER ..... X (SPECIFY)		<b>PILL OR SYRUP</b> ANTIBIOTIC ..... A ANTIMOTILITY ..... B OTHER (NOT ANTI-BIOTIC, ANTI-MOTILITY, OR ZINC) ..... C UNKNOWN PILL OR SYRUP ..... D  <b>INJECTION</b> ANTIBIOTIC ..... E NON-ANTIBIOTIC ..... F UNKNOWN INJECTION ..... G INTRAVENOUS (IV) ..... H HOME REMEDY/HERBAL MEDICINE ..... I OTHER ..... X (SPECIFY)		<b>PILL OR SYRUP</b> ANTIBIOTIC ..... A ANTIMOTILITY ..... B OTHER (NOT ANTI-BIOTIC, ANTI-MOTILITY, OR ZINC) ..... C UNKNOWN PILL OR SYRUP ..... D  <b>INJECTION</b> ANTIBIOTIC ..... E NON-ANTIBIOTIC ..... F UNKNOWN INJECTION ..... G INTRAVENOUS (IV) ..... H HOME REMEDY/HERBAL MEDICINE ..... I OTHER ..... X (SPECIFY)	
530	(NAME) को दिरले को समय में क्या कभी बुखार हुआ? Has (NAME) been it with a fever at any time in the last 2 weeks?	YES ..... 1 NO ..... 2 (SKIP TO 532) ←		YES ..... 1 NO ..... 2 (SKIP TO 532) ←		YES ..... 1 NO ..... 2 (SKIP TO 532) ←	
531	बीरली के बीरले दिरले को समय क्या (NAME) को बीरली या पूरु से बीरले के लिए रूठ लिया गया? At any time during the illness, did (NAME) have blood taken from (finger) finger or heel for testing?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8		YES ..... 1 NO ..... 2 DON'T KNOW ..... 8		YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
532	दिरले को समय में, क्या (NAME) को क्या कभी बीरली के साथ खासी हुई? Has (NAME) had an illness with a cough at any time in the last 2 weeks?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8		YES ..... 1 NO ..... 2 DON'T KNOW ..... 8		YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
533	दिरले को समय में, क्या (NAME) तेज खासी छोटी-छोटी साफकन खास लेना खासी की या उसको खास लेने में परेशानी हो रही थी? Has (NAME) had fast, short, rapid breaths or difficulty breathing at any time in the last 2 weeks?	YES ..... 1 NO ..... 2 (SKIP TO 535) ←		YES ..... 1 NO ..... 2 (SKIP TO 535) ←		YES ..... 1 NO ..... 2 (SKIP TO 535) ←	
534	क्या वे तेजी से खास लेना या खास लेने में कठिनाई हुआ बीरले में उपचार के कारण थी या उसको खास लेने में परेशानी हो रही थी? Was the fast or difficult breathing due to a problem in the chest or to a blocked or runny nose?	CHEST ONLY ..... 1 NOSE ONLY ..... 2 BOTH ..... 3 OTHER ..... 6 (SPECIFY) DON'T KNOW ..... 8 (SKIP TO 536) ←		CHEST ONLY ..... 1 NOSE ONLY ..... 2 BOTH ..... 3 OTHER ..... 6 (SPECIFY) DON'T KNOW ..... 8 (SKIP TO 536) ←		CHEST ONLY ..... 1 NOSE ONLY ..... 2 BOTH ..... 3 OTHER ..... 6 (SPECIFY) DON'T KNOW ..... 8 (SKIP TO 536) ←	

NO.	QUESTIONS AND FILTERS.	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
535	CHECK 530: HAD FEVER	YES <input type="checkbox"/> NO OR DK <input type="checkbox"/> (SKIP TO 549) ←	YES <input type="checkbox"/> NO OR DK <input type="checkbox"/> (SKIP TO 549) ←	YES <input type="checkbox"/> NO OR DK <input type="checkbox"/> (SKIP TO 549) ←
536	<p>अब मैं यह जानना चाहूँगी कि (बुझाए / बसती) के साथ बीमारी के दौरान, (NAME) को पीने का पदार्थ (जैसे कि दूध के सहित) किसका दिया गया था। क्या उसे सामान्य से कम, लगभग उसनी ही मात्रा में या सामान्य से अधिक पीने को दिया गया था?</p> <p>IF LESS, PROBE: क्या उसे सामान्य से बहुत कम या पीछा कम पीने को दिया गया था?</p> <p>Now I would like to know how much (NAME) was given to drink (including breast milk) during the illness with a (fever/cough). Was (he/she) given less than usual to drink, about the same amount, or more than usual to drink?</p> <p>IF LESS, PROBE: Was (he/she) given much less than usual to drink or somewhat less?</p>	MUCH LESS ..... 1 SOMEWHAT LESS . . . 2 ABOUT THE SAME . . . 3 MORE ..... 4 NOTHING TO DRINK . . 5 DON'T KNOW ..... 8	MUCH LESS ..... 1 SOMEWHAT LESS . . . 2 ABOUT THE SAME . . . 3 MORE ..... 4 NOTHING TO DRINK . . 5 DON'T KNOW ..... 8	MUCH LESS ..... 1 SOMEWHAT LESS . . . 2 ABOUT THE SAME . . . 3 MORE ..... 4 NOTHING TO DRINK . . 5 DON'T KNOW ..... 8
537	<p>अब (NAME) को (बुझाए/बसती) हुई थी तो क्या उसे सामान्य से कम, लगभग उसनी ही मात्रा में, सामान्य से अधिक मात्रा में लिए दिया गया था या वह खाने के लिए कुछ भी नहीं दिया गया था?</p> <p>IF LESS, PROBE: क्या उसे सामान्य से बहुत कम या पीछा का कम खाने के लिए दिया गया था?</p> <p>When (NAME) had a (fever/cough), was (he/she) given less than usual to eat, about the same amount, more than usual, or nothing to eat?</p> <p>IF LESS, PROBE: Was (he/she) given much less than usual to eat or somewhat less?</p>	MUCH LESS ..... 1 SOMEWHAT LESS . . . 2 ABOUT THE SAME . . . 3 MORE ..... 4 STOPPED FOOD . . . . 5 NEVER GAVE FOOD . . 6 DON'T KNOW ..... 8	MUCH LESS ..... 1 SOMEWHAT LESS . . . 2 ABOUT THE SAME . . . 3 MORE ..... 4 STOPPED FOOD . . . . 5 NEVER GAVE FOOD . . 6 DON'T KNOW ..... 8	MUCH LESS ..... 1 SOMEWHAT LESS . . . 2 ABOUT THE SAME . . . 3 MORE ..... 4 STOPPED FOOD . . . . 5 NEVER GAVE FOOD . . 6 DON'T KNOW ..... 8

NO.	QUESTIONS AND FILTERS	LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH
		NAME _____	NAME _____	NAME _____
538	<p>क्या आपने कहीं से बीमारी के लिए सलाह ली या इलाज कराया? Did you seek advice or treatment for the illness from any source?</p>	YES ..... 1 NO ..... 2 (SKIP TO 543) ←	YES ..... 1 NO ..... 2 (SKIP TO 543) ←	YES ..... 1 NO ..... 2 (SKIP TO 543) ←
539	<p>अपने कहीं से सलाह ली या इलाज कराया? कहीं अन्य से? Where did you seek advice or treatment? Anywhere else?</p> <p>RECORD ALL SOURCES MENTIONED.</p> <p>IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTRE, OR CLINIC IS PUBLIC OR PRIVATE HEALTH SECTOR, WRITE THE NAME OF THE PLACE(S).</p> <p>_____ (NAME OF FACILITY/PLACE(S))</p>	<b>PUB. HEALTH SECTOR</b> GOVT./MUNICIPAL HOSPITAL ..... A <b>AYUSH</b> AYURVEDA ..... B YOGA AND NATUROPATHY ..... C UNANI ..... D SIDDHA ..... E HOMEOPATHY ..... F SOWA RIGPA (TTM) ..... G OTHER ..... H (SPECIFY) _____ GOVT. DISP. .... I UHC/UHP/UPWC ..... J CHC/RUR. HOSP/ BLOCK PHC ..... K PHC/ADDITIONAL PHC ..... L SUB-CENTRE/ ANM ..... M ANGANWADI/CDS CENTRE ..... N GOVT. MOBILE CLINIC ..... O CAMP ..... P OTHER PUB. SECT. HEALTH FACILITY ..... Q ASHA ..... R NGO/TRUST HOSP/ CLINIC ..... S <b>PVT. HEALTH SECTOR</b> PVT. HOSPITAL ..... T PVT. DOCTOR/ CLINIC ..... U PVT. PARAMEDIC ..... V <b>AYUSH</b> AYURVEDA ..... W YOGA AND NATUROPATHY ..... X UNANI ..... Y SIDDHA ..... Z HOMEOPATHY ..... AA SOWA RIGPA (TTM) ..... AB OTHER ..... AC (SPECIFY) _____ PHARMACY/ DRUGSTORE ..... AD OTHER PVT. HEALTH FAC. .... AE <b>OTHER SOURCE</b> SHOP ..... BA TRADITIONAL HEALER ..... BB FRIEND/RELATIVE BC OTHER ..... BK (SPECIFY) _____	<b>PUB. HEALTH SECTOR</b> GOVT./MUNICIPAL HOSPITAL ..... A <b>AYUSH</b> AYURVEDA ..... B YOGA AND NATUROPATHY ..... C UNANI ..... D SIDDHA ..... E HOMEOPATHY ..... F SOWA RIGPA (TTM) ..... G OTHER ..... H (SPECIFY) _____ GOVT. DISP. .... I UHC/UHP/UPWC ..... J CHC/RUR. HOSP/ BLOCK PHC ..... K PHC/ADDITIONAL PHC ..... L SUB-CENTRE/ ANM ..... M ANGANWADI/CDS CENTRE ..... N GOVT. MOBILE CLINIC ..... O CAMP ..... P OTHER PUB. SECT. HEALTH FACILITY ..... Q ASHA ..... R NGO/TRUST HOSP/ CLINIC ..... S <b>PVT. HEALTH SECTOR</b> PVT. HOSPITAL ..... T PVT. DOCTOR/ CLINIC ..... U PVT. PARAMEDIC ..... V <b>AYUSH</b> AYURVEDA ..... W YOGA AND NATUROPATHY ..... X UNANI ..... Y SIDDHA ..... Z HOMEOPATHY ..... AA SOWA RIGPA (TTM) ..... AB OTHER ..... AC (SPECIFY) _____ PHARMACY/ DRUGSTORE ..... AD OTHER PVT. HEALTH FAC. .... AE <b>OTHER SOURCE</b> SHOP ..... BA TRADITIONAL HEALER ..... BB FRIEND/RELATIVE BC OTHER ..... BK (SPECIFY) _____	<b>PUB. HEALTH SECTOR</b> GOVT./MUNICIPAL HOSPITAL ..... A <b>AYUSH</b> AYURVEDA ..... B YOGA AND NATUROPATHY ..... C UNANI ..... D SIDDHA ..... E HOMEOPATHY ..... F SOWA RIGPA (TTM) ..... G OTHER ..... H (SPECIFY) _____ GOVT. DISP. .... I UHC/UHP/UPWC ..... J CHC/RUR. HOSP/ BLOCK PHC ..... K PHC/ADDITIONAL PHC ..... L SUB-CENTRE/ ANM ..... M ANGANWADI/CDS CENTRE ..... N GOVT. MOBILE CLINIC ..... O CAMP ..... P OTHER PUB. SECT. HEALTH FACILITY ..... Q ASHA ..... R NGO/TRUST HOSP/ CLINIC ..... S <b>PVT. HEALTH SECTOR</b> PVT. HOSPITAL ..... T PVT. DOCTOR/ CLINIC ..... U PVT. PARAMEDIC ..... V <b>AYUSH</b> AYURVEDA ..... W YOGA AND NATUROPATHY ..... X UNANI ..... Y SIDDHA ..... Z HOMEOPATHY ..... AA SOWA RIGPA (TTM) ..... AB OTHER ..... AC (SPECIFY) _____ PHARMACY/ DRUGSTORE ..... AD OTHER PVT. HEALTH FAC. .... AE <b>OTHER SOURCE</b> SHOP ..... BA TRADITIONAL HEALER ..... BB FRIEND/RELATIVE BC OTHER ..... BK (SPECIFY) _____
540	CHECK 539:	TWO OR MORE CODES CIRCLED ONLY ONE CODE CIRCLED (SKIP TO 542) ←	TWO OR MORE CODES CIRCLED ONLY ONE CODE CIRCLED (SKIP TO 542) ←	TWO OR MORE CODES CIRCLED ONLY ONE CODE CIRCLED (SKIP TO 542) ←
541	<p>अपने पहली बार कहां से सलाह ली या इलाज कराया? Where did you first seek advice or treatment?</p> <p>USE LETTER CODE FROM 539.</p>	FIRST PLACE <input type="text"/>	FIRST PLACE <input type="text"/>	FIRST PLACE <input type="text"/>

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
542	बीमारी शुरू होने के दिनों के बाद आपने (NAME) के लिए पहली बार सलाह की या इलाज किया? How many days after the illness began did you first seek advice or treatment for (NAME)? IF THE SAME DAY, RECORD '00'.	DAYS ..... <input type="text"/> <input type="text"/>	DAYS ..... <input type="text"/> <input type="text"/>	DAYS ..... <input type="text"/> <input type="text"/>
543	बीमारी के दौरान किसी भी समय, क्या (NAME) ने बीमारी के लिए कोई दवा ली थी? At any time during the illness, did (NAME) take any drugs for the illness?	YES ..... 1 NO ..... 2 (SKIP TO 549) ← DON'T KNOW ..... 5	YES ..... 1 NO ..... 2 (SKIP TO 549) ← DON'T KNOW ..... 5	YES ..... 1 NO ..... 2 (SKIP TO 549) ← DON'T KNOW ..... 5
544	(NAME) ने बीमारी के बाद ली थी? कोई दवा क्या? What drugs did (NAME) take? Any other drugs?  RECORD ALL MENTIONED.	<b>ANTIMALARIAL DRUGS</b> CHLOROQUINE ... A PRIMAQUINE ... B SP/FANSIDAR ... C QUININE ... D ARTEMISININ COMBINATION THERAPY ... E  OTHER ANTI-MALARIAL ... F UNKNOWN ANTI-MALARIAL ... G  ANTIBIOTIC DRUG ... H  <b>OTHER DRUGS</b> ASPIRIN ..... I ACETA-MINOPHEN ... J IBUPROFEN ... K  OTHER _____ X (SPECIFY) UNKNOWN DRUG ... Z	<b>ANTIMALARIAL DRUGS</b> CHLOROQUINE ... A PRIMAQUINE ... B SP/FANSIDAR ... C QUININE ... D ARTEMISININ COMBINATION THERAPY ... E  OTHER ANTI-MALARIAL ... F UNKNOWN ANTI-MALARIAL ... G  ANTIBIOTIC DRUG ... H  <b>OTHER DRUGS</b> ASPIRIN ..... I ACETA-MINOPHEN ... J IBUPROFEN ... K  OTHER _____ X (SPECIFY) UNKNOWN DRUG ... Z	<b>ANTIMALARIAL DRUGS</b> CHLOROQUINE ... A PRIMAQUINE ... B SP/FANSIDAR ... C QUININE ... D ARTEMISININ COMBINATION THERAPY ... E  OTHER ANTI-MALARIAL ... F UNKNOWN ANTI-MALARIAL ... G  ANTIBIOTIC DRUG ... H  <b>OTHER DRUGS</b> ASPIRIN ..... I ACETA-MINOPHEN ... J IBUPROFEN ... K  OTHER _____ X (SPECIFY) UNKNOWN DRUG ... Z
545	CHECK 544: ANY CODE 'A-G' RECORDED	YES <input type="checkbox"/> NO <input type="checkbox"/> (SKIP TO 549) ←	YES <input type="checkbox"/> NO <input type="checkbox"/> (SKIP TO 549) ←	YES <input type="checkbox"/> NO <input type="checkbox"/> (SKIP TO 549) ←
546	बुखार होने के दिनों के बाद (NAME) ने पहली बार (DRUG(S) FROM 544 A-G) क्या ली? How long after the fever started, did (NAME) first take (DRUG(S) FROM 544 A-G)?	SAME DAY ..... 1 NEXT DAY ..... 2 TWO DAYS AFTER FEVER ..... 3 THREE OR MORE DAYS AFTER FEVER ... 4 DON'T KNOW ..... 5	SAME DAY ..... 1 NEXT DAY ..... 2 TWO DAYS AFTER FEVER ..... 3 THREE OR MORE DAYS AFTER FEVER ... 4 DON'T KNOW ..... 5	SAME DAY ..... 1 NEXT DAY ..... 2 TWO DAYS AFTER FEVER ..... 3 THREE OR MORE DAYS AFTER FEVER ... 4 DON'T KNOW ..... 5
547	CHECK 544: CODE 'E' RECORDED	YES <input type="checkbox"/> NO <input type="checkbox"/> (SKIP TO 549) ←	YES <input type="checkbox"/> NO <input type="checkbox"/> (SKIP TO 549) ←	YES <input type="checkbox"/> NO <input type="checkbox"/> (SKIP TO 549) ←
548	बुखार होने के दिनों के बाद (NAME) को पहली अरिथिमिसिन कॉम्बिनेशन थेरेपी की गई थी? How long after the fever started did (NAME) first take an artemisinin combination therapy?	SAME DAY ..... 1 NEXT DAY ..... 2 TWO DAYS AFTER FEVER ..... 3 THREE OR MORE DAYS AFTER FEVER ... 4 DON'T KNOW ..... 5	SAME DAY ..... 1 NEXT DAY ..... 2 TWO DAYS AFTER FEVER ..... 3 THREE OR MORE DAYS AFTER FEVER ... 4 DON'T KNOW ..... 5	SAME DAY ..... 1 NEXT DAY ..... 2 TWO DAYS AFTER FEVER ..... 3 THREE OR MORE DAYS AFTER FEVER ... 4 DON'T KNOW ..... 5
549		GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 550.	GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 550.	GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 550.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
550	<p>CHECK 215 AND 218, ALL ROWS:            NUMBER OF CHILDREN BORN IN 2018 OR LATER LIVING WITH THE RESPONDENT</p> <p>ONE OR MORE <input type="checkbox"/> NONE <input type="checkbox"/></p> <p>RECORD NAME OF YOUNGEST CHILD LIVING WITH HER AND CONTINUE WITH 551</p> <p>_____</p> <p>(NAME)</p>		553
551	<p>पिछली बार (NAME OF YOUNGEST CHILD) ने शौच [रट्टी] की थी तो उसे फेंकने के लिए क्या किया गया था?</p> <p>The last time (NAME OF YOUNGEST CHILD) passed stools, what was done to dispose of the stools?</p>	<p>CHILD USED TOILET OR LATRINE ... 01            PUT/RINSED            INTO TOILET OR LATRINE ..... 02            PUT/RINSED            INTO DRAIN OR DITCH ..... 03            THROWN INTO GARBAGE ..... 04            BURIED ..... 05            LEFT IN THE OPEN ..... 06            OTHER _____ 96            (SPECIFY)            DONT KNOW ..... 98</p>	
552	<p>CHECK 525(a), ALL COLUMNS:</p> <p>NO CHILD RECEIVED FLUID FROM ORS PACKET <input type="checkbox"/></p> <p>ANY CHILD RECEIVED FLUID FROM ORS PACKET <input type="checkbox"/></p>		555
553	<p>क्या आपने कभी ऐसे विशेष उत्पाद के बारे में सुना है जिसे (LOCAL NAME FOR ORS PACKET) कहते हैं और जो दस्त के इलाज में काम आता है?            IF SHE HAS NEVER HEARD OF ORS, SHOW GOVERNMENT AND COMMERCIAL ORS PACKETS AND ASK: क्या आपने पहले कभी इन जैसा कोई पैकेट देखा है?</p> <p>Have you ever heard of a special product called (LOCAL NAME FOR ORS PACKET) you can get for the treatment of diarrhoea?            IF SHE HAS NEVER HEARD OF ORS, SHOW GOVERNMENT AND COMMERCIAL ORS PACKETS AND ASK: Have you ever seen a packet like one of these before?</p>	<p>YES ..... 1            NO ..... 2</p>	
554	<p>CHECK 215: ANY LIVE BIRTH IN 2014 OR LATER</p> <p>ONE OR MORE <input type="checkbox"/> NONE <input type="checkbox"/></p>		601

## SECTION 5A. UTILIZATION OF ICDS SERVICES

555 ENTER IN THE TABLE THE BIRTH HISTORY NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 2014 OR LATER. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. IF THERE ARE MORE THAN 5 BIRTHS, USE ADDITIONAL QUESTIONNAIRES)						
556 BIRTH HISTORY NUMBER FROM 212	LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH	THIRD-FROM-LAST BIRTH	FOURTH-FROM-LAST BIRTH	
	BIRTH HISTORY NUMBER <input type="text"/>	BIRTH HISTORY NUMBER <input type="text"/>	BIRTH HISTORY NUMBER <input type="text"/>	BIRTH HISTORY NUMBER <input type="text"/>	BIRTH HISTORY NUMBER <input type="text"/>	
557 FROM 212 AND 216	NAME _____	NAME _____	NAME _____	NAME _____	NAME _____	
	LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (GO TO 565)	LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (GO TO 565)	LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (GO TO 565)	LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (GO TO 565)	LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (GO TO 565)	
558	<p>पिछले 12 महीनों के दौरान, क्या (NAME) को अंगणवाड़ी या आई.सी.डी.एच. केन्द्र से कोई लाभ मिला है?</p> <p>IF NO, PROBE: कोई लाभ लेने अनुपयुक्त प्रदान, वजन बढ़ती नियंत्रण, टीकाकरण स्वास्थ्य संबंधी लाभ का रिपोर्ट?</p> <p>During the last 12 months, has (NAME) received any benefits from the anganwadi or ICDS centre?</p> <p>IF NO, PROBE: Any benefits such as supplementary food, growth monitoring, immunizations, health check-ups or education?</p>	<p>YES ..... 1</p> <p>NO ..... 2 (GO TO 565) ←</p>	<p>YES ..... 1</p> <p>NO ..... 2 (GO TO 565) ←</p>	<p>YES ..... 1</p> <p>NO ..... 2 (GO TO 565) ←</p>	<p>YES ..... 1</p> <p>NO ..... 2 (GO TO 565) ←</p>	<p>YES ..... 1</p> <p>NO ..... 2 (GO TO 565) ←</p>
559	<p>पिछले 12 महीनों में, (NAME) को शायद कितनी बार अंगणवाड़ी/आई.सी.डी.एच. केन्द्र से लाभ मिला है?</p> <p>In the last 12 months, how often has (NAME) received food from the anganwadi/ICDS centre?</p> <p>IF CHILD RECEIVES TAKE-HOME RATIONS FOR DAILY CONSUMPTION WEEKLY OR MONTHLY, CODE '1'.</p>	<p>NOT AT ALL ..... 0</p> <p>ALMOST DAILY ..... 1</p> <p>AT LEAST ONCE A WEEK ..... 2</p> <p>AT LEAST ONCE A MONTH ..... 3</p> <p>LESS OFTEN ..... 4</p> <p>DONT KNOW ..... 8</p>	<p>NOT AT ALL ..... 0</p> <p>ALMOST DAILY ..... 1</p> <p>AT LEAST ONCE A WEEK ..... 2</p> <p>AT LEAST ONCE A MONTH ..... 3</p> <p>LESS OFTEN ..... 4</p> <p>DONT KNOW ..... 8</p>	<p>NOT AT ALL ..... 0</p> <p>ALMOST DAILY ..... 1</p> <p>AT LEAST ONCE A WEEK ..... 2</p> <p>AT LEAST ONCE A MONTH ..... 3</p> <p>LESS OFTEN ..... 4</p> <p>DONT KNOW ..... 8</p>	<p>NOT AT ALL ..... 0</p> <p>ALMOST DAILY ..... 1</p> <p>AT LEAST ONCE A WEEK ..... 2</p> <p>AT LEAST ONCE A MONTH ..... 3</p> <p>LESS OFTEN ..... 4</p> <p>DONT KNOW ..... 8</p>	<p>NOT AT ALL ..... 0</p> <p>ALMOST DAILY ..... 1</p> <p>AT LEAST ONCE A WEEK ..... 2</p> <p>AT LEAST ONCE A MONTH ..... 3</p> <p>LESS OFTEN ..... 4</p> <p>DONT KNOW ..... 8</p>
560	<p>पिछले 12 महीनों में अंगणवाड़ी/आई.सी.डी.एच. केन्द्र से शायद कितनी बार (NAME) ने स्वास्थ्य की जांच की गई?</p> <p>In the last 12 months, how often has (NAME) had a health check-up from the anganwadi/ICDS centre?</p>	<p>NOT AT ALL ..... 0</p> <p>AT LEAST ONCE A MONTH ..... 1</p> <p>LESS OFTEN ..... 2</p> <p>DONT KNOW ..... 8</p>	<p>NOT AT ALL ..... 0</p> <p>AT LEAST ONCE A MONTH ..... 1</p> <p>LESS OFTEN ..... 2</p> <p>DONT KNOW ..... 8</p>	<p>NOT AT ALL ..... 0</p> <p>AT LEAST ONCE A MONTH ..... 1</p> <p>LESS OFTEN ..... 2</p> <p>DONT KNOW ..... 8</p>	<p>NOT AT ALL ..... 0</p> <p>AT LEAST ONCE A MONTH ..... 1</p> <p>LESS OFTEN ..... 2</p> <p>DONT KNOW ..... 8</p>	<p>NOT AT ALL ..... 0</p> <p>AT LEAST ONCE A MONTH ..... 1</p> <p>LESS OFTEN ..... 2</p> <p>DONT KNOW ..... 8</p>
561	<p>पिछले 12 महीनों में, क्या (NAME) को अंगणवाड़ी/आई.सी.डी.एच. केन्द्र से स्वास्थ्य से कोई टीकाकरण मिला गया?</p> <p>In the last 12 months, has (NAME) received any immunizations through the anganwadi/ICDS centre?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DONT KNOW ..... 8</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DONT KNOW ..... 8</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DONT KNOW ..... 8</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DONT KNOW ..... 8</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DONT KNOW ..... 8</p>

	NAME FROM 212	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM- LAST BIRTH NAME _____	THIRD-FROM- LAST BIRTH NAME _____	FOURTH-FROM- LAST BIRTH NAME _____
562	<p>पिछले 12 महीनों में प्राथमिक स्वास्थ्य की देखभाल के लिए या नज़रबंदी केंद्र के लिए (NAME) प्राथमिकताएं बार अंगनवाड़ी/आई.सी.टी.एन, केन्द्र क्या/कभी: नियमित रूप से, कभी-कभी या कभी नहीं?</p> <p>In the last 12 months, how often did (NAME) go to the anganwadi/ICDS centre for early childhood care or for preschool: regularly, occasionally, or not at all?</p>	REG ..... 1 OCC ..... 2 NOT AT ALL ... 3 DONT KNOW .. 8	REG ..... 1 OCC ..... 2 NOT AT ALL ... 3 DONT KNOW .. 8	REG ..... 1 OCC ..... 2 NOT AT ALL ... 3 DONT KNOW .. 8	REG ..... 1 OCC ..... 2 NOT AT ALL ... 3 DONT KNOW .. 8	REG ..... 1 OCC ..... 2 NOT AT ALL ... 3 DONT KNOW .. 8
563	<p>पिछले 12 महीनों में (NAME) का वजन किसने बार अंगनवाड़ी/आई.सी.टी.एन, केन्द्र में किया गया?</p> <p>In the last 12 months, how often has (NAME)'s weight been measured by the anganwadi/ICDS centre?</p>	NOT AT ALL ... 0 (GO TO 565) ← AT LEAST ONCE A MONTH ... 1 AT LEAST ONCE IN 3 MONTHS ... 2 LESS OFTEN ... 3 DONT KNOW .. 8 (GO TO 565) ←	NOT AT ALL ... 0 (GO TO 565) ← AT LEAST ONCE A MONTH ... 1 AT LEAST ONCE IN 3 MONTHS ... 2 LESS OFTEN ... 3 DONT KNOW .. 8 (GO TO 565) ←	NOT AT ALL ... 0 (GO TO 565) ← AT LEAST ONCE A MONTH ... 1 AT LEAST ONCE IN 3 MONTHS ... 2 LESS OFTEN ... 3 DONT KNOW .. 8 (GO TO 565) ←	NOT AT ALL ... 0 (GO TO 565) ← AT LEAST ONCE A MONTH ... 1 AT LEAST ONCE IN 3 MONTHS ... 2 LESS OFTEN ... 3 DONT KNOW .. 8 (GO TO 565) ←	NOT AT ALL ... 0 (GO TO 565) ← AT LEAST ONCE A MONTH ... 1 AT LEAST ONCE IN 3 MONTHS ... 2 LESS OFTEN ... 3 DONT KNOW .. 8 (GO TO 565) ←
564	<p>(NAME) का वजन देने के बाद, क्या कभी भी अंगनवाड़ी/आई.सी.टी.एन, कार्यकर्ता का वजन एवं नै आसक्ति परामर्श दिया था?</p> <p>After (NAME) was weighed, did you ever receive counselling from the anganwadi/ICDS worker or ANM?</p>	YES ..... 1 NO ..... 2 DONT KNOW .. 8	YES ..... 1 NO ..... 2 DONT KNOW .. 8	YES ..... 1 NO ..... 2 DONT KNOW .. 8	YES ..... 1 NO ..... 2 DONT KNOW .. 8	YES ..... 1 NO ..... 2 DONT KNOW .. 8
565	<p>जब आप (NAME) के समय कभी-कभी थी तो क्या आपको अंगनवाड़ी/आई.सी.टी.एन, केन्द्र में कोई लाभ प्राप्त हुआ था?</p> <p>When you were pregnant with (NAME), did you receive any benefits from the anganwadi/ICDS centre?</p>	YES ..... 1 NO ..... 2 (GO TO 567) ←	YES ..... 1 NO ..... 2 (GO TO 567) ←	YES ..... 1 NO ..... 2 (GO TO 567) ←	YES ..... 1 NO ..... 2 (GO TO 567) ←	YES ..... 1 NO ..... 2 (GO TO 567) ←
566	<p>क्या आपको इनमें से कोई लाभ मिला:</p> <p>Did you receive any of the following benefits:</p> <p>a. अतिरिक्त भोजन? Supplementary food?</p> <p>b. स्वास्थ्य की जांच? Health check-ups?</p> <p>c. स्वास्थ्य और पोषण संबंधी शिक्षा? Health and nutrition education?</p>	YES NO a. 1 2 b. 1 2 c. 1 2	YES NO a. 1 2 b. 1 2 c. 1 2	YES NO a. 1 2 b. 1 2 c. 1 2	YES NO a. 1 2 b. 1 2 c. 1 2	YES NO a. 1 2 b. 1 2 c. 1 2

	NAME FROM 212	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM- LAST BIRTH NAME _____	THIRD-FROM- LAST BIRTH NAME _____	FOURTH-FROM- LAST BIRTH NAME _____
567	<p>क्या आप (NAME) को स्तनपान कराने वाली थीं जो या तो उस समय अंगणवाड़ी/आई की थी एक केंद्र से आपको कोई लाभ मिला था?</p> <p>When you were breastfeeding (NAME), did you receive any benefits from the anganwadi/ICDS centre?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>(GO TO 569) ←</p> <p>DID NOT BREASTFEED ... 3</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>(GO TO 569) ←</p> <p>DID NOT BREASTFEED ... 3</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>(GO TO 569) ←</p> <p>DID NOT BREASTFEED ... 3</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>(GO TO 569) ←</p> <p>DID NOT BREASTFEED ... 3</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>(GO TO 569) ←</p> <p>DID NOT BREASTFEED ... 3</p>
568	<p>क्या आपको इनमें से कोई लाभ मिला:</p> <p>Did you receive any of the following benefits:</p> <p>a. अतिरिक्त भोजन? Supplementary food?</p> <p>b. स्वास्थ्य की जांच? Health check-ups?</p> <p>c. स्वास्थ्य और पोषण संबंधी शिक्षा? Health and nutrition education?</p>	<p>YES NO</p> <p>a. 1 2</p> <p>b. 1 2</p> <p>c. 1 2</p>	<p>YES NO</p> <p>a. 1 2</p> <p>b. 1 2</p> <p>c. 1 2</p>	<p>YES NO</p> <p>a. 1 2</p> <p>b. 1 2</p> <p>c. 1 2</p>	<p>YES NO</p> <p>a. 1 2</p> <p>b. 1 2</p> <p>c. 1 2</p>	<p>YES NO</p> <p>a. 1 2</p> <p>b. 1 2</p> <p>c. 1 2</p>
569		GO TO 557 IN NEXT COLUMN; OR IF NO MORE BIRTHS, GO TO 601.	GO TO 557 IN NEXT COLUMN; OR IF NO MORE BIRTHS, GO TO 601.	GO TO 557 IN NEXT COLUMN; OR IF NO MORE BIRTHS, GO TO 601.	GO TO 557 IN NEXT COLUMN; OR IF NO MORE BIRTHS, GO TO 601.	GO TO 557 IN FIRST COLUMN OF ADDITIONAL QUESTIONNAIRE; OR IF NO MORE BIRTHS, GO TO 601.

SECTION 6. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	CHECK 301: NEVER MARRIED <input type="checkbox"/> OTHER <input type="checkbox"/>		615
602	CHECK 330/330A: WOMAN OR MAN STERILIZED <input type="checkbox"/> OTHER <input type="checkbox"/>		615
603	CHECK 250 AND 253: HAS HAD A HYSTERECTOMY <input type="checkbox"/> HAS NOT HAD A HYSTERECTOMY <input type="checkbox"/>		615
604	CHECK 226: PREGNANT <input type="checkbox"/> NOT PREGNANT OR UNSURE <input type="checkbox"/>		606
605	अब मैं भविष्य के बारे में कुछ प्रश्न पूछना चाहूंगी। अभी आपकी जो बच्चा का होने वाला है, उसके बाद क्या आप और बच्चा चाहेंगी या आप और बच्चा नहीं चाहेंगी Now I have some questions about the future. After the child you are expecting now, would you like to have another child, or would you prefer not to have any more children?	HAVE ANOTHER CHILD ..... 1 NO MORE ..... 2 UNDECIDED/DON'T KNOW ..... 8	607 613
606	अब मैं भविष्य के बारे में कुछ प्रश्न पूछना चाहूंगी। क्या (अन्य) बच्चा चाहेंगी या आप कोई (और) बच्चा नहीं चाहेंगी 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?	HAVE (A/ANOTHER) CHILD ..... 1 NO MORE/NONE ..... 2 SAYS SHE CAN'T GET PREGNANT ... 3 UNDECIDED/DON'T KNOW ..... 8	609 615 612
607	CHECK 226: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/> a. आप अब से लेकर और कितने समय तक (अगला) बच्चा होने का इंतजार करना चाहेंगी? How long would you like to wait from now before the birth of (a/another) child? b. अभी आपकी जो बच्चा का होने वाला है उसके बाद अगला बच्चा पैदा होने तक आप कितने समय तक इंतजार करना चाहेंगी? After the birth of the child you are expecting now, how long would you like to wait before the birth of another child?	MONTHS ..... 1 YEARS ..... 2 SOON/NOW ..... 993 SAYS SHE CAN'T GET PREGNANT 994 OTHER _____ 996 (SPECIFY) DONT KNOW ..... 998	609 615 609
608	CHECK 226: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/>		613
609	CHECK 329: USING A CONTRACEPTIVE METHOD? NOT ASKED <input type="checkbox"/> NOT CURRENTLY USING <input type="checkbox"/> CURRENTLY USING <input type="checkbox"/>		615
610	CHECK 607: NOT ASKED <input type="checkbox"/> 24 OR MORE MONTHS OR 02 OR MORE YEARS <input type="checkbox"/> 00-23 MONTHS OR 00-01 YEAR <input type="checkbox"/>		614

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
611	<p>CHECK 605 AND 606:</p> <p>WANTS TO HAVE A/ANOTHER CHILD <input type="checkbox"/></p> <p>WANTS NO MORE/ NONE <input type="checkbox"/></p> <p>a. आपने कहा है कि आपको आभी (और) बच्चा नहीं चाहिए लेकिन गर्भधारण टालने के लिए आप किसी विधि का इस्तेमाल नहीं कर रही हैं। क्या आप बता सकती हैं कि आप विधि का इस्तेमाल क्यों नहीं कर रही हैं? PROBE: कोई अन्य कारण?</p> <p>You have said that you do not want (a/another) child soon, but you are not using any method to avoid pregnancy. Can you tell me why you are not using a method? PROBE: Any other reason?</p> <p>b. आपने कहा है कि आपको कोई (और) बच्चे नहीं चाहिए लेकिन गर्भधारण टालने के लिए आप किसी विधि का इस्तेमाल नहीं कर रही हैं। क्या आप बता सकती हैं कि आप विधि का इस्तेमाल क्यों नहीं कर रही हैं? PROBE: कोई अन्य कारण?</p> <p>You have said that you do not want (more) children, but you are not using any method to avoid pregnancy. Can you tell me why you are not using a method? PROBE: Any other reason?</p> <p>RECORD ALL REASONS MENTIONED.</p>	<p>NOT CURRENTLY MARRIED ..... A</p> <p><b>FERTILITY-RELATED REASONS</b></p> <p>NOT HAVING SEX ..... B</p> <p>INFREQUENT SEX ..... C</p> <p>MENOPAUSAL ..... D</p> <p>HYSTERECTOMY ..... E</p> <p>CAN'T GET PREGNANT ..... F</p> <p>NOT MENSTRUATED SINCE LAST BIRTH ..... G</p> <p>BREASTFEEDING ..... H</p> <p>FATALISTIC/UP TO GOD ..... I</p> <p><b>OPPOSITION TO USE</b></p> <p>RESPONDENT OPPOSED ..... J</p> <p>HUSBAND OPPOSED ..... K</p> <p>OTHERS OPPOSED ..... L</p> <p>RELIGIOUS PROHIBITION ..... M</p> <p><b>LACK OF KNOWLEDGE</b></p> <p>KNOWS NO METHOD ..... N</p> <p>KNOWS NO SOURCE ..... O</p> <p><b>METHOD-RELATED REASONS</b></p> <p>FEAR OF SIDE EFFECTS/ HEALTH CONCERNS ..... P</p> <p>LACK OF ACCESS/TOO FAR ..... Q</p> <p>COSTS TOO MUCH ..... R</p> <p>INCONVENIENT TO USE ..... S</p> <p>INTERFERES WITH BODY'S NORMAL PROCESSES ..... T</p> <p>DON'T LIKE EXISTING METHODS ..... U</p> <p>OTHER _____ X (SPECIFY)</p> <p>DON'T KNOW ..... Z</p>	
612	<p>CHECK 329: USING A CONTRACEPTIVE METHOD?</p> <p>NOT ASKED <input type="checkbox"/></p> <p>NO, NOT CURRENTLY USING <input type="checkbox"/></p> <p>YES, CURRENTLY USING <input type="checkbox"/></p>		615
613	<p>क्या आप सोचती हैं कि गर्भधारण टालने या रोकने के लिए आप अगले 12 महीनों में किसी गर्भ-निरोधक विधि का इस्तेमाल करेंगी? Do you think you will use a contraceptive method to delay or avoid pregnancy in the next 12 months?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>	615
614	<p>क्या आप सोचती हैं कि गर्भधारण टालने या रोकने के लिए आप भविष्य में किसी भी समय किसी गर्भ-निरोधक विधि का इस्तेमाल करेंगी? Do you think you will use a contraceptive method to delay or avoid pregnancy at any time in the future?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>	
615	<p>CHECK 216:</p> <p>HAS LIVING CHILDREN <input type="checkbox"/></p> <p>NO LIVING CHILDREN <input type="checkbox"/></p> <p>a. यदि आप उस समय में लौट सकें जब आपको कोई बच्चा नहीं था और आप अपने पूरे जीवन में होने वाले बच्चों की कुल संख्या को चुन सकतीं, तो वे कितने बच्चे होंगे? 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>b. यदि आप अपने पूरे जीवन में होने वाले बच्चों की कुल संख्या को चुन सकतीं तो वे कितने बच्चे होंगे? If you could choose exactly the number of children to have in your whole life, how many would that be?</p> <p>PROBE FOR A NUMERIC RESPONSE.</p>	<p>NONE ..... 00</p> <p>NUMBER ..... <input type="text"/> <input type="text"/></p> <p>OTHER _____ 96 (SPECIFY)</p>	617

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP					
616	<p>इन बच्चों में से आप कितनों का लड़का पसंद करतीं, कितनों का लड़की होना पसंद करतीं और कितने बच्चों के मामले में लड़कालड़की होने से कोई फर्क नहीं पड़ता?</p> <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 it not matter if it's a boy or a girl?</p>	<p>BOYS      GIRLS      EITHER</p> <table border="1"> <tr> <td>NUMBER</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table> <p>OTHER _____ 96 (SPECIFY)</p>	NUMBER	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
NUMBER	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>				
617	<p>पिछले कुछ महीनों में क्या आपने:</p> <p>In the last few months have you:</p> <p>a. परिवार नियोजन के बारे में रेडियो पर कुछ सुना है? Heard about family planning on the radio?</p> <p>b. टेलीवीजन पर परिवार नियोजन के बारे में कुछ देखा है? Seen anything about family planning on the television?</p> <p>c. समाचारपत्र या पत्रिका में परिवार नियोजन के बारे में कुछ पढ़ा है? Read about family planning in a newspaper or magazine?</p> <p>d. दीवारों वा होर्डिंग पर परिवार नियोजन के बारे में कुछ देखा है? Seen anything about family planning on a wall painting or hoarding?</p> <p>e. परिवार नियोजन के बारे में इंटरनेट पर कुछ देखा है? Seen anything about family planning on the internet?</p>	<p>YES NO</p> <p>RADIO ..... 1 2</p> <p>TELEVISION ..... 1 2</p> <p>NEWSPAPER OR MAGAZINE .... 1 2</p> <p>WALL PAINTING OR HOARDING . 1 2</p> <p>INTERNET ..... 1 2</p>						
618	<p>CHECK 301:</p> <p>CURRENTLY MARRIED <input type="checkbox"/></p> <p>OTHER <input type="checkbox"/> → 624</p>							
619	<p>CHECK 330/330A: USING A CONTRACEPTIVE METHOD?</p> <p>ANY CODE CIRCLED <input type="checkbox"/></p> <p>NO CODE CIRCLED <input type="checkbox"/> → 623</p>							
620	<p>क्या आप यह बहेंगी कि गर्भ-निरोधक के इस्तेमाल करने का निर्णय - मुख्य रूप से आपका है, मुख्य रूप से आपके पति का है या आप दोनों ने मिलकर निर्णय लिया है?</p> <p>Would you say that using contraception is mainly your decision, mainly your husband's decision, or did you both decide together?</p>	<p>MAINLY RESPONDENT ..... 1</p> <p>MAINLY HUSBAND ..... 2</p> <p>JOINT DECISION ..... 3</p> <p>OTHER ..... 6</p>						
621	<p>CHECK 330/330A:</p> <p>WOMAN OR MAN STERILIZED <input type="checkbox"/> → 624</p> <p>OTHER <input type="checkbox"/></p>							
622	<p>CHECK 250 AND 253:</p> <p>HAS HAD A HYSTERECTOMY <input type="checkbox"/> → 624</p> <p>HAS NOT HAD A HYSTERECTOMY <input type="checkbox"/></p>							

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																
623	<p>क्या आपके पति उतने ही बच्चे चाहते हैं जितना, आप चाहती हैं या वे उसने ज्यादा या कम बच्चे चाहते हैं?</p> <p>Does your husband want the same number of children that you want, or does he want more or fewer than you want?</p>	SAME NUMBER ..... 1 MORE CHILDREN ..... 2 FEWER CHILDREN ..... 3 DON'T KNOW ..... 8																	
624	<p>पति और पत्नी हमेशा सभी चीजों पर सहमत नहीं होते हैं। कृपया मुझे बताएं यदि आप यह सोचती हैं कि पत्नी द्वारा पति को संभोग के लिए मना करना उचित है जब:</p> <p>Husbands and wives do not always agree on everything. Please tell me if you think a wife is justified in refusing to have sex with her husband when:</p> <p>a. वह जानती है कि उसके पति को यौन संबंधों से फैलने वाला रोग है। She knows her husband has a sexually transmitted disease.</p> <p>b. वह जानती है कि उसके पति का दूसरी महिलाओं के साथ यौन संबंध है। She knows her husband has sex with other women.</p> <p>c. वह थकी हुई है या उसका संभोग के लिए मन (मूड) नहीं है। She is tired or not in the mood.</p>	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DON'T KNOW</th> </tr> </thead> <tbody> <tr> <td>HAS STD .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>OTHER WOMEN .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>TIRED/NOT IN MOOD</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DON'T KNOW	HAS STD .....	1	2	8	OTHER WOMEN .....	1	2	8	TIRED/NOT IN MOOD	1	2	8	
	YES	NO	DON'T KNOW																
HAS STD .....	1	2	8																
OTHER WOMEN .....	1	2	8																
TIRED/NOT IN MOOD	1	2	8																

SECTION 7. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																				
701	<p>अब मैं आपकी आप ही के लिए चिकित्सा संबंधी आवश्यकताओं के बारे में कुछ प्रश्न पूछना चाहती हूँ। कई विभिन्न कारण हो सकते हैं जो महिलाओं को अपने लिए डॉक्टरों से सलाह लेने या इलाज करने से रोक सकते हैं। जब आप बीमार होती हैं और डॉक्टरों से सलाह लेना या इलाज करना चाहती हैं, तो इनमें से प्रत्येक क्या आपके लिए बड़ी समस्या है, छोटी समस्या है, या आपके लिए यह समस्या नहीं है?</p> <p>Now I would like to ask you some questions about medical care for you yourself. Many different factors can prevent women from getting medical advice or treatment for themselves. When you are sick and want to get medical advice or treatment, is each of the following a big problem, a small problem, or no problem?</p> <p>a. जाने के लिए अनुमति लेना? Getting permission to go?</p> <p>b. इलाज के लिए पैसा लेना? Getting money needed for treatment?</p> <p>c. स्वास्थ्य सुविधा तक की दूरी? The distance to the health facility?</p> <p>d. जब जाने के लिए साधक लेना? Having to take transport?</p> <p>e. अपने साथ जाने के लिए किसी को ढूँढना? Finding someone to go with you?</p> <p>f. चिंता कि वहाँ पर कोई महिला स्वास्थ्य प्रदायक नहीं होंगी? Concern that there may not be a female healthcare provider?</p> <p>g. चिंता कि वहाँ पर कोई स्वास्थ्य सेवा प्रदायक ही नहीं होंगी? Concern that there may not be any healthcare provider?</p> <p>h. चिंता कि वहाँ पर दवाइयों उपलब्ध नहीं होंगी? Concern that there may be no drugs available?</p>	<table border="1"> <thead> <tr> <th></th> <th>BIG PROBLEM</th> <th>SMALL PROBLEM</th> <th>NO PROBLEM</th> </tr> </thead> <tbody> <tr> <td>PERMISSION</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>GETTING MONEY</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>DISTANCE</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>TAKING TRANSPORT</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>FINDING SOMEONE</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>NO FEMALE PROVIDER</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>NO PROVIDER</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>NO DRUGS</td> <td>1</td> <td>2</td> <td>3</td> </tr> </tbody> </table>		BIG PROBLEM	SMALL PROBLEM	NO PROBLEM	PERMISSION	1	2	3	GETTING MONEY	1	2	3	DISTANCE	1	2	3	TAKING TRANSPORT	1	2	3	FINDING SOMEONE	1	2	3	NO FEMALE PROVIDER	1	2	3	NO PROVIDER	1	2	3	NO DRUGS	1	2	3	
	BIG PROBLEM	SMALL PROBLEM	NO PROBLEM																																				
PERMISSION	1	2	3																																				
GETTING MONEY	1	2	3																																				
DISTANCE	1	2	3																																				
TAKING TRANSPORT	1	2	3																																				
FINDING SOMEONE	1	2	3																																				
NO FEMALE PROVIDER	1	2	3																																				
NO PROVIDER	1	2	3																																				
NO DRUGS	1	2	3																																				
702	<p>अब मैं आपकी स्वास्थ्य मामलों के संबंधित कुछ अन्य प्रश्न पूछना चाहती हूँ। क्या पिछले 12 महीनों में आपके किसी कारण से इंजेक्शन लगाया था?</p> <p>IF YES: अपने कितने इंजेक्शन लगाने से?</p> <p>Now I would like to ask you some other questions relating to health matters. Have you had an injection for any reason in the last 12 months?</p> <p>IF YES, How many injections have you had?</p> <p>IF NUMBER OF INJECTIONS IS GREATER THAN 90, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'. IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.</p>	<p>NUMBER OF INJECTIONS</p> <table border="1"> <tr> <td></td> <td></td> </tr> </table> <p>NONE 00</p>			→ 704																																		
703	<p>जब अपनी पिछली बार इंजेक्शन लेना था तो क्या सिरिंज एक ही बार प्रयोग में ली जाने वाली सिरिंज और सुई का उपयोग किया गया था?</p> <p>The last time you got an injection, were the syringe and needle taken from a new, unopened package?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>																																					
704	<p>क्या आपको कभी रक्त प्रदान करा है?</p> <p>Have you ever had a blood transfusion?</p>	<p>YES 1</p> <p>NO 2</p>																																					
705	<p>आपका क्या अब सिगरेट हर दिन पीती हैं, या कुछ दिन पीती हैं, या सिगरेट नहीं पीती?</p> <p>Do you currently smoke cigarettes every day, some days, or not at all?</p>	<p>EVERY DAY 1</p> <p>SOME DAYS 2</p> <p>NOT AT ALL 3</p>	→ 708																																				
706	<p>औसत, आपका अब प्रत्येक दिन कितने सिगरेट पीते हैं?</p> <p>On average, how many cigarettes do you currently smoke each day?</p>	<p>CIGARETTES</p> <table border="1"> <tr> <td></td> <td></td> </tr> </table>																																					
707	<p>आप कब से नियमित रूप से सिगरेट पी रही हैं?</p> <p>For how long have you been smoking cigarettes regularly?</p> <p>IF LESS THAN 1 MONTH, RECORD WEEKS; IF LESS THAN 2 YEARS, RECORD MONTHS; IF 2 OR MORE YEARS, RECORD YEARS.</p>	<p>WEEKS 1</p> <p>MONTHS 2</p> <p>YEARS 3</p> <p>NEVER SMOKED REGULARLY 995</p> <table border="1"> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>																																					
708	<p>आपका क्या अब बीडी हर दिन पीती हैं, या कुछ दिन पीती हैं, या सिगरेट नहीं पीती?</p> <p>Do you currently smoke bidis every day, some days, or not at all?</p>	<p>EVERY DAY 1</p> <p>SOME DAYS 2</p> <p>NOT AT ALL 3</p>	→ 711																																				

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
709	औसत, आजकल आप ज़रूरक दिन कितनी बीड़ी पीते हैं ? On average, how many bidis do you currently smoke each day?	BIDIS ..... <input type="text"/> <input type="text"/>	
710	आप कब से नियमित रूप से बीड़ी पी रही हैं ? For how long have you been smoking bidis regularly? IF LESS THAN 1 MONTH, RECORD WEEKS; IF LESS THAN 2 YEARS, RECORD MONTHS; IF 2 OR MORE YEARS, RECORD YEARS.	WEEKS ..... 1 <input type="text"/> <input type="text"/> MONTHS ..... 2 <input type="text"/> <input type="text"/> YEARS ..... 3 <input type="text"/> <input type="text"/> NEVER SMOKED REGULARLY ..... 999	
711	क्या आजकल आप किसी अन्य प्रकार से तम्बाकू पीती या सेवन करती हैं ? Do you currently smoke or use tobacco in any other form?	YES ..... 1 NO ..... 2	→ 715
712	आजकल आप किस अन्य प्रकार से तम्बाकू पीती या सेवन करती हैं ? किसी अन्य प्रकार से ?  In what other form do you currently smoke or use tobacco? Any other form?  RECORD ALL MENTIONED	CIGAR ..... A PIPE ..... B HOOKAH ..... C GUTKA / PAAN MASALA WITH TOBACCO ..... D KHAINI ..... E PAAN WITH TOBACCO ..... F OTHER CHEWING TOBACCO ..... G SNUFF ..... H OTHER ..... X (SPECIFY)	
712A	CHECK 712: ANY CODE 'D' THROUGH 'H' <input type="checkbox"/> OTHER <input type="checkbox"/> CIRCLED		→ 715
713	कितनी बार आप सुश्रावण रहित तम्बाकू का उपयोग करते हैं : लगभग हर दिन, सप्ताह में एक बार या सप्ताह में एक बार से भी कम बार ? How often do you use smokeless tobacco: almost every day, about once a week or less than once a week?	ALMOST EVERY DAY ..... 1 ABOUT ONCE A WEEK ..... 2 LESS THAN ONCE A WEEK ..... 3	
714	आप कब से नियमित रूप से सुश्रावण रहित तम्बाकू का इस्तेमाल कर रही हैं ? For how long have you been using smokeless tobacco regularly? IF LESS THAN 1 MONTH, RECORD WEEKS; IF LESS THAN 2 YEARS, RECORD MONTHS; IF 2 OR MORE YEARS, RECORD YEARS.	WEEKS ..... 1 <input type="text"/> <input type="text"/> MONTHS ..... 2 <input type="text"/> <input type="text"/> YEARS ..... 3 <input type="text"/> <input type="text"/> NEVER USED REGULARLY ..... 999	
715	CHECK 705, 708, AND 711: CURRENTLY SMOKES OR USES TOBACCO 705 OR 708=1 OR 2 <input type="checkbox"/> OTHER <input type="checkbox"/> OR 711=1		→ 719
716	क या आपने पिछले 12 महीने के दौरान कभी भी, सुश्रावण रहित या किसी भी रूप में तम्बाकू का सेवन न करने का प्रयास किया है ? During the last 12 months, have you ever tried to stop smoking or using tobacco in any other form?	YES ..... 1 NO ..... 2	
717	पिछले 12 महीनों में क या आपने किसी किसिम एक अरबका आर्य ० बार से सेवा स्वास्थ्यकर्मी से मिली है ? In the last 12 months, have you visited a doctor or other health care provider?	YES ..... 1 NO ..... 2	→ 719

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP						
718	इन मुलाकातों के दौरान, क्या आपको सुझाव छोड़ने या किसी भी रूप में तंबाकू का सेवन न करने का सुझाव मिला ? During any of these visits, were you advised to quit smoking or using tobacco in any other form?	YES ..... 1 NO ..... 2							
719	पिछले 30 दिनों में, (आपके अलावा) किसी ने आपके घर में अथवा कहीं आ-कर यहां पर सुझाव दिया जब आप उपस्थित थीं ? In the last 30 days, did someone (other than you) smoke in your home or anywhere else when you were present?	YES ..... 1 NO ..... 2							
720	क्या आप अंगार पीती हैं ? Do you drink alcohol?	YES ..... 1 NO ..... 2	→ 724						
721	प्रश्न: आप कितनी बार अंगार पीती हैं: लगभग हर दिन, लगभग हरสप्ते में एक बार या हरसप्ते में एक बार से कम ? How often do you drink alcohol: almost every day, about once a week or less than once a week?	ALMOST EVERY DAY ..... 1 ABOUT ONCE A WEEK ..... 2 LESS THAN ONCE A WEEK ..... 3							
722	प्रश्न: आप किस प्रकार की अंगार का सेवन करते हैं ? What type of alcohol do you usually drink?  RECORD ALL MENTIONED.	TADI MADI ..... A COUNTRY LIQUOR ..... B BEER ..... C WINE ..... D HARD LIQUOR ..... E OTHER ..... X (SPECIFY)							
723	आप कब से नियमित रूप से अंगार पी रही हैं ? For how long have you been drinking alcohol regularly? IF LESS THAN 1 MONTH, RECORD WEEKS. IF LESS THAN 2 YEARS, RECORD MONTHS. IF 2 OR MORE YEARS, RECORD YEARS.	WEEKS ..... 1 MONTHS ..... 2 YEARS ..... 3 NEVER DRANK ALCOHOL REGULARLY ..... 995	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>						
724	क्या आपने कभी किसी बीमारी के बारे में सुना है जिसे तपेक्षिक या टी बी कहते हैं ? Have you ever heard of an illness called tuberculosis or TB?	YES ..... 1 NO ..... 2	→ 728						
725	तपेक्षिक (टी बी) एक व्यक्ति से दूसरे व्यक्ति को किस प्रकार फैलता है ? PROBE: किसी अन्य तरह से ? How does tuberculosis spread from one person to another? PROBE: Any other ways?  RECORD ALL MENTIONED.	THROUGH THE AIR WHEN COUGHING OR SNEEZING ..... A THROUGH SHARING UTENSILS ..... B THROUGH TOUCHING A PERSON WITH TB ..... C THROUGH FOOD ..... D THROUGH SEXUAL CONTACT ..... E THROUGH MOSQUITO BITES ..... F OTHER ..... X (SPECIFY) DON'T KNOW ..... Z							
726	क्या तपेक्षिक (टी बी) को ठीक किया जा सकता है ? Can tuberculosis be cured?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 9							
727	यदि आपके परिवार के किसी सदस्य को तपेक्षिक (टी बी) हो जाता है तो क्या आप इसे गुप्त रखना चाहेंगी या नहीं ? If a member of your family got tuberculosis, would you want it to remain a secret or not?	YES, REMAIN A SECRET ..... 1 NO ..... 2 DON'T KNOW/NOT SURE/ DEPENDS ..... 9							

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																																		
729	<p>A क्या आप वर्तमान में _____ हैं? Do you currently have:</p> <p>a. मधुमेह (दाब/डायबिटीज) Diabetes?</p> <p>b. उच्च रक्तचाप (हाइपरटेंशन) Hypertension?</p> <p>c. लम्बा (अस्थिर) श्वसन संबंधी रोग A chronic respiratory disease including asthma?</p> <p>d. गले/गला या अन्य थायरॉइड संबंधी विकार (रोग) Goitre or any other thyroid disorder?</p> <p>e. कोई हृदय रोग Any heart disease?</p> <p>f. कैंसर Cancer?</p> <p>g. कोई गुलाब गुदा (किडनी) संबंधी विकार (रोग) Any chronic kidney disorder?</p>	<p>B क्या आपने इसका इलाज कराया है? Have you sought treatment for this problem?</p> <table border="1"> <thead> <tr> <th>CURRENTLY HAVE</th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>YES 1 → NO 2 DK 8 ↓</td> <td>1</td> <td>2</td> </tr> <tr> <td>YES 1 → NO 2 DK 8 ↓</td> <td>1</td> <td>2</td> </tr> <tr> <td>YES 1 → NO 2 DK 8 ↓</td> <td>1</td> <td>2</td> </tr> <tr> <td>YES 1 → NO 2 DK 8 ↓</td> <td>1</td> <td>2</td> </tr> <tr> <td>YES 1 → NO 2 DK 8 ↓</td> <td>1</td> <td>2</td> </tr> <tr> <td>YES 1 → NO 2 DK 8 ↓</td> <td>1</td> <td>2</td> </tr> <tr> <td>YES 1 → NO 2 DK 8 ↓</td> <td>1</td> <td>2</td> </tr> </tbody> </table>	CURRENTLY HAVE	YES	NO	YES 1 → NO 2 DK 8 ↓	1	2	YES 1 → NO 2 DK 8 ↓	1	2	YES 1 → NO 2 DK 8 ↓	1	2	YES 1 → NO 2 DK 8 ↓	1	2	YES 1 → NO 2 DK 8 ↓	1	2	YES 1 → NO 2 DK 8 ↓	1	2	YES 1 → NO 2 DK 8 ↓	1	2																											
CURRENTLY HAVE	YES	NO																																																			
YES 1 → NO 2 DK 8 ↓	1	2																																																			
YES 1 → NO 2 DK 8 ↓	1	2																																																			
YES 1 → NO 2 DK 8 ↓	1	2																																																			
YES 1 → NO 2 DK 8 ↓	1	2																																																			
YES 1 → NO 2 DK 8 ↓	1	2																																																			
YES 1 → NO 2 DK 8 ↓	1	2																																																			
YES 1 → NO 2 DK 8 ↓	1	2																																																			
729	<p>क्या आप किसी भी स्वास्थ्य योजना या स्वास्थ्य बीमा के अंतर्गत आती हैं? Are you covered by any health scheme or any health insurance?</p>	<p>YES ..... 1 NO ..... 2</p>	→ 731																																																		
730	<p>स्वास्थ्य योजना या स्वास्थ्य बीमा किस प्रकार की है? आप किस प्रकार का? What type of health scheme or health insurance? Any other type? RECORD ALL MENTIONED.</p>	<p>EMPLOYEES STATE INSURANCE SCHEME (ESIS) ..... A CENTRAL GOVERNMENT HEALTH SCHEME (CGHS) ..... B STATE HEALTH INSURANCE SCHEME ..... C RASHTRIYA SWASTHYA BIMA YOJANA (RSBY) ..... D COMMUNITY HEALTH INSURANCE PROGRAMME ..... E OTHER HEALTH INSURANCE THROUGH EMPLOYER ..... F MEDICAL REIMBURSEMENT FROM EMPLOYER ..... G OTHER PRIVATELY PURCHASED COMMERCIAL HEALTH INSURANCE ..... H OTHER ..... X (SPECIFY)</p>																																																			
731	<p>आप स्वयं किस-किसी खाद्य पदार्थों को कितनी बार खाते हैं: दैनिक, हफ्ते में एक बार, कभी-कभी, या कभी नहीं खाते हैं? How often do you yourself eat the following food items: daily, weekly, occasionally, or never?</p>	<table border="1"> <thead> <tr> <th></th> <th>DAILY</th> <th>WEEKLY</th> <th>OCC.</th> <th>NEVER</th> </tr> </thead> <tbody> <tr> <td>a. दूध या पनीर? Milk or curd?</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> <tr> <td>b. दालें या फलियाँ? Pulses or beans?</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> <tr> <td>c. गहरी हरे पत्तेदार सब्जियाँ? Dark green leafy vegetables?</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> <tr> <td>d. फल? Fruits?</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> <tr> <td>e. अण्डे? Eggs?</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> <tr> <td>f. मछली? Fish?</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> <tr> <td>g. मुर्गी या मांस? Chicken or meat?</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> <tr> <td>h. तला हुआ खाद्य पदार्थ? Fried foods?</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> <tr> <td>i. शीत पेय? Aerated drinks?</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> </tbody> </table>		DAILY	WEEKLY	OCC.	NEVER	a. दूध या पनीर? Milk or curd?	1	2	3	4	b. दालें या फलियाँ? Pulses or beans?	1	2	3	4	c. गहरी हरे पत्तेदार सब्जियाँ? Dark green leafy vegetables?	1	2	3	4	d. फल? Fruits?	1	2	3	4	e. अण्डे? Eggs?	1	2	3	4	f. मछली? Fish?	1	2	3	4	g. मुर्गी या मांस? Chicken or meat?	1	2	3	4	h. तला हुआ खाद्य पदार्थ? Fried foods?	1	2	3	4	i. शीत पेय? Aerated drinks?	1	2	3	4	
	DAILY	WEEKLY	OCC.	NEVER																																																	
a. दूध या पनीर? Milk or curd?	1	2	3	4																																																	
b. दालें या फलियाँ? Pulses or beans?	1	2	3	4																																																	
c. गहरी हरे पत्तेदार सब्जियाँ? Dark green leafy vegetables?	1	2	3	4																																																	
d. फल? Fruits?	1	2	3	4																																																	
e. अण्डे? Eggs?	1	2	3	4																																																	
f. मछली? Fish?	1	2	3	4																																																	
g. मुर्गी या मांस? Chicken or meat?	1	2	3	4																																																	
h. तला हुआ खाद्य पदार्थ? Fried foods?	1	2	3	4																																																	
i. शीत पेय? Aerated drinks?	1	2	3	4																																																	
732	<p>CHECK COVER PAGE: HOUSEHOLD SELECTED FOR STATE MODULE? NO <input type="checkbox"/> YES <input type="checkbox"/></p>		→ 1140 → 801																																																		

**SECTION 8. SEXUAL LIFE**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
801	<p>CHECK 315 AND 316:</p> <p>HAS NOT HAD SEXUAL INTERCOURSE (315 = '2' OR 316 = '00') <input type="checkbox"/></p> <p>HAS HAD SEXUAL INTERCOURSE <input type="checkbox"/></p>	<p>→ 819</p>									
802	<p>CHECK FOR THE PRESENCE OF OTHERS. BEFORE CONTINUING. MAKE EVERY EFFORT TO ENSURE PRIVACY. READ TO RESPONDENTS:</p> <p>अब मैं आपसे संबंधों और लैंगिक जीवन के बारे में कुछ और सवाल पूछना चाहूंगी। मैं आपको फिर से विधाम दिलाती हूँ कि आपके उत्तर पूरी तरह से गोपनीय रहे जायेंगे और किसी को नहीं बताये जायेंगे। अगर आप किसी प्रश्न का उत्तर नहीं देना चाहते तो बुरे बताये, मैं अगले प्रश्न पर चली जाऊंगी।</p> <p>Now I need to ask you some more questions about relationships and sexual life. Once again, let me assure you that your answers are completely confidential. If we should come to any question that you don't want to answer, just let me know and I will skip to the next question.</p>										
803	<p>CHECK 103:</p> <p>15-24 YEARS OLD <input type="checkbox"/></p> <p>25-49 YEARS OLD <input type="checkbox"/></p>	<p>→ 805</p>									
804	<p>अब आपने पहली बार संभोग किया तो क्या कंडोम (निरोध) का इस्तेमाल किया गया था?</p> <p>The first time you had sexual intercourse, was a condom used?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DONT KNOW/DONT REMEMBER .... 8</p>									
805	<p>मैं आपसे आपकी हाल की यौन बतियाँ के बारे में पूछना चाहूंगी। आपने आखिरी बार संभोग कब किया था?</p> <p>I would like to ask you about your recent sexual activity. When was the last time you had sexual intercourse?</p> <p>IF LESS THAN 12 MONTHS, ANSWER MUST BE RECORDED IN DAYS, WEEKS, OR MONTHS. IF 12 MONTHS OR MORE, ANSWER MUST BE RECORDED IN YEARS.</p>	<p>DAYS AGO ..... 1</p> <p>WEEKS AGO ..... 2</p> <p>MONTHS AGO ..... 3</p> <p>YEARS AGO ..... 4</p> <table border="1" data-bbox="1252 967 1364 1182"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>									<p>→ 807</p> <p>→ 818</p>

NO.	QUESTIONS AND FILTERS	LAST SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER
806	आपने इस अन्य व्यक्ति के साथ आखिरी बार संभोग कब किया था? When was the last time you had sexual intercourse with this person?		DAYS AGO ..... 1 <input type="text"/> WEEKS AGO ..... 2 <input type="text"/> MONTHS AGO ..... 3 <input type="text"/>
807	आपने आखिरी बार जब (इस अन्य व्यक्ति के साथ) संभोग किया, तो क्या निरोध का इस्तेमाल किया गया था? The last time you had sexual intercourse (with this other person), was a condom used?	YES ..... 1 NO ..... 2 (SKIP TO 809) ←	YES ..... 1 NO ..... 2 (SKIP TO 809) ←
808	पिछले 12 महीनों में इस व्यक्ति के साथ संभोग करने समय प्रत्येक बार क्या आपने कंडोम [निरोध] का इस्तेमाल किया था? Was a condom used every time you had sexual intercourse with this person in the last 12 months?	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2
809	इस व्यक्ति का आपसे क्या संबंध था जिसके साथ आपने संभोग किया? What was your relationship to this person with whom you had sexual intercourse?	HUSBAND ..... 01 LIVE-IN PARTNER ..... 02 BOYFRIEND NOT LIVING WITH RESPONDENT ..... 03 OTHER FRIEND ..... 04 RELATIVE ..... 05 CASUAL ACQUAINTANCE ..... 06 SEX WORKER/CLIENT ..... 07 OTHER ..... 96 (SPECIFY) (SKIP TO 812) ←	HUSBAND ..... 01 LIVE-IN PARTNER ..... 02 BOYFRIEND NOT LIVING WITH RESPONDENT ..... 03 OTHER FRIEND ..... 04 RELATIVE ..... 05 CASUAL ACQUAINTANCE ..... 06 SEX WORKER/CLIENT ..... 07 OTHER ..... 96 (SPECIFY) (SKIP TO 812) ←
810	CHECK 307:	MARRIED ONLY ONCE <input type="checkbox"/> MARRIED MORE THAN ONCE (SKIP TO 812) <input type="checkbox"/>	MARRIED ONLY ONCE <input type="checkbox"/> MARRIED MORE THAN ONCE (SKIP TO 812) <input type="checkbox"/>
811	CHECK 316:	FIRST TIME WHEN STARTED LIVING WITH FIRST HUSBAND <input type="checkbox"/> OTHER <input type="checkbox"/> (SKIP TO 813)	FIRST TIME WHEN STARTED LIVING WITH FIRST HUSBAND <input type="checkbox"/> OTHER <input type="checkbox"/> (SKIP TO 813)
812	कितने समय पहले आपने अपना पहला संभोग (पिछले से पहले वाले) इस साथी के साथ किया? How long ago did you first have sexual intercourse with this (second-to-last) person?	DAYS AGO ..... 1 <input type="text"/> WEEKS AGO ..... 2 <input type="text"/> MONTHS AGO ..... 3 <input type="text"/> YEARS AGO ..... 4 <input type="text"/>	DAYS AGO ..... 1 <input type="text"/> WEEKS AGO ..... 2 <input type="text"/> MONTHS AGO ..... 3 <input type="text"/> YEARS AGO ..... 4 <input type="text"/>

NO.	QUESTIONS AND FILTERS	LAST SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER
813	<p>पिछले 12 महीनों में, आपने इस व्यक्ति के साथ कितनी बार संभोग किया?</p> <p>How many times during the last 12 months did you have sexual intercourse with this person?</p> <p>IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF TIMES IS 95 OR MORE, WRITE '95'.</p>	<p>NUMBER OF TIMES ..... <input type="text"/> <input type="text"/></p>	<p>NUMBER OF TIMES ..... <input type="text"/> <input type="text"/></p>
814	CHECK 103:	<p>AGE 15-24 <input type="checkbox"/> AGE 25-49 <input type="checkbox"/></p> <p>(SKIP TO 816) ←</p>	<p>AGE 15-24 <input type="checkbox"/> AGE 25-49 <input type="checkbox"/></p> <p>(SKIP TO 817) ←</p>
815	<p>इस व्यक्ति की उम्र कितनी है?</p> <p>How old is this person?</p>	<p>AGE OF PARTNER ..... <input type="text"/> <input type="text"/></p> <p>DONT KNOW ..... 98</p>	<p>AGE OF PARTNER ..... <input type="text"/> <input type="text"/></p> <p>DONT KNOW ..... 98</p>
816	<p>इस व्यक्ति के अलावा, क्या पिछले 12 महीनों में आपने किसी अन्य व्यक्ति के साथ संभोग किया है?</p> <p>Apart from this person, have you had sexual intercourse with any other person in the last 12 months?</p>	<p>YES ..... 1 (GO BACK TO 806 IN NEXT COLUMN) ←</p> <p>NO ..... 2 (SKIP TO 818) ←</p>	
817	<p>पिछले 12 महीनों में कुल गिनाकर आपने कितने व्यक्तियों के साथ संभोग किया है?</p> <p>In total, with how many different people have you had sexual intercourse in the last 12 months?</p> <p>IF NON-NUMERIC, PROBE TO GET AN ESTIMATE. IF NUMBER OF PARTNERS IS 95 OR MORE, WRITE '95'.</p>		<p>NUM. OF PARTNERS IN LAST 12 MONTHS . <input type="text"/> <input type="text"/></p> <p>DONT KNOW ..... 98</p>

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP												
818	<p>अपने अपने जीवनकाल में कुल मिलकर कितने व्यक्तियों के साथ संबंध किया है?</p> <p>In total, with how many different people have you had sexual intercourse in your lifetime?</p> <p>IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF PARTNERS IS GREATER THAN 95, RECORD '95'.</p>	<p>NUMBER OF PARTNERS IN LIFETIME ..... <input type="text"/> <input type="text"/></p> <p>DON'T KNOW ..... 98</p>													
819	PRESENCE OF OTHERS DURING THIS SECTION	<table border="0"> <tr> <td></td> <td style="text-align: center;">YES</td> <td style="text-align: center;">NO</td> </tr> <tr> <td>CHILDREN &lt;10 .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>MALE ADULTS .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>FEMALE ADULTS .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </table>		YES	NO	CHILDREN <10 .....	1	2	MALE ADULTS .....	1	2	FEMALE ADULTS .....	1	2	
	YES	NO													
CHILDREN <10 .....	1	2													
MALE ADULTS .....	1	2													
FEMALE ADULTS .....	1	2													
820	<p>क्या आपको उस स्थान की जानकारी है जहाँ से कोई व्यक्ति निरोध प्राप्त कर सकता है?</p> <p>Do you know of a place where a person can get condoms?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	→ 901												
821	<p>वह स्थान कहाँ है?</p> <p>कोई अन्य स्थान?</p> <p>Where is that?</p> <p>Any other place?</p> <p>RECORD ALL SOURCES MENTIONED.</p> <p>IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTRE, OR CLINIC IS PUBLIC OR PRIVATE HEALTH SECTOR, WRITE THE NAME OF THE PLACE(S).</p> <p>_____</p> <p style="text-align: center;">(NAME OF FACILITY/PLACE(S))</p>	<p><b>PUBLIC HEALTH SECTOR</b></p> <p>GOVT./MUNICIPAL HOSPITAL ... A</p> <p><b>AYUSH</b></p> <p>AYURVEDA ..... B</p> <p>YOGA AND NATUROPATHY ... C</p> <p>UNANI ..... D</p> <p>SIDHA ..... E</p> <p>HOMEOPATHY ..... F</p> <p>SOWA RIGPA (TTM) ..... G</p> <p>OTHER _____ H</p> <p style="text-align: center;">(SPECIFY)</p> <p>GOVT. DISPENSARY ..... I</p> <p>UHC/UHP/UFWC ..... J</p> <p>CHC/RURAL HOSPITAL/ BLOCK PHC ..... K</p> <p>PHC/ADDITIONAL PHC ..... L</p> <p>SUB-CENTRE/ANM ..... M</p> <p>GOVT. MOBILE CLINIC ..... N</p> <p>CAMP ..... O</p> <p>ANGANWADI/ICDS CENTRE ..... P</p> <p>ASHA ..... Q</p> <p>OTHER COMMUNITY BASED WORKER ..... R</p> <p>OTHER PUBLIC HEALTH SECTOR _____ S</p> <p style="text-align: center;">(SPECIFY)</p> <p>NGO OR TRUST HOSPITAL/ CLINIC ..... T</p> <p><b>PRIVATE HEALTH SECTOR</b></p> <p>PRIVATE HOSPITAL/CLINIC/ DOCTOR ..... U</p> <p>PRIVATE PARAMEDIC ..... V</p> <p>PVT. MOBILE CLINIC ..... W</p> <p><b>AYUSH</b></p> <p>AYURVEDA ..... X</p> <p>YOGA AND NATUROPATHY ... Y</p> <p>UNANI ..... Z</p> <p>SIDHA ..... AA</p> <p>HOMEOPATHY ..... AB</p> <p>SOWA RIGPA (TTM) ..... AC</p> <p>OTHER _____ AD</p> <p style="text-align: center;">(SPECIFY)</p> <p>TRADITIONAL HEALER ..... AE</p> <p>PHARMACY/DRUGSTORE ..... AF</p> <p>DAI (TBA) ..... AG</p> <p>OTHER PRIVATE HEALTH SECTOR _____ AH</p> <p style="text-align: center;">(SPECIFY)</p> <p><b>OTHER SOURCE</b></p> <p>RATION SHOP ..... BA</p> <p>OTHER SHOP ..... BB</p> <p>VENDING MACHINE ..... BC</p> <p>OTHER _____ BX</p> <p style="text-align: center;">(SPECIFY)</p>													

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
822	यदि आप बाहरी हैं तो क्या आप स्वयं निरोध प्राप्त कर सकती हैं? If you wanted to, could you yourself get a condom?	YES ..... 1 NO ..... 2 DONT KNOW/UNSURE ..... 8	
823	CHECK 330 AND 807 : 330 = CODE 'F' OR 807 = YES IN EITHER COLUMN <input type="checkbox"/>	OTHER <input type="checkbox"/>	→ 901
824	पिछली बार आपने कंडोम या निरोध कहां से लिया था? From where did you obtain the condom last time?	<b>PUBLIC HEALTH SECTOR</b> GOVT./MUNICIPAL HOSPITAL ..... 11 <b>AYUSH</b> AYURVEDA ..... 12 YOGA AND NATUROPATHY ..... 13 UNANI ..... 14 SIDDHA ..... 15 HOMEOPATHY ..... 16 SOWA RIGPA (TTM) ..... 17 OTHER ..... 18 (SPECIFY) GOVT. DISPENSARY ..... 19 UHC/UHP/UFWC ..... 20 CHC/RURAL HOSPITAL/ BLOCK PHC ..... 21 PHC/ADDITIONAL PHC ..... 22 SUB-CENTRE/ANM ..... 23 GOVT. MOBILE CLINIC ..... 24 CAMP ..... 25 ANGANWADI/ICDS CENTRE ..... 26 ASHA ..... 27 OTHER COMMUNITY BASED WORKER ..... 28 OTHER PUBLIC HEALTH SECTOR ..... 29 (SPECIFY) NGO OR TRUST HOSPITAL/ CLINIC ..... 31  <b>PRIVATE HEALTH SECTOR</b> PRIVATE HOSPITAL/CLINIC/ DOCTOR ..... 41 PRIVATE PARAMEDIC ..... 42 PVT. MOBILE CLINIC ..... 43 <b>AYUSH</b> AYURVEDA ..... 44 YOGA AND NATUROPATHY ..... 45 UNANI ..... 46 SIDDHA ..... 47 HOMEOPATHY ..... 48 SOWA RIGPA (TTM) ..... 49 OTHER ..... 50 (SPECIFY) TRADITIONAL HEALER ..... 61 PHARMACY/DRUGSTORE ..... 62 DAI (TBA) ..... 63 OTHER PRIVATE HEALTH SECTOR ..... 64 (SPECIFY) <b>OTHER SOURCE</b> RATION SHOP ..... 71 OTHER SHOP ..... 72 VENDING MACHINE ..... 73 FRIEND/RELATIVE ..... 74 OTHER ..... 96 (SPECIFY) DONT KNOW ..... 98	

SECTION 9. HUSBAND'S BACKGROUND AND WOMAN'S WORK

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
901	CHECK 301:  CURRENTLY MARRIED <input type="checkbox"/> NEVER MARRIED OR MARRIED, GAUNA NOT PERFORMED <input type="checkbox"/> OTHER <input type="checkbox"/>		911 903
902	आपके पति की उनके पिछले जन्मदिन पर आयु क्या थी? How old was your husband on his last birthday?	AGE IN COMPLETED YEARS ... <input type="text"/>	
903	क्या आपके (पिछले) पति कभी स्कूल गए हैं/थे? Did your (last) husband ever attend school?	YES ..... 1 NO ..... 2	905
904	उन्होंने कौन-सा उच्चतम कक्षा प्राप्त किया था? What was the highest grade he completed?	GRADE ..... <input type="text"/> DONT KNOW ..... 98	
905	CHECK 901:  CURRENTLY MARRIED <input type="checkbox"/> OTHER <input type="checkbox"/>  a. आपके पति का व्यवसाय क्या है? अर्थात् मुख्य रूप से वे किस प्रकार का काम करते हैं? What is your husband's occupation? That is, what kind of work does he mainly do?  b. आपके (पिछले) पति का व्यवसाय क्या था? अर्थात् मुख्य रूप से वे किस प्रकार का काम करते थे? What was your (last) husband's occupation? That is, what kind of work did he mainly do?	<input type="text"/> <input type="text"/> <input type="text"/>	
906	CHECK 901:  CURRENTLY MARRIED <input type="checkbox"/> OTHER <input type="checkbox"/>		913
907	क्या पिछले 7 दिनों में आपके पति ने कोई कार्य किया है? Has your husband done any work in the last 7 days?	YES ..... 1 NO ..... 2	909
908	क्या पिछले 12 महीनों में आपके पति ने कोई कार्य किया है? Has your husband done any work in the last 12 months?	YES ..... 1 NO ..... 2	
909	पिछले 12 महीनों में क्या आपके पति लगातार एक महीने या उससे अधिक समय के लिए घर से बाहर रहे हैं? In the last 12 months, has your husband been away from home for one month or more at a time?	YES ..... 1 NO ..... 2	911
910	पिछले 12 महीनों में क्या आपके पति लगातार 6 महीने या उससे अधिक समय के लिए घर से बाहर रहे हैं? In the last 12 months, has your husband been away from home for six months or more at a time?	YES ..... 1 NO ..... 2	
911	आपके अपने घरेलू काम के अलावा, क्या पिछले सात दिनों में आपने कोई काम किया है? Aside from your own housework, have you done any work in the last seven days?	YES ..... 1 NO ..... 2	915
912	जैसा कि आप जानती हैं, कुछ महिलाएं पैसे का काम करती हैं जिसके लिए उन्हें लालच या किसी चीज के रूप में भुगतान किया जाता है, अन्य महिलाएं सामान बेचती हैं, छोटा व्यवसाय करती हैं, अथवा घर की खेती या घर के आसपास में हाथ बंटाती हैं। पिछले सात दिनों में, क्या आपने इनमें से कोई काम या कोई और काम किया है?  As you know, some women take up jobs for which they are paid in cash or kind. Others sell things, have a small business or work on the family farm or in the family business. In the last seven days, have you done any of these things or any other work?	YES ..... 1 NO ..... 2	915

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
913	<p>पछले आठ दिनों में काम नहीं किया तो भी क्या आपके पास कोई नौकरी या व्यवसाय है जिससे आप छुट्टी, बीमारी, अवकाश, प्रसूति छुट्टी या किसी अन्य ऐसे कारण से अनुपस्थित थीं?</p> <p>Although you did not work in the last seven days, do you have any job or business from which you were absent for leave, illness, vacation, maternity leave or any other such reason?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	→ 915
914	<p>पिछले 12 महीनों में क्या आपने कोई काम किया है?</p> <p>Have you done any work in the last 12 months?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	→ 919
915	<p>आपका व्यवसाय क्या है, अर्थात् मुख्यतः आप किस प्रकार का काम करती हैं?</p> <p>What is your occupation, that is, what kind of work do you mainly do?</p>	<div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px;"></div>	
916	<p>क्या आप वह काम अपने परिवार के सदस्य के लिए या किसी अन्य के लिए करती हैं या आपका काम का व्यवसाय है?</p> <p>Do you do this work for a member of your family, for someone else, or are you self-employed?</p>	<p>FOR FAMILY MEMBER ..... 1</p> <p>FOR SOMEONE ELSE ..... 2</p> <p>SELF-EMPLOYED ..... 3</p>	
917	<p>क्या आप सततता: पूरे वर्ष में काम करती हैं, किसी विशेष मौसम में काम करती हैं या केवल कभी-कभार ही काम करती हैं?</p> <p>Do you usually work throughout the year, or do you work seasonally, or only once in a while?</p>	<p>THROUGHOUT THE YEAR ..... 1</p> <p>SEASONALLY/PART OF THE YEAR ..... 2</p> <p>ONCE IN A WHILE ..... 3</p>	
918	<p>इस काम के लिए क्या आपको नगद भुगतान किया जाता है या कोई वस्तु मिलती है, या कुछ भी नहीं दिया जाता है?</p> <p>Are you paid in cash or kind for this work, or are you not paid at all?</p>	<p>CASH ONLY ..... 1</p> <p>CASH AND KIND ..... 2</p> <p>IN KIND ONLY ..... 3</p> <p>NOT PAID ..... 4</p>	
919	<p>पिछले 12 महीनों में क्या आप लगातार एक महीने या उससे अधिक समय के लिए घर (माता-पिता/भाय-बसुर के घर के अतिरिक्त) से दूर रही हैं?</p> <p>In the last 12 months, have you been away from home other than parental/in-laws home for one month or more at a time?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	→ 921
920	<p>पिछले 12 महीनों में क्या आप लगातार 6 महीने या उससे अधिक समय के लिए घर (माता-पिता/भाय-बसुर के घर के अतिरिक्त) से दूर रही हैं?</p> <p>In the last 12 months, have you been away from home other than parental/in-laws home for six months or more at a time?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	
921	<p>CHECK 301: MARITAL STATUS</p> <p>CURRENTLY MARRIED <input type="checkbox"/></p> <p>OTHER <input type="checkbox"/></p>		→ 929
922	<p>CHECK 918: CASH EARNINGS</p> <p>CODE 1 OR 2 CIRCLED <input type="checkbox"/></p> <p>OTHER <input type="checkbox"/></p>		→ 925
923	<p>आपके द्वारा कमाए गए रुपये-पैसे का उपयोग किस तरह किया जाए, इनका निर्णय कौन करता है: मुख्यतः आप, मुख्यतः आपके पति या आप और आपके पति मिलकर?</p> <p>Who decides how the money you earn will be used: mainly you, mainly your husband, or you and your husband jointly?</p>	<p>RESPONDENT ..... 1</p> <p>HUSBAND ..... 2</p> <p>RESPONDENT AND HUSBAND JOINTLY ..... 3</p> <p>OTHER ..... 6</p>	
924	<p>क्या आप यह कहेंगी कि आप जो रुपये-पैसे कमाती हैं वह आपके पति जो कमाते हैं उससे अधिक है, कम है या लगभग उतना ही है?</p> <p>Would you say that the money that you earn is more than what your husband earns, less than what he earns, or about the same?</p>	<p>MORE THAN HUSBAND ..... 1</p> <p>LESS THAN HUSBAND ..... 2</p> <p>ABOUT THE SAME ..... 3</p> <p>HUSBAND HAS NO EARNINGS ..... 4</p> <p>DON'T KNOW ..... 8</p>	→ 926

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
925	आपके पति द्वारा कमाए गए रुपये/पैसे का उपयोग किस तरह किया जाए इसका निर्णय कौन करता है: मुख्यतः आप, मुख्यतः आपके पति या आप और आपके पति मिलकर? Who decides how your husband's earnings will be used: mainly you, mainly your husband, or you and your husband jointly?	RESPONDENT ..... 1 HUSBAND ..... 2 RESPONDENT AND HUSBAND JOINTLY ..... 3 HUSBAND HAS NO EARNINGS ..... 4 OTHER ..... 5	
926	आपके अपने मरना-मरना की देखभाल के बारे में आमतौर पर कौन निर्णय लेता है/सुझाव देता है: आप, मुख्यतः आपके पति या आप और आपके पति मिलकर या और कोई? Who usually makes decisions about health care for yourself: mainly you, mainly your husband, you and your husband jointly, or someone else?	RESPONDENT ..... 1 HUSBAND ..... 2 RESPONDENT AND HUSBAND JOINTLY ..... 3 SOMEONE ELSE ..... 4 OTHER ..... 5	
927	घर के बड़े-बड़े सामानों की खरीददारी के बारे में निर्णय आमतौर पर कौन लेता है: आप, मुख्यतः आप, मुख्यतः आपके पति या आप और आपके पति मिलकर या और कोई? Who usually makes decisions about making major household purchases: mainly you, mainly your husband, you and your husband jointly, or someone else?	RESPONDENT ..... 1 HUSBAND ..... 2 RESPONDENT AND HUSBAND JOINTLY ..... 3 SOMEONE ELSE ..... 4 OTHER ..... 5	
928	आपके मायके के परिवार या रिश्तेदारों के पास जाने के बारे में आमतौर पर कौन निर्णय लेता है: मुख्यतः आप, मुख्यतः आपके पति या आप और आपके पति मिलकर या और कोई? Who usually makes decisions about visits to your family or relatives: mainly you, mainly your husband, you and your husband jointly, or someone else?	RESPONDENT ..... 1 HUSBAND ..... 2 RESPONDENT AND HUSBAND JOINTLY ..... 3 SOMEONE ELSE ..... 4 OTHER ..... 5	
929	क्या आपके अपने पास कोई रुपया-पैसा है जिसका उपयोग केवल आप ही कर सकते हैं? Do you have any money of your own that you alone can decide how to use?	YES ..... 1 NO ..... 2	
930	क्या आपको इन स्थानों पर सामान्यतः अकेले जाने की या केवल किसी के साथ जाने की अनुमति है, या बिल्कुल अनुमति नहीं है? Are you usually allowed to go to the following places alone, only with someone else, or not at all? a. बाजार में? To the market? b. स्वास्थ्य सुविधा में? To the health facility? c. (गांव/समुदाय) के बाहर के स्थान पर? To places outside this (village/community)?	ALONE WITH SOMEONE ELSE ONLY NOT AT ALL MKT ..... 1 2 3 HEALTH ..... 1 2 3 OUT ..... 1 2 3	
931	क्या आपके पास बैंक या बचत खाता है जिसका आप खुद इस्तेमाल करती हैं? Do you have a bank or savings account that you yourself use?	YES ..... 1 NO ..... 2	
932	क्या आपके पास कोई अपना मोबाइल फोन है जिसका उपयोग आप खुद करती हैं? Do you have any mobile phone that you yourself use?	YES ..... 1 NO ..... 2	→ 934
933	क्या वित्तीय (पैसे के) लेन-देन के लिए आप मोबाइल फोन का इस्तेमाल करती हैं? Do you use your mobile phone for any financial transactions?	YES ..... 1 NO ..... 2	
934	क्या आपने कभी इंटरनेट का इस्तेमाल किया है? Have you ever used the internet?	YES ..... 1 NO ..... 2	
935	CHECK 106: EDUCATION GRADE 0-5 OR BLANK <input type="checkbox"/> GRADE 6 AND ABOVE <input type="checkbox"/>		→ 937
936	CHECK 108: LITERACY CODE '2', '3' OR '4' CIRCLED <input type="checkbox"/> CODE '1' OR '5' CIRCLED <input type="checkbox"/>		→ 938
937	क्या आप लिखा हुआ संदेश(SMS) पढ़ सकते हैं? Are you able to read text (SMS) messages?	YES ..... 1 NO ..... 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																
938	क्या आप अकेले या संयुक्त रूप से इस घर के या किसी अन्य घर के मालिक हैं? Do you own this or any other house either alone or jointly with someone else?	ALONE ONLY ..... 1 JOINTLY ONLY ..... 2 BOTH ALONE AND JOINTLY ..... 3 DOES NOT OWN ..... 4																																	
939	क्या आप अकेले या संयुक्त रूप से किसी भी जमीन के मालिक हैं? Do you own any agricultural or non-agricultural land either alone or jointly with someone else?	ALONE ONLY ..... 1 JOINTLY ONLY ..... 2 BOTH ALONE AND JOINTLY ..... 3 DOES NOT OWN ..... 4																																	
940	क्या आप इस क्षेत्र में किसी ऐसे कार्यक्रम के बारे में जानती हैं जिसमें महिलाओं को उनका अपना व्यापार शुरू करने या उसे बढ़ाने के लिए कर्ज दिया जाता है? Do you know of any programmes in this area that give loans to women to start or expand a business of their own?	YES ..... 1 NO ..... 2	→ 942																																
941	क्या आपने कभी अपना व्यापार शुरू करने या उसे बढ़ाने के लिए, ऐसे किसी कार्यक्रम से सहाय या ऋण के रूप में स्वीकृत कर्ज ले लिया है? Have you yourself ever taken a loan, in cash or in kind, from any of these programmes, to start or expand a business?	YES ..... 1 NO ..... 2																																	
942	PRESENCE OF OTHERS AT THIS POINT (PRESENT AND LISTENING, PRESENT BUT NOT LISTENING, OR NOT PRESENT)	<table border="1"> <thead> <tr> <th></th> <th>PRES./</th> <th>PRES./</th> <th>NOT</th> </tr> <tr> <th></th> <th>LISTEN.</th> <th>LISTEN.</th> <th>PRES.</th> </tr> </thead> <tbody> <tr> <td>CHILDREN &lt; 10</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>HUSBAND</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>OTHER MALES</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>OTHER FEMALES</td> <td>1</td> <td>2</td> <td>3</td> </tr> </tbody> </table>		PRES./	PRES./	NOT		LISTEN.	LISTEN.	PRES.	CHILDREN < 10	1	2	3	HUSBAND	1	2	3	OTHER MALES	1	2	3	OTHER FEMALES	1	2	3									
	PRES./	PRES./	NOT																																
	LISTEN.	LISTEN.	PRES.																																
CHILDREN < 10	1	2	3																																
HUSBAND	1	2	3																																
OTHER MALES	1	2	3																																
OTHER FEMALES	1	2	3																																
943	आपकी राय में, क्या इन परिस्थितियों में पति द्वारा पत्नी को मारना-पीटना उचित है: In your opinion, is a husband justified in hitting or beating his wife in the following situations: a. यदि वह पति को बिना बताए नहीं बाहर जाती है? If she goes out without telling him? b. यदि वह घर या बच्चे की देखभाल नहीं करती है? If she neglects the house or the children? c. यदि वह पति के साथ झगड़ करती है? If she argues with him? d. यदि वह पति के साथ आत्मिक संबंध के लिए सख्त करती है? If she refuses to have sex with him? e. यदि वह ठीक तरह से खाना नहीं पकाती है? If she doesn't cook food properly? f. यदि पति उसके भ्रम-भ्रम पर संदेह करता है? If he suspects her of being unfaithful? g. यदि वह सम्मान बर्बाद करने का अनादर करती है? If she shows disrespect for in-laws?	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DON'T KNOW</th> </tr> </thead> <tbody> <tr> <td>GOES OUT</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>NEGL. HS/CHILDREN</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>ARGUES</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>REFUSES SEX</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>POOR COOKING</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>UNFAITHFUL</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>DISRESPECT</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DON'T KNOW	GOES OUT	1	2	8	NEGL. HS/CHILDREN	1	2	8	ARGUES	1	2	8	REFUSES SEX	1	2	8	POOR COOKING	1	2	8	UNFAITHFUL	1	2	8	DISRESPECT	1	2	8	
	YES	NO	DON'T KNOW																																
GOES OUT	1	2	8																																
NEGL. HS/CHILDREN	1	2	8																																
ARGUES	1	2	8																																
REFUSES SEX	1	2	8																																
POOR COOKING	1	2	8																																
UNFAITHFUL	1	2	8																																
DISRESPECT	1	2	8																																
944	यदि पत्नी यह जानती है कि उसके पति को यौन संचारित रोग है तो क्या उसमें यह सुझाव उचित है कि वे संभोग के समय कंडोम [निरोध] का उपयोग करें? If a wife knows her husband has a sexually transmitted disease, is she justified in asking that they use a condom when they have sex?	YES ..... 1 NO ..... 2 DONT KNOW ..... 8																																	
945	यदि पत्नी यह जानती है कि उसका पति अन्य महिला के साथ यौन संबंध रखता है तो क्या उसका अपने पति के साथ यौन संबंध से इनकार करना उचित है? If a wife knows her husband has sex with other women, is she justified in refusing to have sex with him?	YES ..... 1 NO ..... 2 DONT KNOW ..... 8																																	
946	CHECK 301: CURRENTLY <input checked="" type="checkbox"/> MARRIED      OTHER <input type="checkbox"/>		→ 1001																																
947	यदि आप संभोग नहीं करना चाहती हैं तो क्या आप अपने पति को नहीं कह सकती हैं? Can you say no to your husband if you do not want to have sexual intercourse with him?	YES ..... 1 NO ..... 2																																	

**SECTION 10. HIV/AIDS AND OTHER SEXUALLY TRANSMITTED INFECTIONS**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1001	अब मैं आपसे किसी अन्य विषय के बारे में बातचीत करना चाहूँगी। क्या आपने कभी ऐसी बीमारी के बारे में सुना है जिसे एड्स कहते हैं? Now I would like to talk about something else. Have you ever heard of an illness called AIDS?	YES ..... 1 NO ..... 2	
1002	क्या आपने कभी एच आइ वी के बारे में सुना है? Have you ever heard of HIV?	YES ..... 1 NO ..... 2	
1003	CHECK 1001 AND 1002: KNOWS ABOUT HIV/AIDS AT LEAST <input type="checkbox"/> ONE 'YES'	OTHER <input type="checkbox"/>	→ 1048
1004	किन सूचना माध्यमों से आपने एच आइ वी/एड्स के विषय में जाना है? कोई अन्य माध्यम? From which sources of information have you learned about HIV/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 EDUC. PROGRAMME ..... H RELIGIOUS LEADERS ..... I POLITICAL LEADERS ..... J SCHOOL/TEACHERS ..... K COMMUNITY MEETINGS ..... L HUSBAND ..... M FRIENDS/RELATIVES ..... N WORK PLACE ..... O INTERNET ..... P OTHER ..... X (SPECIFY)	
1005	एच आइ वी का वायरस है जिससे एड्स हो सकता है। क्या लोग एच आइ वी से संक्रमित होने की संभावना को कम कर सकते हैं यदि वे केवल एक ही ऐसे यौन साथी से संबंध रखें, जिसे खुद एच आइ वी या हो और जिसका कोई दूसरा यौन साथी ना हो? HIV is the virus that can lead to AIDS. Can people reduce their chance of getting HIV by having just one uninfected sex partner who has no other sex partners?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
1006	क्या व्यक्ति को मच्छर के काटने से एच आइ वी हो सकता है? Can people get HIV from mosquito bites?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
1007	क्या व्यक्ति जब भी संबंध करने को प्रत्येक बार निरोध का इस्तेमाल करके एच आइ वी होने की संभावना को कम कर सकता है? Can people reduce their chances of getting HIV by using a condom every time they have sex?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
1008	क्या लोगों को खून या खून के उत्पाद चढ़ाने से एच आइ वी हो सकता है? Can people get HIV from blood products or blood transfusions?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
1009	क या नुई में नशा देने पर एच आइ वी हो सकता है? Can people get HIV by injecting drugs?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
1010	क्या एच आइ वी से पीड़ित व्यक्ति के साथ खाना खाने से किसी व्यक्ति को एच आइ वी हो सकता है? Can people get HIV by sharing food with a person who has HIV?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
1011	क्या कोई अन्य उपाय है जिससे व्यक्ति एच आइ वी/एड्स होने की संभावना को टाल या कम कर सकता है? Is there anything else a person can do to avoid or reduce the chances of getting HIV/AIDS?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 1013

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																
1012	<p>व्यक्ति क्या कर सकता है?          कोई अन्य उपाय?          What can a person do?          Anything else?</p> <p>RECORD ALL WAYS MENTIONED.</p>	<p>ABSTAIN FROM SEX ..... A          USE CONDOMS ..... B          LIMIT SEX TO ONE PARTNER/STAY          FAITHFUL TO ONE PARTNER .... C          LIMIT NUMBER OF SEXUAL          PARTNERS ..... D          AVOID SEX WITH SEX WORKERS .... E          AVOID SEX WITH PERSONS WHO          HAVE MANY PARTNERS ..... F          AVOID SEX WITH HOMOSEXUALS .... G          AVOID SEX WITH PERSONS WHO          INJECT DRUGS ..... H          AVOID BLOOD TRANSFUSIONS ..... I          USE BLOOD ONLY FROM          RELATIVES ..... J          AVOID INJECTIONS ..... K          USE ONLY NEW/STERILIZED          NEEDLES ..... L          AVOID IV DRIP ..... M          AVOID SHARING RAZORS/BLADES . N          AVOID KISSING ..... O          AVOID MOSQUITO BITES ..... P</p> <p>OTHER _____ W          (SPECIFY)</p> <p>OTHER _____ X          (SPECIFY)</p> <p>DON'T KNOW ..... Z</p>																	
1013	<p>क्या यह संभव है कि किसी स्वस्थ दिखने वाले व्यक्ति को एच आइ वी हो?          Is it possible for a healthy-looking person to have HIV?</p>	<p>YES ..... 1          NO ..... 2          DON'T KNOW ..... 8</p>																	
1014	<p>क्या एच आइ वी माँ से उसके बच्चे को हो सकता है          Can HIV be transmitted from a mother to her baby:</p> <p>a. गर्भावस्था या के दौरान?          During pregnancy?          b. बच्चे के जन्म के दौरान?          During delivery?          c. स्तनपान के दौरान?          By breastfeeding?</p>	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>DURING PREGNANCY .</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>DURING DELIVERY ....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>BREASTFEEDING .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DK	DURING PREGNANCY .	1	2	8	DURING DELIVERY ....	1	2	8	BREASTFEEDING .....	1	2	8	
	YES	NO	DK																
DURING PREGNANCY .	1	2	8																
DURING DELIVERY ....	1	2	8																
BREASTFEEDING .....	1	2	8																
1015	<p>CHECK 1014:</p> <p>AT LEAST <input type="checkbox"/>          ONE 'YES' ↓</p>	<p>OTHER <input type="checkbox"/> → 1017</p>																	
1016	<p>क्या कोई ऐसी विशेष दवाइया है जो डॉक्टर या नर्स एच आइ वी से संक्रमित महिला को देकर एच आइ वी को माता से बच्चे में जाने के खतरे को कम कर सकता है?          Are there any special drugs that a doctor or a nurse can give to a woman infected with HIV to reduce the risk of transmission to the baby?</p>	<p>YES ..... 1          NO ..... 2          DON'T KNOW ..... 8</p>																	
1017	<p>क्या आपने विशेष 'एन्टी-रिट्रोवायरल द्रव्य' (USE LOCAL NAME(S)) के बारे में सुना है जिसे एच आइ वी/एड्स से संक्रमित व्यक्ति अपने जीवन की अवधि बढ़ाने के लिए डॉक्टर या नर्स से प्राप्त कर सकते हैं?          Have you heard about special antiretroviral drugs (USE LOCAL (NAME(S))) that people infected with HIV/AIDS can get from a doctor or a nurse to help them live longer?</p>	<p>YES ..... 1          NO ..... 2</p>																	
1018	<p>CHECK 208 AND 215:</p> <p>LAST BIRTH SINCE 2018 <input type="checkbox"/></p>	<p>NO BIRTHS <input type="checkbox"/> → 1033</p> <p>LAST BIRTH BEFORE 2018 <input type="checkbox"/> → 1033</p>																	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																																		
1019	CHECK 414 FOR LAST BIRTH:  HAD ANTENATAL CARE <input type="checkbox"/> NO ANTENATAL CARE <input type="checkbox"/>		→ 1027																																																		
1020	CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.																																																				
1021	आपके अंतिमी जन्म के प्रसवपूर्व जांच के दौरान निम्न तलिका में संबंधित कोई भी सुचना दी गई थी: During any of the antenatal visits for your last birth were you given any information about:  a. मां से बच्ची को एच आइ वी का संक्रमण Babies getting HIV from their mother? b. आप एच आइ वी को होने से रोकने के लिए क्या कर सकते हैं? Things that you can do to prevent getting HIV? c. आप एच आइ वी के लिए जांच करा सकते हैं? Getting tested for HIV?	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>HIV FROM MOTHER . . . . .</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>THINGS TO DO . . . . .</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>TESTED FOR HIV . . . . .</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DK	HIV FROM MOTHER . . . . .	1	2	8	THINGS TO DO . . . . .	1	2	8	TESTED FOR HIV . . . . .	1	2	8																																			
	YES	NO	DK																																																		
HIV FROM MOTHER . . . . .	1	2	8																																																		
THINGS TO DO . . . . .	1	2	8																																																		
TESTED FOR HIV . . . . .	1	2	8																																																		
1022	प्रसवपूर्व देखभाल के दौरान क्या आपको एच आइ वी की जांच कराने के लिए कहा गया था? Were you offered a test for HIV as part of your antenatal care?	<table border="0"> <tbody> <tr> <td>YES . . . . .</td> <td>1</td> </tr> <tr> <td>NO . . . . .</td> <td>2</td> </tr> </tbody> </table>	YES . . . . .	1	NO . . . . .	2																																															
YES . . . . .	1																																																				
NO . . . . .	2																																																				
1023	मैं जांच का परिणाम नहीं जानना चाहती, लेकिन आपके प्रसवपूर्व देखभाल के दौरान क्या आपको एच आइ वी की जांच की गई थी? I don't want to know the results, but were you tested for HIV as part of your antenatal care?	<table border="0"> <tbody> <tr> <td>YES . . . . .</td> <td>1</td> </tr> <tr> <td>NO . . . . .</td> <td>2</td> </tr> </tbody> </table>	YES . . . . .	1	NO . . . . .	2	→ 1027																																														
YES . . . . .	1																																																				
NO . . . . .	2																																																				
1024	जांच कहाँ की गयी थी? Where was the test done?  PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.  _____ (NAME OF FACILITY/PLACE)	<table border="0"> <tbody> <tr> <td colspan="2"><b>PUBLIC HEALTH SECTOR</b></td> </tr> <tr> <td>GOVERNMENT HOSPITAL . . . . .</td> <td>11</td> </tr> <tr> <td>GOVT. HEALTH CENTRE . . . . .</td> <td>12</td> </tr> <tr> <td>STAND-ALONE ICTC . . . . .</td> <td>13</td> </tr> <tr> <td>FAMILY PLANNING CLINIC . . . . .</td> <td>14</td> </tr> <tr> <td>MOBILE CLINIC . . . . .</td> <td>15</td> </tr> <tr> <td>FIELDWORKER . . . . .</td> <td>16</td> </tr> <tr> <td>SCHOOL BASED CLINIC . . . . .</td> <td>17</td> </tr> <tr> <td>OTHER PUBLIC SECTOR _____</td> <td>18</td> </tr> <tr> <td colspan="2" style="text-align: center;">(SPECIFY)</td> </tr> <tr> <td>NGO OR TRUST HOSPITAL/CLINIC . . . . .</td> <td>20</td> </tr> <tr> <td colspan="2"><b>PRIVATE HEALTH SECTOR</b></td> </tr> <tr> <td>PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR . . . . .</td> <td>21</td> </tr> <tr> <td>STAND-ALONE ICTC . . . . .</td> <td>22</td> </tr> <tr> <td>PHARMACY . . . . .</td> <td>23</td> </tr> <tr> <td>MOBILE CLINIC . . . . .</td> <td>24</td> </tr> <tr> <td>FIELDWORKER . . . . .</td> <td>25</td> </tr> <tr> <td>SCHOOL BASED CLINIC . . . . .</td> <td>26</td> </tr> <tr> <td>OTHER PRIVATE HEALTH SECTOR _____</td> <td>27</td> </tr> <tr> <td colspan="2" style="text-align: center;">(SPECIFY)</td> </tr> <tr> <td colspan="2"><b>OTHER SOURCE</b></td> </tr> <tr> <td>HOME . . . . .</td> <td>31</td> </tr> <tr> <td>CORRECTIONAL FACILITY . . . . .</td> <td>32</td> </tr> <tr> <td>OTHER _____</td> <td>96</td> </tr> <tr> <td colspan="2" style="text-align: center;">(SPECIFY)</td> </tr> </tbody> </table>	<b>PUBLIC HEALTH SECTOR</b>		GOVERNMENT HOSPITAL . . . . .	11	GOVT. HEALTH CENTRE . . . . .	12	STAND-ALONE ICTC . . . . .	13	FAMILY PLANNING CLINIC . . . . .	14	MOBILE CLINIC . . . . .	15	FIELDWORKER . . . . .	16	SCHOOL BASED CLINIC . . . . .	17	OTHER PUBLIC SECTOR _____	18	(SPECIFY)		NGO OR TRUST HOSPITAL/CLINIC . . . . .	20	<b>PRIVATE HEALTH SECTOR</b>		PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR . . . . .	21	STAND-ALONE ICTC . . . . .	22	PHARMACY . . . . .	23	MOBILE CLINIC . . . . .	24	FIELDWORKER . . . . .	25	SCHOOL BASED CLINIC . . . . .	26	OTHER PRIVATE HEALTH SECTOR _____	27	(SPECIFY)		<b>OTHER SOURCE</b>		HOME . . . . .	31	CORRECTIONAL FACILITY . . . . .	32	OTHER _____	96	(SPECIFY)		
<b>PUBLIC HEALTH SECTOR</b>																																																					
GOVERNMENT HOSPITAL . . . . .	11																																																				
GOVT. HEALTH CENTRE . . . . .	12																																																				
STAND-ALONE ICTC . . . . .	13																																																				
FAMILY PLANNING CLINIC . . . . .	14																																																				
MOBILE CLINIC . . . . .	15																																																				
FIELDWORKER . . . . .	16																																																				
SCHOOL BASED CLINIC . . . . .	17																																																				
OTHER PUBLIC SECTOR _____	18																																																				
(SPECIFY)																																																					
NGO OR TRUST HOSPITAL/CLINIC . . . . .	20																																																				
<b>PRIVATE HEALTH SECTOR</b>																																																					
PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR . . . . .	21																																																				
STAND-ALONE ICTC . . . . .	22																																																				
PHARMACY . . . . .	23																																																				
MOBILE CLINIC . . . . .	24																																																				
FIELDWORKER . . . . .	25																																																				
SCHOOL BASED CLINIC . . . . .	26																																																				
OTHER PRIVATE HEALTH SECTOR _____	27																																																				
(SPECIFY)																																																					
<b>OTHER SOURCE</b>																																																					
HOME . . . . .	31																																																				
CORRECTIONAL FACILITY . . . . .	32																																																				
OTHER _____	96																																																				
(SPECIFY)																																																					
1025	मैं परिणाम नहीं जानना चाहती लेकिन क्या आपको जांच का परिणाम मिला? I don't want to know the results, but did you get the results of the test?	<table border="0"> <tbody> <tr> <td>YES . . . . .</td> <td>1</td> </tr> <tr> <td>NO . . . . .</td> <td>2</td> </tr> </tbody> </table>	YES . . . . .	1	NO . . . . .	2	→ 1031																																														
YES . . . . .	1																																																				
NO . . . . .	2																																																				

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1026	सभी महिलाओं को जांच के बाद परामर्श देना मिलना चाहिए, आपकी जांच के बाद क्या आपको परामर्श देना मिला था? All women are supposed to receive counseling after being tested. After you were tested, did you receive counseling?	YES ..... 1 NO ..... 2 DONT KNOW ..... 8	→ 1031
1027	CHECK 448 FOR LAST BIRTH: PLACE OF BIRTH IN A FACILITY <input type="checkbox"/> OTHER <input type="checkbox"/> PLACE		→ 1033
1028	जब आप प्रसव के लिए तैयारी थीं, लेकिन बच्चे के जन्म से पहले क्या आपको एच आइ वी की जांच के लिए कहा गया था? Between the time you went for delivery but before the baby was born, were you offered a test for HIV?	YES ..... 1 NO ..... 2	
1029	मैं जांच का परिणाम नहीं जानना चाहती, लेकिन क्या आपको उस समय एच आइ वी की जांच की कभी थी? I don't want to know the results, but were you tested for HIV at that time?	YES ..... 1 NO ..... 2	→ 1033
1030	मैं जांच का परिणाम नहीं जानना चाहती, लेकिन क्या आपको जांच का परिणाम मिला? I don't want to know the results, but did you get the results of the test?	YES ..... 1 NO ..... 2	
1031	प्रसव या के दौरान की कभी एच आइ वी की जांच के बाद क्या कभी आपने जांच करवायी थी? Have you been tested for HIV since that time you were tested during your pregnancy?	YES ..... 1 NO ..... 2	
1032	कितने महीने पहले आपने अपना अखिरी एच आइ वी की जांच करवायी थी? How many months ago was your most recent HIV test?	MONTHS AGO ..... <input type="text"/> TWO OR MORE YEARS ..... 95	→ 1039
1033	मैं परिणाम नहीं जानना चाहती हूँ, लेकिन क्या कभी आपको एच आइ वी की जांच की गई थी? I don't want to know the results, but have you ever been tested to see if you have HIV?	YES ..... 1 NO ..... 2	→ 1037
1034	कितने महीने पहले आपने अपना अखिरी एच आइ वी की जांच करवायी थी? How many months ago was your most recent HIV test?	MONTHS AGO ..... <input type="text"/> TWO OR MORE YEARS ..... 95	
1035	मैं परिणाम नहीं जानना चाहती लेकिन क्या आपको जांच का परिणाम मिला? I don't want to know the results, but did you get the results of the test?	YES ..... 1 NO ..... 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1036	<p>जहाँ जहाँ की गयी थी? Where was the test done?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF FACILITY/PLACE)</p>	<p><b>PUBLIC HEALTH SECTOR</b></p> <p>GOVERNMENT HOSPITAL ..... 11</p> <p>GOVT. HEALTH CENTRE ..... 12</p> <p>STAND-ALONE ICTC ..... 13</p> <p>FAMILY PLANNING CLINIC ..... 14</p> <p>MOBILE CLINIC ..... 15</p> <p>FIELDWORKER ..... 16</p> <p>SCHOOL BASED CLINIC ..... 17</p> <p>OTHER PUBLIC HEALTH SECTOR ..... 18</p> <p>(SPECIFY)</p> <p>NGO OR TRUST HOSPITAL/CLINIC ... 20</p> <p><b>PRIVATE HEALTH SECTOR</b></p> <p>PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR ..... 21</p> <p>STAND-ALONE ICTC ..... 22</p> <p>PHARMACY ..... 23</p> <p>MOBILE CLINIC ..... 24</p> <p>FIELDWORKER ..... 25</p> <p>SCHOOL BASED CLINIC ..... 26</p> <p>OTHER PRIVATE HEALTH SECTOR ..... 27</p> <p>(SPECIFY)</p> <p><b>OTHER SOURCE</b></p> <p>HOME ..... 31</p> <p>CORRECTIONAL FACILITY ..... 32</p> <p>OTHER ..... 96</p> <p>(SPECIFY)</p>	<p>→ 1039</p>
1037	<p>क्या आप ऐसे किसी स्थान को जानती हैं जहाँ पर एक आर की बी जांच कराने के लिए लोग जा सकते हैं? Do you know of a place where people can go to get tested for HIV?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	<p>→ 1039</p>
1038	<p>कहाँ स्थान जहाँ पर है? कौन सा अन्य स्थान? Where is that? Any other place?</p> <p>RECORD ALL PLACES MENTIONED.</p> <p>IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTRE, OR CLINIC IS PUBLIC OR PRIVATE HEALTH SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF FACILITY/PLACE(S))</p>	<p><b>PUBLIC HEALTHSECTOR</b></p> <p>GOVERNMENT HOSPITAL ..... A</p> <p>GOVT. HEALTH CENTRE ..... B</p> <p>STAND-ALONE ICTC ..... C</p> <p>FAMILY PLANNING CLINIC ..... D</p> <p>MOBILE CLINIC ..... E</p> <p>FIELDWORKER ..... F</p> <p>SCHOOL BASED CLINIC ..... G</p> <p>OTHER PUBLIC HEALTH SECTOR ..... H</p> <p>(SPECIFY)</p> <p>NGO OR TRUST HOSPITAL/CLINIC ... I</p> <p><b>PRIVATE HEALTH SECTOR</b></p> <p>PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR ..... J</p> <p>STAND-ALONE ICTC ..... K</p> <p>PHARMACY ..... L</p> <p>MOBILE CLINIC ..... M</p> <p>FIELDWORKER ..... N</p> <p>SCHOOL BASED CLINIC ..... O</p> <p>OTHER PRIVATE HEALTH SECTOR ..... P</p> <p>(SPECIFY)</p> <p><b>OTHER SOURCE</b></p> <p>HOME ..... Q</p> <p>CORRECTIONAL FACILITY ..... R</p> <p>OTHER ..... X</p> <p>(SPECIFY)</p>	

NO.	QUESTIONS AND FILTERS	SCORING CATEGORIES	SKIP
1039	यदि आप जानती हैं कि इस दुकानदार या बिक्रेता को एच आइ वी है, तो क्या आप उससे सब्जियां खरीदेंगी? Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had HIV?	YES ..... 1 NO ..... 2 DK/NOT SURE/DEPENDS ..... 8	
1040	क्या आपके विचार में एच आइ वी प्रभावित बच्चे को उस सब्जि वाले के साथियों के साथ स्कूल में एच आइ वी नहीं है, स्कूल जाने देना चाहिए? Do you think a child with HIV should be allowed to attend school with students who are HIV negative?	SHOULD BE ALLOWED ..... 1 SHOULD NOT BE ALLOWED ..... 2 DK/NOT SURE/DEPENDS ..... 8	
1041	यदि आपके परिवार के किसी सदस्य को एच आइ वी/एड्स है तो क्या आप वह बात गुप्त रखना चाहेंगी या नहीं? If a member of your family got infected with HIV/AIDS, would you want it to remain a secret or not?	YES, REMAIN A SECRET ..... 1 NO ..... 2 DK/NOT SURE/DEPENDS ..... 8	
1042	क्या आपको इस बात का डर है कि यदि आप एक आइवी वाले व्यक्ति के साथ के संपर्क में आइं तो आपको एच आइ वी हो सकती है? Do you fear that you could get HIV if you come into contact with the saliva of a person living with HIV?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
1043	यदि आपका कोई रिश्तेदार एच आइ वी/एड्स के कारण बीमार हो जाता है तो क्या आप अपने घर में उनका देखभाल करने के लिए तैयार होंगी? If a relative of yours became sick with HIV/AIDS, would you be willing to care for her or him in your own household?	YES ..... 1 NO ..... 2 DK/NOT SURE/DEPENDS ..... 8	
1044	आपकी राय में, यदि कोई महिला शिक्षक को एच आइ वी/एड्स है परंतु वह बीमार नहीं है, तो क्या उसे स्कूल में पढ़ाना जारी रखने की अनुमति देनी चाहिए? In your opinion, if a female teacher has HIV/AIDS but is not sick, should she be allowed to continue teaching in the school?	SHOULD BE ALLOWED ..... 1 SHOULD NOT BE ALLOWED ..... 2 DK/NOT SURE/DEPENDS ..... 8	
1045	आपकी राय में, यदि कोई पुरुष शिक्षक को एच आइ वी/एड्स है परंतु वह बीमार नहीं है, तो क्या उसे स्कूल में पढ़ाना जारी रखने की अनुमति देनी चाहिए? In your opinion, if a male teacher has HIV/AIDS but is not sick, should he be allowed to continue teaching in the school?	SHOULD BE ALLOWED ..... 1 SHOULD NOT BE ALLOWED ..... 2 DK/NOT SURE/DEPENDS ..... 8	
1046	क्या आप सोचती हैं कि जिन लोगों को एच आइ वी/एड्स है उनका इलाज सरकारी अस्पताल में उन लोगों के साथ होना चाहिए जिन्हें एच आइ वी नहीं है? Do you think that people living with HIV/AIDS should be treated in the same public hospital with patients who are HIV negative?	SHOULD BE TREATED ..... 1 SHOULD NOT BE TREATED ..... 2 DK/NOT SURE/DEPENDS ..... 8	
1047	क्या आप सोचती हैं कि जिन लोगों को एच आइ वी/एड्स है उनकी जमीन दफ्तर में काम करना चाहिए जहाँ पर लोगों को एच आइ वी नहीं है? Do you think that people living with HIV/AIDS should be allowed to work in the same office with people who are HIV negative?	SHOULD BE ALLOWED ..... 1 SHOULD NOT BE ALLOWED ..... 2 DK/NOT SURE/DEPENDS ..... 8	
1048	CHECK 1001 AND 1002: HEARD ABOUT HIV/AIDS <input type="checkbox"/> NOT HEARD ABOUT HIV/AIDS <input type="checkbox"/> a. एच आइ वी/एड्स के अलावा, क्या आपने अन्य संक्रामकों के बारे में सुना है जो यौन संबंध के माध्यम से फैलते हैं? Apart from HIV/AIDS, have you heard about other infections that can be transmitted through sexual contact? b. क्या आपने उन संक्रामकों के बारे में सुना है जो यौन संबंध के माध्यम से फैलते हैं? Have you heard about infections that can be transmitted through sexual contact?	YES ..... 1 NO ..... 2	
1049	CHECK 315 AND 316: HAD SEXUAL INTERCOURSE HAS HAD SEXUAL INTERCOURSE <input type="checkbox"/> HAS NOT HAD SEXUAL INTERCOURSE (315 = '2' OR 316 = '00') <input type="checkbox"/>		1101
1050	CHECK 1048: HEARD ABOUT OTHER SEXUALLY TRANSMITTED INFECTIONS? YES <input type="checkbox"/> NO <input type="checkbox"/>		1052

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1051	<p>जब मैं अपने पिछले 12 महीनों में आपके स्वास्थ्य के बारे में कुछ प्रश्न पूछना चाहूंगी। पिछले 12 महीनों के दौरान क्या आपको यौन संबंध के माध्यम से कोई बीमारी हुई है?</p> <p>Now I would like to ask you some questions about your health in the last 12 months. During the last 12 months, have you had a disease which you got through sexual contact?</p>	<p>YES ..... 1 NO ..... 2 DON'T KNOW ..... 8</p>	
1052	<p>कभी-कभी महिलायें योनि से बदबूदार असामान्य स्वास का अनुभव करती हैं। पिछले 12 महीनों के दौरान, क्या आपकी योनि से बकबूदार असामान्य स्वास हुआ?</p> <p>Sometimes women experience a bad smelling abnormal genital discharge. During the last 12 months, have you had a bad smelling abnormal genital discharge?</p>	<p>YES ..... 1 NO ..... 2 DON'T KNOW ..... 8</p>	
1053	<p>कभी-कभी महिलाओं की योनि में खोटा या जलन (पीपदार घाव) हो जाता है। पिछले 12 महीनों के दौरान क्या आपकी योनि में खोटा या जलन (पीपदार घाव) हुआ?</p> <p>Sometimes women have a genital sore or ulcer. During the last 12 months, have you had a genital sore or ulcer?</p>	<p>YES ..... 1 NO ..... 2 DON'T KNOW ..... 8</p>	
1054	<p>CHECK 1051, 1052, AND 1053: HAS HAD AN STI</p> <p>AT LEAST ONE 'YES' <input type="checkbox"/> OTHER <input type="checkbox"/></p>		1101
1055	<p>पिछली बार जब आपको (PROBLEM FROM 1051/1052/1053) हुई थी, क्या आपने कोई सलाह ली या इलाज कराया?</p> <p>The last time you had (PROBLEM FROM 1051/1052/1053), did you seek any kind of advice or treatment?</p>	<p>YES ..... 1 NO ..... 2</p>	1101
1056	<p>जहाँ कहीं गयी थी? कोई अन्य स्थान? Where did you go? Any other place?</p> <p>RECORD ALL PLACES MENTIONED.</p> <p>IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTRE, OR CLINIC IS PUBLIC OR PRIVATE HEALTH SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____ (NAME OF FACILITY/PLACE(S))</p>	<p><b>PUBLIC HEALTH SECTOR</b> GOVERNMENT HOSPITAL ..... A <b>AYUSH</b> AYURVEDA ..... B YOGA AND NATUROPATHY ..... C UNANI ..... D SIDDHA ..... E HOMEOPATHY ..... F SOWA RIGPA (TTM) ..... G OTHER ..... H (SPECIFY)</p> <p>GOVT. HEALTH CENTER ..... I STAND-ALONE ICTC ..... J FAMILY PLANNING CLINIC ..... K MOBILE CLINIC ..... L FIELDWORKER ..... M SCHOOL BASED CLINIC ..... N OTHER PUBLIC HEALTH SECTOR ..... O (SPECIFY)</p> <p>NGO OR TRUST HOSPITAL/CLINIC ..... P</p> <p><b>PRIVATE HEALTH SECTOR</b> PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR ..... Q <b>AYUSH</b> AYURVEDA ..... R YOGA AND NATUROPATHY ..... S UNANI ..... T SIDDHA ..... U HOMEOPATHY ..... V SOWA RIGPA (TTM) ..... W OTHER ..... X (SPECIFY)</p> <p>STAND-ALONE ICTC ..... Y PHARMACY ..... Z MOBILE CLINIC ..... AA FIELDWORKER ..... AB SCHOOL BASED CLINIC ..... AC OTHER PRIVATE HEALTH SECTOR ..... AD (SPECIFY)</p> <p><b>OTHER SOURCE</b> HOME ..... BA CORRECTIONAL FACILITY ..... BB OTHER ..... BX (SPECIFY)</p>	

SECTION 11. HOUSEHOLD RELATIONS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1101	CHECK COVER PAGE: WOMAN SELECTED FOR THIS SECTION YES <input type="checkbox"/> NO <input type="checkbox"/>		1140
1102	CHECK FOR PRESENCE OF OTHERS: DO NOT CONTINUE UNTIL EFFECTIVE PRIVACY IS ENSURED. PRIVACY OBTAINED ..... 1 PRIVACY NOT POSSIBLE ..... 2		1139
1103	READ TO THE RESPONDENT अब मैं आपसे महिलाओं के जीवन के कुछ अन्य महत्वपूर्ण पहलुओं के बारे में पूछ रहा हूँ। मैं यह जानती हूँ कि इनमें से कुछ पूछ बहुत ही व्यक्तिगत (निजी) हैं। तथापि, आपके जवाब भारत में महिलाओं की स्थिति को समझने के लिए बहुत महत्वपूर्ण हैं। मैं आपको विश्वास दिलाती हूँ कि आपके उत्तर पूरी तरह से गोपनीय रहे जायेंगे और किसी को नहीं बताया जायेगा और कोई अन्य व्यक्ति यह नहीं जान पाएगा कि आपसे वे पूछ रहे हैं। अगर आप से किसी सवाल का जवाब नहीं देना चाहते, तो मुझे बता दीजिये और मैं अपने सवाल पर नहीं आऊँगी।  READ TO THE RESPONDENT: Now I would like to ask you questions about some other important aspects of a woman's life. You may find some of these questions very personal. However, your answers are crucial for helping to understand the condition of women in India. Let me assure you that your answers are completely confidential and will not be told to anyone and no one else in your household will know that you were asked these questions. If I ask you any question you don't want to answer, just let me know and I will go on to the next question.		
1104	CHECK 301: CURRENTLY MARRIED <input type="checkbox"/> FORMERLY MARRIED (1106 TO 1115: READ IN PAST TENSE) <input type="checkbox"/> NEVER MARRIED OR MARRIED, GAUNA NOT PERFORMED <input type="checkbox"/>		1118
1105	सर्वप्रथम, मैं आपसे कुछ परिस्थितियों के बारे में पूछने जा रही हूँ जो कुछ महिलाओं के साथ घटित होती हैं। कृपया मुझे बताएं, यदि वे आपके (पिछले) पति के साथ आपके संबंधों के विषय में लागू होती हैं। First, I am going to ask you about some situations which happen to some women. Please tell me if these apply to your relationship with your (last) husband. a. यदि आप दूसरे पुरुषों से बात करती (हैं/थीं) तो उन्हें जलजल का मुसका अला (है/था) He (is/was) jealous or angry if you (talk/talked) to other men. b. आपके बाल-बालन के बारे में वह प्रायः पीछ लगाते (हैं/थे)। He frequently (accuses/accused) you of being unfaithful. c. वह आपको अपनी महिलाओं से मिलने की अनुमति नहीं देते (हैं/थे)। He (does/did) not permit you to meet your female friends. d. वह आपके आपके के परिवार के साथ आपके संबंधों को सीमित करने की कोशिश करते (हैं/थे)। He (tries/tried) to limit your contact with your family. e. वह हमेशा ही यह जगह बताते (हैं/थे) कि आप कहां कहां हैं/थीं। He (insists/insisted) on knowing where you (are/were) at all times. f. अपने पैसों के मामले में वह आप पर विश्वास नहीं करते (हैं/थे)। He (does/did) not trust you with any money.	YES NO DK JEALOUS ..... 1 2 8 ACCUSES ..... 1 2 8 NOT MEET FRIENDS ... 1 2 8 NO FAMILY ..... 1 2 8 WHERE YOU ARE..... 1 2 8 MONEY ..... 1 2 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																																							
1106	<p>A अब यदि आप मुझे अनुमति देती हैं तो, मुझे आपके (पिछले) पति के साथ आपके संबंधों के बारे में कुछ और प्रश्न पूछने हैं। क्या आपके (पिछले) पति ने कभी भी:</p> <p>Now if you will permit me, I need to ask some more questions about your relationship with your (last) husband. (Does/did) your (last) husband ever:</p> <p>a. दूसरों के सामने आपको नीचा दिखाने के लिए कुछ बड़ा या किया? Say or do something to humiliate you in front of others?</p> <p>b. आपको या आपके किसी नजदीकी को थोड़ा चोटिल करने या नुकसान पहुंचाने की धमकी दी? Threaten to hurt or harm you or someone close to you?</p> <p>c. आपको अपमान किया या आपको स्वयं की नजरों में गिराने की कोशिश की? Insult you or make you feel bad about yourself?</p>	<p>B पिछले 12 महीनों के दौरान प्रायः ऐसी घटनाएं कितनी बार हुईं; अक्सर, केवल कभी-कभी या कभी नहीं? How often did this happen in the last 12 months: often, only sometimes, or not at all?</p> <table border="1" data-bbox="767 304 1417 629"> <thead> <tr> <th></th> <th>EVER</th> <th>OFTEN</th> <th>SOME-TIMES</th> <th>NOT IN THE LAST 12 MONTHS</th> </tr> </thead> <tbody> <tr> <td>a.</td> <td>YES 1 → NO 2 ↓</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>b.</td> <td>YES 1 → NO 2 ↓</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>c.</td> <td>YES 1 → NO 2 ↓</td> <td>1</td> <td>2</td> <td>3</td> </tr> </tbody> </table>		EVER	OFTEN	SOME-TIMES	NOT IN THE LAST 12 MONTHS	a.	YES 1 → NO 2 ↓	1	2	3	b.	YES 1 → NO 2 ↓	1	2	3	c.	YES 1 → NO 2 ↓	1	2	3																																				
	EVER	OFTEN	SOME-TIMES	NOT IN THE LAST 12 MONTHS																																																						
a.	YES 1 → NO 2 ↓	1	2	3																																																						
b.	YES 1 → NO 2 ↓	1	2	3																																																						
c.	YES 1 → NO 2 ↓	1	2	3																																																						
1107	<p>A क्या आपके (पिछले) पति ने कभी आपके साथ इनमें से कुछ भी किया (है / था) :</p> <p>(Does/did) your (last) husband ever do any of the following things to you:</p> <p>a. आपको धक्का दिया, आपको झिंझोटा या आपको धरक कोढ़ें नीचे उड़ाकर देती? Push you, shake you, or throw something at you?</p> <p>b. आपकी बांह मोटी या आपके बाल खींचे? Twist your arm or pull your hair?</p> <p>c. आपको घण्टा मारे? Slap you?</p> <p>d. आपको मुझे मारे या ऐसी किसी चीज का प्रयोग किया जिससे आपकी थोड़ा नुकसान हो? Punch you with his fist or with something that could hurt you?</p> <p>e. आपको धरक मारी, आपको खींचा या आपको धरक मारा? Kick you, drag you or beat you up?</p> <p>f. आपका कला थोड़ने की कोशिश की या आपको जानबूझकर जलाया? Try to choke you or burn you on purpose?</p> <p>g. आपको चाकू, बन्दूक या किसी अन्य हथियार से धमकाया या इनमें इस्तेमाल किया? Threaten or attack you with a knife, gun, or any other weapon?</p> <p>h. आपके न चाहते हुए भी, शारीरिक बल के प्रयोग से संबंध बनाने के लिए आपको मजबूर किया? Physically force you to have sexual intercourse with him even when you did not want to?</p> <p>i. आपके न चाहते हुए भी, शारीरिक बल के प्रयोग से आपको कोई और तरह की शैल सम्बन्धी किया करने के लिए मजबूर किया? Physically force you to perform any other sexual acts you did not want to?</p> <p>j. आपके न चाहते हुए भी, आपको धरक कर या कोई और तरह से शैल सम्बन्धी किया करने के लिए मजबूर किया? Force you with threats or in any other way to perform sexual acts you did not want to?</p>	<p>B पिछले 12 महीनों के दौरान प्रायः ऐसी घटनाएं कितनी बार हुईं; अक्सर, केवल कभी-कभी या कभी नहीं? How often did this happen during the last 12 months: often, only sometimes, or not at all?</p> <table border="1" data-bbox="767 775 1417 1693"> <thead> <tr> <th></th> <th>EVER</th> <th>OFTEN</th> <th>SOME-TIMES</th> <th>NOT IN THE LAST 12 MONTHS</th> </tr> </thead> <tbody> <tr> <td>a.</td> <td>YES 1 → NO 2 ↓</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>b.</td> <td>YES 1 → NO 2 ↓</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>c.</td> <td>YES 1 → NO 2 ↓</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>d.</td> <td>YES 1 → NO 2 ↓</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>e.</td> <td>YES 1 → NO 2 ↓</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>f.</td> <td>YES 1 → NO 2 ↓</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>g.</td> <td>YES 1 → NO 2 ↓</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>h.</td> <td>YES 1 → NO 2 ↓</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>i.</td> <td>YES 1 → NO 2 ↓</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>j.</td> <td>YES 1 → NO 2 ↓</td> <td>1</td> <td>2</td> <td>3</td> </tr> </tbody> </table>		EVER	OFTEN	SOME-TIMES	NOT IN THE LAST 12 MONTHS	a.	YES 1 → NO 2 ↓	1	2	3	b.	YES 1 → NO 2 ↓	1	2	3	c.	YES 1 → NO 2 ↓	1	2	3	d.	YES 1 → NO 2 ↓	1	2	3	e.	YES 1 → NO 2 ↓	1	2	3	f.	YES 1 → NO 2 ↓	1	2	3	g.	YES 1 → NO 2 ↓	1	2	3	h.	YES 1 → NO 2 ↓	1	2	3	i.	YES 1 → NO 2 ↓	1	2	3	j.	YES 1 → NO 2 ↓	1	2	3	
	EVER	OFTEN	SOME-TIMES	NOT IN THE LAST 12 MONTHS																																																						
a.	YES 1 → NO 2 ↓	1	2	3																																																						
b.	YES 1 → NO 2 ↓	1	2	3																																																						
c.	YES 1 → NO 2 ↓	1	2	3																																																						
d.	YES 1 → NO 2 ↓	1	2	3																																																						
e.	YES 1 → NO 2 ↓	1	2	3																																																						
f.	YES 1 → NO 2 ↓	1	2	3																																																						
g.	YES 1 → NO 2 ↓	1	2	3																																																						
h.	YES 1 → NO 2 ↓	1	2	3																																																						
i.	YES 1 → NO 2 ↓	1	2	3																																																						
j.	YES 1 → NO 2 ↓	1	2	3																																																						

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1108	CHECK 1107 A (a-j): EXPERIENCED PHYSICAL VIOLENCE AT LEAST ONE <input type="checkbox"/> NOT A SINGLE <input type="checkbox"/> "YES" "YES"		→ 1111
1109	आपके (पिछले) पति ने आपकी कितनी बार (या पत्नी / इनमें से कोई पटनाएँ) आपके साथ पहली बार हुई? How long after you first got married to your (last) husband did (this/any of these things) first happen? IF LESS THAN ONE YEAR, RECORD '00'.	NUMBER OF YEARS ..... <input type="text"/> BEFORE MARRIAGE ..... 05	
1110	आपके (पिछले) पति ने आपके साथ कभी भी ऐसा करवाया किया, क्या इसके परिणामस्वरूप कभी इनमें से कोई भी घटना हुई: Did the following ever happen as a result of what your (last) husband did to you? a. आपके साथ हुआ था, नीच पड़े थे या डेर तक डई होना रहा था? You had cuts, bruises or aches? b. आप की गंभीर जल से जल गयी थी? You had severe burns? c. आपके आँख में चीर गयी थी, नीच आई थी, हड्डी टूट गयी थी या मासुसी रूप से जल गई थी? You had eye injuries, sprains, dislocations, or minor burns? d. आपके बहुत गहरे घाव हो गये थे, हड्डियाँ टूट गयी थी, दाँत टूट गए थे या कोई अन्य गंभीर घाव गयी थी? You had deep wounds, broken bones, broken teeth, or any other serious injury?	YES NO CUTS/BRUISES ..... 1 2 SEVERE BURNS ..... 1 2 EYE INJURIES, SPRAINS DISLOCATIONS, ETC. ... 1 2 OTHER SERIOUS INJURY ... 1 2	
1111	क्या आपने कभी अपने (पिछले) पति को ऐसे समय पीटा, चपटा मारा, लाल मारी या कुछ ऐसा किया जिससे उन्हें शारीरिक रूप से चोट पहुँची जब वे आपकी नहीं मार रहे थे या चोट नहीं पहुँचा रहे थे? Have you ever hit, slapped, kicked, or done anything else to physically hurt your (last) husband at times when he was not already beating or physically hurting you?	YES ..... 1 NO ..... 2	→ 1113
1112	पिछले बारह माहों में, आपने (पिछले) पति के साथ प्रायः ऐसा कितनी बार किया: अक्सर, कबल कभी-कभी या कभी नहीं? In the last 12 months, how often have you done this to your (last) husband: often, only sometimes, or not at all?	OFTEN ..... 1 SOMETIMES ..... 2 NOT AT ALL ..... 3	
1113	क्या आपके (पिछले) पति अराजक पीते हैं (थे)? (Does/did) your (last) husband drink alcohol?	YES ..... 1 NO ..... 2	→ 1115
1114	वे कितनी बार अराजक पीकर चुक होने (थे/थे): अक्सर, कबल कभी-कभी या कभी नहीं? How often (does/did) he get drunk: often, only sometimes, or never?	OFTEN ..... 1 SOMETIMES ..... 2 NEVER ..... 3	
1115	क या आप अपने(पिछले) पति से डरती हैं / थी : अक्सर कभी-कभी, कभी नहीं? Are (Were) you afraid of your (last) husband: most of the time, sometimes, or never?	MOST OF THE TIME AFRAID ..... 1 SOMETIMES AFRAID ..... 2 NEVER AFRAID ..... 3	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																				
1116	CHECK 307: MARRIED MORE THAN ONCE <input type="checkbox"/> MARRIED ONLY ONCE <input type="checkbox"/>		1116																				
1117	<p>A अभी तक हम आपके (वर्तमान/पिछले) पति के व्यवहार के बारे में पूछ रहे थे। अब हम आपके किसी एक पुराने पति के व्यवहार के बारे में भी जानना चाहते हैं। So far we have been talking about the behavior of your (current/last) husband. Now I want to ask you about the behavior of any previous husband.</p> <p>a. क्या कभी पहले पति कभी भी आपको मार(थप पड़ना) कपका कुछ ऐसा किया है जिससे आपकी शारीरिक रूप से चोट पहुंचाया था? Did any previous husband ever hit, slap, kick, or do anything else to hurt you physically?</p> <p>b. आपके ना पहले हुए भी क्या आपके कोई पहले पति, आपको संभोग करने के लिए या किसी और तरह से शौच संबंधी किए करने के लिए मजबूर किया? Did any previous husband physically force you to have intercourse or perform any other sexual acts against your will?</p> <p>c. क्या किसी पिछले पति ने आपको दूसरों के सामने अपमानित किया था, आप या किसी अन्य व्यक्ति के सामने चोट पहुंचाने के लिए धमकाया था आपको अपमान किया था या ऐसा किया था कि आप अपने बारे में बुरा महसूस करें? Did any previous husband humiliate you in front of others, threaten to hurt you or someone you care about, or insult you or make you feel bad about yourself?</p>	<p>B पिछली बार ने कितने समय पहले हुआ था? How long ago did this last happen?</p> <table border="1"> <thead> <tr> <th></th> <th>EVER</th> <th>0 - 11 MONTHS AGO</th> <th>12 OR MORE MONTHS AGO</th> <th>DON'T REMEMBER</th> </tr> </thead> <tbody> <tr> <td>a.</td> <td>YES 1 NO 2</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>b.</td> <td>YES 1 NO 2</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>c.</td> <td>YES 1 NO 2</td> <td>1</td> <td>2</td> <td>3</td> </tr> </tbody> </table>		EVER	0 - 11 MONTHS AGO	12 OR MORE MONTHS AGO	DON'T REMEMBER	a.	YES 1 NO 2	1	2	3	b.	YES 1 NO 2	1	2	3	c.	YES 1 NO 2	1	2	3	
	EVER	0 - 11 MONTHS AGO	12 OR MORE MONTHS AGO	DON'T REMEMBER																			
a.	YES 1 NO 2	1	2	3																			
b.	YES 1 NO 2	1	2	3																			
c.	YES 1 NO 2	1	2	3																			
1118	<p>CHECK 301: EVER MARRIED <input type="checkbox"/></p> <p>NEVER MARRIED OR MARRIED, GAUNA NOT PERFORMED <input type="checkbox"/></p> <p>a. जब आप 15 वर्ष की थीं, कबसे क्या आपको आपके (वर्तमान/कोई भी) पति के अलावा किसी अन्य व्यक्ति ने मारा, थपका मारा, चला मारी या कुछ ऐसा किया जिससे आपकी शारीरिक रूप से चोट पहुंची? From the time you were 15 years old has anyone other than (your/any) husband hit you, slapped you, kicked you, or done anything else to hurt you physically?</p> <p>b. जब आप 15 वर्ष की थीं, कबसे क्या आपको कभी किसी ने मारा, थपका मारा, चला मारी या कुछ ऐसा किया जिससे आपकी शारीरिक रूप से चोट पहुंची? From the time you were 15 years old has anyone ever hit you, slapped you, kicked you, or done anything else to hurt you physically?</p>	<p>YES ..... 1 NO ..... 2 REFUSED TO ANSWER/NO ANSWER ..... 3</p>	1121																				
1119	<p>इस तरह से आपको कितने चोट पहुंचाई? कोई अन्य? Who has hurt you in this way? Anyone else? RECORD ALL MENTIONED.</p>	<p>MOTHER/STEP-MOTHER ..... A FATHER/STEP-FATHER ..... B SISTER/BROTHER ..... C DAUGHTER/SON ..... D OTHER RELATIVE ..... E CURRENT BOYFRIEND ..... F FORMER BOYFRIEND ..... G MOTHER-IN-LAW ..... H FATHER-IN-LAW ..... I OTHER IN-LAW ..... J TEACHER ..... K EMPLOYER/SOMEONE AT WORK ..... L POLICE/SOLDIER ..... M OTHER ..... X (SPECIFY)</p>																					
1120	<p>पिछले 12 महीनों में, (इन व्यक्ति/इन व्यक्तियों ने) कितनी बार आपको शारीरिक रूप से चोट पहुंचाई: अक्सर, केवल कभी-कभी, या कभी नहीं? In the last 12 months, how often (has this person/have these persons) physically hurt you: often, only sometimes, or not at all?</p>	<p>OFTEN ..... 1 SOMETIMES ..... 2 NOT AT ALL ..... 3</p>																					

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1121	CHECK 201, 226, AND 231:  EVER BEEN PREGNANT ('YES' ON 201 OR 226 OR 231) <input type="checkbox"/> NEVER BEEN PREGNANT <input type="checkbox"/>		1124
1122	आपकी गर्भवस्था के दौरान आपको शारीरिक रूप से घोट पहुंचाने के लिए क्या किसी ने कभी आपको मारा, धा पड़ मारा, मारत मारी या कुछ और किया ? Has any one ever hit, slapped, kicked, or done anything else to hurt you physically while you were pregnant?	YES ..... 1 NO ..... 2	1124
1123	कब आप गर्भवती थी तो इस तरह की शारीरिक घोट पहुंचानेवाली बटवा किसके द्वारा की गयी? कोई का? Who has done any of these things to physically hurt you while you were pregnant? Anyone else?  RECORD ALL MENTIONED.	CURRENT HUSBAND/PARTNER ..... A FORMER HUSBAND/PARTNER ..... B CURRENT/FORMER BOYFRIEND ..... C FATHER/STEP-FATHER ..... D BROTHER/STEP-BROTHER ..... E OTHER RELATIVE ..... F IN-LAW ..... G OWN FRIEND/ACQUAINTANCE ..... H FAMILY FRIEND ..... I TEACHER ..... J EMPLOYER/SOMEONE AT WORK ..... K POLICE/SOLDIER ..... L PRIEST/RELIGIOUS LEADER ..... M STRANGER ..... N OTHER ..... X (SPECIFY)	
1124	CHECK 301:  EVER MARRIED <input type="checkbox"/> NEVER MARRIED OR MARRIED, GAUNA NOT PERFORMED <input type="checkbox"/>		1126
1125	अब मैं आपसे यह जानना चाहूंगी कि फिर ४ में से कोई बलात्(आपके/आपके कोई भी) प्रति के अलावा किसी और के द्वारा किया गया है। आपके जीवन में किसी भी समय, बचपन में या बचपन होने पर, क्या किसी ने कभी यौन सम्बन्ध के लिए या कोई और यौन किया करने के लिए किसी भी तरह से आपको मजबूर किया है? Now I want to ask you about things that may have been done to you by someone other than (your/any) husband. At any time in your life, as a child or as an adult, has anyone ever forced you in any way to have sexual intercourse or perform any other sexual acts when you did not want to?	YES ..... 1 NO ..... 2 REFUSED TO ANSWER/ NO ANSWER ..... 3	1127 1129
1126	आपके जीवन में किसी भी समय, बचपन में या बचपन होने पर, क्या किसी ने कभी यौन सम्बन्ध के लिए या कोई और यौन किया करने के लिए किसी भी तरह से आपको मजबूर किया है? At any time in your life, as a child or as an adult, has anyone ever forced you in any way to have sexual intercourse or perform any other sexual acts when you did not want to?	YES ..... 1 NO ..... 2 REFUSED TO ANSWER/ NO ANSWER ..... 3	1131
1127	आपके साथ सबसे पहली बार जब वे हुआ, वह ४ व्यक्ति यौन था जिसने आपको ऐसा करने के लिए मजबूर किया था? Who was the person who was forcing you the very first time this happened?	CURRENT HUSBAND ..... 01 FORMER HUSBAND ..... 02 CURRENT/FORMER BOYFRIEND ..... 03 FATHER/STEP-FATHER ..... 04 BROTHER/STEP-BROTHER ..... 05 OTHER RELATIVE ..... 06 IN-LAW ..... 07 OWN FRIEND/ACQUAINTANCE ..... 08 FAMILY FRIEND ..... 09 TEACHER ..... 10 EMPLOYER/SOMEONE AT WORK ..... 11 POLICE/SOLDIER ..... 12 PRIEST/RELIGIOUS LEADER ..... 13 STRANGER ..... 14 OTHER ..... 99 (SPECIFY)	
1128	CHECK 301:  EVER MARRIED <input type="checkbox"/> NEVER MARRIED OR MARRIED, GAUNA NOT PERFORMED <input type="checkbox"/>  a. पिछले 12 महीनों में, क्या (आपके/आपके कोई भी) प्रति के अलावा किसी अन्य व्यक्ति ने आपसे न चाहते हुए भी, शारीरिक रूप से संबंध करने के लिए आपको मजबूर किया?  In the last 12 months, has anyone other than (your/any) husband physically forced you to have sexual intercourse when you did not want to?  b. पिछले 12 महीनों में, क्या किसी व्यक्ति ने आपसे न चाहते हुए भी, शारीरिक रूप से संबंध करने के लिए आपको मजबूर किया?  In the last 12 months has anyone physically forced you to have sexual intercourse when you did not want to?	YES ..... 1 NO ..... 2 REFUSED TO ANSWER/ NO ANSWER ..... 3	1130

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1129	CHECK 1107 A (a-j) and 1117 A (b): EXPERIENCED SEXUAL VIOLENCE AT LEAST ONE "YES" <input type="checkbox"/> NOT A SINGLE "YES" <input type="checkbox"/>		→ 1131
1130	CHECK 301: EVER MARRIED <input type="checkbox"/> NEVER MARRIED OR MARRIED, GAUNA NOT PERFORMED <input type="checkbox"/> a. जब पहली बार अपने संबंधित का कोई अरु व बौन किया के लिए आपको (आपके/आपके कोई भी) पति का कोई अरु व द्वारा मजबूर किया गया तो उस समय अपनी आयु क था थी? How old were you the first time you were forced to have sexual intercourse or perform any other sexual acts by anyone, including (your/any) husband? b. जब पहली बार अपने संबंधित का कोई अरु व बौन किया के लिए आपको मजबूर किया गया तो उस समय आपकी आयु क था थी? How old were you the first time you were forced to have sexual intercourse or perform any other sexual acts?	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/> DONT REMEMBER ..... 98	
1131	CHECK 1107 A (a-j), 1117A (a-b), 1118, 1122, 1125, AND 1126: EXPERIENCED ANY VIOLENCE AT LEAST ONE "YES" <input type="checkbox"/> NOT A SINGLE "YES" <input type="checkbox"/>		→ 1137
1132	हमने किस विभिन्न विषयों पर आपसे बातचीत की उनमें से जो चर्चाएं आपके साथ हुई उनके लिए क्या आपने कभी किसी से सहायता ली? Thinking about what you yourself have experienced among the different things we have been talking about, have you ever tried to seek help?	YES ..... 1 NO ..... 2	→ 1134
1133	आपने किस से मदद मांगी? कोई अन्य? From whom have you sought help? Anyone else? RECORD ALL MENTIONED.	OWN FAMILY ..... A HUSBAND'S FAMILY ..... B CURRENT/FORMER HUSBAND ..... C CURRENT/FORMER BOYFRIEND ..... D FRIEND ..... E NEIGHBOUR ..... F RELIGIOUS LEADER ..... G DOCTOR/MEDICAL PERSONNEL ..... H POLICE ..... I LAWYER ..... J SOCIAL SERVICE ORGANIZATION ..... K OTHER _____ X (SPECIFY)	→ 1135
1134	क्या आपने इसके बारे में कभी किसी अन्य व्यक्ति को बताया? Have you ever told any one else about this?	YES ..... 1 NO ..... 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																
1135	CHECK 1133: 'H' IS CIRCLED <input type="checkbox"/> 'H' IS NOT CIRCLED <input type="checkbox"/>		1137																
1136	<p>अपने विकल्पलिखित सहायता हेतु कहाँ गयी थी? कोई अन्य जगह भी बताइए Where did you go for medical help? Anywhere else?</p> <p>RECORD ALL MENTIONED.</p>	<p><b>PUBLIC HEALTH SECTOR</b></p> <p>GOVT./MUNICIPAL HOSPITAL ..... A</p> <p><b>AYUSH</b></p> <p>AYURVEDA ..... B</p> <p>YOGA AND NATUROPATHY ..... C</p> <p>UNANI ..... D</p> <p>SIDDHA ..... E</p> <p>HOMEOPATHY ..... F</p> <p>SOWA RIGPA (TTM) ..... G</p> <p>OTHER ..... H</p> <p>(SPECIFY)</p> <p>GOVT. DISPENSARY ..... I</p> <p>UHC/UHP/UFWC ..... J</p> <p>CHC/RURAL HOSPITAL/ BLOCK PHC ..... K</p> <p>PHC/ADDITIONAL PHC ..... L</p> <p>SUB-CENTRE/ANM ..... M</p> <p>GOVT. MOBILE CLINIC ..... N</p> <p>CAMP ..... O</p> <p>ANGANWADI/CDS CENTRE ..... P</p> <p>ASHA ..... Q</p> <p>OTHER COMMUNITY- BASED WORKER ..... R</p> <p>OTHER PUBLIC HEALTH SECTOR ..... S</p> <p>NGO OR TRUST HOSPITAL/CLINIC ..... T</p> <p><b>PRIVATE HEALTH SECTOR</b></p> <p>PVT. HOSPITAL ..... U</p> <p>PVT. DOCTOR/CLINIC ..... V</p> <p>PVT. MOBILE CLINIC ..... W</p> <p><b>AYUSH</b></p> <p>AYURVEDA ..... X</p> <p>YOGA AND NATUROPATHY ..... Y</p> <p>UNANI ..... Z</p> <p>SIDDHA ..... AA</p> <p>HOMEOPATHY ..... AB</p> <p>SOWA RIGPA (TTM) ..... AC</p> <p>OTHER ..... AD</p> <p>(SPECIFY)</p> <p>TRADITIONAL HEALER ..... AE</p> <p>PHARMACY/DRUGSTORE ..... AF</p> <p>DAI (TBA) ..... AG</p> <p>OTHER PRIVATE HEALTH SECTOR ..... AH</p> <p>OTHER ..... AX</p> <p>(SPECIFY)</p>																	
1137	कहाँ तक आप जानती हैं, क्या कभी आपके पिता ने आपको सजा भी मारा था? As far as you know, did your father ever beat your mother?	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>																	
THANK THE RESPONDENT FOR HER COOPERATION AND REASSURE HER ABOUT THE CONFIDENTIALITY OF HER ANSWERS. FILL OUT THE QUESTIONS BELOW WITH REFERENCE TO THE DOMESTIC VIOLENCE MODULE ONLY.																			
1138	DID YOU HAVE TO INTERRUPT THIS SECTION OF THE INTERVIEW BECAUSE SOME ADULT WAS TRYING TO LISTEN, OR CAME INTO THE ROOM, OR INTERFERED IN ANY OTHER WAY?	<table border="1"> <thead> <tr> <th></th> <th>YES ONCE</th> <th>YES, MORE THAN ONCE</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>HUSBAND .....</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>OTHER MALE ADULT .....</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>FEMALE ADULT .....</td> <td>1</td> <td>2</td> <td>3</td> </tr> </tbody> </table>		YES ONCE	YES, MORE THAN ONCE	NO	HUSBAND .....	1	2	3	OTHER MALE ADULT .....	1	2	3	FEMALE ADULT .....	1	2	3	
	YES ONCE	YES, MORE THAN ONCE	NO																
HUSBAND .....	1	2	3																
OTHER MALE ADULT .....	1	2	3																
FEMALE ADULT .....	1	2	3																
1139	INTERVIEWER'S COMMENTS / EXPLANATION FOR NOT COMPLETING THE DOMESTIC VIOLENCE MODULE																		
1140	RECORD THE TIME.	<p>HOUR ..... <input type="text"/></p> <p>MINUTES ..... <input type="text"/></p>																	

**INSTRUCTIONS:**

ONLY ONE CODE SHOULD APPEAR IN ANY BOX.  
FOR COLUMN 1, ALL MONTHS SHOULD BE FILLED IN.

INFORMATION TO BE CODED FOR EACH COLUMN

**COLUMN 1:**

BIRTHS, PREGNANCIES, CONTRACEPTIVE USE

- B BIRTHS
- P PREGNANCIES
- A ABORTIONS
- M MISCARRIAGES
- S STILLBIRTHS
- T TERMINATIONS

- 0 NO METHOD
- 1 FEMALE STERILIZATION
- 2 MALE STERILIZATION
- 3 IUD/PPIUD
- 4 INJECTABLES
- 5 PILL
- 6 CONDOM/NIRODH
- 7 FEMALE CONDOM
- 8 DIAPHRAGM
- F FOAM OR JELLY
- L LACTATIONAL AMENORRHOEA METHOD
- R RHYTHM METHOD
- W WITHDRAWAL
- X OTHER MODERN METHODS
- Y OTHER TRADITIONAL METHODS

**COLUMN 2:**

ULTRASOUND CONDUCTED DURING PREGNANCY

- Y YES
- N NO

**COLUMN 3:**

DISCONTINUATION OF CONTRACEPTIVE USE

- 0 INFREQUENT SEX/HUSBAND AWAY
- 1 METHOD FAILED/BECAME PREGNANT WHILE USING
- 2 WANTED TO BECOME PREGNANT
- 3 HUSBAND DISAPPROVED
- 4 WANTED MORE EFFECTIVE METHOD
- 5 FEAR OF SIDE EFFECTS/ HEALTH CONCERNS
- 6 LACK OF ACCESS/TOO FAR
- 7 COSTS TOO MUCH
- 8 INCONVENIENT TO USE
- 9 FATALISTIC/ UP TO GOD
- F DIFFICULT TO GET PREGNANT/MENOPAUSAL
- A MARITAL DISSOLUTION/SEPARATION
- D LACK OF SEXUAL SATISFACTION
- L CREATED MENSTRUAL PROBLEM
- M GAINED WEIGHT
- G DID NOT LIKE METHOD
- N LACK OF PRIVACY FOR USE
- X OTHER \_\_\_\_\_  
(SPECIFY)
- Z DON'T KNOW

			1	2	3			
12	DEC	01				01	DEC	
11	NOV	02				02	NOV	
10	OCT	03				03	OCT	
09	SEP	04				04	SEP	
2	08	AUG	05			05	AUG	2
0	07	JUL	06			06	JUL	0
2	06	JUN	07			07	JUN	2
0	05	MAY	08			08	MAY	0
04	APR	09				09	APR	
03	MAR	10				10	MAR	
02	FEB	11				11	FEB	
01	JAN	12				12	JAN	
<hr/>								
12	DEC	13				13	DEC	
11	NOV	14				14	NOV	
10	OCT	15				15	OCT	
09	SEP	16				16	SEP	
2	08	AUG	17			17	AUG	2
0	07	JUL	18			18	JUL	0
1	06	JUN	19			19	JUN	1
9	05	MAY	20			20	MAY	9
04	APR	21				21	APR	
03	MAR	22				22	MAR	
02	FEB	23				23	FEB	
01	JAN	24				24	JAN	
<hr/>								
12	DEC	25				25	DEC	
11	NOV	26				26	NOV	
10	OCT	27				27	OCT	
09	SEP	28				28	SEP	
2	08	AUG	29			29	AUG	2
0	07	JUL	30			30	JUL	0
1	06	JUN	31			31	JUN	1
8	05	MAY	32			32	MAY	8
04	APR	33				33	APR	
03	MAR	34				34	MAR	
02	FEB	35				35	FEB	
01	JAN	36				36	JAN	
<hr/>								
12	DEC	37				37	DEC	
11	NOV	38				38	NOV	
10	OCT	39				39	OCT	
09	SEP	40				40	SEP	
2	08	AUG	41			41	AUG	2
0	07	JUL	42			42	JUL	0
1	06	JUN	43			43	JUN	1
7	05	MAY	44			44	MAY	7
04	APR	45				45	APR	
03	MAR	46				46	MAR	
02	FEB	47				47	FEB	
01	JAN	48				48	JAN	
<hr/>								
12	DEC	49				49	DEC	
11	NOV	50				50	NOV	
10	OCT	51				51	OCT	
09	SEP	52				52	SEP	
2	08	AUG	53			53	AUG	2
0	07	JUL	54			54	JUL	0
1	06	JUN	55			55	JUN	1
6	05	MAY	56			56	MAY	6
04	APR	57				57	APR	
03	MAR	58				58	MAR	
02	FEB	59				59	FEB	
01	JAN	60				60	JAN	
<hr/>								
12	DEC	61				61	DEC	
11	NOV	62				62	NOV	
10	OCT	63				63	OCT	
09	SEP	64				64	SEP	
2	08	AUG	65			65	AUG	2
0	07	JUL	66			66	JUL	0
1	06	JUN	67			67	JUN	1
5	05	MAY	68			68	MAY	5
04	APR	69				69	APR	
03	MAR	70				70	MAR	
02	FEB	71				71	FEB	
01	JAN	72				72	JAN	

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

---

---

---

---

---

---

COMMENTS ON SPECIFIC QUESTIONS:

---

---

---

---

---

---

ANY OTHER COMMENTS:

---

---

---

---

---

---

SUPERVISOR'S OBSERVATIONS

---

---

---

---

---

---

---

---

NAME OF SUPERVISOR: \_\_\_\_\_ DATE: \_\_\_\_\_

राष्ट्रीय परिवार स्वास्थ्य सर्वेक्षण, भारत 2019-20 (NFHS-5)  
 पुरुष प्रश्नावली [STATE NAME]  
 NATIONAL FAMILY HEALTH SURVEY, INDIA 2019-20 (NFHS-5)  
 MAN'S QUESTIONNAIRE [STATE NAME]

CONFIDENTIAL For research purposes only

IDENTIFICATION

STATE \_\_\_\_\_  
 DISTRICT \_\_\_\_\_  
 TEHSIL/TALUK \_\_\_\_\_  
 CITY/TOWN/VILLAGE \_\_\_\_\_  
 TYPE OF PSU (URBAN = 1, RURAL = 2) \_\_\_\_\_  
 PSU NUMBER \_\_\_\_\_  
 STRUCTURE NUMBER \_\_\_\_\_  
 HOUSEHOLD NUMBER \_\_\_\_\_  
 NAME AND LINE NUMBER OF MAN \_\_\_\_\_  
 ADDRESS OF HOUSEHOLD \_\_\_\_\_


INTERVIEWER VISITS

	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY _____ MONTH _____ YEAR _____
INTERVIEWER'S NAME	_____	_____	_____	INT. NO. _____
RESULT CODE*	_____	_____	_____	RESULT CODE* _____
NEXT VISIT: DATE TIME	_____	_____	_____	TOTAL NUMBER OF VISITS _____
SUPERVISOR'S NAME	_____			SUPERV NUMBER _____

\*RESULT CODES:

- |               |                    |               |
|---------------|--------------------|---------------|
| 1 COMPLETED   | 4 REFUSED          | 7 OTHER _____ |
| 2 NOT AT HOME | 5 PARTLY COMPLETED | (SPECIFY)     |
| 3 POSTPONED   | 6 INCAPACITATED    |               |

\*\*LANGUAGE CODES:

- |             |              |            |
|-------------|--------------|------------|
| 01 ASSAMESE | 08 MALAYALAM | 15 TAMIL   |
| 02 BENGALI  | 09 MANIPURI  | 16 TELUGU  |
| 03 GUJARATI | 10 MARATHI   | 17 URDU    |
| 04 HINDI    | 11 NEPALI    | 18 ENGLISH |
| 05 KANNADA  | 12 ORIYA     | 19 GARO    |
| 06 KASHMIRI | 13 PUNJABI   | 20 KHASI   |
| 07 KONKANI  | 14 SINDHI    | 96 OTHER   |

SPECIFY \_\_\_\_\_

\*\*LANGUAGE OF QUESTIONNAIRE

**HINDI**

\*\*RESPONDENT'S MOTHER TONGUE \_\_\_\_\_

\*\*LANGUAGE OF INTERVIEW \_\_\_\_\_

TRANSLATOR USED? (YES = 1, NO = 2) \_\_\_\_\_

0	4

**SECTION 1. RESPONDENT'S BACKGROUND**

**INTRODUCTION AND INFORMED CONSENT**

नमस्ते। मेरा नाम \_\_\_\_\_ है। मैं (NAME OF ORGANIZATION) के साथ काम कर रहा हूँ। हम पूरे भारत में स्वास्थ्य पर एक सर्वेक्षण कर रहे हैं। जो जानकारी हम परिवार कल्याण और स्वास्थ्य के बारे में घरों और व्यक्तियों से इकट्ठी करते हैं वो सरकार को स्वास्थ्य सेवाएं बनाने में मदद करेगी। आपका परिवार इस सर्वेक्षण के लिए चुना गया है। इन सवालों में लगभग 30-40 मिनट लगेंगे। आपके सारे जवाब गुप्त रखे जाएंगे और हमारे सर्वेक्षण के सदस्यों के अलावा किसी को भी नहीं बताये जायेंगे। आपका इस सर्वेक्षण में भाग लेना स्वैच्छिक है। अगर आप मेरे किसी सवाल का जवाब नहीं देना चाहते, तो मुझे बता दीजिये और मैं अपने सवाल पर चला जाऊंगा या आप किसी भी समय बंद बातचीत रोक सकते हैं। यदि आपको इस सर्वेक्षण के बारे में और जानकारी चाहिए तो आप उस व्यक्ति को संपर्क करें, जिसका कार्ड आपके परिवार को दिया जा चुका है।

क्या आप मुझसे कुछ सवाल पूछना चाहते हैं?

ANSWER ANY QUESTIONS AND ADDRESS RESPONDENT'S CONCERNS.

क्या आप इस सर्वेक्षण में भाग लेने के लिए सहमत हैं?

Namaste. My name is \_\_\_\_\_. I am working with (NAME OF ORGANIZATION). We are conducting a survey about health all over India. The information on family welfare and health that we collect from households and individuals will help the government to plan health services. Your household was selected for the survey. The questions usually take about 30-40 minutes. All of the answers you give will be confidential and will not be shared with anyone other than members of our survey team. Your participation in the survey is voluntary. If I ask you any question you don't want to answer, just let me know and I will go on to the next question or you can stop the interview at any time. If you have any questions about this survey you may ask me or contact the person listed on the card given to your household.

Do you have any questions?

ANSWER ANY QUESTIONS AND ADDRESS RESPONDENT'S CONCERNS.

Do you agree to participate in this survey?

SIGNATURE OF INTERVIEWER \_\_\_\_\_ DATE \_\_\_\_\_

RESPONDENT AGREES  
TO BE INTERVIEWED ... 1  
↓

RESPONDENT DOES NOT AGREE  
TO BE INTERVIEWED ..... 2 → END

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"/>	
102	आपका जन्म किस महीने और साल में हुआ था? In what month and year were you born?	MONTH ..... <input type="text"/> <input type="text"/> DON'T KNOW MONTH ..... 98 YEAR ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR ..... 9998	
103	पिछले जन्मदिन पर आपकी उम्र कितनी थी? How old were you at your last birthday?  COMPARE AND CORRECT 102 AND/OR 103 IF INCONSISTENT.	AGE IN COMPLETED YEARS . <input type="text"/> <input type="text"/>	
104	आप कितने समय से निरंतर (CURRENT PLACE OF RESIDENCE) पर रह रहे हैं? How long have you been living continuously in (CURRENT PLACE OF RESIDENCE)? IF LESS THAN 1 YEAR, RECORD '00'	YEARS ..... <input type="text"/> <input type="text"/> ALWAYS ..... 95 VISITOR ..... 96	
105	पिछले 12 महीनों में क्या आप लगातार एक महीना या उससे अधिक अपने घर से बाहर रहे हैं? In the last 12 months, have you been away from home for one month or more at a time?	YES ..... 1 NO ..... 2	→ 107
106	पिछले 12 महीनों में क्या आप लगातार छह महीने या उससे अधिक समय अपने गाँव/शहर से बाहर रहे हैं? In the last 12 months, have you been away from home for six months or more at a time?	YES ..... 1 NO ..... 2	
107	क्या आप कभी स्कूल गए हैं? Have you ever attended school?	YES ..... 1 NO ..... 2	→ 110
108	आपने कौन सा उच्चतम दर्जा पास किया है? What is the highest grade you completed?	GRADE ..... <input type="text"/> <input type="text"/>	
109	CHECK 108:  GRADE 00-08 <input type="checkbox"/> GRADE 09 AND ABOVE <input type="checkbox"/>		→ 112
110	अब मैं चाहूँगा की आप मुझे वह वाक्य पढ़कर सुनाएँ: SHOW A SENTENCE FROM THE LITERACY CARD TO RESPONDENT. IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE: क्या आप इस वाक्य के किसी भी भाग को पढ़कर मुझे सुना सकते हैं?  Now I would like you to read this sentence to me. SHOW A SENTENCE FROM THE LITERACY CARD TO RESPONDENT. IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE: Can you read any part of the sentence to me?	CANNOT READ AT ALL ..... 1 ABLE TO READ ONLY PARTS OF SENTENCE ..... 2 ABLE TO READ WHOLE SENTENCE . 3 NO CARD WITH REQUIRED LANGUAGE ..... 4 (SPECIFY LANGUAGE) BLIND/VISUALLY IMPAIRED ..... 5	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
111	CHECK 110:  CODE '2', '3' OR '4' RECORDED <input type="checkbox"/> CODE '1' OR '5' RECORDED <input type="checkbox"/>		→ 113
112	क्या आप अखबार का पत्रिका लगभग, सप्ताह में कम से कम एक बार, सप्ताह में एक बार से कम या कभी नहीं पढ़ते हैं? Do you read a newspaper or magazine at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK ..... 1 LESS THAN ONCE A WEEK ..... 2 NOT AT ALL ..... 3	
113	क्या आप रेडियो लगभग, सप्ताह में कम से कम एक बार, सप्ताह में एक बार से कम या कभी नहीं सुनते हैं? Do you listen to the radio at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK ..... 1 LESS THAN ONCE A WEEK ..... 2 NOT AT ALL ..... 3	
114	क्या आप टेलीविजन लगभग, सप्ताह में कम से कम एक बार, सप्ताह में एक बार से कम या कभी नहीं देखते हैं? Do you watch television at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK ..... 1 LESS THAN ONCE A WEEK ..... 2 NOT AT ALL ..... 3	
115	क्या आप सामान्यतः महीने में कम से कम एक बार सिनेमाघर या थियेटर में सिनेमा देखने जाते हैं? Do you usually go to a cinema hall or theatre to see a movie at least once a month?	YES ..... 1 NO ..... 2	
116	आपका धर्म क्या है? What is your religion?	HINDU ..... 01 MUSLIM ..... 02 CHRISTIAN ..... 03 SIKH ..... 04 BUDDHIST/NEO-BUDDHIST ..... 05 JAIN ..... 06 JEWISH ..... 07 PARSI/ZOROASTRIAN ..... 08 NO RELIGION ..... 09  OTHER _____ 96 (SPECIFY)	
117	आपकी जाति या जनजाति क्या है? What is your caste or tribe?	CASTE _____ 991 (SPECIFY)  TRIBE _____ 992 (SPECIFY)  NO CASTE/TRIBE ..... 993 DON'T KNOW ..... 998	→ 119
118	क्या आप अनुसूचित जाति, अनुसूचित जनजाति अन्य पिछड़े वर्ग से हैं या इनमें से कोई नहीं हैं? Do you belong to a scheduled caste, a scheduled tribe, other backward class, or none of these?	SCHEDULED CASTE ..... 1 SCHEDULED TRIBE ..... 2 OBC ..... 3 NONE OF THEM ..... 4	
119	क्या पिछले सात दिनों में आपने कोई काम किया है? Have you done any work in the last seven days?	YES ..... 1 NO ..... 2	→ 123
120	यद्यपि आपने पिछले सात दिनों में काम नहीं किया, तो क्या आपके पास कोई नौकरी या व्यवहार है जिससे आप छुट्टी, बीमारी, अवकाश या किसी अन्य ऐसे कारण से अनुपस्थित थे? Although you did not work in the last seven days, do you have any job or business from which you were absent for leave, illness, vacation, or any other such reason?	YES ..... 1 NO ..... 2	→ 123

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
121	पिछले 12 महीनों में क्या आपने कोई काम किया है? Have you done any work in the last 12 months?	YES ..... 1 NO ..... 2	→ 123
122	पिछले 12 महीनों में ज्यादातर समय आप क्या करने रहे हैं? What have you been doing for most of the time over the last 12 months?	GOING TO SCHOOL/STUDYING ..... 1 LOOKING FOR WORK ..... 2 RETIRED ..... 3 UNABLE TO WORK/ILL/ HANDICAPPED..... 4 HOUSEWORK/CHILDCARE ..... 5 OTHER _____ 6 (SPECIFY)	→ 126
123	आपका व्यवसाय क्या है, अर्थात् मुख्यतः आप किस प्रकार का काम करते हैं? What is your occupation, that is, what kind of work do you mainly do?	_____ <input type="checkbox"/> <input type="checkbox"/> _____ _____	
124	क्या आप सामान्यतः पूरे वर्ष में काम करते हैं या किसी विशेष मौसम में काम करते हैं या केवल कभी-कभार ही काम करते हैं? 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	
125	इस काम के लिए क्या आपको समय भुगतान किया जाता है या कोई वस्तु मिलती है, या कुछ भी नहीं दिया जाता है? Are you paid in cash or kind for this work, or are you not paid at all?	CASH ONLY ..... 1 CASH AND KIND ..... 2 IN KIND ONLY ..... 3 NOT PAID ..... 4	
126	क्या आपके पास कोई अपना मोबाइल फोन है जिसका उपयोग आप खुद करते हैं? Do you have any mobile phone that you yourself use?	YES ..... 1 NO ..... 2	→ 128
127	क्या आप किसी वित्तीय (पैसों के) लेन-देन के लिए अपने मोबाइल का इस्तेमाल करते हैं? Do you use your mobile phone for any financial transactions?	YES ..... 1 NO ..... 2	
128	क्या आपका बैंक या अन्य वित्तीय संस्था में खाता है जिसका इस्तेमाल आप स्वयं के लिए करते हैं? Do you have an account in a bank or other financial institution that you yourself use?	YES ..... 1 NO ..... 2	
129	क्या आपने कभी इंटरनेट का इस्तेमाल किया है? Have you ever used the internet?	YES ..... 1 NO ..... 2	→ 201

## SECTION 2A. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
201	<p>अब मैं आपसे पूरे जीवन के दौरान आपके अपने बच्चों के बारे में पूछना चाहूँगा। मैं केवल उन सभी बच्चों के बारे में जानना चाहूँगा जो आपने पैदा हुए, भले ही वे कानूनी रूप से आपके नहीं हैं या उनके पास आपका अंतिम नाम नहीं है। क्या किसी महिला को आपसे कभी कोई बच्चा हुआ है?</p> <p>Now I would like to ask about any children you have had during your life. I am interested in all of the children that are biologically yours, even if they are not legally yours or do not have your last name. Have you ever fathered any children with any woman?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DONT KNOW ..... 8</p>	→ 206								
202	<p>क्या आप से ही पैदा कोई बेटे या बेटियाँ हैं जो इन समय आपके साथ रह रहे हैं?</p> <p>Do you have any sons or daughters that you have fathered who are now living with you?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	→ 204								
203	<p>a. कितने बेटे आपके साथ रहते हैं?</p> <p>How many sons live with you?</p> <p>b. और कितनी बेटियाँ आपके साथ रहती हैं?</p> <p>And how many daughters live with you?</p> <p>IF NONE, RECORD '00'.</p>	<p>SONS AT HOME ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table></p> <p>DAUGHTERS AT HOME ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table></p>									
204	<p>क्या आपसे ही पैदा हुए बेटे या बेटियाँ हैं जो जीवित हैं पर आपके साथ नहीं रहते हैं?</p> <p>Do you have any sons or daughters you have fathered who are alive but do not live with you?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	→ 206								
205	<p>a. ऐसे कितने जीवित बेटे हैं जो आपके साथ नहीं रहते हैं?</p> <p>How many sons are alive but do not live with you?</p> <p>b. और ऐसी कितनी जीवित बेटियाँ हैं जो आपके साथ नहीं रहती हैं?</p> <p>And how many daughters are alive but do not live with you?</p> <p>IF NONE, RECORD '00'.</p>	<p>SONS ELSEWHERE ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table></p> <p>DAUGHTERS ELSEWHERE ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table></p>									
206	<p>क्या आपने ही पैदा कोई लड़का या लड़की का/की जो जीवित पैदा हुआ/हुई हो लेकिन बाद में किसी मृत्यु हो गई?</p> <p>IF NO, PROBE: कोई बच्चा जो रोया या या क्रियते जीवित होने का कोई संकेत दिखा लेकिन बाद में जीवित नहीं रहा?</p> <p>Have you ever fathered a son or a daughter who was born alive but later died?</p> <p>IF NO, PROBE: Any baby who cried, who made any movement, sound or effort to breathe, or who showed any other signs of life even if for a very short time?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DONT KNOW ..... 8</p>	→ 208								
207	<p>a. कितने लड़कों की मृत्यु हुई है?</p> <p>How many boys have died?</p> <p>b. और कितनी लड़कियों की मृत्यु हुई है?</p> <p>And how many girls have died?</p> <p>IF NONE, RECORD '00'.</p>	<p>BOYS DEAD ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table></p> <p>GIRLS DEAD ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table></p>									

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
208	<p>(अभी बताये गए बच्चों के अलावा), क्या आपके</p> <p>a. कोई अन्य जीवित बेटे या बेटियाँ जो जैविक रूप से आपके बच्चे हैं लेकिन जो कानूनन आपके नहीं हैं या जिनके साथ आपका नाम नहीं जुड़ा है? (In addition to the children that you have just told me about), do you have:</p> <p>Any other living sons or daughters who are biologically your children but who are not legally yours or do not have your last/family name?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	
	<p>b. कोई अन्य मृत बेटे या बेटियाँ जो जैविक रूप से आपके बच्चे थे लेकिन कानूनन आपके नहीं थे या उनके साथ आपका नाम नहीं जुड़ा था? Do you have any other sons or daughters who died who were biologically your children but who were not legally yours or did not have your last/family name?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	
208A	<p>CHECK 208a AND 208b:</p> <p>NO <input type="checkbox"/> TO BOTH ↓</p>	<p>OTHER <input type="checkbox"/> →</p> <p>PROBE AND CORRECT 201-207 AS NECESSARY.</p>	
209	<p>SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL.</p> <p>IF NONE, RECORD '00'.</p>	<p>TOTAL CHILDREN ..... <input type="text"/> <input type="text"/></p>	
210	<p>CHECK 209:</p> <p>HAS HAD AT LEAST ONE CHILD <input type="checkbox"/> ↓</p> <p>HAS NOT HAD ANY CHILDREN <input type="checkbox"/> →</p>	<p>→ 213</p>	
210A	<p>के सभी बच्चे जिनके आप पिता हैं, क्या उनकी जैविक माता एक ही है? Did all of the children you have fathered have the same biological mother?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	
211	<p>बच आपके (पहले) बच्चे का जन्म हुआ तो आप की आयु कितनी थी? How old were you when your (first) child was born?</p>	<p>AGE IN YEARS ..... <input type="text"/> <input type="text"/></p>	
212	<p>आपके (सबसे छोटे) जीवित बच्चे की आयु कितनी है? How many years old is your (youngest) living child?</p>	<p>AGE IN YEARS ..... <input type="text"/> <input type="text"/></p> <p>NO LIVING CHILD ..... 95</p>	

**SECTION 2B. MARRIAGE AND COHABITATION**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																			
213	आपकी वर्तमान वैवाहिक स्थिति क्या है? What is your current marital status?	CURRENTLY MARRIED ..... 1 MARRIED, GAUNA NOT PERFORMED ..... 2 WIDOWED ..... 3 DIVORCED ..... 4 SEPARATED ..... 5 DESERTED ..... 6 NEVER MARRIED ..... 7	→ 221 → 228																			
214	इस समय क्या आपकी एक पत्नी हैं या एक से अधिक पत्नियाँ हैं? Do you currently have one wife or more than one wife?	ONLY ONE WIFE ..... 1 MORE THAN ONE WIFE ..... 2	→ 216																			
215	कुल मिलाकर, आपकी कितनी पत्नियाँ हैं? In total, how many wives do you have?	NUMBER OF WIVES ..... <input type="text"/> <input type="text"/> DONT KNOW ..... 98																				
216	WRITE THE LINE NUMBERS FROM THE HOUSEHOLD QUESTIONNAIRE FOR EACH WIFE. IF A WIFE IS NOT LISTED IN THE HOUSEHOLD SCHEDULE, RECORD '00' IN THE BOXES FOR LINE NUMBER. THE NUMBER OF LINES FILLED IN MUST BE EQUAL TO THE NUMBER OF WIVES. (IF RESPONDENT HAS MORE THAN FOUR WIVES, USE SPACE AT THE END OF THE QUESTIONNAIRE.)  CHECK 214:  <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>ONLY ONE WIFE <input type="checkbox"/></p> </div> <div style="text-align: center;"> <p>MORE THAN ONE WIFE <input type="checkbox"/></p> </div> </div> <p>a. कृपया मुझे अपनी पत्नी का नाम बताएं। Please tell me the name of your wife.</p> <p>b. कृपया मुझे अपनी प्रत्येक पत्नियों के नाम बताएं, शुरुआत उनसे करें जिनसे आपकी शादी सबसे पहले हुई। Please tell me the name of each of your wives, starting with the one you married first.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">WIFE NUMBER</th> <th style="width: 40%;">NAME</th> <th style="width: 15%;">LINE NUMBER IN HOUSEHOLD QUESTIONNAIRE</th> <th style="width: 30%;">AGE IN COMPLETED YEARS</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>_____</td> <td><input type="text"/><input type="text"/></td> <td><input type="text"/><input type="text"/></td> </tr> <tr> <td>2</td> <td>_____</td> <td><input type="text"/><input type="text"/></td> <td><input type="text"/><input type="text"/></td> </tr> <tr> <td>3</td> <td>_____</td> <td><input type="text"/><input type="text"/></td> <td><input type="text"/><input type="text"/></td> </tr> <tr> <td>4</td> <td>_____</td> <td><input type="text"/><input type="text"/></td> <td><input type="text"/><input type="text"/></td> </tr> </tbody> </table>	WIFE NUMBER	NAME	LINE NUMBER IN HOUSEHOLD QUESTIONNAIRE	AGE IN COMPLETED YEARS	1	_____	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	2	_____	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	3	_____	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	4	_____	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	217 पिछले जन्मदिन पर (NAME) की आयु कितनी थी? How old was (NAME) on her last birthday?
WIFE NUMBER	NAME	LINE NUMBER IN HOUSEHOLD QUESTIONNAIRE	AGE IN COMPLETED YEARS																			
1	_____	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>																			
2	_____	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>																			
3	_____	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>																			
4	_____	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>																			
218	क्या इस समय आपकी (पत्नी / सभी पत्नियाँ) आपके साथ रह रही हैं या (वह / उनमें से कोई) कहीं और रह रही है ? (Is your wife/Are all your wives) living with you now or (is she/are any of them) staying elsewhere?	LIVING WITH HIM ..... 1 STAYING ELSEWHERE ..... 2	→ 220																			
219	कितने समय से आप अपनी पत्नी/किसी भी पत्नी के साथ नहीं रह रहे हैं? For how long have you not been living with (your wife/any of your wives)? 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"/>																			

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
220	<p>CHECK 214:</p> <p>ONLY ONE WIFE <input type="checkbox"/></p> <p>MORE THAN ONE WIFE <input type="checkbox"/></p> <p>a. आपकी वर्तमान पत्नी के अलावा क्या अन्य किसी स्त्री से कभी आपकी शादी हुई है? Have you ever been married to any woman other than your current wife?</p> <p>b. आपने जिनके विषय में बताया उनके अतिरिक्त क्या अन्य किसी स्त्री से कभी आपकी शादी हुई थी? Have you ever been married to any other woman in addition to those you have told me about?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	→ 222
221	<p>क्या आपका विवाह एक या एक से अधिक बार हुआ है? Have you been married once or more than once?</p>	<p>ONCE ..... 1</p> <p>MORE THAN ONCE ..... 2</p>	→ 223 → 223A
222	<p>CHECK 214 AND 220:</p> <p>214=1 AND 220=2 <input type="checkbox"/></p> <p>OTHER <input type="checkbox"/></p>		→ 223A
223	<p>आपका विवाह किस महीने और साल में हुआ था? In what month and year did you get married?</p>	<p>MONTH ..... <input type="text"/></p> <p>DONT KNOW MONTH ..... 98</p>	
223A	<p>अब मैं आपसे पूछना चाहूँगा कि जब आपका अपनी पहली पत्नी से विवाह हुआ था, वह कौन-सा महीना और साल था? Now I would like to ask about when you married your first wife. In what month and year was that?</p>	<p>YEAR ..... <input type="text"/></p> <p>DONT KNOW YEAR ..... 9998</p>	→ 225
224	<p>जब (पहली बार) आपका विवाह हुआ आपकी आयु कितनी थी? How old were you when you (first) got married?</p>	<p>AGE ..... <input type="text"/></p>	
225	<p>CHECK 213:</p> <p>MARRIED, GAUNA NOT PERFORMED <input type="checkbox"/></p> <p>OTHER <input type="checkbox"/></p>		→ 228
226	<p>CHECK 214 AND 220, IF 214 AND 220 NOT ASKED, CHECK 221:</p> <p>MARRIED ONLY ONCE (214=1 AND 220=2) OR (221=1) <input type="checkbox"/></p> <p>MARRIED MORE THAN ONCE (214=2 OR 220=1) OR (221=2) <input type="checkbox"/></p> <p>a. अपनी पत्नी के साथ आपने किस महीने और साल में रहना शुरू किया? In what month and year did you start living with your wife?</p> <p>b. अब मैं आपसे यह पूछना चाहूँगा की जब आपने अपनी पहली पत्नी के साथ रहना शुरू किया, वह कौन-सा महीना और साल था? Now I would like to ask about when you started living with your first wife. In what month and year was that?</p>	<p>MONTH ..... <input type="text"/></p> <p>DONT KNOW MONTH ..... 98</p> <p>YEAR ..... <input type="text"/></p> <p>DONT KNOW YEAR ..... 9998</p>	→ 229
227	<p>आपने जब उनके साथ पहली बार रहना शुरू किया तब आपकी आयु कितनी थी? How old were you when you first started living with her?</p>	<p>AGE ..... <input type="text"/></p>	→ 229

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
228	<p><b>CHECK FOR THE PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.</b></p> <p>अब मैं आपसे पारिवारिक जीवन संबंधी मुद्दों को ठीक से समझने के लिए वैयक्तिक जीवन के बारे में कुछ प्रश्न पूछना चाहूँगा। मैं आपको फिर से विश्वास दिलाता हूँ कि आपके उत्तर पूरी तरह से गोपनीय रहे जायेंगे और किसी को नहीं बतायें जायेंगे। अगर आप फिर भी उत्तर नहीं देना चाहें तो मुझे बतायें, मैं अगले प्रश्न पर चला जाऊँगा।</p> <p>क्या आपने कभी संभोग किया है?</p> <p>Now I need to ask you some questions about sexual life in order to gain a better understanding of some family life issues. Let me assure you again that your answers are completely confidential and will not be told to anyone. If you do not want to answer, just let me know and I will skip to the next question.</p> <p>Have you ever had sexual intercourse?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	→ 301
229	<p><b>CHECK FOR THE PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.</b></p> <p>(अब मैं आपसे पारिवारिक जीवन संबंधी मुद्दों को ठीक से समझने के लिए वैयक्तिक जीवन के बारे में कुछ प्रश्न पूछना चाहूँगा। मैं आपको फिर से विश्वास दिलाता हूँ कि आपके उत्तर पूरी तरह से गोपनीय रहे जायेंगे और किसी को नहीं बतायें जायेंगे। अगर आप फिर भी उत्तर नहीं देना चाहें तो मुझे बतायें, मैं अगले प्रश्न पर चला जाऊँगा।)</p> <p>जब आपने सबसे पहली बार संभोग किया तब आपकी आयु कितनी थी?</p> <p>(I would like to ask some questions about sexual life in order to gain a better understanding of some family life issues. Let me assure you again that your answers are completely confidential and will not be told to anyone. If you don't want to answer, just let me know and I will skip to the next question.)</p> <p>How old were you when you had sexual intercourse for the very first time?</p>	<p>NEVER HAD SEXUAL INTERCOURSE .....00</p> <p>AGE IN YEARS ..... <input type="text"/> <input type="text"/></p> <p>FIRST TIME WHEN STARTED LIVING WITH (FIRST) WIFE..... 95</p>	

**SECTION 3. CONTRACEPTION AND MALE INVOLVEMENT**

301	<p>अब मैं आपसे परिवार नियोजन के बारे में बात करना चाहूँगा - ऐसे बहुत से तरीके या साधन हैं जिन्हें हमें गर्भधारण टालने या रोकने के लिए इस्तेमाल कर सकते हैं। क्या आपने कभी (METHOD) के बारे में सुना है? 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. Have you ever heard of (METHOD)?</p>	
01	<p>स्त्री समावर्ती; और अधिक बच्चे के जन्म को रोकने के लिए स्त्रियाँ ऑपरेशन करा सकती हैं। FEMALE STERILIZATION: A woman can have an operation to avoid having any more children.</p>	<p>YES ..... 1 NO ..... 2</p>
02	<p>पुरुष समावर्ती; और अधिक बच्चे के जन्म को रोकने के लिए पुरुष ऑपरेशन करा सकते हैं। MALE STERILIZATION: A man can have an operation to avoid having any more children.</p>	<p>YES ..... 1 NO ..... 2</p>
03	<p>अंड घुंटी या पी पी अंड घुंटी : स्त्रियाँ डॉक्टर या नर्स से अपनी योनि में अंड घुंटी या लूप लगा सकती हैं। IUD OR PPIUD: A woman can have a loop or coil placed inside her vagina by a doctor or a nurse.</p>	<p>YES ..... 1 NO ..... 2</p>
04	<p>सर्भनिरोधक इंजेक्शन; स्त्रियाँ स्वास्थ्य प्रदायकर्ता (डॉक्टर, नर्स इत्यादि) से इंजेक्शन लगा सकती हैं जो उन्हें एक या अधिक महीनों के लिए गर्भवती होने से रोक सकता है। INJECTABLES: A woman can have an injection by a health provider that stops her from becoming pregnant for one or more months</p>	<p>YES ..... 1 NO ..... 2</p>
05	<p>सर्भनिरोधक गोली; स्त्रियाँ गर्भधारण को टालने के लिए एक गोली प्रतिदिन या हफ्ते एक लगाइ ले सकती हैं। PILL: A woman can take a pill every day or every week to avoid becoming pregnant.</p>	<p>YES ..... 1 NO ..... 2</p>
06	<p>कंडोम या निरोध; पुरुष संभोग के पहले अपने पित्त पर रबर का आवरण लगा सकते हैं। CONDOM OR NIRODH: A man can put a rubber sheath on his penis before sexual intercourse.</p>	<p>YES ..... 1 NO ..... 2</p>
07	<p>स्त्री कंडोम; स्त्री संभोग के पहले अपनी योनि में रबर का आवरण रख सकती हैं। FEMALE CONDOM: A woman can place a sheath in her vagina before sexual intercourse.</p>	<p>YES ..... 1 NO ..... 2</p>
08	<p>आपातकालीन सर्भनिरोधक; स्त्रियाँ गर्भधारण को टालने के लिए संभोग होने के बाद तीन दिन तक सर्भनिरोधक गोली ले सकती हैं। EMERGENCY CONTRACEPTION: A woman can take pills up to three days after sexual intercourse to avoid becoming pregnant.</p>	<p>YES ..... 1 NO ..... 2</p>
09	<p>सर्भ-निरोध टोपी (डायाफ्राम); महिलाएं संभोग के पहले स्वयं ही इसे योनि के अंदर रख सकती हैं? DIAPHRAGM: A woman can place a diaphragm inside herself before intercourse.</p>	<p>YES ..... 1 NO ..... 2</p>
10	<p>फोम/जेली (डायाफ्राम/सलवा चटार्थ); महिलाएं संभोग के पहले स्वयं ही फोम या जेली को योनि के अंदर लगा सकती हैं? FOAM/JELLY: A woman can place foam or jelly inside herself before intercourse</p>	<p>YES ..... 1 NO ..... 2</p>
11	<p>साधारण दिन विधि; महिलाएं रंगीन मलकों वाली डोरी का इस्तेमाल उन दिनों को जलने के लिए करती हैं जब वे गर्भवती हो सकती हैं। कितने दिनों वे गर्भवती हो सकती हैं, उन दिनों में वे कंडोम (निरोध) का इस्तेमाल करती हैं या संभोग नहीं करती हैं। STANDARD DAYS METHOD: A woman uses a string of colored beads to know the days she can get pregnant. On the days she can get pregnant, she uses a condom or does not have sexual intercourse</p>	<p>YES ..... 1 NO ..... 2</p>

12	<p>लैक्टेशनल अमेनोर्रोया विधि [LAM] : मासिक चर्च की अवधि वापस आने से पहले, प्रसव के छह महीने बाद, एक महिला दिन और रात को लगातार स्तनपान करने की विधि का उपयोग करती है।  <b>LACTATIONAL AMENORRHOEA METHOD (LAM):</b> Up to six months after childbirth, before the menstrual period has returned, a woman uses a method requiring frequent breastfeeding day and night</p>	<p>YES ..... 1  NO ..... 2</p>
13	<p>सुरक्षित काल पद्धति: प्रत्येक महीने में जब खी वैगिक रूप से सक्रिय रहती है तब महीने के दिन दिनों में उसके गर्भवती होने की अत्यधिक संभावना रहती है उन दिनों में संभोग न करने वह गर्भधारण को रोक सकती है।  <b>RHYTHM METHOD:</b> Every month that a woman is sexually active she can avoid pregnancy by not having sexual intercourse on the days of the month she is most likely to get pregnant.</p>	<p>YES ..... 1  NO ..... 2</p>
14	<p>अधपतन वानि विवद्रुवन: पुरुष वरमोलपन (वीर्य जाने) के पहले सावधानी पूर्वक विव को बाहर निकाल देता है।  <b>WITHDRAWAL:</b> A man can be careful and pull out before climax.</p>	<p>YES ..... 1  NO ..... 2</p>
15	<p>क्या आपने किसी अन्य तरीकों या साधनों के बारे में सुना है जिनका उपयोग खीयां या पुरुष गर्भधारण को रोकने के लिए कर सकते हैं?  <b>Have you heard of any other ways or methods that women or men can use to avoid pregnancy?</b></p>	<p><b>a. OTHER MODERN METHOD</b>  YES ..... 1  (SPECIFY) .....  NO ..... 2</p> <p><b>b. OTHER TRADITIONAL METHOD</b>  YES ..... 1  (SPECIFY) .....  NO ..... 2</p>

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
301A	CHECK 22B: EVER HAD SEXUAL INTERCOURSE  YES OR NOT ASKED <input type="checkbox"/>	NEVER HAD SEX <input type="checkbox"/>	→ 311
302	क या आपने या आपके(साथी / साथियों) ने कभी कोई साधन का उपयोग किया है? Have you or your (partner/partners) ever used any method to delay or avoid a pregnancy?	YES ..... 1 NO ..... 2	→ 311
303	आपने या आपके (साथी / साथियों) क्या उपयोग किया या अपनाया? What have you or your (partner/partners) used or done?  RECORD ALL MENTIONED. CORRECT 301 (IF NECESSARY).	FEMALE STERILIZATION ..... A MALE STERILIZATION ..... B IUD/PPIUD ..... C INJECTABLES ..... D PILL ..... E CONDOM/NIROOH ..... F FEMALE CONDOM ..... G EMERGENCY CONTRACEPTION ... H DIAPHRAGM ..... I FOAM/JELLY ..... J STANDARD DAYS METHOD ..... K LACT. AMEN. METHOD ..... L RHYTHM METHOD ..... M WITHDRAWAL ..... N  OTHER MODERN METHOD ..... X OTHER TRADITIONAL METHOD ..... Y	
304	CHECK 303: RESPONDENT IS STERILIZED?  CODE 'B' RECORDED <input type="checkbox"/> CODE 'B' NOT RECORDED <input type="checkbox"/>		→ 311
305	अब मैं आपसे उस बारे में पूछना चाहूँगा जब आपने नसबंदी करवाई थी। नसबंदी कहाँ पर हुई थी? Now I would like to talk about when you were sterilized. In what facility did the sterilization take place?  IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTRE, OR CLINIC IS PUBLIC OR PRIVATE HEALTH SECTOR, WRITE THE NAME OF THE PLACE(S).  _____ (NAME OF FACILITY/PLACE(S)).	<b>PUBLIC HEALTH SECTOR</b> GOVT./MUNICIPAL HOSPITAL ..... 11 GOVT. DISPENSARY ..... 12 UHC/UHP/UFWC ..... 13 CHC/RURAL HOSPITAL/ BLOCK PHC ..... 14 PHC/ADDITIONAL PHC ..... 15 SUB-CENTRE ..... 16 GOVT. MOBILE CLINIC ..... 17 CAMP ..... 18 OTHER PUBLIC SECTOR HEALTH FACILITY ..... 19 NGO OR TRUST HOSPITAL/CLINIC ..... 21  <b>PRIVATE HEALTH SECTOR</b> PVT. HOSPITAL ..... 31 PVT. DOCTOR/CLINIC ..... 32 PVT. MOBILE CLINIC ..... 33 OTHER PRIVATE HEALTH FACILITY ..... 34 OTHER ..... 98 (SPECIFY) DON'T KNOW ..... 98	
306	नसबंदी कौन से महीने और साल में करवाई गई थी? In what month and year was the sterilization performed?	MONTH ..... YEAR .....	
307	कोई परामर्श भी आपने किया हो उसको शामिल करते हुए नसबंदी के लिए आपने कुल कितना खर्च किया था? How much did you pay in total for the sterilization, including any consultation you may have had?	AMOUNT, Rs. .... FREE ..... 99985 DON'T KNOW ..... 99988	
308	क या आपको नसबंदी के लिए कोई अनुपूर्व राशि प्राप्त हुई? Did you receive any compensation for the sterilization?	YES ..... 1 NO ..... 2	→ 310

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
309	आपको कितनी अनुपूरक राशि प्राप्त हुई? How much compensation did you receive?	AMOUNT ... Rs. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW ..... 9998	
310	क्या आपको इस बात का अफसोस है कि आपने गर्भरोधी करा ली? Do you regret that you had the sterilization?	YES ..... 1 NO ..... 2	
311	पिछले कुछ महीनों में क्या आपने: In the last few months have you: a. परिवार नियोजन के बारे में रेडियो पर कुछ सुना है? Heard about family planning on the radio? b. टेलीवीजन पर परिवार नियोजन के बारे में कुछ देखा है? Seen anything about family planning on the television? c. समाचारपत्र या पत्रिका में परिवार नियोजन के बारे में कुछ पढ़ा है? Read about family planning in a newspaper or magazine? d. दीवारों या होर्डिंग पर परिवार नियोजन के बारे में कुछ देखा है? Seen anything about family planning on a wall painting or hoarding? e. परिवार नियोजन के बारे में न वरुण व कार्यकारी या स्वास्थ्य विशेषज्ञ के साथ बात किए हैं Discussed family planning with a health worker or health professional? f. परिवार नियोजन के बारे में इंटरनेट पर कुछ देखा है? Seen anything about family planning on the internet?	YES NO RADIO ..... 1 2 TELEVISION ..... 1 2 NEWSPAPER OR MAGAZINE .... 1 2 WALL PAINTING OR HOARDING . 1 2 HEALTH WORKER OR HEALTH PROFESSIONAL .... 1 2 INTERNET ..... 1 2	
312	अब मैं आपसे महिलाओं के गर्भधारण के जोखिम के बारे में पूछना चाहूँगा। एक मासिक धर्म से अगले मासिक धर्म के दौरान क्या कुछ ऐसे दिन होते हैं जिनमें यदि महिला यौन संबंध रखती है तो उसके गर्भपंजी होने की संभावना अधिक रहती है? Now I would like to ask you about a woman's risk of pregnancy. From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant if she has sexual relations?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	314
313	क्या वह समय उसके मासिक धर्म शुरू होने के ठीक पहले, उसके मासिक धर्म के दौरान, उसके मासिक धर्म बंद होने के ठीक बाद, या दो मासिक धर्मों के बीच होता है? Is this time just before her period begins, during her period, right after her period has ended, or halfway between two periods?	JUST BEFORE HER PERIOD BEGINS ..... 1 DURING HER PERIOD ..... 2 RIGHT AFTER HER PERIOD HAS ENDED ..... 3 HALFWAY BETWEEN TWO PERIODS ..... 4 OTHER ..... 6 (SPECIFY) DON'T KNOW ..... 8	
314	बच्चे के जन्म के बाद, क्या उसका मासिकधर्म प्रारंभ होने के पूर्व महिला गर्भपंजी हो सकती है? After the birth of a child, can a woman become pregnant before her menstrual period has returned?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
315	अब मैं आपको गर्भ-नियंत्रण के बारे में कुछ विवरण पढ़कर सुनाऊँगा। कृपया मुझे बताएं कि आप इनमें से सहमत या असहमत हैं। I will now read you some statements about contraception. Please tell me if you agree or disagree with each one. a. गर्भ-नियंत्रण महिलाओं का मामला है और पुरुषों को इसके बारे में चिंता नहीं करनी चाहिए। Contraception is women's business and a man should not have to worry about it. b. जो महिला गर्भ-नियंत्रण का इस्तेमाल करती है वह अवचलन हो सकती है। Women who use contraception may become promiscuous.	DIS- AGREE AGREE DK CONTRACEPTION WOMEN'S BUSINESS, 1 2 8 WOMEN MAY BECOME PROMISCUOUS ..... 1 2 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
316	CHECK 301 (06): KNOWS MALE CONDOM YES <input type="checkbox"/> NO <input type="checkbox"/>		318
317	क्या आप सोचते हैं कि यदि पुरुष कंडोम का सही तरीके से इस्तेमाल किया जाये तो वह गर्भधारण से जवादाहर समय, केवल कभी-कभी या कभी नहीं बचाव करता है? If a male condom is used correctly, do you think that it protects against pregnancy most of the time, only sometimes, or not at all?	MOST OF THE TIME ..... 1 SOMETIMES ..... 2 NOT AT ALL ..... 3 DONT KNOW/UNSURE ..... 8	
318	क्या आपको किसी ऐसी जगह कि जानकारी है जहां से आप परिवार नियोजन की विधि प्राप्त कर सकते हैं? Do you know of a place where you can obtain a method of family planning?	YES ..... 1 NO ..... 2	320
319	वह स्थान कहाँ है? कोई अन्य स्थान?  Where is that? Any other place?  RECORD ALL PLACES MENTIONED.  IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTRE, OR CLINIC IS PUBLIC OR PRIVATE HEALTH SECTOR, WRITE THE NAME OF THE PLACE(S).  _____ (NAME OF FACILITY/PLACE(S))	<b>PUBLIC HEALTH SECTOR</b> GOVT./MUNICIPAL HOSPITAL ..... A <b>AYUSH</b> AYURVEDA ..... B YOGA AND NATUROPATHY ... C UNANI ..... D SIDHA ..... E HOMEOPATHY ..... F SOWA RIGPA (TTM) ..... G OTHER ..... H (SPECIFY) GOVT. DISPENSARY ..... I UHC/UHP/UPWC ..... J CHC/RURAL HOSPITAL/ BLOCK PHC ..... K PHC/ADDITIONAL PHC ..... L SUB-CENTRE/ANM ..... M GOVT. MOBILE CLINIC ..... N CAMP ..... O ANGANWADICDS CENTRE ..... P ASHA ..... Q OTHER COMMUNITY-BASED WORKER ..... R OTHER PUBLIC HEALTH SECTOR ..... S  NGO OR TRUST HOSPITAL/CLINIC .. T  <b>PRIVATE HEALTH SECTOR</b> PVT. HOSPITAL ..... U PVT. DOCTOR/CLINIC ..... V PVT. MOBILE CLINIC ..... W <b>AYUSH</b> AYURVEDA ..... X YOGA AND NATUROPATHY ... Y UNANI ..... Z SIDHA ..... AA HOMEOPATHY ..... AB SOWA RIGPA (TTM) ..... AC OTHER ..... AD (SPECIFY) PHARMACY/DRUGSTORE ..... AE DAI (TBA) ..... AF OTHER PRIVATE HEALTH SECTOR ..... AG <b>OTHER SOURCE</b> TRADITIONAL HEALER ..... BA SHOP ..... BB FRIEND/RELATIVE ..... BC OTHER ..... BX (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
320	<p>पिछले तीन महीनों में, क्या आप अपने (या अपने बच्चे के लिए किसी कारण से स्वास्थ्य सुविधा केंद्र या शिविर में गये थे?</p> <p>In the last three months, have you visited a health facility or camp for any reason for yourself (or for your children)?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	→ 323
321	<p>सबसे हाल ही में आप अपने (या अपने बच्चे के लिए) किस प्रकार की स्वास्थ्य सुविधा में गए थे?</p> <p>What type of health facility did you visit most recently for yourself (or for your children)?</p>  <p>IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTRE, OR CLINIC IS PUBLIC OR PRIVATE HEALTH SECTOR, WRITE THE NAME OF THE PLACE.</p> <hr/> <p>(NAME OF FACILITY/PLACE)</p>	<p><b>PUBLIC HEALTH SECTOR</b></p> <p>GOVT./MUNICIPAL HOSPITAL ..... 11</p> <p><b>AYUSH</b></p> <p>AYURVEDA ..... 12</p> <p>YOGA AND NATUROPATHY ..... 13</p> <p>UNANI ..... 14</p> <p>SIDDHA ..... 15</p> <p>HOMEOPATHY ..... 16</p> <p>SOWA RIGPA (TTM) ..... 17</p> <p>OTHER ..... 18</p> <p>(SPECIFY)</p> <p>GOVT. DISPENSARY ..... 19</p> <p>UHC/UHP/UP/FC ..... 20</p> <p>CHC/RURAL HOSPITAL/ BLOCK PHC ..... 21</p> <p>PHC/ADDITIONAL PHC ..... 22</p> <p>SUB-CENTRE ..... 23</p> <p>GOVT. MOBILE CLINIC ..... 24</p> <p>CAMP ..... 25</p> <p>ANGANWADI/CDS CENTRE ..... 26</p> <p>OTHER PUBLIC SECTOR HEALTH FACILITY ..... 27</p> <p>NGO OR TRUST HOSPITAL/CLINIC ..... 31</p> <p><b>PRIVATE HEALTH SECTOR</b></p> <p>PVT. HOSPITAL/CLINIC ..... 41</p> <p>PVT. MOBILE CLINIC ..... 42</p> <p><b>AYUSH</b></p> <p>AYURVEDA ..... 43</p> <p>YOGA AND NATUROPATHY ..... 44</p> <p>UNANI ..... 45</p> <p>SIDDHA ..... 46</p> <p>HOMEOPATHY ..... 47</p> <p>SOWA RIGPA (TTM) ..... 48</p> <p>OTHER ..... 49</p> <p>(SPECIFY)</p> <p>PHARMACY/DRUGSTORE ..... 51</p> <p>OTHER PRIVATE SECTOR HEALTH FACILITY ..... 52</p> <p>OTHER ..... 96</p> <p>(SPECIFY)</p>	
322	<p>आप किस सेवा के लिए गए? कोई अन्य सेवा?</p> <p>What service did you go for? Any other service?</p>  <p>RECORD ALL MENTIONED.</p>	<p>FAMILY PLANNING ..... A</p> <p>IMMUNIZATION ..... B</p> <p>DISEASE PREVENTION ..... C</p> <p>MEDICAL TREATMENT FOR SELF ..... D</p> <p>TREATMENT FOR CHILD ..... E</p> <p>TREATMENT FOR OTHER PERSON ..... F</p> <p>GROWTH MONITORING OF CHILD ..... G</p> <p>HEALTH CHECK-UP ..... H</p> <p>OTHER ..... X</p> <p>(SPECIFY)</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
323	CHECK 212:  (YOUNGEST) CHILD <input type="checkbox"/> OTHER <input type="checkbox"/> IS AGE 0-3		→ 401
324	आपके (सबसे छोटे) बच्चे का नाम क्या है? What is the name of your (youngest) child?  WRITE NAME OF (YOUNGEST) CHILD AND ENTER THE LINE NUMBER OF THE CHILD FROM THE HOUSEHOLD SCHEDULE. IF CHILD IS NOT LISTED IN THE HOUSEHOLD SCHEDULE, WRITE '00' IN THE BOXES FOR THE LINE NUMBER.	_____ (NAME OF (YOUNGEST) CHILD)  LINE NUMBER OF (YOUNGEST) CHILD FROM THE HOUSEHOLD SCHEDULE <input type="text"/> <input type="text"/>	
325	जब (NAME) की माँ (NAME) से गर्भवती थी, क्या उन्होंने कोई प्रसव पूर्व जाँच कराई थी? When (NAME)'s mother was pregnant with (NAME), did she have any antenatal check-ups?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 327 → 328
326	क्या आप कभी किसी प्रसव पूर्व जाँच के दौरान मौजूद थे? Were you ever present during any antenatal check-up?	PRESENT ..... 1 NOT PRESENT ..... 2	→ 328
327	ऐसा क्यों था मुख्य कारण या कारणों (NAME) की माँ ने कोई प्रसव पूर्व जाँच नहीं कराई थी? What was the main reason why (NAME)'s mother did not have any antenatal check-ups?	HE DID NOT THINK IT WAS NECESSARY/DID NOT ALLOW ... 01 FAMILY DID NOT THINK IT NECESSARY/DID NOT ALLOW ... 02 CHILD'S MOTHER DID NOT WANT CHECK-UP ..... 03 HAS HAD CHILDREN BEFORE ..... 04 COSTS TOO MUCH ..... 05 TOO FAR/NO TRANSPORTATION ... 06 NO FEMALE HEALTH WORKER AVAILABLE ..... 07 OTHER _____ 98 (SPECIFY) DON'T KNOW ..... 99	
328	किसी भी समय (NAME) की माँ जब (NAME) से गर्भवती थी क्या किसी स्वास्थ्य कार्यकर्ता ने आपको कभी इन गर्भावस्था की जटिलता के लक्षणों के बारे में बताया था? At any time when (NAME)'s mother was pregnant with (NAME), did any health provider or health worker ever tell you about the following signs of pregnancy complications?	YES NO BLEEDING ..... 1 2 CONVULSIONS ..... 1 2 PROLONGED LABOUR ... 1 2 ABDOMINAL PAIN ..... 1 2 HIGH BLOOD PRESSURE , 1 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
329	क्या आपको कभी बताया गया था कि अगर (NAME) की माँ को कोई गर्भावस्था की जटिलता हो तो क्या करना चाहिए? Were you ever told what to do if (NAME)'s mother had any pregnancy complication?	YES ..... 1 NO ..... 2	
330	किसी भी समय गर्भावस्था के दौरान क्या किसी स्वास्थ्य कार्यकर्ता ने आपसे इनके बारे में बात की थी: At any time during the pregnancy did any health provider or health worker speak to you about: a. संस्थागत प्रसव की महत्वपूर्णता The importance of institutional delivery? b. गर्भावस्था के दौरान माँ के उचित आहार के महत्व के बारे में? The importance of proper nutrition for the mother during pregnancy? c. परिवार नियोजन या एक और गर्भधारण को टालना या रोकना? Family planning or delaying or avoiding another pregnancy?	YES NO DELIVERY ADVICE ..... 1 2 NUTRITION ADVICE ..... 1 2 FAMILY PLANNING ..... 1 2	
331	क्या (NAME) का जन्म अस्पताल या किसी अन्य स्वास्थ्य सुविधा में हुआ था ? Was (NAME) born in a hospital or any other health facility?	HOSPITAL/HEALTH FACILITY ..... 1 SOMEWHERE ELSE ..... 2	→ 334
332	जब (NAME) की माँ (NAME) से गर्भवती थीं क्या किसी ने इनमें से किसी के महत्व के बारे में आपको बताया था: When (NAME)'s mother was pregnant with (NAME), did anyone explain to you the importance of the following: a. नाल की देखभाल? Cord care? b. जन्म के तुरंत बाद माँ के द्वारा बच्चे को स्तनपान कराने की आवश्यकता पर? The need for the mother to breastfeed the baby immediately after delivery? c. जन्म के तुरंत बाद बच्चे को गरम रखने पर? The need to keep the baby warm immediately after birth?	YES NO CORD CARE ..... 1 2 BREASTFEEDING ..... 1 2 BABY WARM ..... 1 2	
333	(NAME) के माँ की प्रमुख वजहों में किसी अस्पताल या स्वास्थ्य सुविधा में क्यों नहीं हुई, इसके मुख्य कारण क्या थे? What was the main reason why (NAME)'s mother did not deliver in a health facility?	COSTS TOO MUCH ..... 01 FACILITY NOT OPEN ..... 02 TOO FAR/NO TRANSPORTATION ... 03 DONT TRUST FACILITY/POOR QUALITY SERVICE ..... 04 NO FEMALE PROVIDER AT FACILITY . 05 NOT THE FIRST CHILD ..... 06 CHILD'S MOTHER DID NOT THINK IT WAS NECESSARY ..... 07 HE DID NOT THINK IT NECESSARY/ DID NOT ALLOW ..... 08 FAMILY DID NOT THINK IT WAS NECESSARY/DID NOT ALLOW ... 09 OTHER ..... 96 (SPECIFY) DONT KNOW ..... 98	
334	जब किसी बच्चे को दस्त हुआ हो तो उसे मिलना पक पर्याप्त दिया जाना चाहिए सामान्य से अधिक, लगभग उतनी ही मात्रा में, सामान्य से कम या उसे कुछ नहीं दिया जाना चाहिए। When a child has diarrhoea, how much should he or she be given to drink: more than usual, the same amount as usual, less than usual, or should he or she not be given anything to drink at all?	MORE THAN USUAL ..... 1 ABOUT THE SAME ..... 2 LESS THAN USUAL ..... 3 NOTHING TO DRINK ..... 4 DONT KNOW ..... 8	

SECTION 4. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
401	CHECK 213: NEVER MARRIED: <input type="checkbox"/> CURRENTLY MARRIED: <input type="checkbox"/> OTHER: <input type="checkbox"/>		408 405
402	क्या आपकी कोई(पत्नियों) अभी गर्भवती है? (Is your wife/Are any of your wives) currently pregnant?	YES ..... 1 NO ..... 2 DONT KNOW ..... 8	405
403	CHECK 303: RESPONDENT EVER STERILIZED? CODE 'B' NOT RECORDED: <input type="checkbox"/> CODE 'B' RECORDED: <input type="checkbox"/>		408
404	अब मैं भविष्य के बारे में कुछ प्रश्न पूछना चाहूंगा। अभी आपकी और आपकी (पत्नियों) को जो (बच्चे) होने वाला / वाले हैं, उसके बाद क्या आप और वह बच्चा चाहेंगे या आप कोई और बच्चा नहीं चाहेंगे Now I have some questions about the future. After the (child/children) you and your (wife/wives) are expecting now, would you like to have another child, or would you prefer to not have any more children?	HAVE ANOTHER CHILD ..... 1 NO MORE ..... 2 UNDECIDED/DONT KNOW ..... 8	407 408
405	CHECK 303: RESPONDENT EVER STERILIZED? CODE 'B' NOT RECORDED: <input type="checkbox"/> CODE 'B' RECORDED: <input type="checkbox"/>		408
406	अब मैं भविष्य के बारे में कुछ प्रश्न पूछना चाहूंगा। क्या आप(और) बच्चा चाहेंगे या आप कोई (और) बच्चा नहीं चाहेंगे 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?	HAVE (A/ANOTHER) CHILD ..... 1 NO MORE/NONE ..... 2 SAYS COUPLE CAN'T GET PREGNANT ..... 3 WIFE/WIVES STERILIZED ..... 4 UNDECIDED/DONT KNOW ..... 8	408
407	आप अब से लेकर और कितने समय तक (अगला) बच्चा होने का इंतजार करना चाहेंगे? How long would you like to wait from now before the birth of (a/another) child?	MONTHS ..... 1 YEARS ..... 2 SOON/NOW ..... 993 OTHER ..... 996 (SPECIFY) DONT KNOW ..... 998	
408	CHECK 203 AND 205: HAS LIVING CHILDREN: <input type="checkbox"/> NO LIVING CHILDREN: <input type="checkbox"/> a. यदि आप उस समय में लौट सकें जब आपकी कोई बच्चा नहीं था और आप अपने पूरे जीवन में होने वाले बच्चों की कुल संख्या को चुन सकते, तो वे कितने बच्चे होंगे? 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? b. यदि आप अपने पूरे जीवन में होने वाले बच्चों की कुल संख्या को चुन सकते, तो वे कितने बच्चे होंगे? If you could choose exactly the number of children to have in your whole life, how many would that be? PROBE FOR A NUMERIC RESPONSE	NONE ..... 00 NUMBER ..... OTHER ..... 96 (SPECIFY)	501 501
409	इन बच्चों में से आप कितनों का लड़का होना पसंद करते, कितनों का लड़की होना पसंद करते और कितने बच्चों के मामले में लड़कानपुत्री होने से कोई फरक नहीं पड़ता? How many of these children would you like to be boys, how many would you like to be girls and for how many would it not matter if it's a boy or a girl?	BOYS GIRLS EITHER NUMBER OTHER ..... 96 (SPECIFY)	

**SECTION 5: SEXUAL LIFE**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP
501	<p>CHECK 228 AND 229:</p> <p>HAS NOT HAD SEXUAL INTERCOURSE (228 = '2' OR 229 = '00')</p> <p>HAS HAD SEXUAL INTERCOURSE</p>				→ 536
501A	<p>CHECK FOR THE PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY. READ TO RESPONDENTS:</p> <p>अब मैं आपके संबंधों और वैयक्तिक जीवन के बारे में कुछ और सवाल पूछना चाहूंगा। मैं आपको फिर से विधायन दिनांक है कि आपके उत्तर पूरी तरह से गोपनीय रहे आपके और किसी को नहीं बताये जायेंगे। अगर अब किसी इंसान का उत्तर नहीं देना चाहते तो मुझे बतावे, मैं अपने इंसान पर चला जाऊंगा।</p> <p>Now I need to ask you some more questions about relationships and sexual life. Once again, let me assure you that your answers are completely confidential. If we should come to any question that you don't want to answer, just let me know and I will skip to the next question.</p>				
502	<p>अब आपने पहली बार संभोग किया था तो क्या निरोध का इस्तेमाल किया गया था?</p> <p>The first time you had sexual intercourse, was a condom used?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>			
503	<p>आपने अखिरी बार संभोग कब किया था?</p> <p>When was the last time you had sexual intercourse?</p> <p>IF LESS THAN 12 MONTHS, ANSWER MUST BE RECORDED IN DAYS, WEEKS, OR MONTHS.</p> <p>IF 12 MONTHS (ONE YEAR) OR MORE, ANSWER MUST BE RECORDED IN YEARS.</p>	<p>DAYS AGO ..... 1</p> <p>WEEKS AGO ..... 2</p> <p>MONTHS AGO ..... 3</p> <p>YEARS AGO ..... 4</p>			<p>→ 505</p> <p>→ 518</p>
		<b>LAST SEXUAL PARTNER</b>	<b>SECOND-TO-LAST SEXUAL PARTNER</b>	<b>THIRD-TO-LAST SEXUAL PARTNER</b>	
504	<p>आपने इस व्यक्ति के साथ अखिरी बार संभोग कब किया था?</p> <p>When was the last time you had sexual intercourse with this person?</p>		<p>DAYS AGO . 1</p> <p>WEEKS AGO . 2</p> <p>MONTHS AGO . 3</p>	<p>DAYS AGO . 1</p> <p>WEEKS AGO . 2</p> <p>MONTHS AGO . 3</p>	
505	<p>आपने अखिरी बार जब इस (दूसरे/तीसरे) व्यक्ति के साथ संभोग किया था तो क्या निरोध का इस्तेमाल किया गया था?</p> <p>The last time you had sexual intercourse with this (second/third) person, was a condom used?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>(SKIP TO 507) ←</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>(SKIP TO 507) ←</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>(SKIP TO 507) ←</p>	
506	<p>पिछले 12 महीनों में इस व्यक्ति के साथ संभोग करते समय क्या प्रत्येक बार आपने निरोध का इस्तेमाल किया था?</p> <p>Was a condom used every time you had sexual intercourse with this person in the last 12 months?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	

		LAST SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER	THIRD-TO-LAST SEXUAL PARTNER
507	इस व्यक्ति का आपसे क्या संबंध था जिसके साथ अपने संबंध किया? What was your relationship to this person with whom you had sexual intercourse?	WIFE ..... 01 LIVE-IN PARTNER . 02 GIRLFRIEND NOT LIVING WITH RESPONDENT ... 03 OTHER FRIEND ... 04 RELATIVE ..... 05 CASUAL ACQUAINTANCE .. 06 FEMALE SEX WORKER ..... 07 TG/MALE PARTNER 08 OTHER ..... 96 (SPECIFY) (SKIP TO 510) ←	WIFE ..... 01 LIVE-IN PARTNER . 02 GIRLFRIEND NOT LIVING WITH RESPONDENT ... 03 OTHER FRIEND ... 04 RELATIVE ..... 05 CASUAL ACQUAINTANCE .. 06 FEMALE SEX WORKER ..... 07 TG/MALE PARTNER 08 OTHER ..... 96 (SPECIFY) (SKIP TO 510) ←	WIFE ..... 01 LIVE-IN PARTNER . 02 GIRLFRIEND NOT LIVING WITH RESPONDENT ... 03 OTHER FRIEND ... 04 RELATIVE ..... 05 CASUAL ACQUAINTANCE .. 06 FEMALE SEX WORKER ..... 07 TG/MALE PARTNER 08 OTHER ..... 96 (SPECIFY) (SKIP TO 510) ←
508	CHECK 214, 220, AND 221:	MARRIED ONLY ONCE MARRIED MORE THAN ONCE (SKIP TO 510) ←	MARRIED ONLY ONCE MARRIED MORE THAN ONCE (SKIP TO 510) ←	MARRIED ONLY ONCE MARRIED MORE THAN ONCE (SKIP TO 510) ←
509	CHECK 229:	FIRST TIME WHEN STARTED LIVING WITH FIRST WIFE OTHER (SKIP TO 511) ↓	FIRST TIME WHEN STARTED LIVING WITH FIRST WIFE OTHER (SKIP TO 511) ↓	FIRST TIME WHEN STARTED LIVING WITH FIRST WIFE OTHER (SKIP TO 511) ↓
510	कितने समय पहले आपने इस (दूसरे / तीसरे) व्यक्ति के साथ पहली बार संबंध किया था? How long ago did you first have sexual intercourse with this (second/third) person?	DAYS AGO . 1 MONTHS AGO . 2 YEARS AGO . 3	DAYS AGO . 1 MONTHS AGO . 2 YEARS AGO . 3	DAYS AGO . 1 MONTHS AGO . 2 YEARS AGO . 3
511	पिछले 12 महीनों में, आपने इस व्यक्ति के साथ कितनी बार संबंध किया? How many times during the last 12 months did you have sexual intercourse with this person? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF TIMES IS 95 OR MORE, WRITE '95'.	NUMBER OF TIMES ...	NUMBER OF TIMES ...	NUMBER OF TIMES ...
512	CHECK 103:	AGE 15-24 AGE 25-54 (SKIP TO 514) ←	AGE 15-24 AGE 25-54 (SKIP TO 514) ←	AGE 15-24 AGE 25-54 (SKIP TO 515) ←
513	इस व्यक्ति की उम्र कितनी है? How old is this person?	AGE OF PARTNER . DONT KNOW ..... 98	AGE OF PARTNER . DONT KNOW ..... 98	AGE OF PARTNER . DONT KNOW ..... 98
514	(इस व्यक्ति/इन दो व्यक्तियों) के अलावा, क्या पिछले 12 महीनों में आपने किसी अन्य व्यक्ति के साथ संबंध किया है? Apart from (this person/these two people), have you had sexual intercourse with any other person in the last 12 months?	YES ..... 1 (GO BACK TO 504 IN NEXT COLUMN) NO ..... 2 (SKIP TO 516) ←	YES ..... 1 (GO BACK TO 504 IN NEXT COLUMN) NO ..... 2 (SKIP TO 516) ←	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
515	<p>पिछले 12 महीनों में, कुल मिलाकर आपने कितने अद्वितीयों के साथ संबंध किया है?</p> <p>In total, with how many different people have you had sex in the last 12 months?</p> <p>IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.</p>	<p>NUMBER OF PARTNERS ... <input type="text"/> <input type="text"/></p> <p>DON'T KNOW ..... 96</p>	
518	<p>CHECK 507, ALL COLUMNS:</p> <p>AT LEAST ONE PARTNER IS A SEX WORKER <input type="checkbox"/></p>	<p>NO PARTNERS ARE SEX WORKERS <input type="checkbox"/></p>	→ 518
517	<p>CHECK 505 AND 507 (ALL COLUMNS):</p> <p>OTHER <input type="checkbox"/></p>	<p>CONDOM USED WITH EVERY SEX WORKER <input type="checkbox"/></p>	→ 521 → 524
518	<p>पिछले 12 महीनों में क्या आप ने किसी को संबंध करने के बदले में कुछ भुगतान किया है?</p> <p>In the last 12 months, did you pay anyone in exchange for having sexual intercourse?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	→ 520
519	<p>क्या आपने किसी को कभी भी संबंध करने के बदले में कुछ भुगतान किया है?</p> <p>Have you ever paid anyone in exchange for having sexual intercourse?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	→ 524
520	<p>पिछली बार जब आपने किसी को भुगतान करने संबंध किया था तो क्या उस समय कंडोम का इस्तेमाल किया गया था?</p> <p>The last time you paid someone in exchange for sex, was a condom used?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	→ 522
521	<p>पिछले 12 महीनों में प्रत्येक बार जब आपने किसी को रुपया-पैसा देकर संबंध किया था तो क्या हर बार निरोध का इस्तेमाल किया गया था?</p> <p>Was a condom used every time you paid someone in exchange for sex in the last 12 months?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>	
522	<p>क्या आपने कभी संबंध करने वा किसी के साथ वीज संबंध में सम्मिलित होने के लिए कोई उपहार वा अन्य वस्तुएं दी हैं?</p> <p>Have you ever given any gifts or other goods in order to have sex or to become sexually involved with anyone?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>	→ 524
523	<p>पिछले 12 महीनों में, क्या आपने संबंध करने वा किसी के साथ वीज संबंध में सम्मिलित होने के लिए कोई उपहार वा अन्य वस्तुएं दी हैं?</p> <p>In the past 12 months have you given any gifts or other goods in order to have sex or to become sexually involved with anyone?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>	
524	<p>आपके जीवनकाल में कुल मिलाकर कितने अद्वितीयों के साथ आपने संबंध किया है?</p> <p>In total, with how many different people have you had sex in your lifetime?</p> <p>IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.</p>	<p>NUMBER OF PARTNERS ... <input type="text"/> <input type="text"/></p> <p>DON'T KNOW ..... 96</p>	
525	<p>CHECK 505, COLUMN 1 (CONDOM USE WITH LAST SEXUAL PARTNER):</p> <p>YES <input type="checkbox"/></p> <p>NO, BLANK <input type="checkbox"/></p>		→ 532
526	<p>आपने मुझे बताया कि पिछली बार जब आपने संबंध किया तब आपने कंडोम का इस्तेमाल किया था   उस कंडोम के ब्रांड का नाम क्या था?</p> <p>You told me that the last time you had intercourse you used a condom. What brand of condom did you use the last time?</p>	<p>BRAND NAME ..... 96</p> <p>(SPECIFY)</p> <p>DON'T KNOW ..... 96</p>	
527	<p>के कंडोम वीज लाया था: आप, आपका साथी वा कोई अन्य?</p> <p>Who obtained the condom: you, your partner, or someone else?</p>	<p>RESPONDENT HIMSELF ..... 1</p> <p>PARTNER ..... 2</p> <p>SOMEONE ELSE ..... 3</p>	→ 531

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
528	<p>पिछली बार आपने कितने कंडोम प्राप्त किए थे?</p> <p>How many condoms did you get the last time?</p>	<p>NUMBER ..... <input type="text"/> <input type="text"/></p> <p>DON'T KNOW ..... 98</p>	
529	<p>आपने पिछली बार जब कंडोम प्राप्त किये थे, कंडोम की कीमत तथा कोई परामर्श यदि लिया हो, उसको शामिल करते हुए आपने कुल कितना खर्च किया था?</p> <p>The last time you obtained condoms, how much did you pay in total, including the cost of the method and any consultation you may have had?</p>	<p>COST ..... Rs. <input type="text"/> <input type="text"/> <input type="text"/></p> <p>FREE ..... 995</p> <p>DON'T KNOW ..... 998</p>	
530	<p>पिछली बार आपने कंडोम कहाँ से प्राप्त किये थे?</p> <p>From where did you obtain the condom the last time?</p> <p>IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTRE, OR CLINIC IS PUBLIC OR PRIVATE HEALTH SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF FACILITY/PLACE)</p>	<p><b>PUBLIC HEALTH SECTOR</b></p> <p>GOVT./MUNICIPAL HOSPITAL ..... 11</p> <p><b>AYUSH</b></p> <p>AYURVEDA ..... 12</p> <p>YOGA AND NATUROPATHY ..... 13</p> <p>UNANI ..... 14</p> <p>SIDDHA ..... 15</p> <p>HOMEOPATHY ..... 16</p> <p>SOWA RIGPA (TTM) ..... 17</p> <p>OTHER ..... 18</p> <p>(SPECIFY)</p> <p>GOVT. DISPENSARY ..... 18</p> <p>UHC/UHP/UFWC ..... 20</p> <p>CHC/RURAL HOSPITAL/</p> <p>BLOCK PHC ..... 21</p> <p>PHC/ADDITIONAL PHC ..... 22</p> <p>SUB-CENTRE/ANM ..... 23</p> <p>GOVT. MOBILE CLINIC ..... 24</p> <p>CAMP ..... 25</p> <p>ANGANWADI/ICDS CENTRE ..... 26</p> <p>ASHA ..... 27</p> <p>OTHER COMMUNITY BASED</p> <p>WORKER ..... 28</p> <p>OTHER PUBLIC HEALTH</p> <p>SECTOR ..... 29</p> <p>NGO OR TRUST HOSPITAL/CLINIC .. 31</p> <p><b>PRIVATE HEALTH SECTOR</b></p> <p>PVT. HOSPITAL/CLINIC/</p> <p>DOCTOR ..... 41</p> <p>PVT. PARAMEDIC ..... 42</p> <p>PVT. MOBILE CLINIC ..... 43</p> <p><b>AYUSH</b></p> <p>AYURVEDA ..... 44</p> <p>YOGA AND NATUROPATHY ..... 45</p> <p>UNANI ..... 46</p> <p>SIDDHA ..... 47</p> <p>HOMEOPATHY ..... 48</p> <p>SOWA RIGPA (TTM) ..... 49</p> <p>OTHER ..... 50</p> <p>(SPECIFY)</p> <p>TRADITIONAL HEALER ..... 51</p> <p>PHARMACY/DRUGSTORE ..... 52</p> <p>DAI (TBA) ..... 53</p> <p>OTHER PRIVATE HEALTH</p> <p>SECTOR ..... 54</p> <p><b>OTHER SOURCE</b></p> <p>RATION SHOP ..... 61</p> <p>OTHER SHOP ..... 62</p> <p>WIFE ..... 63</p> <p>FRIEND/RELATIVE ..... 64</p> <p>VENDING MACHINE ..... 65</p> <p>OTHER ..... 96</p> <p>(SPECIFY)</p> <p>DON'T KNOW ..... 98</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
531	<p>फिडली बार जब आपने कंडोम (निरोध) का प्रयोग किया था, तो क्या गर्भधारण टालने के लिए, यौन संबंधी बीमारियों को रोकने के लिए या किसी अन्य कारण से किया था?</p> <p>PROBE: कोई अन्य कारण?</p> <p>This last time you used a condom, did you use it to avoid pregnancy, to avoid a sexually transmitted disease, or for some other reason?</p> <p>PROBE: Any other reason?</p> <p>RECORD ALL MENTIONED.</p>	<p>AVOID PREGNANCY ..... A</p> <p>AVOID STD ..... B</p> <p>SOME OTHER REASON ..... C</p>	
532	<p>CHECK 303: RESPONDENT EVER STERILIZED?</p> <p>CODE 'B' <input type="checkbox"/> NOT RECORDED</p> <p>CODE 'B' <input type="checkbox"/> RECORDED</p>		535
533	<p>फिडली बार जब आपने संभोग किया था तो आपने या आपके साथी ने क्या गर्भधारण टालने के लिए (कंडोम के अलावा अन्य) किसी विधि का इस्तेमाल किया था?</p> <p>The last time you had sex did you or your partner use any method (other than a condom) to avoid or prevent a pregnancy?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DONT KNOW ..... 8</p>	535
534	<p>आपने या आपके साथी ने किस विधि का इस्तेमाल किया था?</p> <p>PROBE: क्या गर्भधारण रोकने के लिए आपने किसी अन्य विधि का इस्तेमाल किया था?</p> <p>What method did you or your partner use?</p> <p>PROBE: Did you use any other method to prevent pregnancy?</p> <p>RECORD ALL MENTIONED.</p>	<p>FEMALE STERILIZATION ..... A</p> <p>IUD/PIIUD ..... B</p> <p>INJECTABLES ..... C</p> <p>PILL ..... D</p> <p>FEMALE CONDOM ..... E</p> <p>DIAPHRAGM ..... F</p> <p>FOAM/JELLY ..... G</p> <p>STANDARD DAYS METHOD ..... H</p> <p>RHYTHM METHOD ..... I</p> <p>WITHDRAWAL ..... J</p> <p>OTHER ..... X</p> <p>(SPECIFY)</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
535	CHECK 505, ALL COLUMNS, AND 520: ANY 'YES' <input type="checkbox"/> OTHER <input type="checkbox"/>		601
536	क्या आपको उस स्थान की जानकारी है जहाँ से कोई व्यक्ति निरोध प्राप्त कर सकता है? Do you know of a place where a person can get condoms?	YES ..... 1 NO ..... 2	601
537	कहाँ स्थान कहाँ है? कोई अन्य स्थान? Where is that? Any other place?  RECORD ALL SOURCES MENTIONED.  IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTRE, OR CLINIC IS PUBLIC OR PRIVATE HEALTH SECTOR, WRITE THE NAME OF THE PLACE(S).  _____ (NAME OF FACILITY/PLACE(S))	<b>PUBLIC HEALTH SECTOR</b> GOVT./MUNICIPAL HOSPITAL ... A <b>AYUSH</b> AYURVEDA ..... B YOGA AND NATUROPATHY ... C UNANI ..... D SIDDHA ..... E HOMEOPATHY ..... F SOWA RIGPA (TTM) ..... G OTHER ..... H (SPECIFY) GOVT. DISPENSARY ..... I UHC/UHP/UFWC ..... J CHC/RURAL HOSPITAL/ BLOCK PHC ..... K PHC/ADDITIONAL PHC ..... L SUB-CENTRE/ANM ..... M GOVT. MOBILE CLINIC ..... N CAMP ..... O ANGANWADI/ICDS CENTRE ..... P ASHA ..... Q OTHER COMMUNITY-BASED WORKER ..... R OTHER PUBLIC HEALTH SECTOR ..... S SPECIFY NGO OR TRUST HOSPITAL/CLINIC . T <b>PRIVATE HEALTH SECTOR</b> PVT. HOSPITAL/CLINIC/ DOCTOR ..... U PVT. PARAMEDIC ..... V PVT. MOBILE CLINIC ..... W <b>AYUSH</b> AYURVEDA ..... X YOGA AND NATUROPATHY ... Y UNANI ..... Z SIDDHA ..... AA HOMEOPATHY ..... AB SOWA RIGPA (TTM) ..... AC OTHER ..... AD (SPECIFY) TRADITIONAL HEALER ..... AE PHARMACY/DRUGSTORE ..... AF DAI (TBA) ..... AG OTHER PRIVATE HEALTH SECTOR ..... AH <b>OTHER SOURCE</b> RATION SHOP ..... BA OTHER SHOP ..... BB VENDING MACHINE ..... BC OTHER ..... BX (SPECIFY)	
538	यदि आप चाहते हैं तो क्या आप स्वयं निरोध प्राप्त कर सकते हैं? If you wanted to, could you yourself get a condom?	YES ..... 1 NO ..... 2 DON'T KNOW/UNSURE ..... 8	

## SECTION 6. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	<p>अब मैं आपके द्वारा पिछले 12 महीनों में लगवाये गए किसी इंजेक्शन के बारे में कुछ प्रश्न पूछना चाहूँगा। क्या पिछले 12 महीनों में आपने किसी कारण से इंजेक्शन लगवाया था?</p> <p>IF YES: आपने कितने इंजेक्शन लगवाये थे?</p> <p>Now I would like to ask you some other questions relating to health matters. Have you had an injection for any reason in the last 12 months?</p> <p>IF YES: How many injections have you had?</p> <p>IF NUMBER OF INJECTIONS IS GREATER THAN 90, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'. IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.</p>	<p>NUMBER OF INJECTIONS ... <input type="text"/> <input type="text"/></p> <p>NONE ..... 00 → 603</p>	
602	<p>अब आपने पिछली बार इंजेक्शन लिया था तो नया का केवल एक ही बार प्रयोग में की जाने वाली सिरिंज और सुई का इस्तेमाल किया क्या था?</p> <p>The last time you got an injection, were the syringe and needle taken from a new, unopened package?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>	
603	<p>क्या आपकी कभी खून चढ़ाया गया है?</p> <p>Have you ever had a blood transfusion?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	
604	<p>आजकल क्या आप, सिगरेट हर दिन पीते हैं, या कुछ दिन पीते हैं, या बिल्कुल नहीं पीते?</p> <p>Do you currently smoke cigarettes every day, some days, or not at all?</p>	<p>EVERY DAY ..... 1</p> <p>SOME DAYS ..... 2</p> <p>NOT AT ALL ..... 8 → 607</p>	
605	<p>औसतन, आजकल आप प्रत्येक दिन कितने सिगरेट पीते हैं?</p> <p>On average, how many cigarettes do you currently smoke each day?</p>	<p>CIGARETTES ..... <input type="text"/> <input type="text"/></p>	
606	<p>आप कब से नियमित रूप से सिगरेट पी रहे हैं ?</p> <p>For how long have you been smoking cigarettes regularly?</p> <p>IF LESS THAN 1 MONTH, RECORD WEEKS; IF LESS THAN 2 YEARS, RECORD MONTHS. IF 2 OR MORE YEARS, RECORD YEARS.</p>	<p>WEEKS ..... 1 <input type="text"/> <input type="text"/></p> <p>MONTHS ..... 2 <input type="text"/> <input type="text"/></p> <p>YEARS ..... 3 <input type="text"/> <input type="text"/></p> <p>NEVER SMOKED REGULARLY ... 995</p>	
607	<p>आजकल क्या आप बीड़ी हर दिन पीते हैं, या कुछ दिन पीते हैं, या बिल्कुल नहीं पीते?</p> <p>Do you currently smoke bidis every day, some days, or not at all?</p>	<p>EVERY DAY ..... 1</p> <p>SOME DAYS ..... 2</p> <p>NOT AT ALL ..... 8 → 610</p>	
608	<p>औसतन, आजकल आप प्रत्येक दिन कितनी बीड़ी पीते हैं?</p> <p>On average, how many bidis do you currently smoke each day?</p>	<p>BIDIS ..... <input type="text"/> <input type="text"/></p>	
609	<p>आप कब से नियमित रूप से बीड़ी पी रहे हैं?</p> <p>For how long have you been smoking bidis regularly?</p> <p>IF LESS THAN 1 MONTH, RECORD WEEKS; IF LESS THAN 2 YEARS, RECORD MONTHS. IF 2 OR MORE YEARS, RECORD YEARS</p>	<p>WEEKS ..... 1 <input type="text"/> <input type="text"/></p> <p>MONTHS ..... 2 <input type="text"/> <input type="text"/></p> <p>YEARS ..... 3 <input type="text"/> <input type="text"/></p> <p>NEVER SMOKED REGULARLY ... 995</p>	
610	<p>आजकल क्या आप धूम्रपान का किसी अन्य प्रकार से तम्बाकू का सेवन करते हैं?</p> <p>Do you currently smoke or use tobacco in any other form?</p>	<p>YES ..... 1</p> <p>NO ..... 2 → 614</p>	
611	<p>आजकल आप किस अन्य प्रकार से तम्बाकू पीते या सेवन करते हैं?</p> <p>किसी अन्य प्रकार से?</p> <p>In what other form do you currently smoke or use tobacco? Any other form?</p> <p>RECORD ALL MENTIONED.</p>	<p>CIGAR ..... A</p> <p>PIPE ..... B</p> <p>HOOKAH ..... C</p> <p>GUTKHA/PAAN MASALA WITH TOBACCO ..... D</p> <p>KHANI ..... E</p> <p>PAN WITH TOBACCO ..... F</p> <p>OTHER CHEWING TOBACCO ..... G</p> <p>SNUFF ..... H</p> <p>OTHER ..... X</p> <p>(SPECIFY)</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
611A	CHECK 611: ANY CODE 'D' THROUGH 'H' <input type="checkbox"/> OTHER <input type="checkbox"/>		→ 614
612	कितनी बार आप धूम्रपात्र रहित तम्बाकू का उपयोग करते हैं: लगभग हर दिन, सप्ताह में एक बार या सप्ताह में एक बार से भी कम बार? How often do you use smokeless tobacco: almost every day, about once a week, or less than once a week?	ALMOST EVERY DAY ..... 1 ABOUT ONCE A WEEK ..... 2 LESS THAN ONCE A WEEK ..... 3	
613	आप कब से नियमित रूप से धूम्रपात्र रहित तम्बाकू का इस्तेमाल कर रहे हैं? For how long have you been using smokeless tobacco regularly?  IF LESS THAN 1 MONTH, RECORD WEEKS; IF LESS THAN 2 YEARS, RECORD MONTHS. IF 2 OR MORE YEARS, RECORD YEARS	WEEKS ..... 1 MONTHS ..... 2 YEARS ..... 3  NEVER SMOKED REGULARLY ..... 995	
614	CHECK 604, 607 AND 610: 604 OR 607=1 OR 2, OR 610=1 <input type="checkbox"/> OTHER <input type="checkbox"/>		→ 616
615	पिछले 12 महीनों के दौरान, क्या आपने कभी धूम्रपात्र या किसी अन्य प्रकार से तन बांधू सेवन छोड़ने का प्रयास किया है? During the last 12 months, have you ever tried to stop smoking or using tobacco in any other form?	YES ..... 1 NO ..... 2	
616	पिछले 12 महीनों में क्या आपने किसी चिकित्सक अथवा अन्य स्वास्थ्य सेवा प्रदाता से मिले हैं? In the last 12 months, have you visited a doctor or other health care provider?	YES ..... 1 NO ..... 2	→ 616
617	इन मुलाकातों के दौरान, क्या आपको कभी भी धूम्रपात्र छोड़ने या किसी भी रूप में तम्बाकू सेवन न करने का सुझाव मिला? During any of these visits, were you advised to quit smoking or using tobacco in any other form?	YES ..... 1 NO ..... 2	
618	पिछले 30 दिनों में किसी ने (आपके अलावा) आपके घर में अथवा कहीं अन्य स्थान पर धूम्रपात्र किया क्या आप उपस्थित थे? In the last 30 days, did someone (other than you) smoke in your home or anywhere else when you were present?	YES ..... 1 NO ..... 2	
619	क्या आप शराब पीते हैं? Do you drink alcohol?	YES ..... 1 NO ..... 2	→ 623
620	शराब: आप कितनी बार शराब पीते हैं: लगभग हर रोज, लगभग हफ्ते में एक बार या हफ्ते में एक बार से कम? How often do you drink alcohol: almost every day, about once a week, or less than once a week?	ALMOST EVERY DAY ..... 1 ABOUT ONCE A WEEK ..... 2 LESS THAN ONCE A WEEK ..... 3	
621	शराब: आप किस प्रकार की शराब का सेवन करते हैं? What type of alcohol do you usually drink?  RECORD ALL MENTIONED.	TADI MADI ..... A COUNTRY LIQUOR ..... B BEER ..... C WINE ..... D HARD LIQUOR ..... E OTHER ..... X (SPECIFY)	

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																																
622	<p>आप कब से नियमित रूप से शराब पी रहे हैं? For how long have you been drinking alcohol regularly?</p> <p>IF LESS THAN 1 MONTH, RECORD WEEKS. IF LESS THAN 2 YEARS, RECORD MONTHS. IF 2 OR MORE YEARS, RECORD YEARS.</p>	<p>WEEKS ..... 1</p> <p>MONTHS ..... 2</p> <p>YEARS ..... 3</p> <p>NEVER DRANK ALCOHOL REGULARLY ..... 995</p>	<table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>																																																
623	<p>क्या आपने कभी ऐसी बीमारी के बारे में सुना है जिसे तपेदिक या टी बी कहते हैं? Have you ever heard of an illness called tuberculosis or TB?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	→ 627																																																
624	<p>तपेदिक [टी बी] एक व्यक्ति से दूसरे व्यक्ति को किस प्रकार फैलता है? PROBE: किसी अन्य तरीके से? How does tuberculosis spread from one person to another? Any other ways?</p> <p>RECORD ALL MENTIONED.</p>	<p>THROUGH THE AIR WHEN COUGHING OR SNEEZING ..... A</p> <p>THROUGH SHARING UTENSILS ..... B</p> <p>THROUGH TOUCHING A PERSON WITH TB ..... C</p> <p>THROUGH FOOD ..... D</p> <p>THROUGH SEXUAL CONTACT ..... E</p> <p>THROUGH MOSQUITO BITES ..... F</p> <p>OTHER _____ X (SPECIFY)</p> <p>DON'T KNOW ..... Z</p>																																																	
625	<p>क्या तपेदिक [टी बी] को ठीक किया जा सकता है? Can tuberculosis be cured?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>																																																	
626	<p>यदि आपके परिवार के सदस्य को तपेदिक [टी बी] हो जाता है तो क्या आप इसे गुप्त रखना चाहेंगे या नहीं? If a member of your family got tuberculosis, would you want it to remain a secret or not?</p>	<p>YES, REMAIN A SECRET ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW/NOT SURE/ DEPENDS ..... 8</p>																																																	
627	<p>A क्या आजकल आपको _____ है? Do you currently have:</p> <p>a. मधुमेह [डायबिटीज] Diabetes?</p> <p>b. उच्च रक्तचाप [हाइपरटेंशन] Hypertension</p> <p>c. कसा [अस्थमा] सहित पुरानी श्वास संबंधी रोग A chronic respiratory disease including asthma?</p> <p>d. गलगण्ड या अन्य थायराइड संबंधी विकार [रोग] Goitre or any other thyroid disorder?</p> <p>e. कोई हृदय रोग Any heart disease?</p> <p>f. कैंसर Cancer?</p> <p>g. कोई पुराना गुर्दा [किडनी] संबंधी विकार [रोग] Any chronic kidney disease?</p>	<p>B क्या आपने इसका इलाज करवाया? Have you sought treatment for this problem?</p> <table border="1"> <thead> <tr> <th>CURRENTLY HAVE</th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>YES 1 →</td> <td>1</td> <td>2</td> </tr> <tr> <td>NO 2 ]</td> <td></td> <td></td> </tr> <tr> <td>DK 8 ↓</td> <td></td> <td></td> </tr> <tr> <td>YES 1 →</td> <td>1</td> <td>2</td> </tr> <tr> <td>NO 2 ]</td> <td></td> <td></td> </tr> <tr> <td>DK 8 ↓</td> <td></td> <td></td> </tr> <tr> <td>YES 1 →</td> <td>1</td> <td>2</td> </tr> <tr> <td>NO 2 ]</td> <td></td> <td></td> </tr> <tr> <td>DK 8 ↓</td> <td></td> <td></td> </tr> <tr> <td>YES 1 →</td> <td>1</td> <td>2</td> </tr> <tr> <td>NO 2 ]</td> <td></td> <td></td> </tr> <tr> <td>DK 8 ↓</td> <td></td> <td></td> </tr> <tr> <td>YES 1 →</td> <td>1</td> <td>2</td> </tr> <tr> <td>NO 2 ]</td> <td></td> <td></td> </tr> <tr> <td>DK 8 ↓</td> <td></td> <td></td> </tr> </tbody> </table>	CURRENTLY HAVE	YES	NO	YES 1 →	1	2	NO 2 ]			DK 8 ↓			YES 1 →	1	2	NO 2 ]			DK 8 ↓			YES 1 →	1	2	NO 2 ]			DK 8 ↓			YES 1 →	1	2	NO 2 ]			DK 8 ↓			YES 1 →	1	2	NO 2 ]			DK 8 ↓			
CURRENTLY HAVE	YES	NO																																																	
YES 1 →	1	2																																																	
NO 2 ]																																																			
DK 8 ↓																																																			
YES 1 →	1	2																																																	
NO 2 ]																																																			
DK 8 ↓																																																			
YES 1 →	1	2																																																	
NO 2 ]																																																			
DK 8 ↓																																																			
YES 1 →	1	2																																																	
NO 2 ]																																																			
DK 8 ↓																																																			
YES 1 →	1	2																																																	
NO 2 ]																																																			
DK 8 ↓																																																			

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
628	क या आपके पास क वार ख योजना वा क वार क व बीमा है Are you covered by any health scheme or any health insurance?	YES ..... 1 NO ..... 2	→ 630
629	स्वास्थ्य योजना वा स्वास्थ्य बीमा किस प्रकार की है? अथ किसी प्रकार वा? What type of health scheme or health insurance? Any other type?  RECORD ALL MENTIONED.	EMPLOYEES STATE INSURANCE SCHEME (ESIS) ..... A CENTRAL GOVERNMENT HEALTH SCHEME (CGHS) ..... B STATE HEALTH INSURANCE SCHEME ..... C RASHTRIYA SWASTHYA BIMA YOJANA (RSBY) ..... D COMMUNITY HEALTH INSURANCE PROGRAMME ..... E OTHER HEALTH INSURANCE THROUGH EMPLOYER ..... F MEDICAL REIMBURSEMENT FROM EMPLOYER ..... G OTHER PRIVATELY PURCHASED COMMERCIAL HEALTH INSURANCE H OTHER ..... X (SPECIFY)	
630	आप स्वयं वे निम्नलिखित खाद्य पदार्थ कितनी बार खाते हैं - रोजाना, हफ्ते में एक बार, कभी कभी वा कभी नहीं? How often do you yourself eat the following food items: daily, weekly, occasionally, or never?		
	a. दूध वा घड़ी? Milk or curd?	a. 1 2 3 4	
	b. दालें वा फलियाँ? Pulses or beans?	b. 1 2 3 4	
	c. गहरी हरे पत्तेदार सब्जियाँ? Dark green leafy vegetables?	c. 1 2 3 4	
	d. फल? Fruits?	d. 1 2 3 4	
	e. अण्डे? Eggs?	e. 1 2 3 4	
	f. मछली? Fish?	f. 1 2 3 4	
	g. मुर्गी वा गोश्त? Chicken or meat?	g. 1 2 3 4	
	h. तला हुआ खाद्य पदार्थ? Fried foods?	h. 1 2 3 4	
	i. शीत पेय? Aerated drinks?	i. 1 2 3 4	

SECTION 7. ATTITUDES TOWARDS GENDER ROLES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																
701	<p>कल्पित में, आपके कितने से इनमें से प्रत्येक निर्णय लेने में कितनी बात को ज्यादा महत्व दिया जाना चाहिए: पति, पत्नी या दोनों को समान रूप से:</p> <p>In a couple, who do you think should have the greater say in each of the following decisions: the husband, the wife or both equally:</p> <p>a. घर की बड़ी खरीदारी करने के बारे में? Making major household purchases?</p> <p>b. रोजाना छोटी जरूरतों के खरीदारी करने के बारे में? Making purchases for daily household needs?</p> <p>c. पत्नी के मापक के परिवार या रिश्तेदारों से मिलने जाने के बारे में? Deciding about visits to the wife's family or relatives?</p> <p>d. पत्नी द्वारा कमाया गए रुपये-पैसे को खर्च करने के बारे में? Deciding what to do with the money the wife earns from her work?</p> <p>e. कितने बच्चे होने चाहिए इसके बारे में? Deciding how many children to have?</p>	<table border="1"> <thead> <tr> <th></th> <th>HUS- BAND</th> <th>WIFE</th> <th>BOTH EQUAL- LY</th> <th>DON'T KNOW/ DEPENDS</th> </tr> </thead> <tbody> <tr> <td>a.</td> <td>1</td> <td>2</td> <td>3</td> <td>8</td> </tr> <tr> <td>b.</td> <td>1</td> <td>2</td> <td>3</td> <td>8</td> </tr> <tr> <td>c.</td> <td>1</td> <td>2</td> <td>3</td> <td>8</td> </tr> <tr> <td>d.</td> <td>1</td> <td>2</td> <td>3</td> <td>8</td> </tr> <tr> <td>e.</td> <td>1</td> <td>2</td> <td>3</td> <td>8</td> </tr> </tbody> </table>		HUS- BAND	WIFE	BOTH EQUAL- LY	DON'T KNOW/ DEPENDS	a.	1	2	3	8	b.	1	2	3	8	c.	1	2	3	8	d.	1	2	3	8	e.	1	2	3	8			
	HUS- BAND	WIFE	BOTH EQUAL- LY	DON'T KNOW/ DEPENDS																															
a.	1	2	3	8																															
b.	1	2	3	8																															
c.	1	2	3	8																															
d.	1	2	3	8																															
e.	1	2	3	8																															
701A	<p>CHECK 213:</p> <p>CURRENTLY MARRIED <input type="checkbox"/></p> <p>OTHER <input type="checkbox"/></p>		704																																
702	<p>आपके अपने स्वास्थ्य की देखभाल के बारे में आमतौर पर कौन निर्णय लेता है: मुझ पर, आप, मुझ पर, आपकी पत्नी आप और आपकी पत्नी मिलकर वा और कोई?</p> <p>Who usually makes decisions about healthcare for yourself: mainly you, mainly your wife, you and your wife jointly, or someone else?</p>	<p>RESPONDENT ..... 1</p> <p>WIFE ..... 2</p> <p>RESPONDENT AND WIFE JOINTLY ... 3</p> <p>SOMEONE ELSE ..... 4</p> <p>OTHER ..... 6</p> <p>(SPECIFY)</p>																																	
703	<p>घर के महंगे सामानों की खरीदकदारी के बारे में निर्णय आमतौर पर कौन लेता है: मुझ पर, आप मुझ पर, आपकी पत्नी आप और आपकी पत्नी मिलकर वा और कोई?</p> <p>Who usually makes decisions about making major household purchases: mainly you, mainly your wife, you and your wife jointly, or someone else?</p>	<p>RESPONDENT ..... 1</p> <p>WIFE ..... 2</p> <p>RESPONDENT AND WIFE JOINTLY ... 3</p> <p>SOMEONE ELSE ..... 4</p> <p>OTHER ..... 6</p> <p>(SPECIFY)</p>																																	
704	<p>क या आप अपने वा संयुक्त रूप में इस घर के वा किसी अन्य घर के मालिक हैं?</p> <p>Do you own this or any other house either alone or jointly with someone else?</p>	<p>ALONE ONLY ..... 1</p> <p>JOINTLY ONLY ..... 2</p> <p>BOTH ALONE AND JOINTLY ..... 3</p> <p>DOES NOT OWN ..... 4</p>																																	
705	<p>क्या आप अपने वा संयुक्त रूप में किसी भी जमीन के मालिक हैं?</p> <p>Do you own any agricultural or non-agricultural land either alone or jointly with someone else?</p>	<p>ALONE ONLY ..... 1</p> <p>JOINTLY ONLY ..... 2</p> <p>BOTH ALONE AND JOINTLY ..... 3</p> <p>DOES NOT OWN ..... 4</p>																																	
706	<p>आपकी राय में, क्या इन परिस्थितियों में पति द्वारा पत्नी को मारना-पीटना उचित है:</p> <p>In your opinion, is a husband justified in hitting or beating his wife in the following situations:</p> <p>a. यदि वह पति को बिना बताए कहीं बाहर जाती है? If she goes out without telling him?</p> <p>b. यदि वह घर वा बच्चे को घर ध्यान नहीं देती है। If she neglects the house or the children?</p> <p>c. यदि वह पति के साथ बहस करती है? If she argues with him?</p> <p>d. यदि वह पति के साथ संबंध के लिए मना करती है? If she refuses to have sex with him?</p> <p>e. यदि वह ठीक तरह से खाना नहीं पकाती है? If she doesn't cook food properly?</p> <p>f. यदि पति उसके धार-धरन पर संदेह करता है? If he suspects her of being unfaithful?</p> <p>g. यदि वह ससुराल पार्षदों का अपमान करती है? If she shows disrespect for in-laws?</p>	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DON'T KNOW</th> </tr> </thead> <tbody> <tr> <td>GOES OUT .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>NEGL CHILDREN ...</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>ARGUES .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>REFUSES SEX .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>POOR COOKING .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>UNFAITHFUL .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>DISRESPECT .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DON'T KNOW	GOES OUT .....	1	2	8	NEGL CHILDREN ...	1	2	8	ARGUES .....	1	2	8	REFUSES SEX .....	1	2	8	POOR COOKING .....	1	2	8	UNFAITHFUL .....	1	2	8	DISRESPECT .....	1	2	8	
	YES	NO	DON'T KNOW																																
GOES OUT .....	1	2	8																																
NEGL CHILDREN ...	1	2	8																																
ARGUES .....	1	2	8																																
REFUSES SEX .....	1	2	8																																
POOR COOKING .....	1	2	8																																
UNFAITHFUL .....	1	2	8																																
DISRESPECT .....	1	2	8																																

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
707	<p>बदि पत्नी यह जानती है कि उसके पति को यौन संबंधों से फैलने वाला रोग है, तो क्या यह उचित है कि वह यह बताने के लिए विरोध का इस्तेमाल करे?</p> <p>When a wife knows her husband has a sexually transmitted disease, is she justified in asking that they use a condom when they have sex?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>	
708	<p>कृपया मुझे बताइये कि आपके विचार में पत्नी के लिए क्या यह उचित है कि वह अपने पति को संभोग के लिए मना करे जब:</p> <p>Please tell me if you think a wife is justified in refusing to have sex with her husband when:</p> <p>a. वह जानती है कि उसके पति को यौन संबंधों से फैलने वाला रोग है। She knows her husband has a sexually transmitted disease.</p> <p>b. वह जानती है कि उसका पति दूसरे महिलाओं के साथ संभोग करता है। She knows her husband has sex with other women.</p> <p>c. वह थकी हुई है या उसका मन [मुरा] नहीं है। She is tired or not in the mood.</p>	<p>YES NO DON'T KNOW</p> <p>HAS STD ..... 1 2 8</p> <p>OTHER WOMEN ..... 1 2 8</p> <p>TIRED/NOT IN MOOD . 1 2 8</p>	
709	<p>आप यह सोचते हैं कि जब पति के चाहने पर यदि पत्नी संभोग के लिए मना करती है तो पति को क्या यह अधिकार है कि वह:</p> <p>Do you think that if a woman refuses to have sex with her husband when he wants her to, he has the right to:</p> <p>a. पत्नी पर दुस्सा करे और उसे डांटे? Get angry and reprimand her?</p> <p>b. पत्नी को पैसा वा अधिक सहूलता देने से इनकार कर दे? Refuse to give her money or other means of financial support?</p> <p>c. पत्नी के न चाहने पर भी बलपूर्वक उसके साथ संभोग करे? Use force and have sex with her even if she doesn't want to?</p> <p>d. बाहर जाकर दूसरी महिला के साथ संभोग करे? Go and have sex with another woman?</p>	<p>YES NO DON'T KNOW</p> <p>ANGRY ..... 1 2 8</p> <p>REFUSE SUPPORT ... 1 2 8</p> <p>USE FORCE ..... 1 2 8</p> <p>SEX WITH ANOTHER WOMAN ..... 1 2 8</p>	
710	<p>CHECK 213:</p> <p>CURRENTLY MARRIED <input type="checkbox"/></p> <p>OTHER <input type="checkbox"/></p>		→ 716
711	<p>क्या आपकी (पत्नी/पौटें पत्नी) इन समय सचवा-पैसों के लिए काम कर रही हैं? (Is your wife/Are any of your wives) currently employed for cash?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>	→ 715
712	<p>आपकी पत्नी द्वारा कमाए गए रुपये-पैसों का उपयोग किस तरह किया जाए, इसका निर्णय कौन करता है: मुख्यतः आप, मुख्यतः आपकी पत्नी या आप और आपकी पत्नी दोनों मिलकर?</p> <p>Who decides how the money your wife earns will be used; mainly you, mainly your wife, or you and your wife jointly?</p>	<p>RESPONDENT ..... 1</p> <p>WIFE ..... 2</p> <p>RESPONDENT AND WIFE JOINTLY . 3</p> <p>OTHER ..... 6</p>	
713	<p>CHECK 125:</p> <p>CODE '1' OR '2' RECORDED <input type="checkbox"/></p> <p>OTHER <input type="checkbox"/></p>		→ 716
714	<p>क्या आप यह कहेंगे कि आप जो रुपये-पैसे कमाते हैं वह आपकी पत्नी जो कमाती है उससे अधिक है, कम है वा लगभग उतना ही है?</p> <p>Would you say that the money you earn is more than what your wife earns, less than what she earns, or about the same?</p>	<p>MORE THAN WIFE ..... 1</p> <p>LESS THAN WIFE ..... 2</p> <p>ABOUT THE SAME ..... 3</p> <p>DON'T KNOW ..... 8</p>	
715	<p>आपके द्वारा कमाए गए रुपये-पैसों का उपयोग किस तरह किया जाए, इसका निर्णय कौन करता है: मुख्यतः आप, मुख्यतः आपकी पत्नी या आप और आपकी पत्नी दोनों मिलकर?</p> <p>Who decides how your earnings will be used; mainly you, mainly your wife, or you and your wife jointly?</p>	<p>RESPONDENT ..... 1</p> <p>WIFE ..... 2</p> <p>RESPONDENT AND WIFE JOINTLY . 3</p> <p>OTHER ..... 6</p>	
716	<p>जहां तक आप जानते हैं, क्या कभी आपके पिताजी ने आपकी माताजी को मारा था?</p> <p>As far as you know, did your father ever beat your mother?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>	

**SECTION B. HIV/AIDS AND OTHER SEXUALLY TRANSMITTED INFECTIONS**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
801	अब मैं आपमें किसी अन्य विषय के बारे में बातचीत करना चाहूंगा। क्या आपने कभी ऐसी बीमारी के बारे में सुना है जिसे एड्स कहते हैं? Now I would like to talk about something else. Have you ever heard of an illness called AIDS?	YES ..... 1 NO ..... 2	
802	क्या आपने कभी एच आइ वी के बारे में सुना है? Have you ever heard of HIV?	YES ..... 1 NO ..... 2	
803	CHECK 801 AND 802: KNOWS ABOUT HIV/AIDS AT LEAST <input type="checkbox"/> OTHER <input type="checkbox"/> → 804 ONE 'YES'		
804	किन सूचना माध्यमों में आपने एच आइ वी/एड्स के विषय में जाना है? कोई अन्य माध्यम? From which sources of information have you learned about HIV/AIDS?  RECORD ALL MENTIONED.	RADIO ..... A TELEVISION ..... B CINEMA ..... C NEWSPAPERS/MAGAZINES ..... D POSTERS/HOARDINGS ..... E EXHIBITION/MELA ..... F HEALTH WORKERS ..... G ADULT EDUC. PROGRAMME ..... H RELIGIOUS LEADERS ..... I POLITICAL LEADERS ..... J SCHOOL/TEACHERS ..... K COMMUNITY MEETINGS ..... L WIFE ..... M FRIENDS/RELATIVES ..... N WORK PLACE ..... O INTERNET ..... P OTHER ..... X (SPECIFY)	
805	एच आइ वी वह वायरस है जिससे एड्स हो सकता है। क्या लोग एच आइ वी से संक्रमित होने की संभावना को कम कर सकते हैं यदि वे केवल एक ही ऐसे यौन साथी से संबंध रखें, जिसे पुरु एच आइ वी ना हो और जिसका कोई दूसरा यौन साथी ना हो? HIV is the virus that can lead to AIDS. Can people reduce their chance of getting HIV by having just one uninfected sex partner who has no other sex partners?	YES ..... 1 NO ..... 2 DONT KNOW ..... 8	
806	क्या मोसो की सख्खर के काटने से एच आइ वी हो सकता है? Can people get HIV from mosquito bites?	YES ..... 1 NO ..... 2 DONT KNOW ..... 8	
807	क्या व्यक्ति जब की संबंध करते तो इलेक डार निरोध का इस्तेमाल करते एच आइ वी होने की संभावना को कम कर सकता है? Can people reduce their chances of getting HIV by using a condom every time they have sex?	YES ..... 1 NO ..... 2 DONT KNOW ..... 8	
808	क्या खून के पदार्थ या खून बदलने से एच आइ वी हो सकता है? Can people get HIV from blood products or blood transfusions?	YES ..... 1 NO ..... 2 DONT KNOW ..... 8	
809	क्या सुई से नशा लेने पर एच आइ वी हो सकता है? Can people get HIV by injecting drugs?	YES ..... 1 NO ..... 2 DONT KNOW ..... 8	
810	क्या एड्स से बीमार व्यक्ति के साथ खाना खाने से किसी व्यक्ति को एच आइ वी हो सकता है? Can people get HIV by sharing food with a person who has HIV?	YES ..... 1 NO ..... 2 DONT KNOW ..... 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP	
811	क्या कोई अन्य उपाय है जिससे व्यक्ति एच आइ वी/एड्स होने की संभावना को टाल या कम कर सकता है? Is there anything else a person can do to avoid or reduce the chances of getting HIV/AIDS?	YES ..... 1 NO ..... 2 DONT KNOW ..... 8	→ 813	
812	बताने क्या कर सकता है? कौन से अन्य उपाय?  What can a person do? Anything else?  RECORD ALL WAYS MENTIONED.	ABSTAIN FROM SEX ..... A USE CONDOMS ..... B LIMIT SEX TO ONE PARTNER/STAY FAITHFUL TO ONE PARTNER ..... C LIMIT NUMBER OF SEXUAL PARTNERS ..... D AVOID SEX WITH SEX WORKERS ..... E AVOID SEX WITH PERSONS WHO HAVE MANY PARTNERS ..... F AVOID SEX WITH HOMOSEXUALS ..... G AVOID SEX WITH PERSONS WHO INJECT DRUGS ..... H AVOID BLOOD TRANSFUSIONS ..... I USE BLOOD ONLY FROM RELATIVES ..... J AVOID INJECTIONS ..... K USE ONLY NEW/STERILIZED NEEDLES ..... L AVOID IV DRIP ..... M AVOID SHARING RAZORS/BLADES ..... N AVOID KISSING ..... O AVOID MOSQUITO BITES ..... P OTHER ..... W (SPECIFY) OTHER ..... X (SPECIFY) DONT KNOW ..... Z		
813	क्या यह संभव है कि किसी स्वस्थ दिखने वाले व्यक्ति को एच आइ वी हो? Is it possible for a healthy-looking person to have HIV?	YES ..... 1 NO ..... 2 DONT KNOW ..... 8		
814	क्या एच आइ वी माँ से उसके बच्चे को हो सकता है Can HIV be transmitted from a mother to her baby:  a. गर्भावस्था के दौरान During pregnancy? b. बच्चे से जन्म के दौरान During delivery? c. स्तनपान के जरिए By breastfeeding?	YES NO DK DURING PREGNANCY ..... 1 2 8 DURING DELIVERY ..... 1 2 8 BREASTFEEDING ..... 1 2 8		
815	CHECK 814: AT LEAST <input type="checkbox"/> ONE 'YES'	OTHER <input type="checkbox"/>	→ 817	
816	क्या कोई ऐसी दवा है जो डॉक्टर या नर्स एच आइ वी से संक्रमित महिला को देकर एच आइ वी को घटाने में मदद कर सकते हैं? Are there any special drugs that a doctor or a nurse can give to a woman infected with HIV to reduce the risk of transmission to the baby?	YES ..... 1 NO ..... 2 DONT KNOW ..... 8		
817	क्या आपने विशेष एंटी-रिट्रोवायरल दवा (USE LOCAL NAME(S)) के बारे में सुना है जिसे एच आइ वी/एड्स से संक्रमित व्यक्ति अपने जीवन की अवधि बढ़ाने के लिए डॉक्टर या नर्स से प्राप्त कर सकते हैं? Have you heard about special antiretroviral drugs (USE LOCAL NAME(S)) that people infected with HIV/AIDS can get from a doctor or a nurse to help them live longer?	YES ..... 1 NO ..... 2		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
818	<b>CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.</b>		
819	<p>मैं परिणाम नहीं जानना चाहता हूँ, लेकिन क्या कभी आपकी एच आइ वी की जांच की गई थी?</p> <p>I don't want to know the results, but have you ever been tested to see if you have HIV?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	→ 823
820	<p>कितने महीने पहले आपने अपना अंतिम एच आइ वी की जांच करवायी थी?</p> <p>How many months ago was your most recent HIV test?</p>	<p>MONTHS AGO ..... <input type="text"/> <input type="text"/></p> <p>TWO OR MORE YEARS ..... 95</p>	
821	<p>मैं परिणाम नहीं जानना चाहता हूँ, लेकिन क्या आपकी जांच का परिणाम मिला था?</p> <p>I don't want to know the results, but did you get the results of the test?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	
822	<p>जांच कहाँ की गयी थी?</p> <p>Where was the test done?</p> <p>IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTRE, OR CLINIC IS PUBLIC OR PRIVATE HEALTH SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF FACILITY/PLACE)</p>	<p><b>PUBLIC HEALTH SECTOR</b></p> <p>GOVERNMENT HOSPITAL ..... 11</p> <p>GOVT. HEALTH CENTRE ..... 12</p> <p>STAND-ALONE ICTC ..... 13</p> <p>FAMILY PLANNING CLINIC ..... 14</p> <p>MOBILE CLINIC ..... 15</p> <p>FIELDWORKER ..... 16</p> <p>SCHOOL BASED CLINIC ..... 17</p> <p>OTHER PUBLIC HEALTH SECTOR ..... 18</p> <p>_____ (SPECIFY)</p> <p>NGO OR TRUST HOSPITAL/CLINIC ..... 20</p> <p><b>PRIVATE HEALTH SECTOR</b></p> <p>PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR ..... 21</p> <p>STAND-ALONE ICTC ..... 22</p> <p>PHARMACY ..... 23</p> <p>MOBILE CLINIC ..... 24</p> <p>FIELDWORKER ..... 25</p> <p>SCHOOL BASED CLINIC ..... 26</p> <p>OTHER PRIVATE HEALTH SECTOR ..... 27</p> <p>_____ (SPECIFY)</p> <p><b>OTHER SOURCE</b></p> <p>HOME ..... 31</p> <p>CORRECTIONAL FACILITY ..... 32</p> <p>OTHER ..... 96</p> <p>_____ (SPECIFY)</p>	→ 825
823	<p>क्या आप ऐसे किसी स्थान की जानते हैं जहाँ पर एच आइ वी की जांच कराने के लिए लोग जा सकते हैं?</p> <p>Do you know of a place where people can go to get tested for HIV?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	→ 825

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
824	<p>कहाँ स्थान कहाँ पर है? कोई अन्य स्थान? Where is that? Any other place?</p> <p>RECORD ALL PLACES MENTIONED.</p> <p>IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTRE, OR CLINIC IS PUBLIC OR PRIVATE HEALTH SECTOR, WRITE THE NAME OF THE PLACE(S).</p> <p>_____</p> <p>(NAME OF FACILITY/PLACE(S))</p>	<p><b>PUBLIC HEALTH SECTOR</b></p> <p>GOVERNMENT HOSPITAL ..... A</p> <p>GOVT. HEALTH CENTRE ..... B</p> <p>STAND-ALONE ICTC ..... C</p> <p>FAMILY PLANNING CLINIC ..... D</p> <p>MOBILE CLINIC ..... E</p> <p>FIELDWORKER ..... F</p> <p>SCHOOL BASED CLINIC ..... G</p> <p>OTHER PUBLIC HEALTH SECTOR ..... H</p> <p>_____ (SPECIFY)</p> <p>NGO OR TRUST HOSPITAL/CLINIC ..... I</p> <p><b>PRIVATE HEALTH SECTOR</b></p> <p>PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR ..... J</p> <p>STAND-ALONE ICTC ..... K</p> <p>PHARMACY ..... L</p> <p>MOBILE CLINIC ..... M</p> <p>FIELDWORKER ..... N</p> <p>SCHOOL BASED CLINIC ..... O</p> <p>OTHER PRIVATE HEALTH SECTOR ..... P</p> <p>_____ (SPECIFY)</p> <p><b>OTHER SOURCE</b></p> <p>HOME ..... Q</p> <p>CORRECTIONAL FACILITY ..... R</p> <p>OTHER ..... X</p> <p>_____ (SPECIFY)</p>	
825	<p>बढ़ा आप जानते हैं कि कोई दुकानदार या मजिदरों के विक्रेता को एक आदमी है जो क्या आप उसके ताजी सब्जियाँ खरीदेंगे? Would you buy fresh vegetables from a shopkeeper or vendor if you know that this person had HIV?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DK/NOT SURE/DEPENDS ..... 8</p>	
826	<p>क्या आपको विश्वास है एक आदमी प्रकृतिक रूप से जो एक सब्जी की दुकानदारों को एक आदमी है, स्कूल जाने देना चाहिए? Do you think a child with HIV should be allowed to attend school with students who are HIV negative?</p>	<p>SHOULD BE ALLOWED ..... 1</p> <p>SHOULD NOT BE ALLOWED ..... 2</p> <p>DK/NOT SURE/DEPENDS ..... 8</p>	
827	<p>बढ़ा आपके परिवार के किसी सदस्य को एक आदमी/एड्स है तो क्या आप यह बात गुप्त रखना चाहेंगे या नहीं? If a member of your family got infected with HIV/AIDS, would you want it to remain a secret or not?</p>	<p>YES, REMAIN A SECRET ..... 1</p> <p>NO ..... 2</p> <p>DK/NOT SURE/DEPENDS ..... 8</p>	
828	<p>क्या आपको इस बात का डर है कि यदि आप एक आदमी की साथ व्यक्ति के साथ के संपर्ध में आए तो आपको एक आदमी हो सकता है? Do you fear that you could get HIV if you come into contact with the saliva of a person living with HIV?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DONT KNOW ..... 8</p>	
829	<p>बढ़ा आपका कोई रिश्तेदार एक आदमी/एड्स के कारण बीमार हो जाता है तो क्या आप अपने घर में उसकी देखभाल करने के लिए तैयार होंगे? If a relative of yours became sick with HIV/AIDS, would you be willing to care for her or him in your own household?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DK/NOT SURE/DEPENDS ..... 8</p>	
830	<p>आपकी राय में, यदि कोई महिला शिक्षक को एक आदमी/एड्स है परंतु वह बीमार नहीं है तो क्या उसे स्कूल में पढ़ाया जारी रखने की अनुमति देनी चाहिए? In your opinion, if a female teacher has HIV/AIDS but is not sick, should she be allowed to continue teaching in the school?</p>	<p>SHOULD BE ALLOWED ..... 1</p> <p>SHOULD NOT BE ALLOWED ..... 2</p> <p>DK/NOT SURE/DEPENDS ..... 8</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
831	आपकी राय में, यदि कोई पुरुष शिक्षक को एच आइ वीएड्स है परंतु वह बीमार नहीं है तो क्या उसे स्कूल में पढ़ाना जारी रखने की अनुमति देनी चाहिए? In your opinion, if a male teacher has HIV/AIDS but is not sick, should he be allowed to continue teaching in the school?	SHOULD BE ALLOWED ..... 1 SHOULD NOT BE ALLOWED ..... 2 DK/NOT SURE/DEPENDS ..... 8	
832	क्या आप सोचते हैं कि जिन लोगों को एच आइ वीएड्स है उनका इलाज सरकारी अस्पताल में उन लोगों के साथ होना चाहिए जिन में एच आइ वी नहीं है? Do you think that people living with HIV/AIDS should be treated in the same public hospital with patients who are HIV negative?	SHOULD BE TREATED ..... 1 SHOULD NOT BE TREATED ..... 2 DK/NOT SURE/DEPENDS ..... 8	
833	क्या आप सोचते हैं कि जिन लोगों को एच आइ वीएड्स है उनकी उन्नी बस्तर में काम करना चाहिए जहाँ पर लोगों को एच आइ वी नहीं है? Do you think that people living with HIV/AIDS should be allowed to work in the same office with people who are HIV negative?	SHOULD BE ALLOWED ..... 1 SHOULD NOT BE ALLOWED ..... 2 DK/NOT SURE/DEPENDS ..... 8	
834	कुछ पुरुषों का कटना (सूजन) किया जाता है जिससे लिंग की आने की खान पूरी तरह से निकाल दी जाती है। क्या आपका कटना किया गया है? Some men are circumcised, that is, the foreskin is completely removed from the penis. Are you circumcised?	YES ..... 1 NO ..... 2 DONT KNOW ..... 8	
835	CHECK 801 AND 802: HEARD ABOUT HIV/AIDS <input type="checkbox"/> NOT HEARD ABOUT HIV/AIDS <input type="checkbox"/> a. एच आइ वीएड्स के अलावा, क्या आपने अन्य संक्रमणों के बारे में सुना है जो यौन संबंध के माध्यम से फैलते हैं? Apart from HIV/AIDS, have you heard about other infections that can be transmitted through sexual contact? b. क्या आपने उन संक्रमणों के बारे में सुना है जो यौन संबंध के माध्यम से फैलते हैं? Have you heard about infections that can be transmitted through sexual contact?	YES ..... 1 NO ..... 2	
836	CHECK 228 AND 229: HAS HAD SEXUAL INTERCOURSE HAS HAD SEXUAL INTERCOURSE <input type="checkbox"/> HAS NOT HAD SEXUAL INTERCOURSE (228=2 OR 229=00) <input type="checkbox"/>		→ 844
837	CHECK 835: HEARD ABOUT OTHER SEXUALLY TRANSMITTED INFECTIONS YES <input type="checkbox"/> NO <input type="checkbox"/>		→ 839
838	अब मैं आपको पिछले 12 महीनों में आपके स्वास्थ्य के बारे में कुछ प्रश्न पूछना चाहूंगा। पिछले 12 महीनों के दौरान क्या आपको यौन संबंध के माध्यम से कोई बीमारी हुई है? Now I would like to ask you some questions about your health in the last 12 months. During the last 12 months, have you had a disease which you got through sexual contact?	YES ..... 1 NO ..... 2 DONT KNOW ..... 8	
839	कभी-कभी पुरुष को लिंग में असामान्य स्राव होता है। पिछले 12 महीनों के दौरान क्या आपके लिंग में असामान्य स्राव हुआ था? Sometimes men experience an abnormal discharge from their penis. During the last 12 months, have you had an abnormal discharge from your penis?	YES ..... 1 NO ..... 2 DONT KNOW ..... 8	
840	कभी-कभी पुरुष को लिंग में या उसके आसपास फोड़ा या अल्सर (पिपदार घाव) हो जाता है। पिछले 12 महीनों के दौरान क्या आपके लिंग में या उसके आसपास फोड़ा या अल्सर (पिपदार घाव) हुआ था? Sometimes men have a sore or ulcer near their penis. During the last 12 months, have you had a sore or ulcer on or near your penis?	YES ..... 1 NO ..... 2 DONT KNOW ..... 8	
841	CHECK 838, 839, AND 840: HAS HAD AN STI AT LEAST ONE 'YES' <input type="checkbox"/> OTHER <input type="checkbox"/>		→ 844
842	पिछली बार जब आपको (PROBLEM FROM 838/839/840) हुई थी, क्या आपने कोई सलाह ली थी या इलाज करवाया? The last time you had (PROBLEM FROM 838/839/840), did you seek any kind of advice or treatment?	YES ..... 1 NO ..... 2	→ 844

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP						
843	<p>जग कहाँ गए थे? कहीं और? Where did you go? Any other place?</p> <p>RECORD ALL PLACES MENTIONED.</p> <p>IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTRE, OR CLINIC IS PUBLIC OR PRIVATE HEALTH SECTOR, WRITE THE NAME OF THE PLACE(S):</p> <p>_____</p> <p>(NAME OF FACILITY/PLACE(S))</p>	<p><b>PUBLIC HEALTH SECTOR</b></p> <p>GOVERNMENT HOSPITAL ..... A</p> <p><b>AYUSH</b></p> <p>AYURVEDA ..... B</p> <p>YOGA AND NATUROPATHY ..... C</p> <p>UNANI ..... D</p> <p>SIDDHA ..... E</p> <p>HOMEOPATHY ..... F</p> <p>SOWA RIGPA (TTM) ..... G</p> <p>OTHER ..... H</p> <p>(SPECIFY)</p> <p>GOVT. HEALTH CENTRE ..... I</p> <p>STAND-ALONE ICTC ..... J</p> <p>FAMILY PLANNING CLINIC ..... K</p> <p>MOBILE CLINIC ..... L</p> <p>FIELDWORKER ..... M</p> <p>SCHOOL BASED CLINIC ..... N</p> <p>OTHER PUBLIC HEALTH SECTOR ..... O</p> <p>(SPECIFY)</p> <p>NGO OR TRUST HOSPITAL/CLINIC ..... P</p> <p><b>PRIVATE HEALTH SECTOR</b></p> <p>PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR ..... Q</p> <p><b>AYUSH</b></p> <p>AYURVEDA ..... R</p> <p>YOGA AND NATUROPATHY ..... S</p> <p>UNANI ..... T</p> <p>SIDDHA ..... U</p> <p>HOMEOPATHY ..... V</p> <p>SOWA RIGPA (TTM) ..... W</p> <p>OTHER ..... X</p> <p>(SPECIFY)</p> <p>STAND-ALONE ICTC ..... Y</p> <p>PHARMACY ..... Z</p> <p>MOBILE CLINIC ..... AA</p> <p>FIELDWORKER ..... AB</p> <p>SCHOOL BASED CLINIC ..... AC</p> <p>OTHER PRIVATE HEALTH SECTOR ..... AD</p> <p>(SPECIFY)</p> <p><b>OTHER SOURCE</b></p> <p>HOME ..... BA</p> <p>CORRECTIONAL FACILITY ..... BB</p> <p>OTHER ..... BX</p> <p>(SPECIFY)</p>							
844	<p>यदि पति यह जानता है कि उसकी पत्नी को यौन संचारित रोग है तो क्या उसने यह सुझाव उचित है कि वे संभोग के समय कंडोम (निरोध) का इस्तेमाल करें?</p> <p>If a husband knows his wife has a disease that she can get during sexual intercourse, is he justified in asking that they use a condom when they have sex?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>							
845	<p>यदि पति यह जानता है कि उसकी पत्नी अन्य पुरुष के साथ यौन संबंध रखती है तो क्या उसका अपनी पत्नी के साथ यौन संबंध से इनकार करना उचित है?</p> <p>If husband knows his wife has sex with other men, is he justified in refusing to have sex with his wife?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>							
846	<p>यदि आप संभोग नहीं करना चाहते हैं तो क्या आप अपनी पत्नी को नहीं कह सकते हैं?</p> <p>Can you say no to your wife if you do not want to have sexual intercourse with her?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>							
847	RECORD THE TIME.	<p>HOUR ..... <table border="1" data-bbox="1228 1724 1332 1825" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>MINUTES ..... <table border="1" data-bbox="1228 1825 1332 1825" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p>							

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

---

---

---

---

---

---

COMMENTS ON SPECIFIC QUESTIONS:

---

---

---

---

---

---

ANY OTHER COMMENTS:

---

---

---

---

---

---

SUPERVISOR'S OBSERVATIONS

---

---

---

---

---

---

---

---

NAME OF SUPERVISOR: \_\_\_\_\_ DATE: \_\_\_\_\_

राष्ट्रीय परिवार स्वास्थ्य सर्वेक्षण, भारत 2019-20 (NFHS-5)  
 बयोमार्कर प्रश्नावली [STATE NAME]  
 NATIONAL FAMILY HEALTH SURVEY, INDIA 2019-20 (NFHS-5)  
 BIOMARKER QUESTIONNAIRE [STATE NAME]

CONFIDENTIAL  
 For research  
 purposes only

IDENTIFICATION					
STATE _____					
DISTRICT _____					
TEHSIL/TALUK _____					
CITY/TOWN/VILLAGE _____					
TYPE OF PSU (URBAN = 1, RURAL = 2) .....					
PSU NUMBER .....					
STRUCTURE NUMBER .....					
HOUSEHOLD NUMBER .....					
NAME OF HOUSEHOLD HEAD _____					
ADDRESS OF HOUSEHOLD _____					
IS HOUSEHOLD SELECTED FOR THE STATE MODULE? (YES = 1, NO = 2) .....				<input type="checkbox"/>	
IS HOUSEHOLD SELECTED FOR DRIED BLOOD SPOT (DBS) COLLECTION? (YES = 1, NO = 2) .....				<input type="checkbox"/>	
HEALTH INVESTIGATOR VISITS					
	1	2	3	FINAL VISIT	
DATE	_____	_____	_____	DAY _____ MONTH _____ YEAR _____	
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS _____	
TIME	_____	_____			
*LANGUAGE OF QUESTIONNAIRE: <b>ENGLISH</b>				<b>18</b>	
*LANGUAGE CODES:	01 ASSAMESE 02 BENGALI 03 GUJARATI 04 HINDI 05 KANNADA	06 KASHMIRI 07 KONKANI 08 MALAYALAM 09 MANIPURI 10 MARATHI	11 NEPALI 12 ORIYA 13 PUNJABI 14 SINDHI 15 TAMIL	16 TELUGU 17 URDU 18 ENGLISH 19 GARO 20 KHASI	96 OTHER _____ SPECIFY _____
TOTAL NUMBER OF ELIGIBLE WOMEN AGE 15+ .....				<input type="checkbox"/>	
TOTAL NUMBER OF ELIGIBLE CHILDREN .....				<input type="checkbox"/>	
TOTAL NUMBER OF ELIGIBLE MEN AGE 15+ .....				<input type="checkbox"/>	
SUPERVISOR			HEALTH INVESTIGATOR		
NAME _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
DATE _____					
NAME _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
DATE _____					

**WEIGHT, HEIGHT AND HAEMOGLOBIN MEASUREMENT FOR CHILDREN AGE 0-5**

201	FROM THE LIST OF ELIGIBLE CHILDREN, RECORD THE NAME AND LINE NUMBER IN THE SAME ORDER THEY APPEAR IN THE HOUSEHOLD SCHEDULE. IF MORE THAN SIX CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S).			
		<b>CHILD 1</b>	<b>CHILD 2</b>	<b>CHILD 3</b>
202	NAME  LINE NUMBER	NAME _____  LINE NUMBER ..... <input type="text"/> <input type="text"/>	NAME _____  LINE NUMBER ..... <input type="text"/> <input type="text"/>	NAME _____  LINE NUMBER ..... <input type="text"/> <input type="text"/>
203	IF MOTHER IS INTERVIEWED, COPY CHILD'S DATE OF BIRTH FROM BIRTH HISTORY. IF MOTHER NOT INTERVIEWED, ASK DATE OF BIRTH. What is (NAME)'s birth date?	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"/>
204	CHECK 203: CHILD BORN IN JANUARY 2015 OR LATER?	YES ..... 1 NO ..... 2 (SKIP TO 213) ←	YES ..... 1 NO ..... 2 (SKIP TO 213) ←	YES ..... 1 NO ..... 2 (SKIP TO 213) ←
205	WEIGHT IN KILOGRAMS	KG. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT ..... 9994 (SKIP TO 213) ← REFUSED ..... 9995 OTHER ..... 9996	KG. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT ..... 9994 (SKIP TO 213) ← REFUSED ..... 9995 OTHER ..... 9996	KG. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT ..... 9994 (SKIP TO 213) ← REFUSED ..... 9995 OTHER ..... 9996
206	HEIGHT IN CENTIMETRES	CM. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> REFUSED ..... 9995 OTHER ..... 9996	CM. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> REFUSED ..... 9995 OTHER ..... 9996	CM. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> REFUSED ..... 9995 OTHER ..... 9996
207	MEASURED LYING DOWN OR STANDING UP?	LYING DOWN ..... 1 STANDING UP ..... 2 NOT MEASURED ..... 3	LYING DOWN ..... 1 STANDING UP ..... 2 NOT MEASURED ..... 3	LYING DOWN ..... 1 STANDING UP ..... 2 NOT MEASURED ..... 3
208	CHECK 203: IS CHILD AGE 0-5 MONTHS, I.E., WAS CHILD BORN IN MONTH OF INTERVIEW OR FIVE PREVIOUS MONTHS?	0-5 MONTHS ..... 1 (SKIP TO 213) ← OLDER ..... 2	0-5 MONTHS ..... 1 (SKIP TO 213) ← OLDER ..... 2	0-5 MONTHS ..... 1 (SKIP TO 213) ← OLDER ..... 2
209	NAME OF PARENT/OTHER ADULT RESPONSIBLE FOR THE CHILD	NAME _____	NAME _____	NAME _____
210	ASK CONSENT FOR ANAEMIA TEST FROM PARENT/OTHER ADULT IDENTIFIED IN 209 AS RESPONSIBLE FOR CHILD.	<p>As part of this survey, we are asking people all over the country to take an anaemia test. Anaemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This test will assist the government to develop programmes to prevent and treat anaemia. We ask that children born in 2015 or later take part in anaemia testing in this survey and give a few drops of blood from a finger or heel. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. The blood will be tested for anaemia immediately, and the result will be told to you right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team.</p> <p>Do you have any questions? You can say yes to the test, or you can say no. It is up to you to decide. Will you allow (NAME OF CHILD) to participate in the anaemia test?</p>		
211	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED (SIGNED) ... 1 <input type="checkbox"/> _____ (SIGN) ← REFUSED ..... 2 <input type="checkbox"/> GRANTED (NO SIGNATURE) ..... 3 <input type="checkbox"/> NOT PRESENT/OTHER ..... 4 <input type="checkbox"/> (SKIP TO 213) ←	GRANTED (SIGNED) . 1 <input type="checkbox"/> _____ (SIGN) ← REFUSED ..... 2 <input type="checkbox"/> GRANTED (NO SIGNATURE) ..... 3 <input type="checkbox"/> NOT PRESENT/OTHER 4 <input type="checkbox"/> (SKIP TO 213) ←	GRANTED (SIGNED) . 1 <input type="checkbox"/> _____ (SIGN) ← REFUSED ..... 2 <input type="checkbox"/> GRANTED (NO SIGNATURE) ..... 3 <input type="checkbox"/> NOT PRESENT/OTHER 4 <input type="checkbox"/> (SKIP TO 213) ←
212	RECORD HAEMOGLOBIN LEVEL HERE AND IN THE ANAEMIA PAMPHLET.	G/DL <input type="text"/> <input type="text"/> . <input type="text"/> REFUSED ..... 995 OTHER ..... 996	G/DL <input type="text"/> <input type="text"/> . <input type="text"/> REFUSED ..... 995 OTHER ..... 996	G/DL <input type="text"/> <input type="text"/> . <input type="text"/> REFUSED ..... 995 OTHER ..... 996
213	GO BACK TO 203 IN THE NEXT COLUMN ON THIS PAGE OR IN THE FIRST COLUMN OF THE NEXT PAGE; IF NO MORE CHILDREN, GO TO 301.			

		CHILD 4	CHILD 5	CHILD 6
202	NAME  LINE NUMBER	NAME _____ LINE NUMBER ..... <input type="text"/> <input type="text"/>	NAME _____ LINE NUMBER ..... <input type="text"/> <input type="text"/>	NAME _____ LINE NUMBER ..... <input type="text"/> <input type="text"/>
203	IF MOTHER IS INTERVIEWED, COPY CHILD'S DATE OF BIRTH FROM BIRTH HISTORY. IF MOTHER NOT INTERVIEWED, ASK DATE OF BIRTH. What is (NAME)'s birth date?	DAY ..... <input type="text"/> <input type="text"/> MONTH ..... <input type="text"/> <input type="text"/> YEAR <input type="text"/> <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"/> <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"/> <input type="text"/>
204	CHECK 203: CHILD BORN IN JANUARY 2015 OR LATER?	YES ..... 1 NO ..... 2 (SKIP TO 213) ←	YES ..... 1 NO ..... 2 (SKIP TO 213) ←	YES ..... 1 NO ..... 2 (SKIP TO 213) ←
205	WEIGHT IN KILOGRAMS	KG. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT ... 9994 (SKIP TO 213) ← REFUSED ..... 9995 OTHER ..... 9996	KG. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT ... 9994 (SKIP TO 213) ← REFUSED ..... 9995 OTHER ..... 9996	KG. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT ... 9994 (SKIP TO 213) ← REFUSED ..... 9995 OTHER ..... 9996
206	HEIGHT IN CENTIMETRES	CM. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> REFUSED ..... 9995 OTHER ..... 9996	CM. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> REFUSED ..... 9995 OTHER ..... 9996	CM. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> REFUSED ..... 9995 OTHER ..... 9996
207	MEASURED LYING DOWN OR STANDING UP?	LYING DOWN ..... 1 STANDING UP ..... 2 NOT MEASURED ..... 3	LYING DOWN ..... 1 STANDING UP ..... 2 NOT MEASURED ..... 3	LYING DOWN ..... 1 STANDING UP ..... 2 NOT MEASURED ..... 3
208	CHECK 203: IS CHILD AGE 0-5 MONTHS, I.E., WAS CHILD BORN IN MONTH OF INTERVIEW OR FIVE PREVIOUS MONTHS?	0-5 MONTHS ..... 1 (SKIP TO 213) ← OLDER ..... 2	0-5 MONTHS ..... 1 (SKIP TO 213) ← OLDER ..... 2	0-5 MONTHS ..... 1 (SKIP TO 213) ← OLDER ..... 2
209	NAME OF PARENT/OTHER ADULT RESPONSIBLE FOR THE CHILD	NAME _____	NAME _____	NAME _____
210	ASK CONSENT FOR ANAEMIA TEST FROM PARENT/OTHER ADULT IDENTIFIED IN 209 AS RESPONSIBLE FOR CHILD.	<p>As part of this survey, we are asking people all over the country to take an anaemia test. Anaemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This test will assist the government to develop programmes to prevent and treat anaemia. We ask that children born in 2015 or later take part in anaemia testing in this survey and give a few drops of blood from a finger or heel. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. The blood will be tested for anaemia immediately, and the result will be told to you right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team.</p> <p>Do you have any questions? You can say yes to the test, or you can say no. It is up to you to decide. Will you allow (NAME OF CHILD) to participate in the anaemia test?</p>		
211	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED (SIGNED) . 1 _____ (SIGN) ← REFUSED ..... 2 _____ GRANTED (NO SIGNATURE) ..... 3 _____ NOT PRESENT/OTHER 4 _____ (SKIP TO 213) ←	GRANTED (SIGNED) . 1 _____ (SIGN) ← REFUSED ..... 2 _____ GRANTED (NO SIGNATURE) ..... 3 _____ NOT ..... 4 _____ (SKIP TO 213) ←	GRANTED (SIGNED) . 1 _____ (SIGN) ← REFUSED ..... 2 _____ GRANTED (NO SIGNATURE) ..... 3 _____ NOT ..... 4 _____ (SKIP TO 213) ←
212	RECORD HAEMOGLOBIN LEVEL HERE AND IN THE ANAEMIA PAMPHLET.	G/DL <input type="text"/> <input type="text"/> . <input type="text"/> REFUSED ..... 995 OTHER ..... 996	G/DL <input type="text"/> <input type="text"/> . <input type="text"/> REFUSED ..... 995 OTHER ..... 996	G/DL <input type="text"/> <input type="text"/> . <input type="text"/> REFUSED ..... 995 OTHER ..... 996
213	GO BACK TO 203 IN THE NEXT COLUMN ON THIS PAGE OR (FOR CHILD 7) GO TO 203 IN THE FIRST COLUMN OF A NEW QUESTIONNAIRE; IF NO MORE CHILDREN, GO TO 301.			

WEIGHT, HEIGHT, WAIST & HIP CIRCUMFERENCE, BLOOD PRESSURE, BLOOD GLUCOSE, HAEMOGLOBIN MEASUREMENT, AND  
COLLECTION OF DRIED BLOOD SPOTS FOR WOMEN

301	FROM THE LIST OF ELIGIBLE WOMEN AGE 15+ IN THE HOUSEHOLD QUESTIONNAIRE. RECORD THE NAME, LINE NUMBER, AGE, AND MARITAL STATUS IN THE SAME ORDER THEY APPEAR IN THE HOUSEHOLD SCHEDULE. WRITE THE NAME OF EACH WOMAN AT THE TOP OF THE FOLLOWING PAGES. IF THERE ARE MORE THAN THREE WOMEN, USE ADDITIONAL QUESTIONNAIRE(S).			
		<b>WOMAN 1</b>	<b>WOMAN 2</b>	<b>WOMAN 3</b>
302	NAME LINE NUMBER AGE MARITAL STATUS	NAME _____ LINE NUMBER <input type="text"/> <input type="text"/> <input type="text"/> AGE <input type="text"/> <input type="text"/> IFAGE 50 AND ABOVE GO TO 312 ← NEVER MARRIED ..... 1 OTHER ..... 2	NAME _____ LINE NUMBER <input type="text"/> <input type="text"/> <input type="text"/> AGE <input type="text"/> <input type="text"/> IFAGE 50 AND ABOVE GO TO 312 ← NEVER MARRIED ..... 1 OTHER ..... 2	NAME _____ LINE NUMBER <input type="text"/> <input type="text"/> <input type="text"/> AGE <input type="text"/> <input type="text"/> IFAGE 50 AND ABOVE GO TO 312 ← NEVER MARRIED ..... 1 OTHER ..... 2
303	WEIGHT IN KILOGRAMS	KG. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT (SKIP TO 382) ..... 99994 ← REFUSED ..... 99995 OTHER ..... 99996	KG. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT (SKIP TO 382) ..... 99994 ← REFUSED ..... 99995 OTHER ..... 99996	KG. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT (SKIP TO 382) ..... 99994 ← REFUSED ..... 99995 OTHER ..... 99996
304	HEIGHT IN CENTIMETRES	CM. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> REFUSED ..... 9995 OTHER ..... 9996	CM. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> REFUSED ..... 9995 OTHER ..... 9996	CM. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> REFUSED ..... 9995 OTHER ..... 9996
305	WAIST CIRCUMFERENCE IN CENTIMETRES	CM. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> REFUSED ..... 9995 OTHER ..... 9996	CM. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> REFUSED ..... 9995 OTHER ..... 9996	CM. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> REFUSED ..... 9995 OTHER ..... 9996
306	HIP CIRCUMFERENCE IN CENTIMETRES	CM. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> REFUSED ..... 9995 OTHER ..... 9996	CM. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> REFUSED ..... 9995 OTHER ..... 9996	CM. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> REFUSED ..... 9995 OTHER ..... 9996
307	AGE: CHECK 302.	15-17 YEARS ..... 1 18-49 YEARS ..... 2 (GO TO 312) ←	15-17 YEARS ..... 1 18-49 YEARS ..... 2 (GO TO 312) ←	15-17 YEARS ..... 1 18-49 YEARS ..... 2 (GO TO 312) ←
308	MARITAL STATUS: CHECK 302.	NEVER MARRIED ..... 1 OTHER ..... 2 (GO TO 312) ←	NEVER MARRIED ..... 1 OTHER ..... 2 (GO TO 312) ←	NEVER MARRIED ..... 1 OTHER ..... 2 (GO TO 312) ←
309	RECORD NAME OF PARENT/OTHER ADULT RESPONSIBLE FOR ADOLESCENT.	NAME _____	NAME _____	NAME _____
310	ASK CONSENT FOR BLOOD PRESSURE FROM PARENT/OTHER ADULT IDENTIFIED IN 309 AS RESPONSIBLE FOR NEVER MARRIED WOMEN AGE 15-17.	<p>I would like to measure (NAME OF ADOLESCENT)'s blood pressure. This will be done three times, with an interval of about five minutes between measurements. This is a harmless procedure. Blood pressure measurement is used to find out if a person has high blood pressure. If not treated, high blood pressure may eventually cause serious damage to the heart. The results of this blood pressure measurement will be given to you and (NAME OF ADOLESCENT) after the measurement process is completed. The results of the blood pressure measurement will be explained to you. If (NAME OF ADOLESCENT)'s blood pressure is high, we will suggest that (NAME OF ADOLESCENT) consult a health facility or doctor since we cannot provide any further testing or treatment during the survey. You can also decide at any time not to participate in the blood pressure measurement. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team.</p> <p>Do you have any questions? You can say yes to the test for (NAME OF ADOLESCENT) or you can say no. It is up to you to decide. Will you allow me to measure (NAME OF ADOLESCENT)'s blood pressure?</p>		
311	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED (SIGNED) ..... 1 <input type="checkbox"/> PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 <input type="checkbox"/> GRANTED (NO SIGNATURE) ..... 3 <input type="checkbox"/> _____ (SIGN) ← NOT PRESENT (SKIP TO 382) ..... 4 <input type="checkbox"/> (IF REFUSED, GO TO 342)	GRANTED (SIGNED) ..... 1 <input type="checkbox"/> PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 <input type="checkbox"/> GRANTED (NO SIGNATURE) ..... 3 <input type="checkbox"/> _____ (SIGN) ← NOT PRESENT (SKIP TO 382) ..... 4 <input type="checkbox"/> (IF REFUSED, GO TO 342)	GRANTED (SIGNED) ..... 1 <input type="checkbox"/> PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 <input type="checkbox"/> GRANTED (NO SIGNATURE) ..... 3 <input type="checkbox"/> _____ (SIGN) ← NOT PRESENT (SKIP TO 382) ..... 4 <input type="checkbox"/> (IF REFUSED, GO TO 342)

		WOMAN 1	WOMAN 2	WOMAN 3																																																												
	NAME	NAME _____	NAME _____	NAME _____																																																												
312	ASK CONSENT FOR BLOOD PRESSURE FROM RESPONDENT.	<p>I would like to measure your blood pressure. This will be done three times, with an interval of about five minutes between measurements. This is a harmless procedure. Blood pressure measurement is used to find out if a person has high blood pressure. If not treated, high blood pressure may eventually cause serious damage to the heart. The results of this blood pressure measurement will be given to you after the measurement process is completed. The results of the blood pressure measurement will be explained to you. If your blood pressure is high, we will suggest that you consult a health facility or doctor since we cannot provide any further testing or treatment during the survey. You can also decide at any time not to participate in the blood pressure measurement. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team.</p> <p>Do you have any questions? You can say yes to the test or you can say no. It is up to you to decide. Will you allow me to measure your blood pressure?</p>																																																														
313	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED (SIGNED) ..... 1 <input type="checkbox"/> RESPONDENT REFUSED ... 2 <input type="checkbox"/> GRANTED (NO SIGNATURE) 3 <input type="checkbox"/> _____ (SIGN) ← NOT PRESENT ..... 4 <input type="checkbox"/> (SKIP TO 382) ← (IF REFUSED, GO TO 340)	GRANTED (SIGNED) ..... 1 <input type="checkbox"/> RESPONDENT REFUSED ... 2 <input type="checkbox"/> GRANTED (NO SIGNATURE) 3 <input type="checkbox"/> _____ (SIGN) ← NOT PRESENT ..... 4 <input type="checkbox"/> (SKIP TO 382) ← (IF REFUSED, GO TO 340)	GRANTED (SIGNED) ..... 1 <input type="checkbox"/> RESPONDENT REFUSED ... 2 <input type="checkbox"/> GRANTED (NO SIGNATURE) 3 <input type="checkbox"/> _____ (SIGN) ← NOT PRESENT ..... 4 <input type="checkbox"/> (SKIP TO 382) ← (IF REFUSED, GO TO 340)																																																												
314	Before taking your blood pressure, I would like to ask a few questions about things that may affect these measurements. Have you done any of the following within the past 30 minutes:	<table border="0"> <thead> <tr> <th></th> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>a)</td> <td>Eaten anything?</td> <td>EATEN ..... 1</td> <td>2</td> </tr> <tr> <td>b)</td> <td>Had coffee, tea, cola or other drink that has caffeine?</td> <td>HAD CAFFEINATED DRINK ..... 1</td> <td>2</td> </tr> <tr> <td>c)</td> <td>Smoked any tobacco product?</td> <td>SMOKED ..... 1</td> <td>2</td> </tr> <tr> <td>d)</td> <td>Used any other type of tobacco such as gutka, paan masala with tobacco, other chewing tobacco, or snuff?</td> <td>OTHER TOBACCO ... 1</td> <td>2</td> </tr> </tbody> </table>			YES	NO	a)	Eaten anything?	EATEN ..... 1	2	b)	Had coffee, tea, cola or other drink that has caffeine?	HAD CAFFEINATED DRINK ..... 1	2	c)	Smoked any tobacco product?	SMOKED ..... 1	2	d)	Used any other type of tobacco such as gutka, paan masala with tobacco, other chewing tobacco, or snuff?	OTHER TOBACCO ... 1	2	<table border="0"> <thead> <tr> <th></th> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>a)</td> <td>Eaten anything?</td> <td>EATEN ..... 1</td> <td>2</td> </tr> <tr> <td>b)</td> <td>Had coffee, tea, cola or other drink that has caffeine?</td> <td>HAD CAFFEINATED DRINK ..... 1</td> <td>2</td> </tr> <tr> <td>c)</td> <td>Smoked any tobacco product?</td> <td>SMOKED ..... 1</td> <td>2</td> </tr> <tr> <td>d)</td> <td>Used any other type of tobacco such as gutka, paan masala with tobacco, other chewing tobacco, or snuff?</td> <td>OTHER TOBACCO ... 1</td> <td>2</td> </tr> </tbody> </table>			YES	NO	a)	Eaten anything?	EATEN ..... 1	2	b)	Had coffee, tea, cola or other drink that has caffeine?	HAD CAFFEINATED DRINK ..... 1	2	c)	Smoked any tobacco product?	SMOKED ..... 1	2	d)	Used any other type of tobacco such as gutka, paan masala with tobacco, other chewing tobacco, or snuff?	OTHER TOBACCO ... 1	2	<table border="0"> <thead> <tr> <th></th> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>a)</td> <td>Eaten anything?</td> <td>EATEN ..... 1</td> <td>2</td> </tr> <tr> <td>b)</td> <td>Had coffee, tea, cola or other drink that has caffeine?</td> <td>HAD CAFFEINATED DRINK ..... 1</td> <td>2</td> </tr> <tr> <td>c)</td> <td>Smoked any tobacco product?</td> <td>SMOKED ..... 1</td> <td>2</td> </tr> <tr> <td>d)</td> <td>Used any other type of tobacco such as gutka, paan masala with tobacco, other chewing tobacco, or snuff?</td> <td>OTHER TOBACCO ... 1</td> <td>2</td> </tr> </tbody> </table>			YES	NO	a)	Eaten anything?	EATEN ..... 1	2	b)	Had coffee, tea, cola or other drink that has caffeine?	HAD CAFFEINATED DRINK ..... 1	2	c)	Smoked any tobacco product?	SMOKED ..... 1	2	d)	Used any other type of tobacco such as gutka, paan masala with tobacco, other chewing tobacco, or snuff?	OTHER TOBACCO ... 1	2
		YES	NO																																																													
a)	Eaten anything?	EATEN ..... 1	2																																																													
b)	Had coffee, tea, cola or other drink that has caffeine?	HAD CAFFEINATED DRINK ..... 1	2																																																													
c)	Smoked any tobacco product?	SMOKED ..... 1	2																																																													
d)	Used any other type of tobacco such as gutka, paan masala with tobacco, other chewing tobacco, or snuff?	OTHER TOBACCO ... 1	2																																																													
		YES	NO																																																													
a)	Eaten anything?	EATEN ..... 1	2																																																													
b)	Had coffee, tea, cola or other drink that has caffeine?	HAD CAFFEINATED DRINK ..... 1	2																																																													
c)	Smoked any tobacco product?	SMOKED ..... 1	2																																																													
d)	Used any other type of tobacco such as gutka, paan masala with tobacco, other chewing tobacco, or snuff?	OTHER TOBACCO ... 1	2																																																													
		YES	NO																																																													
a)	Eaten anything?	EATEN ..... 1	2																																																													
b)	Had coffee, tea, cola or other drink that has caffeine?	HAD CAFFEINATED DRINK ..... 1	2																																																													
c)	Smoked any tobacco product?	SMOKED ..... 1	2																																																													
d)	Used any other type of tobacco such as gutka, paan masala with tobacco, other chewing tobacco, or snuff?	OTHER TOBACCO ... 1	2																																																													
315	May I begin the process of measuring your blood pressure? I will begin by measuring the circumference of your arm to make sure that I use the right equipment.	ARM CIRCUMFERENCE (IN CENTIMETRES) . <input type="text"/> <input type="text"/> MEASURE THE CIRCUMFERENCE OF THE RESPONDENT'S ARM MIDWAY BETWEEN THE ELBOW AND THE SHOULDER. RECORD THE MEASUREMENT IN CENTIMETRES.	ARM CIRCUMFERENCE (IN CENTIMETRES) . <input type="text"/> <input type="text"/> MEASURE THE CIRCUMFERENCE OF THE RESPONDENT'S ARM MIDWAY BETWEEN THE ELBOW AND THE SHOULDER. RECORD THE MEASUREMENT IN CENTIMETRES.	ARM CIRCUMFERENCE (IN CENTIMETRES) . <input type="text"/> <input type="text"/> MEASURE THE CIRCUMFERENCE OF THE RESPONDENT'S ARM MIDWAY BETWEEN THE ELBOW AND THE SHOULDER. RECORD THE MEASUREMENT IN CENTIMETRES.																																																												
316	USE THE ARM CIRCUMFERENCE MEASUREMENT TO SELECT THE APPROPRIATE BLOOD PRESSURE MONITOR CUFF SIZE	SMALL: 17 CM – 22 CM ..... 1 MEDIUM: 23 CM – 31 CM ..... 2 LARGE: 32 CM – 42 CM ..... 3	SMALL: 17 CM – 22 CM ..... 1 MEDIUM: 23 CM – 31 CM ..... 2 LARGE: 32 CM – 42 CM ..... 3	SMALL: 17 CM – 22 CM ..... 1 MEDIUM: 23 CM – 31 CM ..... 2 LARGE: 32 CM – 42 CM ..... 3																																																												

		WOMAN 1	WOMAN 2	WOMAN 3
	NAME	NAME _____	NAME _____	NAME _____
317	RECORD TIME OF FIRST BP READING	HOURS MINUTES [ ] [ ] : [ ] [ ]	HOURS MINUTES [ ] [ ] : [ ] [ ]	HOURS MINUTES [ ] [ ] : [ ] [ ]
318	TAKE THE FIRST BLOOD PRESSURE READING. RECORD THE SYSTOLIC AND DIASTOLIC PRESSURE.	<b>FIRST BP MEASURE</b> SYSTOLIC ..... [ ] [ ] [ ] DIASTOLIC ..... [ ] [ ] [ ] REFUSED ..... 994 TECHNICAL PROBLEMS ... 995 OTHER ..... 996 (IF NOT MEASURED, GO TO 340) ←	<b>FIRST BP MEASURE</b> SYSTOLIC ..... [ ] [ ] [ ] DIASTOLIC ..... [ ] [ ] [ ] REFUSED ..... 994 TECHNICAL PROBLEMS ... 995 OTHER ..... 996 (IF NOT MEASURED, GO TO 340) ←	<b>FIRST BP MEASURE</b> SYSTOLIC ..... [ ] [ ] [ ] DIASTOLIC ..... [ ] [ ] [ ] REFUSED ..... 994 TECHNICAL PROBLEMS ... 995 OTHER ..... 996 (IF NOT MEASURED, GO TO 340) ←
319	Before this survey, has your blood pressure ever been checked?	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2
320	Were you told on two or more different occasions by a doctor, nurse, or ANM that you had hypertension or high blood pressure?	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2
321	To lower your blood pressure, are you now taking a prescribed medicine?	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2
322	<b>CHECK THAT IT HAS BEEN AT LEAST 5 MINUTES BEFORE TAKING THE SECOND BLOOD PRESSURE MEASUREMENT</b>			
323	May I take your blood pressure at this time?	YES ..... 1 NO ..... 2 (GO TO 334) ←	YES ..... 1 NO ..... 2 (GO TO 334) ←	YES ..... 1 NO ..... 2 (GO TO 334) ←
324	RECORD TIME OF SECOND BP READING	HOURS MINUTES [ ] [ ] : [ ] [ ]	HOURS MINUTES [ ] [ ] : [ ] [ ]	HOURS MINUTES [ ] [ ] : [ ] [ ]
325	TAKE THE SECOND BLOOD PRESSURE READING. RECORD THE SYSTOLIC AND DIASTOLIC PRESSURE.	<b>SECOND BP MEASURE</b> SYSTOLIC ..... [ ] [ ] [ ] DIASTOLIC ..... [ ] [ ] [ ] REFUSED ..... 994 TECHNICAL PROBLEMS ... 995 OTHER ..... 996 (IF NOT MEASURED, GO TO 334) ←	<b>SECOND BP MEASURE</b> SYSTOLIC ..... [ ] [ ] [ ] DIASTOLIC ..... [ ] [ ] [ ] REFUSED ..... 994 TECHNICAL PROBLEMS ... 995 OTHER ..... 996 (IF NOT MEASURED, GO TO 334) ←	<b>SECOND BP MEASURE</b> SYSTOLIC ..... [ ] [ ] [ ] DIASTOLIC ..... [ ] [ ] [ ] REFUSED ..... 994 TECHNICAL PROBLEMS ... 995 OTHER ..... 996 (IF NOT MEASURED, GO TO 334) ←

		WOMAN 1	WOMAN 2	WOMAN 3
	NAME	NAME _____	NAME _____	NAME _____
326	<b>CHECK THAT IT HAS BEEN AT LEAST 5 MINUTES BEFORE TAKING THE THIRD BLOOD PRESSURE MEASUREMENT</b>			
327	May I take your blood pressure at this time?	YES ..... 1 NO ..... 2 (GO TO 336) ←	YES ..... 1 NO ..... 2 (GO TO 336) ←	YES ..... 1 NO ..... 2 (GO TO 336) ←
328	RECORD TIME OF THIRD BP READING	HOURS MINUTES <input type="text"/> : <input type="text"/>	HOURS MINUTES <input type="text"/> : <input type="text"/>	HOURS MINUTES <input type="text"/> : <input type="text"/>
329	TAKE THE THIRD BLOOD PRESSURE READING. RECORD THE SYSTOLIC AND DIASTOLIC PRESSURE.	<b>THIRD BP MEASURE</b> SYSTOLIC ..... <input type="text"/> <input type="text"/> <input type="text"/> DIASTOLIC ..... <input type="text"/> <input type="text"/> <input type="text"/> REFUSED ..... 994 TECHNICAL PROBLEMS ..... 995 OTHER ..... 996 (IF NOT MEASURED, GO TO 336) ←	<b>THIRD BP MEASURE</b> SYSTOLIC ..... <input type="text"/> <input type="text"/> <input type="text"/> DIASTOLIC ..... <input type="text"/> <input type="text"/> <input type="text"/> REFUSED ..... 994 TECHNICAL PROBLEMS ..... 995 OTHER ..... 996 (IF NOT MEASURED, GO TO 336) ←	<b>THIRD BP MEASURE</b> SYSTOLIC ..... <input type="text"/> <input type="text"/> <input type="text"/> DIASTOLIC ..... <input type="text"/> <input type="text"/> <input type="text"/> REFUSED ..... 994 TECHNICAL PROBLEMS ..... 995 OTHER ..... 996 (IF NOT MEASURED, GO TO 336) ←
330	RECORD THE SUM OF THE SYSTOLIC MEASURES FROM 325 AND 329.	<b>SUM SYSTOLIC</b> <input type="text"/> <input type="text"/> <input type="text"/>	<b>SUM SYSTOLIC</b> <input type="text"/> <input type="text"/> <input type="text"/>	<b>SUM SYSTOLIC</b> <input type="text"/> <input type="text"/> <input type="text"/>
331	CALCULATE THE AVERAGE SYSTOLIC PRESSURES BY DIVIDING THE SUM IN 330 BY 2.	<b>AVERAGE SYSTOLIC</b> <input type="text"/> <input type="text"/> <input type="text"/> CIRCLE IN 338	<b>AVERAGE SYSTOLIC</b> <input type="text"/> <input type="text"/> <input type="text"/> CIRCLE IN 338	<b>AVERAGE SYSTOLIC</b> <input type="text"/> <input type="text"/> <input type="text"/> CIRCLE IN 338
332	RECORD THE SUM OF THE DIASTOLIC MEASURES FROM 325 AND 329.	<b>SUM DIASTOLIC</b> <input type="text"/> <input type="text"/> <input type="text"/>	<b>SUM DIASTOLIC</b> <input type="text"/> <input type="text"/> <input type="text"/>	<b>SUM DIASTOLIC</b> <input type="text"/> <input type="text"/> <input type="text"/>
333	CALCULATE THE AVERAGE DIASTOLIC PRESSURES BY DIVIDING THE SUM IN 332 BY 2.	<b>AVERAGE DIASTOLIC</b> <input type="text"/> <input type="text"/> <input type="text"/> CIRCLE IN 338 AND SKIP TO 338	<b>AVERAGE DIASTOLIC</b> <input type="text"/> <input type="text"/> <input type="text"/> CIRCLE IN 338 AND SKIP TO 338	<b>AVERAGE DIASTOLIC</b> <input type="text"/> <input type="text"/> <input type="text"/> CIRCLE IN 338 AND SKIP TO 338
333A	<b>IF ONLY ONE MEASUREMENT WAS TAKEN, RECORD THE FIRST SYSTOLIC AND DIASTOLIC NUMBERS HERE.</b>			
334	RECORD THE SYSTOLIC MEASURE FROM 318.	<b>SYSTOLIC</b> <input type="text"/> <input type="text"/> <input type="text"/> CIRCLE IN 338	<b>SYSTOLIC</b> <input type="text"/> <input type="text"/> <input type="text"/> CIRCLE IN 338	<b>SYSTOLIC</b> <input type="text"/> <input type="text"/> <input type="text"/> CIRCLE IN 338
335	RECORD THE DIASTOLIC MEASURE FROM 318.	<b>DIASTOLIC</b> <input type="text"/> <input type="text"/> <input type="text"/> CIRCLE IN 338 AND SKIP TO 338	<b>DIASTOLIC</b> <input type="text"/> <input type="text"/> <input type="text"/> CIRCLE IN 338 AND SKIP TO 338	<b>DIASTOLIC</b> <input type="text"/> <input type="text"/> <input type="text"/> CIRCLE IN 338 AND SKIP TO 338
335A	<b>IF ONLY TWO MEASUREMENTS WERE TAKEN, RECORD THE SECOND SYSTOLIC AND DIASTOLIC NUMBERS HERE.</b>			
336	RECORD THE SYSTOLIC MEASURE FROM 325.	<b>SYSTOLIC</b> <input type="text"/> <input type="text"/> <input type="text"/> CIRCLE IN 338	<b>SYSTOLIC</b> <input type="text"/> <input type="text"/> <input type="text"/> CIRCLE IN 338	<b>SYSTOLIC</b> <input type="text"/> <input type="text"/> <input type="text"/> CIRCLE IN 338
337	RECORD THE DIASTOLIC MEASURE FROM 325.	<b>DIASTOLIC</b> <input type="text"/> <input type="text"/> <input type="text"/> CIRCLE IN 338	<b>DIASTOLIC</b> <input type="text"/> <input type="text"/> <input type="text"/> CIRCLE IN 338	<b>DIASTOLIC</b> <input type="text"/> <input type="text"/> <input type="text"/> CIRCLE IN 338



		WOMAN 1	WOMAN 2	WOMAN 3
	NAME	NAME _____	NAME _____	NAME _____
344	ASK CONSENT FOR ANAEMIA TEST FROM RESPONDENT.	<p>As part of this survey, we are asking people all over the country to take an anaemia test. Anaemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This test will assist the government to develop programmes to prevent and treat anaemia. For the anaemia testing, we will need a few drops of blood from a finger. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. The blood will be tested for anaemia immediately, and the result will be told to you right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team.</p> <p>Do you have any questions? You can say yes to the test, or you can say no. It is up to you to decide. Will you take the anaemia test?</p>		
345	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED (SIGNED) ..... 1 <input type="checkbox"/> RESPONDENT REFUSED ... 2 <input type="checkbox"/> GRANTED (NO SIGNATURE) 3 <input type="checkbox"/> _____ (SIGN) ← NOT PRESENT ..... 4 <input type="checkbox"/> (SKIP TO 382) ← (IF REFUSED, GO TO 347)	GRANTED (SIGNED) ..... 1 <input type="checkbox"/> RESPONDENT REFUSED ... 2 <input type="checkbox"/> GRANTED (NO SIGNATURE) 3 <input type="checkbox"/> _____ (SIGN) ← NOT PRESENT ..... 4 <input type="checkbox"/> (SKIP TO 382) ← (IF REFUSED, GO TO 347)	GRANTED (SIGNED) ..... 1 <input type="checkbox"/> RESPONDENT REFUSED ... 2 <input type="checkbox"/> GRANTED (NO SIGNATURE) 3 <input type="checkbox"/> _____ (SIGN) ← NOT PRESENT ..... 4 <input type="checkbox"/> (SKIP TO 382) ← (IF REFUSED, GO TO 347)
346	Are you pregnant now?	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8	YES ..... 1 NO ..... 2 DK ..... 8
347	AGE: CHECK 302.	15-17 YEARS ..... 1 18-49 YEARS ..... 2 (GO TO 351) ↙	15-17 YEARS ..... 1 18-49 YEARS ..... 2 (GO TO 351) ↙	15-17 YEARS ..... 1 18-49 YEARS ..... 2 (GO TO 351) ↙
348	MARITAL STATUS: CHECK 302.	NEVER MARRIED ..... 1 OTHER ..... 2 (GO TO 351) ↙	NEVER MARRIED ..... 1 OTHER ..... 2 (GO TO 351) ↙	NEVER MARRIED ..... 1 OTHER ..... 2 (GO TO 351) ↙
349	ASK CONSENT FOR BLOOD GLUCOSE FROM PARENT/ OTHER ADULT IDENTIFIED IN 309 AS RESPONSIBLE FOR NEVER MARRIED WOMEN AGE 15-17.	<p>As part of this survey, we are also measuring the level of sugar in the blood. If it is not treated, a high level of blood sugar may increase the risk for heart disease and stroke. For the blood sugar testing, we will need a few drops of blood from a finger. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. The blood will be tested for sugar immediately, and the result will be told to you and (NAME OF ADOLESCENT) right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team. The results of this blood sugar test will be given to you and (NAME OF ADOLESCENT) with an explanation of the meaning of the blood sugar numbers. If (NAME OF ADOLESCENT)'S blood sugar is high, we will suggest that (NAME OF ADOLESCENT) consult a health facility or doctor since we cannot provide any counselling, further testing or treatment during the survey.</p> <p>Do you have any questions about the blood sugar measurement so far? If you have any questions about the procedure at any time, please ask me. You can say yes or no to having (NAME OF ADOLESCENT)'s blood sugar measured now. Will you allow me to proceed to take (NAME OF ADOLESCENT)'s measurement?</p>		
350	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED (SIGNED) ..... 1 <input type="checkbox"/> PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 <input type="checkbox"/> GRANTED (NO SIGNATURE) 3 <input type="checkbox"/> _____ (SIGN) ← NOT PRESENT ..... 4 <input type="checkbox"/> (SKIP TO 382) ← (IF REFUSED, GO TO 358)	GRANTED (SIGNED) ..... 1 <input type="checkbox"/> PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 <input type="checkbox"/> GRANTED (NO SIGNATURE) 3 <input type="checkbox"/> _____ (SIGN) ← NOT PRESENT ..... 4 <input type="checkbox"/> (SKIP TO 382) ← (IF REFUSED, GO TO 358)	GRANTED (SIGNED) ..... 1 <input type="checkbox"/> PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 <input type="checkbox"/> GRANTED (NO SIGNATURE) 3 <input type="checkbox"/> _____ (SIGN) ← NOT PRESENT ..... 4 <input type="checkbox"/> (SKIP TO 382) ← (IF REFUSED, GO TO 358)

		WOMAN 1	WOMAN 2	WOMAN 3
	NAME	NAME _____	NAME _____	NAME _____
351	ASK CONSENT FOR BLOOD GLUCOSE FROM RESPONDENT.	<p>As part of this survey, we are also measuring the level of sugar in the blood. If it is not treated, a high level of blood sugar may increase the risk for heart disease and stroke. For the blood sugar testing, we will need a few drops of blood from a finger. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. The blood will be tested for sugar immediately, and the result will be told to you right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team. The results of this blood sugar test will be given to you with an explanation of the meaning of your blood sugar numbers. If your blood sugar is high, we will suggest that you consult a health facility or doctor since we cannot provide any counselling, further testing or treatment during the survey.</p> <p>Do you have any questions about the blood sugar measurement so far? If you have any questions about the procedure at any time, please ask me.</p> <p>You can say yes or no to having your blood sugar measured now.</p> <p>Will you allow me to proceed to take your measurement?</p>		
352	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED (SIGNED) ..... 1 <input type="checkbox"/> RESPONDENT REFUSED ... 2 <input type="checkbox"/> GRANTED (NO SIGNATURE) 3 <input type="checkbox"/> _____ (SIGN) ← NOT PRESENT ..... 4 <input type="checkbox"/> (SKIP TO 382) ← (IF REFUSED, GO TO 358)	GRANTED (SIGNED) ..... 1 <input type="checkbox"/> RESPONDENT REFUSED ... 2 <input type="checkbox"/> GRANTED (NO SIGNATURE) 3 <input type="checkbox"/> _____ (SIGN) ← NOT PRESENT ..... 4 <input type="checkbox"/> (SKIP TO 382) ← (IF REFUSED, GO TO 358)	GRANTED (SIGNED) ..... 1 <input type="checkbox"/> RESPONDENT REFUSED ... 2 <input type="checkbox"/> GRANTED (NO SIGNATURE) 3 <input type="checkbox"/> _____ (SIGN) ← NOT PRESENT ..... 4 <input type="checkbox"/> (SKIP TO 382) ← (IF REFUSED, GO TO 358)
353	When was the last time you had something to eat?	HOURS AGO ..... <input type="text"/> <input type="text"/> IF LESS THAN 1 HOUR, RECORD '00'	HOURS AGO ..... <input type="text"/> <input type="text"/> IF LESS THAN 1 HOUR, RECORD '00'	HOURS AGO ..... <input type="text"/> <input type="text"/> IF LESS THAN 1 HOUR, RECORD '00'
354	When was the last time you had something to drink other than plain water?	HOURS AGO ..... <input type="text"/> <input type="text"/> IF LESS THAN 1 HOUR, RECORD '00'	HOURS AGO ..... <input type="text"/> <input type="text"/> IF LESS THAN 1 HOUR, RECORD '00'	HOURS AGO ..... <input type="text"/> <input type="text"/> IF LESS THAN 1 HOUR, RECORD '00'
355	Before this survey, has your blood glucose ever been checked?	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2
356	Were you told on two or more different occasions by a doctor, nurse, or ANM that your blood glucose level was high?	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2
357	To lower your blood glucose level, are you now taking a prescribed medicine?	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2

		WOMAN 1	WOMAN 2	WOMAN 3
	NAME	NAME _____	NAME _____	NAME _____
358	CHECK THE COVER PAGE: IS THE HOUSEHOLD SELECTED FOR DBS COLLECTION?	YES <input type="checkbox"/> NO <input type="checkbox"/> (GO TO 372)	YES <input type="checkbox"/> NO <input type="checkbox"/> (GO TO 372)	YES <input type="checkbox"/> NO <input type="checkbox"/> (GO TO 372)
359	AGE: CHECK 302.	15-17 YEARS ..... 1 18-49 YEARS ..... 2 (GO TO 363) ← 50 YEARS AND ABOVE ..... 3 (GO TO 372) ←	15-17 YEARS ..... 1 18-49 YEARS ..... 2 (GO TO 363) ← 50 YEARS AND ABOVE ..... 3 (GO TO 372) ←	15-17 YEARS ..... 1 18-49 YEARS ..... 2 (GO TO 363) ← 50 YEARS AND ABOVE ..... 3 (GO TO 372) ←
360	MARITAL STATUS: CHECK 302.	NEVER MARRIED ..... 1 OTHER ..... 2 (GO TO 363) ←	NEVER MARRIED ..... 1 OTHER ..... 2 (GO TO 363) ←	NEVER MARRIED ..... 1 OTHER ..... 2 (GO TO 363) ←
361	ASK CONSENT FOR DBS COLLECTION FROM PARENT/ OTHER ADULT IDENTIFIED IN 309 AS RESPONSIBLE FOR NEVER MARRIED WOMEN AGE 15-17.	<p>As part of the survey, we also are asking people all over the country to take a test for malaria, HbA1c and vitamin D. Malaria is a common cause of fever and can be treated with medicines. Malaria can be present in patients with or sometimes without fever. It is important to find out the type of malaria and whether the currently available drugs will be effective for treating persons with malaria. The second test, HbA1c, a form of haemoglobin, is done to estimate the three-month average blood sugar levels to find out if the blood sugar levels are controlled in diabetic patients taking medicines. Vitamin D levels in the blood are measured to detect vitamin D deficiency, which is very common in India. Vitamin D deficiency causes brittleness of bones and can lead to fractures.</p> <p>The tests will be done at national level laboratories to obtain advanced information on these conditions and will be used by the Government to improve health programmes. For the tests, we need a few (more) drops of blood from a finger. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. No names will be attached and we will not be able to tell you the test results. No one else will be able to know (NAME OF ADOLESCENT)'s test results either. Information regarding care to be taken in case of fever and diabetes will be given along with a referral letter to the nearest health care facility for diagnosis and treatment. Information on ways to prevent vitamin D deficiency will also be provided.</p> <p>Do you have any questions?            You can say yes to the test, or you can say no. It is up to you to decide.            Will you allow (NAME OF ADOLESCENT) to take the tests?</p>		
362	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED (SIGNED) ..... 1 <input type="checkbox"/> PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 <input type="checkbox"/> GRANTED (NO SIGNATURE) . . . 3 <input type="checkbox"/> _____ (SIGN) ← NOT PRESENT ..... 4 <input type="checkbox"/> (SKIP TO 382) ← (IF REFUSED, GO TO 372)	GRANTED (SIGNED) ..... 1 <input type="checkbox"/> PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 <input type="checkbox"/> GRANTED (NO SIGNATURE) . . . 3 <input type="checkbox"/> _____ (SIGN) ← NOT PRESENT ..... 4 <input type="checkbox"/> (SKIP TO 382) ← (IF REFUSED, GO TO 372)	GRANTED (SIGNED) ..... 1 <input type="checkbox"/> PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 <input type="checkbox"/> GRANTED (NO SIGNATURE) . . . 3 <input type="checkbox"/> _____ (SIGN) ← NOT PRESENT ..... 4 <input type="checkbox"/> (SKIP TO 382) ← (IF REFUSED, GO TO 372)
363	ASK CONSENT FOR DBS COLLECTION FROM RESPONDENT.	<p>As part of the survey we also are asking people all over the country to take a test for malaria, HbA1c and vitamin D. Malaria is a common cause of fever and can be treated with medicines. Malaria can be present in patients with or sometimes without fever. It is important to find out the type of the malaria and whether the currently available drugs will be effective for treating persons with malaria. The second test, HbA1c, a form of haemoglobin, is done to estimate the three-month average blood sugar levels to find out if the blood sugar levels are controlled in diabetic patients taking medicines. Vitamin D levels in the blood are measured to detect vitamin D deficiency, which is very common in India. Vitamin D deficiency causes brittleness of bones and can lead to fractures.</p> <p>The tests will be done at national level laboratories to obtain advanced information on these conditions and will be used by the Government to improve health programmes. For the tests, we need a few (more) drops of blood from a finger. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. No names will be attached and we will not be able to tell you the test results. No one else will be able to know the test results. Information regarding care to be taken in case of fever and diabetes will be given along with a referral letter to the nearest health care facility for diagnosis and treatment. Information on ways to prevent vitamin D deficiency will also be provided.</p> <p>Do you have any questions?            You can say yes to the test, or you can say no. It is up to you to decide.            Will you allow to take the tests?</p>		
364	CIRCLE THE APPROPRIATE CODE, SIGN YOUR NAME.	GRANTED (SIGNED) ..... 1 <input type="checkbox"/> RESPONDENT REFUSED . . . 2 <input type="checkbox"/> GRANTED (NO SIGNATURE) 3 <input type="checkbox"/> _____ (SIGN) ← NOT PRESENT ..... 4 <input type="checkbox"/> (SKIP TO 382) ← (IF REFUSED, GO TO 372)	GRANTED (SIGNED) ..... 1 <input type="checkbox"/> RESPONDENT REFUSED . . . 2 <input type="checkbox"/> GRANTED (NO SIGNATURE) 3 <input type="checkbox"/> _____ (SIGN) ← NOT PRESENT ..... 4 <input type="checkbox"/> (SKIP TO 382) ← (IF REFUSED, GO TO 372)	GRANTED (SIGNED) ..... 1 <input type="checkbox"/> RESPONDENT REFUSED . . . 2 <input type="checkbox"/> GRANTED (NO SIGNATURE) 3 <input type="checkbox"/> _____ (SIGN) ← NOT PRESENT ..... 4 <input type="checkbox"/> (SKIP TO 382) ← (IF REFUSED, GO TO 372)
365	AGE: CHECK 302.	15-17 YEARS ..... 1 18-49 YEARS ..... 2 (GO TO 369) ←	15-17 YEARS ..... 1 18-49 YEARS ..... 2 (GO TO 369) ←	15-17 YEARS ..... 1 18-49 YEARS ..... 2 (GO TO 369) ←
366	MARITAL STATUS: CHECK 302.	NEVER MARRIED ..... 1 OTHER ..... 2 (GO TO 369) ←	NEVER MARRIED ..... 1 OTHER ..... 2 (GO TO 369) ←	NEVER MARRIED ..... 1 OTHER ..... 2 (GO TO 369) ←

		WOMAN 1	WOMAN 2	WOMAN 3
	NAME	NAME _____	NAME _____	NAME _____
367	ASK CONSENT FOR ADDITIONAL TESTING FROM PARENT/OTHER ADULT IDENTIFIED IN 309 AS RESPONSIBLE FOR NEVER MARRIED WOMEN AGE 15-17.	We ask you to allow (NAME OF AGENCY) to store part of (NAME OF ADOLESCENT)'s blood sample at the laboratory for additional tests or research. We are not certain about what additional tests might be done. The blood sample will not have any name or other data attached that could identify (NAME OF ADOLESCENT). You do not have to agree. If you do not want the blood sample stored for additional testing, (NAME OF ADOLESCENT) can still participate in the tests in this survey.  Will you allow us to keep the blood sample stored for additional testing?		
368	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED (SIGNED) ..... 1 <input type="checkbox"/> PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 <input type="checkbox"/> GRANTED (NO SIGNATURE) ..... 3 <input type="checkbox"/>  (SIGN) _____ NOT PRESENT (SKIP TO 382) ..... 4 <input type="checkbox"/> (IF REFUSED, GO TO 372)	GRANTED (SIGNED) ..... 1 <input type="checkbox"/> PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 <input type="checkbox"/> GRANTED (NO SIGNATURE) ..... 3 <input type="checkbox"/>  (SIGN) _____ NOT PRESENT (SKIP TO 382) ..... 4 <input type="checkbox"/> (IF REFUSED, GO TO 372)	GRANTED (SIGNED) ..... 1 <input type="checkbox"/> PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 <input type="checkbox"/> GRANTED (NO SIGNATURE) ..... 3 <input type="checkbox"/>  (SIGN) _____ NOT PRESENT (SKIP TO 382) ..... 4 <input type="checkbox"/> (IF REFUSED, GO TO 372)
369	ASK CONSENT FOR ADDITIONAL TESTING FROM RESPONDENT.	We ask you to allow (NAME OF AGENCY) to store part of your blood sample at the laboratory for additional tests or research. We are not certain about what additional tests might be done. The blood sample will not have any name or other data attached that could identify you. You do not have to agree. If you do not want the blood sample stored for additional testing you can still participate in the tests in this survey.  Will you allow us to keep your blood sample stored for additional testing?		
370	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED (SIGNED) ..... 1 <input type="checkbox"/> RESPONDENT REFUSED ..... 2 <input type="checkbox"/> GRANTED (NO SIGNATURE) ..... 3 <input type="checkbox"/>  (SIGN) _____ NOT PRESENT (SKIP TO 382) ..... 4 <input type="checkbox"/> (IF REFUSED, GO TO 372)	GRANTED (SIGNED) ..... 1 <input type="checkbox"/> RESPONDENT REFUSED ..... 2 <input type="checkbox"/> GRANTED (NO SIGNATURE) ..... 3 <input type="checkbox"/>  (SIGN) _____ NOT PRESENT (SKIP TO 382) ..... 4 <input type="checkbox"/> (IF REFUSED, GO TO 372)	GRANTED (SIGNED) ..... 1 <input type="checkbox"/> RESPONDENT REFUSED ..... 2 <input type="checkbox"/> GRANTED (NO SIGNATURE) ..... 3 <input type="checkbox"/>  (SIGN) _____ NOT PRESENT (SKIP TO 382) ..... 4 <input type="checkbox"/> (IF REFUSED, GO TO 372)
372	<b>PREPARE EQUIPMENT AND SUPPLIES ONLY FOR THE TEST(S) FOR WHICH CONSENT HAS BEEN OBTAINED AND PROCEED WITH THE TEST(S)</b>			
373	RECORD THE TIME OF THE BLOOD GLUCOSE TEST	HOURS MINUTES <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> NOT TESTED ..... 9996	HOURS MINUTES <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> NOT TESTED ..... 9996	HOURS MINUTES <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> NOT TESTED ..... 9996
374	RECORD BLOOD GLUCOSE IN MG/DL	MG/DL ..... <input type="text"/> <input type="text"/> <input type="text"/> REFUSED ..... 995 OTHER ..... 996 NOT TESTED ..... 998	MG/DL ..... <input type="text"/> <input type="text"/> <input type="text"/> REFUSED ..... 995 OTHER ..... 996 NOT TESTED ..... 998	MG/DL ..... <input type="text"/> <input type="text"/> <input type="text"/> REFUSED ..... 995 OTHER ..... 996 NOT TESTED ..... 998
374A	AGE: CHECK 302.	IF AGE 50 AND ABOVE OTHER <input type="checkbox"/> → (GO TO 382) <input type="checkbox"/>	IF AGE 50 AND ABOVE OTHER <input type="checkbox"/> → (GO TO 382) <input type="checkbox"/>	IF AGE 50 AND ABOVE OTHER <input type="checkbox"/> → (GO TO 382) <input type="checkbox"/>
375	RECORD HAEMOGLOBIN LEVEL HERE AND IN ANAEMIA PAMPHLET.	G/DL ..... <input type="text"/> <input type="text"/> . <input type="text"/> REFUSED ..... 995 OTHER ..... 996 NOT TESTED ..... 998	G/DL ..... <input type="text"/> <input type="text"/> . <input type="text"/> REFUSED ..... 995 OTHER ..... 996 NOT TESTED ..... 998	G/DL ..... <input type="text"/> <input type="text"/> . <input type="text"/> REFUSED ..... 995 OTHER ..... 996 NOT TESTED ..... 998
375A	CHECK THE COVER PAGE: IS THE HOUSEHOLD SELECTED FOR DBS COLLECTION?	YES NO <input type="checkbox"/> <input type="checkbox"/> → GO TO 378A	YES NO <input type="checkbox"/> <input type="checkbox"/> → GO TO 378A	YES NO <input type="checkbox"/> <input type="checkbox"/> → GO TO 378A
376	BAR CODE LABEL	PUT THE 1ST BAR CODE LABEL HERE.  REFUSED ..... 999994 NOT SELECTED ..... 999995 OTHER ..... 999996  PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.	PUT THE 1ST BAR CODE LABEL HERE.  REFUSED ..... 999994 NOT SELECTED ..... 999995 OTHER ..... 999996  PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.	PUT THE 1ST BAR CODE LABEL HERE.  REFUSED ..... 999994 NOT SELECTED ..... 999995 OTHER ..... 999996  PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.
377	MARK FILTER PAPER CARD FOR DIABETES TESTING	CHECK 357: IF YES, TICK THE "YES" ON MEDICATION BOX. IF NO, TICK THE "NO" ON MEDICATION BOX.	CHECK 357: IF YES, TICK THE "YES" ON MEDICATION BOX. IF NO, TICK THE "NO" ON MEDICATION BOX.	CHECK 357: IF YES, TICK THE "YES" ON MEDICATION BOX. IF NO, TICK THE "NO" ON MEDICATION BOX.
378	MARK FILTER PAPER CARD FOR ADDITIONAL TEST	ADULT RESPONDENT CHECK 370; MINOR RESPONDENT CHECK 368 AND 370. IF GRANTED, TICK "YES" BOX. IF REFUSED TICK "NO" BOX.	ADULT RESPONDENT CHECK 370; MINOR RESPONDENT CHECK 368 AND 370. IF GRANTED, TICK "YES" BOX. IF REFUSED TICK "NO" BOX.	ADULT RESPONDENT CHECK 370; MINOR RESPONDENT CHECK 368 AND 370. IF GRANTED, TICK "YES" BOX. IF REFUSED TICK "NO" BOX.
378A	CHECK 302	IF AGE 50 AND ABOVE OTHER <input type="checkbox"/> → GO TO 382 <input type="checkbox"/>	IF AGE 50 AND ABOVE OTHER <input type="checkbox"/> → GO TO 382 <input type="checkbox"/>	IF AGE 50 AND ABOVE OTHER <input type="checkbox"/> → GO TO 382 <input type="checkbox"/>
379	Have you ever undergone a screening test for cervical cancer?	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2
380	Have you ever undergone a breast examination for breast cancer?	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2
381	Have you ever undergone an oral cavity examination for oral cancer?	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2
382	GO BACK TO 302 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF AN ADDITIONAL QUESTIONNAIRE; IF NO MORE WOMEN, GO TO 401.			

WEIGHT, HEIGHT, WAIST & HIP CIRCUMFERENCE, BLOOD PRESSURE, BLOOD GLUCOSE, HAEMOGLOBIN MEASUREMENT, AND  
COLLECTION OF DRIED BLOOD SPOTS FOR MEN

		MAN 1	MAN 2	MAN 3
401	NAME  LINE NUMBER  AGE  MARITAL STATUS	NAME _____  LINE NUMBER ..... <input type="text"/> <input type="text"/>  AGE ..... <input type="text"/> <input type="text"/> IF AGE 55 AND ABOVE, GO TO 412 ← NEVER MARRIED ..... 1 OTHER ..... 2	NAME _____  LINE NUMBER ..... <input type="text"/> <input type="text"/>  AGE ..... <input type="text"/> <input type="text"/> IF AGE 55 AND ABOVE, GO TO 412 ← NEVER MARRIED ..... 1 OTHER ..... 2	NAME _____  LINE NUMBER ..... <input type="text"/> <input type="text"/>  AGE ..... <input type="text"/> <input type="text"/> IF AGE 55 AND ABOVE, GO TO 412 ← NEVER MARRIED ..... 1 OTHER ..... 2
402	CHECK THE COVER PAGE: IS THE HOUSEHOLD SELECTED FOR STATE MODULE?	YES <input type="checkbox"/> NO <input type="checkbox"/> → GO TO 407 ↓	YES <input type="checkbox"/> NO <input type="checkbox"/> → GO TO 407 ↓	YES <input type="checkbox"/> NO <input type="checkbox"/> → GO TO 407 ↓
403	WEIGHT IN KILOGRAMS	KG. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT ..... 99994 (SKIP TO 479) ← REFUSED ..... 99995 OTHER ..... 99996	KG. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT ..... 99994 (SKIP TO 479) ← REFUSED ..... 99995 OTHER ..... 99996	KG. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT ..... 99994 (SKIP TO 479) ← REFUSED ..... 99995 OTHER ..... 99996
404	HEIGHT IN CENTIMETRES	CM. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> REFUSED ..... 9995 OTHER ..... 9996	CM. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> REFUSED ..... 9995 OTHER ..... 9996	CM. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> REFUSED ..... 9995 OTHER ..... 9996
405	WAIST CIRCUMFERENCE IN CENTIMETRES	CM. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> REFUSED ..... 9995 OTHER ..... 9996	CM. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> REFUSED ..... 9995 OTHER ..... 9996	CM. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> REFUSED ..... 9995 OTHER ..... 9996
406	HIP CIRCUMFERENCE IN CENTIMETRES	CM. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> REFUSED ..... 9995 OTHER ..... 9996	CM. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> REFUSED ..... 9995 OTHER ..... 9996	CM. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> REFUSED ..... 9995 OTHER ..... 9996
407	AGE: CHECK 401.	15-17 YEARS ..... 1 18-54 YEARS ..... 2 (GO TO 412) ←	15-17 YEARS ..... 1 18-54 YEARS ..... 2 (GO TO 412) ←	15-17 YEARS ..... 1 18-54 YEARS ..... 2 (GO TO 412) ←
408	MARITAL STATUS: CHECK 401.	NEVER MARRIED ..... 1 OTHER ..... 2 (GO TO 412) ←	NEVER MARRIED ..... 1 OTHER ..... 2 (GO TO 412) ←	NEVER MARRIED ..... 1 OTHER ..... 2 (GO TO 412) ←
409	RECORD NAME OF PARENT/OTHER ADULT RESPONSIBLE FOR ADOLESCENT.	NAME _____	NAME _____	NAME _____
410	ASK CONSENT FOR BLOOD PRESSURE FROM PARENT/OTHER ADULT IDENTIFIED IN 409 AS RESPONSIBLE FOR NEVER MARRIED MEN AGE 15-17.	<p>I would like to measure (NAME OF ADOLESCENT)'s blood pressure. This will be done three times, with an interval of about five minutes between measurements. This is a harmless procedure. Blood pressure measurement is used to find out if a person has high blood pressure. If not treated, high blood pressure may eventually cause serious damage to the heart. The results of this blood pressure measurement will be given to you and (NAME OF ADOLESCENT) after the measurement process is completed. The results of the blood pressure measurement will be explained to you. If (NAME OF ADOLESCENT)'s blood pressure is high, we will suggest that (NAME OF ADOLESCENT) consult a health facility or doctor since we cannot provide any further testing or treatment during the survey. You can also decide at any time not to participate in the blood pressure measurement. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team.</p> <p>Do you have any questions? You can say yes to the test for (NAME OF ADOLESCENT) or you can say no. It is up to you to decide. Will you allow me to measure (NAME OF ADOLESCENT)'s blood pressure?</p>		
411	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED (SIGNED) ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 GRANTED (NO SIGNATURE) ..... 3 _____ (SIGN) NOT PRESENT ..... 4 (SKIP TO 479) ← IF GRANTED, GO TO 412	GRANTED (SIGNED) ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 GRANTED (NO SIGNATURE) ..... 3 _____ (SIGN) NOT PRESENT ..... 4 (SKIP TO 479) ← IF GRANTED, GO TO 412	GRANTED (SIGNED) ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 GRANTED (NO SIGNATURE) ..... 3 _____ (SIGN) NOT PRESENT ..... 4 (SKIP TO 479) ← IF GRANTED, GO TO 412
411A	CHECK THE COVER PAGE: IS THE HOUSEHOLD SELECTED FOR STATE MODULE?	YES <input type="checkbox"/> NO <input type="checkbox"/> → GO TO 446 ↓ GO TO 440	YES <input type="checkbox"/> NO <input type="checkbox"/> → GO TO 446 ↓ GO TO 440	YES <input type="checkbox"/> NO <input type="checkbox"/> → GO TO 446 ↓ GO TO 440

		MAN 1	MAN 2	MAN 3																																																												
	NAME	NAME _____	NAME _____	NAME _____																																																												
412	ASK CONSENT FOR BLOOD PRESSURE FROM RESPONDENT.	<p>I would like to measure your blood pressure. This will be done three times, with an interval of about five minutes between measurements. This is a harmless procedure. Blood pressure measurement is used to find out if a person has high blood pressure. If not treated, high blood pressure may eventually cause serious damage to the heart. The results of this blood pressure measurement will be given to you after the measurement process is completed. The results of blood pressure measurement will be explained to you. If your blood pressure is high, we will suggest that you consult a health facility or doctor since we cannot provide any further testing or treatment during the survey. You can also decide at any time not to participate in the blood pressure measurement. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team.</p> <p>Do you have any questions? You can say yes to the test or you can say no. It is up to you to decide. Will you allow me to measure your blood pressure?</p>																																																														
413	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED (SIGNED) ..... 1 RESPONDENT REFUSED..... 2 GRANTED (NO SIGNATURE) . 3 _____ (SIGN) ← NOT PRESENT ..... 4 (SKIP TO 479) ← IF GRANTED, GO TO 414	GRANTED (SIGNED) ..... 1 RESPONDENT REFUSED..... 2 GRANTED (NO SIGNATURE) . 3 _____ (SIGN) ← NOT PRESENT ..... 4 (SKIP TO 479) ← IF GRANTED, GO TO 414	GRANTED (SIGNED) ..... 1 RESPONDENT REFUSED..... 2 GRANTED (NO SIGNATURE) . 3 _____ (SIGN) ← NOT PRESENT ..... 4 (SKIP TO 479) ← IF GRANTED, GO TO 414																																																												
413A	CHECK THE COVER PAGE: IS THE HOUSEHOLD SELECTED FOR STATE MODULE?	YES NO <input type="checkbox"/> <input type="checkbox"/> → GO TO 446 ↓ GO TO 440	YES NO <input type="checkbox"/> <input type="checkbox"/> → GO TO 446 ↓ GO TO 440	YES NO <input type="checkbox"/> <input type="checkbox"/> → GO TO 446 ↓ GO TO 440																																																												
414	Before taking your blood pressure, I would like to ask a few questions about things that may affect these measurements. Have you done any of the following within the past 30 minutes:	<table border="0"> <thead> <tr> <th></th> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>a)</td> <td>Eaten anything?</td> <td>EATEN ..... 1</td> <td>2</td> </tr> <tr> <td>b)</td> <td>Had coffee, tea, cola or other drink that has caffeine?</td> <td>HAD CAFFEINATED DRINK ..... 1</td> <td>2</td> </tr> <tr> <td>c)</td> <td>Smoked any tobacco product?</td> <td>SMOKED ..... 1</td> <td>2</td> </tr> <tr> <td>d)</td> <td>Used any other type of tobacco such as gutkha, paan masala, with tobacco, other chewing tobacco, or snuff?</td> <td>OTHER TOBACCO ... 1</td> <td>2</td> </tr> </tbody> </table>			YES	NO	a)	Eaten anything?	EATEN ..... 1	2	b)	Had coffee, tea, cola or other drink that has caffeine?	HAD CAFFEINATED DRINK ..... 1	2	c)	Smoked any tobacco product?	SMOKED ..... 1	2	d)	Used any other type of tobacco such as gutkha, paan masala, with tobacco, other chewing tobacco, or snuff?	OTHER TOBACCO ... 1	2	<table border="0"> <thead> <tr> <th></th> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>a)</td> <td>Eaten anything?</td> <td>EATEN ..... 1</td> <td>2</td> </tr> <tr> <td>b)</td> <td>Had coffee, tea, cola or other drink that has caffeine?</td> <td>HAD CAFFEINATED DRINK ..... 1</td> <td>2</td> </tr> <tr> <td>c)</td> <td>Smoked any tobacco product?</td> <td>SMOKED ..... 1</td> <td>2</td> </tr> <tr> <td>d)</td> <td>Used any other type of tobacco such as gutkha, paan masala, with tobacco, other chewing tobacco, or snuff?</td> <td>OTHER TOBACCO ... 1</td> <td>2</td> </tr> </tbody> </table>			YES	NO	a)	Eaten anything?	EATEN ..... 1	2	b)	Had coffee, tea, cola or other drink that has caffeine?	HAD CAFFEINATED DRINK ..... 1	2	c)	Smoked any tobacco product?	SMOKED ..... 1	2	d)	Used any other type of tobacco such as gutkha, paan masala, with tobacco, other chewing tobacco, or snuff?	OTHER TOBACCO ... 1	2	<table border="0"> <thead> <tr> <th></th> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>a)</td> <td>Eaten anything?</td> <td>EATEN ..... 1</td> <td>2</td> </tr> <tr> <td>b)</td> <td>Had coffee, tea, cola or other drink that has caffeine?</td> <td>HAD CAFFEINATED DRINK ..... 1</td> <td>2</td> </tr> <tr> <td>c)</td> <td>Smoked any tobacco product?</td> <td>SMOKED ..... 1</td> <td>2</td> </tr> <tr> <td>d)</td> <td>Used any other type of tobacco such as gutkha, paan masala, with tobacco, other chewing tobacco, or snuff?</td> <td>OTHER TOBACCO ... 1</td> <td>2</td> </tr> </tbody> </table>			YES	NO	a)	Eaten anything?	EATEN ..... 1	2	b)	Had coffee, tea, cola or other drink that has caffeine?	HAD CAFFEINATED DRINK ..... 1	2	c)	Smoked any tobacco product?	SMOKED ..... 1	2	d)	Used any other type of tobacco such as gutkha, paan masala, with tobacco, other chewing tobacco, or snuff?	OTHER TOBACCO ... 1	2
		YES	NO																																																													
a)	Eaten anything?	EATEN ..... 1	2																																																													
b)	Had coffee, tea, cola or other drink that has caffeine?	HAD CAFFEINATED DRINK ..... 1	2																																																													
c)	Smoked any tobacco product?	SMOKED ..... 1	2																																																													
d)	Used any other type of tobacco such as gutkha, paan masala, with tobacco, other chewing tobacco, or snuff?	OTHER TOBACCO ... 1	2																																																													
		YES	NO																																																													
a)	Eaten anything?	EATEN ..... 1	2																																																													
b)	Had coffee, tea, cola or other drink that has caffeine?	HAD CAFFEINATED DRINK ..... 1	2																																																													
c)	Smoked any tobacco product?	SMOKED ..... 1	2																																																													
d)	Used any other type of tobacco such as gutkha, paan masala, with tobacco, other chewing tobacco, or snuff?	OTHER TOBACCO ... 1	2																																																													
		YES	NO																																																													
a)	Eaten anything?	EATEN ..... 1	2																																																													
b)	Had coffee, tea, cola or other drink that has caffeine?	HAD CAFFEINATED DRINK ..... 1	2																																																													
c)	Smoked any tobacco product?	SMOKED ..... 1	2																																																													
d)	Used any other type of tobacco such as gutkha, paan masala, with tobacco, other chewing tobacco, or snuff?	OTHER TOBACCO ... 1	2																																																													
415	May I begin the process of measuring your blood pressure? I will begin by measuring the circumference of your arm to make sure that I use the right equipment.	ARM CIRCUMFERENCE (IN CENTIMETRES) .. <input type="text"/> <input type="text"/> MEASURE THE CIRCUMFERENCE OF THE RESPONDENT'S ARM MIDWAY BETWEEN THE ELBOW AND THE SHOULDER. RECORD THE MEASUREMENT IN CENTIMETRES.	ARM CIRCUMFERENCE (IN CENTIMETRES) .. <input type="text"/> <input type="text"/> MEASURE THE CIRCUMFERENCE OF THE RESPONDENT'S ARM MIDWAY BETWEEN THE ELBOW AND THE SHOULDER. RECORD THE MEASUREMENT IN CENTIMETRES.	ARM CIRCUMFERENCE (IN CENTIMETRES) .. <input type="text"/> <input type="text"/> MEASURE THE CIRCUMFERENCE OF THE RESPONDENT'S ARM MIDWAY BETWEEN THE ELBOW AND THE SHOULDER. RECORD THE MEASUREMENT IN CENTIMETRES.																																																												
416	USE THE ARM CIRCUMFERENCE MEASUREMENT TO SELECT THE APPROPRIATE BLOOD PRESSURE MONITOR CUFF SIZE.	SMALL: 17 CM – 22 CM ..... 1 MEDIUM: 23 CM – 31 CM ..... 2 LARGE: 32 CM – 42 CM ..... 3	SMALL: 17 CM – 22 CM ..... 1 MEDIUM: 23 CM – 31 CM ..... 2 LARGE: 32 CM – 42 CM ..... 3	SMALL: 17 CM – 22 CM ..... 1 MEDIUM: 23 CM – 31 CM ..... 2 LARGE: 32 CM – 42 CM ..... 3																																																												

		MAN 1	MAN 2	MAN 3
	NAME	NAME _____	NAME _____	NAME _____
417	RECORD TIME OF FIRST BP READING	HOURS MINUTES [ ] [ ] : [ ] [ ]	HOURS MINUTES [ ] [ ] : [ ] [ ]	HOURS MINUTES [ ] [ ] : [ ] [ ]
418	TAKE THE FIRST BLOOD PRESSURE READING. RECORD THE SYSTOLIC AND DIASTOLIC PRESSURE.	<b>FIRST BP MEASURE</b> SYSTOLIC ..... [ ] [ ] [ ] DIASTOLIC ..... [ ] [ ] [ ] REFUSED ..... 994 TECHNICAL PROBLEMS ... 995 OTHER ..... 996 (IF NOT MEASURED, GO TO 440) ←	<b>FIRST BP MEASURE</b> SYSTOLIC ..... [ ] [ ] [ ] DIASTOLIC ..... [ ] [ ] [ ] REFUSED ..... 994 TECHNICAL PROBLEMS ... 995 OTHER ..... 996 (IF NOT MEASURED, GO TO 440) ←	<b>FIRST BP MEASURE</b> SYSTOLIC ..... [ ] [ ] [ ] DIASTOLIC ..... [ ] [ ] [ ] REFUSED ..... 994 TECHNICAL PROBLEMS ... 995 OTHER ..... 996 (IF NOT MEASURED, GO TO 440) ←
419	Before this survey, has your blood pressure ever been checked?	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2
420	Were you told on two or more different occasions by a doctor, nurse, or ANM that you had hypertension or high blood pressure?	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2
421	To lower your blood pressure, are you now taking a prescribed medicine?	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2
422	<b>CHECK THAT IT HAS BEEN AT LEAST 5 MINUTES BEFORE TAKING THE SECOND BLOOD PRESSURE MEASUREMENT</b>			
423	May I take your blood pressure at this time?	YES ..... 1 NO ..... 2 (GO TO 434) ←	YES ..... 1 NO ..... 2 (GO TO 434) ←	YES ..... 1 NO ..... 2 (GO TO 434) ←
424	RECORD TIME OF SECOND BP READING	HOURS MINUTES [ ] [ ] : [ ] [ ]	HOURS MINUTES [ ] [ ] : [ ] [ ]	HOURS MINUTES [ ] [ ] : [ ] [ ]
425	TAKE THE SECOND BLOOD PRESSURE READING. RECORD THE SYSTOLIC AND DIASTOLIC PRESSURE.	<b>SECOND BP MEASURE</b> SYSTOLIC ..... [ ] [ ] [ ] DIASTOLIC ..... [ ] [ ] [ ] REFUSED ..... 994 TECHNICAL PROBLEMS ... 995 OTHER ..... 996 (IF NOT MEASURED, GO TO 434) ←	<b>SECOND BP MEASURE</b> SYSTOLIC ..... [ ] [ ] [ ] DIASTOLIC ..... [ ] [ ] [ ] REFUSED ..... 994 TECHNICAL PROBLEMS ... 995 OTHER ..... 996 (IF NOT MEASURED, GO TO 434) ←	<b>SECOND BP MEASURE</b> SYSTOLIC ..... [ ] [ ] [ ] DIASTOLIC ..... [ ] [ ] [ ] REFUSED ..... 994 TECHNICAL PROBLEMS ... 995 OTHER ..... 996 (IF NOT MEASURED, GO TO 434) ←

		MAN 1	MAN 2	MAN 3
	NAME	NAME	NAME	NAME
426	<b>CHECK THAT IT HAS BEEN AT LEAST 5 MINUTES BEFORE TAKING THE THIRD BLOOD PRESSURE MEASUREMENT</b>			
427	May I take your blood pressure at this time?	YES .....1 NO .....2 (GO TO 436) ←	YES ..... NO .....1 (GO TO 436) ←	YES .....1 NO .....2 (GO TO 436) ←
428	RECORD TIME OF THIRD BP READING	HOURS MINUTES [ ][ ] : [ ][ ]	HOURS MINUTES [ ][ ] : [ ][ ]	HOURS MINUTES [ ][ ] : [ ][ ]
429	TAKE THE THIRD BLOOD PRESSURE READING. RECORD THE SYSTOLIC AND DIASTOLIC PRESSURE.	THIRD BP MEASURE SYSTOLIC ..... [ ][ ][ ] DIASTOLIC ..... [ ][ ][ ] REFUSED ..... 994 TECHNICAL PROBLEMS ..... 995 OTHER ..... 996 ..... (IF NOT MEASURED, GO TO 436) ←	THIRD BP MEASURE SYSTOLIC ..... [ ][ ][ ] DIASTOLIC ..... [ ][ ][ ] REFUSED ..... 994 TECHNICAL PROBLEMS ..... 995 OTHER ..... 996 ..... (IF NOT MEASURED, GO TO 436) ←	THIRD BP MEASURE SYSTOLIC ..... [ ][ ][ ] DIASTOLIC ..... [ ][ ][ ] REFUSED ..... 994 TECHNICAL PROBLEMS ..... 995 OTHER ..... 996 ..... (IF NOT MEASURED, GO TO 436) ←
430	RECORD THE SUM OF THE SYSTOLIC MEASURES FROM 425 AND 429.	SUM SYSTOLIC [ ][ ][ ]	SUM SYSTOLIC [ ][ ][ ]	SUM SYSTOLIC [ ][ ][ ]
431	CALCULATE THE AVERAGE SYSTOLIC PRESSURES BY DIVIDING THE SUM IN 430 BY 2.	AVERAGE SYSTOLIC [ ][ ][ ] CIRCLE IN 438	AVERAGE SYSTOLIC [ ][ ][ ] CIRCLE IN 438	AVERAGE SYSTOLIC [ ][ ][ ] CIRCLE IN 438
432	RECORD THE SUM OF THE DIASTOLIC MEASURES FROM 425 AND 429.	SUM DIASTOLIC [ ][ ][ ]	SUM DIASTOLIC [ ][ ][ ]	SUM DIASTOLIC [ ][ ][ ]
433	CALCULATE THE AVERAGE DIASTOLIC PRESSURES BY DIVIDING THE SUM IN 432 BY 2.	AVERAGE DIASTOLIC [ ][ ][ ] CIRCLE IN 438 AND SKIP TO 438	AVERAGE DIASTOLIC [ ][ ][ ] CIRCLE IN 438 AND SKIP TO 438	AVERAGE DIASTOLIC [ ][ ][ ] CIRCLE IN 438 AND SKIP TO 438
433A	<b>IF ONLY ONE MEASUREMENT WAS TAKEN, RECORD THE FIRST SYSTOLIC AND DIASTOLIC NUMBERS HERE.</b>			
434	RECORD THE SYSTOLIC MEASURE FROM 418.	SYSTOLIC [ ][ ][ ] CIRCLE IN 438	SYSTOLIC [ ][ ][ ] CIRCLE IN 438	SYSTOLIC [ ][ ][ ] CIRCLE IN 438
435	RECORD THE DIASTOLIC MEASURE FROM 418.	DIASTOLIC [ ][ ][ ] CIRCLE IN 438 AND SKIP TO 438	DIASTOLIC [ ][ ][ ] CIRCLE IN 438 AND SKIP TO 438	DIASTOLIC [ ][ ][ ] CIRCLE IN 438 AND SKIP TO 438
433A	<b>IF ONLY TWO MEASUREMENTS WERE TAKEN, RECORD THE SECOND SYSTOLIC AND DIASTOLIC NUMBERS HERE.</b>			
436	RECORD THE SYSTOLIC MEASURE FROM 425.	SYSTOLIC [ ][ ][ ] CIRCLE IN 438	SYSTOLIC [ ][ ][ ] CIRCLE IN 438	SYSTOLIC [ ][ ][ ] CIRCLE IN 438
437	RECORD THE DIASTOLIC MEASURE FROM 425.	DIASTOLIC [ ][ ][ ] CIRCLE IN 438	DIASTOLIC [ ][ ][ ] CIRCLE IN 438	DIASTOLIC [ ][ ][ ] CIRCLE IN 438

		MAN 1	MAN 2	MAN 3																																																																																																																														
	NAME _____	NAME _____	NAME _____	NAME _____																																																																																																																														
438	<p>CIRCLE THE SINGLE NUMBER WHERE THE AVERAGE DIASTOLIC AND SYSTOLIC MEASURES MEET.</p> <p><b>AVERAGE SYSTOLIC</b></p> <p>&lt;120 120-129 130-139 140-159 160-179 ≥180</p>	<p><b>AVERAGE DIASTOLIC</b></p> <table border="1"> <tr> <td>&lt;80</td> <td>80-84</td> <td>85-89</td> <td>90-99</td> <td>100-109</td> <td>≥110</td> </tr> <tr> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> <td>6</td> </tr> <tr> <td>2</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> <td>6</td> </tr> <tr> <td>3</td> <td>3</td> <td>3</td> <td>4</td> <td>5</td> <td>6</td> </tr> <tr> <td>4</td> <td>4</td> <td>4</td> <td>4</td> <td>5</td> <td>6</td> </tr> <tr> <td>5</td> <td>5</td> <td>5</td> <td>5</td> <td>5</td> <td>6</td> </tr> <tr> <td>6</td> <td>6</td> <td>6</td> <td>6</td> <td>6</td> <td>6</td> </tr> </table>	<80	80-84	85-89	90-99	100-109	≥110	1	2	3	4	5	6	2	2	3	4	5	6	3	3	3	4	5	6	4	4	4	4	5	6	5	5	5	5	5	6	6	6	6	6	6	6	<p><b>AVERAGE DIASTOLIC</b></p> <table border="1"> <tr> <td>&lt;80</td> <td>80-84</td> <td>85-89</td> <td>90-99</td> <td>100-109</td> <td>≥110</td> </tr> <tr> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> <td>6</td> </tr> <tr> <td>2</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> <td>6</td> </tr> <tr> <td>3</td> <td>3</td> <td>3</td> <td>4</td> <td>5</td> <td>6</td> </tr> <tr> <td>4</td> <td>4</td> <td>4</td> <td>4</td> <td>5</td> <td>6</td> </tr> <tr> <td>5</td> <td>5</td> <td>5</td> <td>5</td> <td>5</td> <td>6</td> </tr> <tr> <td>6</td> <td>6</td> <td>6</td> <td>6</td> <td>6</td> <td>6</td> </tr> </table>	<80	80-84	85-89	90-99	100-109	≥110	1	2	3	4	5	6	2	2	3	4	5	6	3	3	3	4	5	6	4	4	4	4	5	6	5	5	5	5	5	6	6	6	6	6	6	6	<p><b>AVERAGE DIASTOLIC</b></p> <table border="1"> <tr> <td>&lt;80</td> <td>80-84</td> <td>85-89</td> <td>90-99</td> <td>100-109</td> <td>≥110</td> </tr> <tr> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> <td>6</td> </tr> <tr> <td>2</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> <td>6</td> </tr> <tr> <td>3</td> <td>3</td> <td>3</td> <td>4</td> <td>5</td> <td>6</td> </tr> <tr> <td>4</td> <td>4</td> <td>4</td> <td>4</td> <td>5</td> <td>6</td> </tr> <tr> <td>5</td> <td>5</td> <td>5</td> <td>5</td> <td>5</td> <td>6</td> </tr> <tr> <td>6</td> <td>6</td> <td>6</td> <td>6</td> <td>6</td> <td>6</td> </tr> </table>	<80	80-84	85-89	90-99	100-109	≥110	1	2	3	4	5	6	2	2	3	4	5	6	3	3	3	4	5	6	4	4	4	4	5	6	5	5	5	5	5	6	6	6	6	6	6	6
<80	80-84	85-89	90-99	100-109	≥110																																																																																																																													
1	2	3	4	5	6																																																																																																																													
2	2	3	4	5	6																																																																																																																													
3	3	3	4	5	6																																																																																																																													
4	4	4	4	5	6																																																																																																																													
5	5	5	5	5	6																																																																																																																													
6	6	6	6	6	6																																																																																																																													
<80	80-84	85-89	90-99	100-109	≥110																																																																																																																													
1	2	3	4	5	6																																																																																																																													
2	2	3	4	5	6																																																																																																																													
3	3	3	4	5	6																																																																																																																													
4	4	4	4	5	6																																																																																																																													
5	5	5	5	5	6																																																																																																																													
6	6	6	6	6	6																																																																																																																													
<80	80-84	85-89	90-99	100-109	≥110																																																																																																																													
1	2	3	4	5	6																																																																																																																													
2	2	3	4	5	6																																																																																																																													
3	3	3	4	5	6																																																																																																																													
4	4	4	4	5	6																																																																																																																													
5	5	5	5	5	6																																																																																																																													
6	6	6	6	6	6																																																																																																																													
439	<p>RECORD THE NUMBER YOU CIRCLED IN 438 IN THE CHART BELOW. THEN USE THE INSTRUCTIONS TO THE RIGHT OF THAT NUMBER TO COMPLETE A BLOOD PRESSURE REPORT AND REFERRAL FORM FOR THE RESPONDENT. GIVE THE FORM TO THE RESPONDENT AND ANSWER ANY QUESTIONS.</p> <table border="1"> <thead> <tr> <th>NUMBER CIRCLED IN 438</th> <th>RESPONDENT'S BLOOD PRESSURE CATEGORY</th> <th>CONSULT HEALTH PROVIDER TO CHECK BLOOD PRESSURE WITHIN:</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>NORMAL (OPTIMAL)</td> <td>1 YEAR</td> </tr> <tr> <td>2</td> <td>NORMAL (MILDLY HIGH)</td> <td>1 YEAR</td> </tr> <tr> <td>3</td> <td>NORMAL (MODERATELY HIGH)</td> <td>2 MONTHS</td> </tr> <tr> <td>4</td> <td>ABNORMAL (MILDLY ELEVATED)</td> <td>1 MONTH</td> </tr> <tr> <td>5</td> <td>ABNORMAL (MODERATELY ELEVATED)</td> <td>1 WEEK</td> </tr> <tr> <td>6</td> <td>ABNORMAL (SEVERELY ELEVATED)</td> <td>IMMEDIATELY</td> </tr> </tbody> </table>	NUMBER CIRCLED IN 438	RESPONDENT'S BLOOD PRESSURE CATEGORY	CONSULT HEALTH PROVIDER TO CHECK BLOOD PRESSURE WITHIN:	1	NORMAL (OPTIMAL)	1 YEAR	2	NORMAL (MILDLY HIGH)	1 YEAR	3	NORMAL (MODERATELY HIGH)	2 MONTHS	4	ABNORMAL (MILDLY ELEVATED)	1 MONTH	5	ABNORMAL (MODERATELY ELEVATED)	1 WEEK	6	ABNORMAL (SEVERELY ELEVATED)	IMMEDIATELY																																																																																																												
NUMBER CIRCLED IN 438	RESPONDENT'S BLOOD PRESSURE CATEGORY	CONSULT HEALTH PROVIDER TO CHECK BLOOD PRESSURE WITHIN:																																																																																																																																
1	NORMAL (OPTIMAL)	1 YEAR																																																																																																																																
2	NORMAL (MILDLY HIGH)	1 YEAR																																																																																																																																
3	NORMAL (MODERATELY HIGH)	2 MONTHS																																																																																																																																
4	ABNORMAL (MILDLY ELEVATED)	1 MONTH																																																																																																																																
5	ABNORMAL (MODERATELY ELEVATED)	1 WEEK																																																																																																																																
6	ABNORMAL (SEVERELY ELEVATED)	IMMEDIATELY																																																																																																																																
439A		<p>IF 438=6      OTHER</p> <p><input type="checkbox"/> → GO TO 477A      <input type="checkbox"/> ↓</p>	<p>IF 438=6      OTHER</p> <p><input type="checkbox"/> → GO TO 477A      <input type="checkbox"/> ↓</p>	<p>IF 438=6      OTHER</p> <p><input type="checkbox"/> → GO TO 477A      <input type="checkbox"/> ↓</p>																																																																																																																														
439B	<p>CHECK THE COVER PAGE: IS THE HOUSEHOLD SELECTED FOR STATE MODULE?</p>	<p>YES      NO</p> <p><input type="checkbox"/> ↓      <input type="checkbox"/> → GO TO 446</p>	<p>YES      NO</p> <p><input type="checkbox"/> ↓      <input type="checkbox"/> → GO TO 446</p>	<p>YES      NO</p> <p><input type="checkbox"/> ↓      <input type="checkbox"/> → GO TO 446</p>																																																																																																																														
440	<p>AGE: CHECK 401.</p>	<p>15-17 YEARS ..... 1 18-54 YEARS ..... 2 (GO TO 444) ← 55 YEARS AND ABOVE ..... 3 (GO TO 450) ←</p>	<p>15-17 YEARS ..... 1 18-54 YEARS ..... 2 (GO TO 444) ← 55 YEARS AND ABOVE ..... 3 (GO TO 450) ←</p>	<p>15-17 YEARS ..... 1 18-54 YEARS ..... 2 (GO TO 444) ← 55 YEARS AND ABOVE ..... 3 (GO TO 450) ←</p>																																																																																																																														
441	<p>MARITAL STATUS: CHECK 401.</p>	<p>NEVER MARRIED ..... 1 OTHER ..... 2 (GO TO 444) ←</p>	<p>NEVER MARRIED ..... 1 OTHER ..... 2 (GO TO 444) ←</p>	<p>NEVER MARRIED ..... 1 OTHER ..... 2 (GO TO 444) ←</p>																																																																																																																														
442	<p>ASK CONSENT FOR ANAEMIA TEST FROM PARENT/ OTHER ADULT IDENTIFIED IN 409 AS RESPONSIBLE FOR NEVER MARRIED MEN AGE 15-17.</p>	<p>As part of this survey, we are asking people all over the country to take an anaemia test. Anaemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This test will assist the government to develop programmes to prevent and treat anaemia. For the anaemia testing, we will need a few drops of blood from a finger. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. The blood will be tested for anaemia immediately, and the result will be told to you and (NAME OF ADOLESCENT) right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team.</p> <p>Do you have any questions? You can say yes to the test for (NAME OF ADOLESCENT), or you can say no. It is up to you to decide. Will you allow (NAME OF ADOLESCENT) to take the anaemia test?</p>																																																																																																																																
443	<p>CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.</p>	<p>GRANTED (SIGNED) ..... 1 <input type="checkbox"/> PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 <input type="checkbox"/> GRANTED (NO SIGNATURE) . 3 <input type="checkbox"/> _____ (SIGN) ← NOT PRESENT ..... 4 (SKIP TO 479) ← (IF REFUSED, GO TO 448)</p>	<p>GRANTED (SIGNED) ..... 1 <input type="checkbox"/> PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 <input type="checkbox"/> GRANTED (NO SIGNATURE) . 3 <input type="checkbox"/> _____ (SIGN) ← NOT PRESENT ..... 4 (SKIP TO 479) ← (IF REFUSED, GO TO 448)</p>	<p>GRANTED (SIGNED) ..... 1 <input type="checkbox"/> PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 <input type="checkbox"/> GRANTED (NO SIGNATURE) . 3 <input type="checkbox"/> _____ (SIGN) ← NOT PRESENT ..... 4 (SKIP TO 479) ← (IF REFUSED, GO TO 448)</p>																																																																																																																														

		MAN 1	MAN 2	MAN 3
	NAME	NAME _____	NAME _____	NAME _____
444	ASK CONSENT FOR ANAEMIA TEST FROM RESPONDENT.	<p>As part of this survey, we are asking people all over the country to take an anaemia test. Anaemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This test will assist the government to develop programmes to prevent and treat anaemia. For the anaemia testing, we will need a few drops of blood from a finger. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. The blood will be tested for anaemia immediately, and the result will be told to you right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team.</p> <p>Do you have any questions? You can say yes to the test, or you can say no. It is up to you to decide. Will you take the anaemia test?</p>		
445	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED (SIGNED) ..... 1 <input type="checkbox"/> RESPONDENT REFUSED ... 2 <input type="checkbox"/> GRANTED (NO SIGNATURE) 3 <input type="checkbox"/> _____ (SIGN) ← NOT PRESENT ..... 4 (SKIP TO 479) ←	GRANTED (SIGNED) ..... 1 <input type="checkbox"/> RESPONDENT REFUSED ... 2 <input type="checkbox"/> GRANTED (NO SIGNATURE) 3 <input type="checkbox"/> _____ (SIGN) ← NOT PRESENT ..... 4 (SKIP TO 479) ←	GRANTED (SIGNED) ..... 1 <input type="checkbox"/> RESPONDENT REFUSED ... 2 <input type="checkbox"/> GRANTED (NO SIGNATURE) 3 <input type="checkbox"/> _____ (SIGN) ← NOT PRESENT ..... 4 (SKIP TO 479) ←
446	AGE: CHECK 401.	15-17 YEARS ..... 1 18-54 YEARS ..... 2 (GO TO 450) ← 55 YEARS AND ABOVE ..... 3 (GO TO 450) ←	15-17 YEARS ..... 1 18-54 YEARS ..... 2 (GO TO 450) ← 55 YEARS AND ABOVE ..... 3 (GO TO 450) ←	15-17 YEARS ..... 1 18-54 YEARS ..... 2 (GO TO 450) ← 55 YEARS AND ABOVE ..... 3 (GO TO 450) ←
447	MARITAL STATUS: CHECK 401.	NEVER MARRIED ..... 1 OTHER ..... 2 (GO TO 450) ←	NEVER MARRIED ..... 1 OTHER ..... 2 (GO TO 450) ←	NEVER MARRIED ..... 1 OTHER ..... 2 (GO TO 450) ←
448	ASK CONSENT FOR BLOOD GLUCOSE FROM PARENT/ OTHER ADULT IDENTIFIED IN 409 AS RESPONSIBLE FOR NEVER MARRIED MEN AGE 15-17.	<p>As part of this survey, we are also measuring the level of sugar in the blood. If it is not treated, a high level of blood sugar may increase the risk for heart disease and stroke. For the blood sugar testing, we will need a few drops of blood from a finger. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. The blood will be tested for sugar immediately, and the result will be told to you and (NAME OF ADOLESCENT) right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team. The results of this blood sugar test will be given to you and (NAME OF ADOLESCENT) with an explanation of the meaning of the blood sugar numbers. If (NAME OF ADOLESCENT)'s blood sugar is high, we will suggest that (NAME OF ADOLESCENT) consult a health facility or doctor since we cannot provide any counselling, further testing or treatment during the survey.</p> <p>Do you have any questions about the blood sugar measurement so far? If you have any questions about the procedure at any time, please ask me. You can say yes or no to having (NAME OF ADOLESCENT)'s blood sugar measured now. Will you allow me to proceed to take (NAME OF ADOLESCENT)'s measurement?</p>		
449	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED (SIGNED) ..... 1 <input type="checkbox"/> PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 <input type="checkbox"/> GRANTED (NO SIGNATURE) . 3 <input type="checkbox"/> _____ (SIGN) ← NOT PRESENT ..... 4 (SKIP TO 479) ← (IF REFUSED, GO TO 457)	GRANTED (SIGNED) ..... 1 <input type="checkbox"/> PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 <input type="checkbox"/> GRANTED (NO SIGNATURE) . 3 <input type="checkbox"/> _____ (SIGN) ← NOT PRESENT ..... 4 (SKIP TO 479) ← (IF REFUSED, GO TO 457)	GRANTED (SIGNED) ..... 1 <input type="checkbox"/> PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 <input type="checkbox"/> GRANTED (NO SIGNATURE) . 3 <input type="checkbox"/> _____ (SIGN) ← NOT PRESENT ..... 4 (SKIP TO 479) ← (IF REFUSED, GO TO 457)

		MAN 1	MAN 2	MAN 3
	NAME	NAME _____	NAME _____	NAME _____
450	ASK CONSENT FOR BLOOD GLUCOSE FROM RESPONDENT.	<p>As part of this survey, we are also measuring the level of sugar in the blood. If it is not treated, a high level of blood sugar may increase the risk for heart disease and stroke. For the blood sugar testing, we will need a few drops of blood from a finger. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. The blood will be tested for sugar immediately, and the result will be told to you right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team. The results of this blood sugar test will be given to you with an explanation of the meaning of your blood sugar numbers. If your blood sugar is high, we will suggest that you consult a health facility or doctor since we cannot provide any counselling, further testing or treatment during the survey.</p> <p>Do you have any questions about the blood sugar measurement so far? If you have any questions about the procedure at any time, please ask me.</p> <p>You can say yes or no to having your blood sugar measured now.</p> <p>Will you allow me to proceed to take your measurement?</p>		
451	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED (SIGNED) ..... 1 <input type="checkbox"/> RESPONDENT REFUSED ... 2 <input type="checkbox"/> GRANTED (NO SIGNATURE) . 3 <input type="checkbox"/> _____ (SIGN) ← NOT PRESENT ..... 4 <input type="checkbox"/> (SKIP TO 479) ← (IF REFUSED, GO TO 457)	GRANTED (SIGNED) ..... 1 <input type="checkbox"/> RESPONDENT REFUSED ... 2 <input type="checkbox"/> GRANTED (NO SIGNATURE) . 3 <input type="checkbox"/> _____ (SIGN) ← NOT PRESENT ..... 4 <input type="checkbox"/> (SKIP TO 479) ← (IF REFUSED, GO TO 457)	GRANTED (SIGNED) ..... 1 <input type="checkbox"/> RESPONDENT REFUSED ... 2 <input type="checkbox"/> GRANTED (NO SIGNATURE) . 3 <input type="checkbox"/> _____ (SIGN) ← NOT PRESENT ..... 4 <input type="checkbox"/> (SKIP TO 479) ← (IF REFUSED, GO TO 457)
452	When was the last time you had something to eat?	HOURS AGO ..... <input type="text"/> <input type="text"/> IF LESS THAN 1 HOUR, RECORD '00'	HOURS AGO ..... <input type="text"/> <input type="text"/> IF LESS THAN 1 HOUR, RECORD '00'	HOURS AGO ..... <input type="text"/> <input type="text"/> IF LESS THAN 1 HOUR, RECORD '00'
453	When was the last time you had something to drink other than plain water?	HOURS AGO ..... <input type="text"/> <input type="text"/> IF LESS THAN 1 HOUR, RECORD '00'	HOURS AGO ..... <input type="text"/> <input type="text"/> IF LESS THAN 1 HOUR, RECORD '00'	HOURS AGO ..... <input type="text"/> <input type="text"/> IF LESS THAN 1 HOUR, RECORD '00'
454	Before this survey, has your blood glucose ever been checked?	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2
455	Were you told on two or more different occasions by a doctor, nurse, or ANM that your blood glucose level was high?	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2
456	To lower your blood glucose level, are you now taking a prescribed medicine?	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2
457	CHECK THE COVER PAGE: IS THE HOUSEHOLD SELECTED FOR DBS COLLECTION?	YES <input type="checkbox"/> NO <input type="checkbox"/> (GO TO 471)	YES <input type="checkbox"/> NO <input type="checkbox"/> (GO TO 471)	YES <input type="checkbox"/> NO <input type="checkbox"/> (GO TO 471)

		MAN 1	MAN 2	MAN 3
	NAME	NAME _____	NAME _____	NAME _____
458	AGE: CHECK 401.	15-17 YEARS ..... 1 18-54 YEARS ..... 2 (GO TO 462) ← 55 YEARS AND ABOVE ..... 3 (GO TO 471) ←	15-17 YEARS ..... 1 18-54 YEARS ..... 2 (GO TO 462) ← 55 YEARS AND ABOVE ..... 3 (GO TO 471) ←	15-17 YEARS ..... 1 18-54 YEARS ..... 2 (GO TO 462) ← 55 YEARS AND ABOVE ..... 3 (GO TO 471) ←
459	MARITAL STATUS: CHECK 401.	NEVER MARRIED ..... 1 OTHER ..... 2 (GO TO 462) ←	NEVER MARRIED ..... 1 OTHER ..... 2 (GO TO 462) ←	NEVER MARRIED ..... 1 OTHER ..... 2 (GO TO 462) ←
460	ASK CONSENT FOR DBS COLLECTION FROM PARENT/ OTHER ADULT IDENTIFIED IN 409 AS RESPONSIBLE FOR NEVER MARRIED MEN AGE 15-17.	<p>As part of the survey, we also are asking people all over the country to take a test for malaria, HbA1c and vitamin D. Malaria is a common cause of fever and can be treated with medicines. Malaria can be present in patients with or sometimes without fever. It is important to find out the type of malaria and whether the currently available drugs will be effective for treating persons with malaria. The second test, HbA1c, a form of haemoglobin, is done to estimate the three-month average blood sugar levels to find out if the blood sugar levels are controlled in diabetic patients taking medicines. Vitamin D levels in the blood are measured to detect vitamin D deficiency, which is very common in India. Vitamin D deficiency causes brittleness of bones and can lead to fractures.</p> <p>The tests will be done at national level laboratories to obtain advanced information on these conditions and will be used by the Government to health programmes. For the tests, we need a few (more) drops of blood from a finger. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. No names will be attached and we will not be able to tell you the test results. No one else will be able to know (NAME OF ADOLESCENT)'s test results either. Information regarding care to be taken in case of fever and diabetes will be given along with a referral letter to the nearest health care facility for diagnosis and treatment. Information on ways to prevent vitamin D deficiency will also be provided.</p> <p>Do you have any questions? You can say yes to the test, or you can say no. It is up to you to decide. Will you allow (NAME OF ADOLESCENT) to take the tests?</p>		
461	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED (SIGNED) ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 GRANTED (NO SIGNATURE) ..... 3 _____ ← (SIGN) NOT PRESENT ..... 4 (SKIP TO 479) ← (IF REFUSED, GO TO 471)	GRANTED (SIGNED) ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 GRANTED (NO SIGNATURE) ..... 3 _____ ← (SIGN) NOT PRESENT ..... 4 (SKIP TO 479) ← (IF REFUSED, GO TO 471)	GRANTED (SIGNED) ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 GRANTED (NO SIGNATURE) ..... 3 _____ ← (SIGN) NOT PRESENT ..... 4 (SKIP TO 479) ← (IF REFUSED, GO TO 471)
462	ASK CONSENT FOR DBS COLLECTION FROM RESPONDENT.	<p>As part of the survey we also are asking people all over the country to take a test for malaria, HbA1c and vitamin D. Malaria is a common cause of fever and can be treated with medicines. Malaria can be present in patients with or sometimes without fever. It is important to find out the type of the malaria and whether the currently available drugs will be effective for treating persons with malaria. The second test, HbA1c, a form of haemoglobin, is done to estimate the three-month average blood sugar levels to find out if the blood sugar levels are controlled in diabetic patients taking medicines. Vitamin D levels in the blood are measured to detect vitamin D deficiency, which is very common in India. Vitamin D deficiency causes brittleness of bones and can lead to fractures.</p> <p>The tests will be done at national level laboratories to obtain advanced information on these conditions and will be used by the Government to improve health programmes. For the tests, we need a few (more) drops of blood from a finger. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. No names will be attached and we will not be able to tell you the test results. No one else will be able to know the test results. Information regarding care to be taken in case of fever and diabetes will be given along with a referral letter to the nearest health care facility for diagnosis and treatment. Information on ways to prevent vitamin D deficiency will also be provided.</p> <p>Do you have any questions? You can say yes to the test, or you can say no. It is up to you to decide. Will you allow the tests to be taken?</p>		
463	CIRCLE THE APPROPRIATE CODE, SIGN YOUR NAME.	GRANTED (SIGNED) ..... 1 RESPONDENT REFUSED ..... 2 GRANTED (NO SIGNATURE) ..... 3 _____ ← (SIGN) NOT PRESENT ..... 4 (SKIP TO 479) ← (IF REFUSED, GO TO 471)	GRANTED (SIGNED) ..... 1 RESPONDENT REFUSED ..... 2 GRANTED (NO SIGNATURE) ..... 3 _____ ← (SIGN) NOT PRESENT ..... 4 (SKIP TO 479) ← (IF REFUSED, GO TO 471)	GRANTED (SIGNED) ..... 1 RESPONDENT REFUSED ..... 2 GRANTED (NO SIGNATURE) ..... 3 _____ ← (SIGN) NOT PRESENT ..... 4 (SKIP TO 479) ← (IF REFUSED, GO TO 471)
464	AGE: CHECK 401.	15-17 YEARS ..... 1 18-54 YEARS ..... 2 (GO TO 468) ←	15-17 YEARS ..... 1 18-54 YEARS ..... 2 (GO TO 468) ←	15-17 YEARS ..... 1 18-54 YEARS ..... 2 (GO TO 468) ←
465	MARITAL STATUS: CHECK 401.	NEVER MARRIED ..... 1 OTHER ..... 2 (GO TO 468) ←	NEVER MARRIED ..... 1 OTHER ..... 2 (GO TO 468) ←	NEVER MARRIED ..... 1 OTHER ..... 2 (GO TO 468) ←

		MAN 1	MAN 2	MAN 3
	NAME	NAME _____	NAME _____	NAME _____
466	ASK CONSENT FOR ADDITIONAL TESTING FROM PARENT/OTHER ADULT IDENTIFIED IN 409 AS RESPONSIBLE FOR NEVER MARRIED MEN AGE 15-17.	<p>We ask you to allow (NAME OF AGENCY) to store part of (NAME OF ADOLESCENT)'s blood sample at the laboratory for additional tests or research. We are not certain about what additional tests might be done. The blood sample will not have any name or other data attached that could identify (NAME OF ADOLESCENT). You do not have to agree. If you do not want the blood sample stored for additional testing, (NAME OF ADOLESCENT) can still participate in the tests in this survey.</p> <p>Will you allow us to keep the blood sample stored for additional testing?</p>		
467	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED (SIGNED) ..... 1 <input type="checkbox"/> PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 <input type="checkbox"/> GRANTED (NO SIGNATURE) ..... 3 <input type="checkbox"/> _____ (SIGN) _____ NOT PRESENT ..... 4 <input type="checkbox"/> (SKIP TO 479) _____ (IF REFUSED, GO TO 471)	GRANTED (SIGNED) ..... 1 <input type="checkbox"/> PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 <input type="checkbox"/> GRANTED (NO SIGNATURE) ..... 3 <input type="checkbox"/> _____ (SIGN) _____ NOT PRESENT ..... 4 <input type="checkbox"/> (SKIP TO 479) _____ (IF REFUSED, GO TO 471)	GRANTED (SIGNED) ..... 1 <input type="checkbox"/> PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 <input type="checkbox"/> GRANTED (NO SIGNATURE) ..... 3 <input type="checkbox"/> _____ (SIGN) _____ NOT PRESENT ..... 4 <input type="checkbox"/> (SKIP TO 479) _____ (IF REFUSED, GO TO 471)
468	ASK CONSENT FOR ADDITIONAL TESTING, FROM RESPONDENT.	<p>We ask you to allow (NAME OF AGENCY) to store part of your blood sample at the laboratory for additional tests or research. We are not certain about what additional tests might be done. The blood sample will not have any name or other data attached that could identify you. You do not have to agree. If you do not want the blood sample stored for additional testing, you can still participate in the tests in this survey.</p> <p>Will you allow us to keep the blood sample stored for additional testing?</p>		
469	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED (SIGNED) ..... 1 <input type="checkbox"/> RESPONDENT REFUSED ..... 2 <input type="checkbox"/> GRANTED (NO SIGNATURE) ..... 3 <input type="checkbox"/> _____ (SIGN) _____ NOT PRESENT ..... 4 <input type="checkbox"/> (SKIP TO 479) _____ (IF REFUSED, GO TO 471)	GRANTED (SIGNED) ..... 1 <input type="checkbox"/> RESPONDENT REFUSED ..... 2 <input type="checkbox"/> GRANTED (NO SIGNATURE) ..... 3 <input type="checkbox"/> _____ (SIGN) _____ NOT PRESENT ..... 4 <input type="checkbox"/> (SKIP TO 479) _____ (IF REFUSED, GO TO 471)	GRANTED (SIGNED) ..... 1 <input type="checkbox"/> RESPONDENT REFUSED ..... 2 <input type="checkbox"/> GRANTED (NO SIGNATURE) ..... 3 <input type="checkbox"/> _____ (SIGN) _____ NOT PRESENT ..... 4 <input type="checkbox"/> (SKIP TO 479) _____ (IF REFUSED, GO TO 471)
471	<b>PREPARE EQUIPMENT AND SUPPLIES ONLY FOR THE TEST(S) FOR WHICH CONSENT HAS BEEN OBTAINED AND PROCEED WITH THE TEST(S)</b>			
472	RECORD THE TIME OF THE BLOOD GLUCOSE TEST	HOURS    MINUTES <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> NOT TESTED ..... 9996	HOURS    MINUTES <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> NOT TESTED ..... 9996	HOURS    MINUTES <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> NOT TESTED ..... 9996
473	RECORD BLOOD GLUCOSE IN MG/DL	MG/DL ..... <input type="text"/> <input type="text"/> <input type="text"/> REFUSED ..... 995 OTHER ..... 996 NOT TESTED ..... 998	MG/DL ..... <input type="text"/> <input type="text"/> <input type="text"/> REFUSED ..... 995 OTHER ..... 996 NOT TESTED ..... 998	MG/DL ..... <input type="text"/> <input type="text"/> <input type="text"/> REFUSED ..... 995 OTHER ..... 996 NOT TESTED ..... 998
473A	CHECK THE COVER PAGE: IS THE HOUSEHOLD SELECTED FOR STATE MODULE?	YES    NO <input type="checkbox"/> <input type="checkbox"/> → GO TO 479	YES    NO <input type="checkbox"/> <input type="checkbox"/> → GO TO 479	YES    NO <input type="checkbox"/> <input type="checkbox"/> → GO TO 479
473B	AGE: CHECK 401.	IF AGE 55 AND ABOVE    OTHER <input type="checkbox"/> → GO TO 479 <input type="checkbox"/>	IF AGE 55 AND ABOVE    OTHER <input type="checkbox"/> → GO TO 479 <input type="checkbox"/>	IF AGE 55 AND ABOVE    OTHER <input type="checkbox"/> → GO TO 479 <input type="checkbox"/>
474	RECORD HAEMOGLOBIN LEVEL HERE AND IN ANAEMIA PAMPHLET.	G/DL ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> REFUSED ..... 995 OTHER ..... 996 NOT TESTED ..... 998	G/DL ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> REFUSED ..... 995 OTHER ..... 996 NOT TESTED ..... 998	G/DL ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> REFUSED ..... 995 OTHER ..... 996 NOT TESTED ..... 998
475	BAR CODE LABEL	<div style="border: 2px dashed black; padding: 5px; text-align: center;">           PUT THE 1ST BAR CODE LABEL HERE.         </div> REFUSED ..... 999994 NOT SELECTED ..... 999995 OTHER ..... 999996 PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.	<div style="border: 2px dashed black; padding: 5px; text-align: center;">           PUT THE 1ST BAR CODE LABEL HERE.         </div> REFUSED ..... 999994 NOT SELECTED ..... 999995 OTHER ..... 999996 PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.	<div style="border: 2px dashed black; padding: 5px; text-align: center;">           PUT THE 1ST BAR CODE LABEL HERE.         </div> REFUSED ..... 999994 NOT SELECTED ..... 999995 OTHER ..... 999996 PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.
476	MARK FILTER PAPER CARD FOR DIABETES TESTING	CHECK 456: IF YES, TICK THE "YES" ON MEDICATION BOX. IF NO, TICK THE "NO" ON MEDICATION BOX.	CHECK 456: IF YES, TICK THE "YES" ON MEDICATION BOX. IF NO, TICK THE "NO" ON MEDICATION BOX.	CHECK 456: IF YES, TICK THE "YES" ON MEDICATION BOX. IF NO, TICK THE "NO" ON MEDICATION BOX.
477	MARK FILTER PAPER CARD FOR ADDITIONAL TEST	ADULT RESPONDENT CHECK 469; MINOR RESPONDENT CHECK 467 AND 469. IF GRANTED, TICK "YES" BOX. IF REFUSED TICK "NO" BOX.	ADULT RESPONDENT CHECK 469; MINOR RESPONDENT CHECK 467 AND 469. IF GRANTED, TICK "YES" BOX. IF REFUSED TICK "NO" BOX.	ADULT RESPONDENT CHECK 469; MINOR RESPONDENT CHECK 467 AND 469. IF GRANTED, TICK "YES" BOX. IF REFUSED TICK "NO" BOX.
477A	AGE: CHECK 401	IF AGE 55 AND ABOVE    OTHER <input type="checkbox"/> → GO TO 479 <input type="checkbox"/>	IF AGE 55 AND ABOVE    OTHER <input type="checkbox"/> → GO TO 479 <input type="checkbox"/>	IF AGE 55 AND ABOVE    OTHER <input type="checkbox"/> → GO TO 479 <input type="checkbox"/>
478	Have you ever undergone an oral cavity examination for oral cancer?	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2
479	GO BACK TO 402 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF AN ADDITIONAL QUESTIONNAIRE; IF NO MORE MEN, END INTERVIEW.			

HEALTH INVESTIGATOR'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING BIOMARKERS

COMMENTS ABOUT RESPONDENT:

---

---

---

---

---

---

---

COMMENTS ON SPECIFIC TESTS/QUESTIONS:

---

---

---

---

---

---

---

ANY OTHER COMMENTS:

---

---

---

---

---

---

---

SUPERVISOR'S OBSERVATIONS

---

---

---

---

---

---

---

---

---

---

NAME OF SUPERVISOR: \_\_\_\_\_ DATE: \_\_\_\_\_



**For additional information, please contact:**

**Director General (Stats.)**

Ministry of Health and Family Welfare  
Government of India  
Statistics Division  
Indian Red Cross Society Building,  
New Delhi - 110001 (India)  
Telephone: 011- 23736979  
Email: sandhya.k@nic.in

**Director**

International Institute for Population Sciences  
Govandi Station Road, Deonar,  
Mumbai – 400088 (India)  
Telephone: 022 – 42372467  
Email: director@iipsindia.ac.in

Technical assistance and additional funding for NFHS-5 was provided by the USAID- supported Demographic and Health Surveys (DHS) program, ICF, USA. The contents of this publication do not necessarily reflect the views of USAID or the United States Government.



**USAID**  
FROM THE AMERICAN PEOPLE

The opinions in this publication do not necessarily reflect the views of the funding agencies.  
For additional information on NFHS-5, visit <https://www.iipsindia.ac.in> or <https://main.mohfw.gov.in>