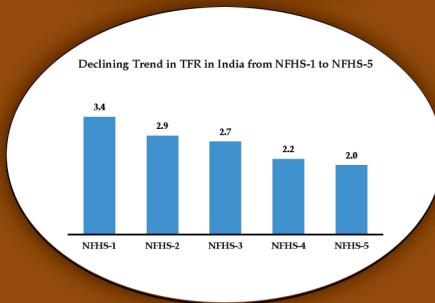
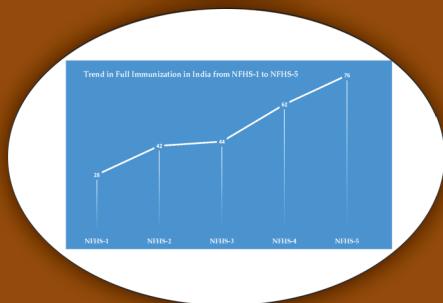




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NATIONAL FAMILY HEALTH SURVEY (NFHS - 5), 2019–21

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बेहतर भविष्य के लिए क्षमता निर्माण
Capacity Building for a Better Future

International Institute for Population Sciences
Deonar, Mumbai- 400088

NATIONAL FAMILY HEALTH SURVEY (NFHS-5)

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VOLUME II

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District 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.

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

| 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 |
| | India | 707 | 30,456 | 609,120 | 9,140 | 91,400 | 3,960 | 39,600 |

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:

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

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 unweighted 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 unweighted 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 unweighted 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^{th} stratum,
- y_{hi} is the sum of the weighted values of variable y in the i^{th} cluster in the h^{th} stratum,
- x_{hi} is the sum of the weighted number of cases in the i^{th} cluster in the h^{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^{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 ($R\pm2SE$) 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 ($R\pm2SE$) 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, Surgujahar, 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, Sonipat, 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, Umaria, 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, Baleswar, Bargarh, Bhadrak, Boudh, Cuttack, Deogarh, Dhenkanal, Gajapati, Ganjam, Jagatsinghpur, 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, Firozepur, 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, Gangaragar, 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, Bhadrak, Kothagudem, Hyderabad, Jagtial, 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, Badohi, 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, Maharajganj, 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 |
| INDIA | 7,910 | 22,546 | 30,456 |
| 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 | 1,746 | 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

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 | Residence | | | | | | North | | | | |
|--|-----------|---------|------------|--------|---------|------------------|-----------------|--------|--------|-----------|-------------|
| | Urban | Rural | Chandigarh | Delhi | Haryana | Himachal Pradesh | Jammu & Kashmir | Ladakh | Punjab | Rajasthan | Uttarakhand |
| Selected households | | | | | | | | | | | |
| Completed (C) | 93.3 | 96.6 | 84.2 | 93.3 | 94.3 | 96.5 | 97.9 | 98.4 | 93.1 | 97.4 | 95.0 |
| Household present but no competent respondent at home (HP) | 1.6 | 1.2 | 4.9 | 1.6 | 1.6 | 1.0 | 1.0 | 0.8 | 2.1 | 1.2 | 1.0 |
| Postponed (P) | 0.1 | 0.0 | 0.9 | 0.1 | 0.1 | 0.0 | 0.0 | 0.0 | 0.1 | 0.1 | 0.1 |
| Refused (R) | 2.5 | 0.5 | 5.8 | 2.9 | 1.3 | 0.1 | 0.2 | 0.0 | 2.0 | 0.6 | 1.6 |
| Dwelling not found (DNF) | 0.1 | 0.1 | 0.0 | 0.0 | 0.2 | 0.0 | 0.0 | 0.0 | 0.1 | 0.0 | 0.1 |
| Household absent (HA) | 1.4 | 1.1 | 3.4 | 1.1 | 1.1 | 1.9 | 0.7 | 0.6 | 1.1 | 0.5 | 1.5 |
| Dwelling vacant/address not a dwelling (DV) | 0.6 | 0.3 | 0.3 | 0.5 | 1.0 | 0.2 | 0.0 | 0.1 | 0.7 | 0.2 | 0.5 |
| Dwelling destroyed (DD) | 0.1 | 0.1 | 0.0 | 0.2 | 0.1 | 0.0 | 0.0 | 0.0 | 0.1 | 0.0 | 0.1 |
| Other (O) | 0.3 | 0.2 | 0.6 | 0.3 | 0.3 | 0.2 | 0.2 | 0.2 | 0.7 | 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 |
| Number of sampled households | 171,709 | 493,256 | 904 | 10,165 | 19,335 | 11,091 | 18,479 | 1,848 | 20,209 | 32,676 | 12,813 |
| Household response rate (HRR) ¹ | 95.6 | 98.1 | 88.0 | 95.2 | 96.7 | 98.8 | 98.7 | 99.2 | 95.6 | 98.1 | 97.3 |
| Eligible women | | | | | | | | | | | |
| Completed (EWC) | 96.1 | 97.2 | 81.2 | 94.6 | 95.7 | 96.5 | 96.6 | 97.7 | 94.6 | 97.5 | 94.9 |
| Not at home (EWNH) | 2.3 | 1.9 | 6.4 | 3.6 | 3.1 | 2.7 | 3.0 | 1.9 | 3.4 | 1.9 | 3.9 |
| Postponed (EWP) | 0.0 | 0.0 | 1.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.1 | 0.0 | 0.1 |
| Refused (EWR) | 1.2 | 0.4 | 10.8 | 1.3 | 0.9 | 0.2 | 0.1 | 0.0 | 1.4 | 0.3 | 0.8 |
| 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 |
| Incapacitated (EWI) | 0.3 | 0.4 | 0.7 | 0.2 | 0.3 | 0.5 | 0.2 | 0.2 | 0.4 | 0.2 | 0.4 |
| Other (EWO) | 0.1 | 0.1 | 0.0 | 0.1 | 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 | 100.0 | 100.0 | 100.0 | 100.0 |
| Number of women | 186,918 | 560,251 | 919 | 11,790 | 22,896 | 10,743 | 23,840 | 2,411 | 23,017 | 44,093 | 14,001 |
| Eligible women's response rate (EWRR) ² | 96.1 | 97.2 | 81.2 | 94.6 | 95.7 | 96.5 | 96.6 | 97.7 | 94.6 | 97.5 | 94.9 |
| Overall women's response rate (OWRR) ³ | 91.8 | 95.4 | 71.4 | 90.1 | 92.5 | 95.4 | 95.4 | 96.9 | 90.4 | 95.7 | 92.2 |

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 | Central | | | East | | | |
|--|--------------|----------------|---------------|--------|-----------|--------|-------------|
| | Chhattisgarh | Madhya Pradesh | Uttar Pradesh | Bihar | Jharkhand | Odisha | West Bengal |
| Selected households | | | | | | | |
| 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) ¹ | 98.8 | 93.7 | 97.3 | 97.0 | 97.3 | 98.5 | 98.7 |
| Eligible women | | | | | | | |
| 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 |
| Party 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 | 0.6 | 0.3 | 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) ² | 97.0 | 94.9 | 96.3 | 96.6 | 97.5 | 97.5 | 98.8 |
| Overall women's response rate (OWRR) ³ | 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 | Arunachal Pradesh | Assam | Manipur | Meghalaya | Mizoram | Nagaland | Sikkim | Tripura | Northeast | | West | |
|--|-------------------|--------|---------|-----------|---------|----------|--------|---------|--------------------------------------|-------|---------|-------------|
| | | | | | | | | | Dadra & Nagar Haveli and Daman & Diu | Goa | Gujarat | Maharashtra |
| Selected households | | | | | | | | | | | | |
| 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) ¹ | 98.6 | 99.3 | 98.1 | 99.8 | 99.4 | 99.9 | 98.4 | 98.3 | 97.6 | 98.3 | 98.2 | 97.1 |
| Eligible women | | | | | | | | | | | | |
| Completed (EW/C) | 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 (EW/NH) | 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) ² | 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) ³ | 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 | |
| Selected households | | | | | | | | |
| Completed (C) | 94.6 | 94.4 | 95.5 | 95.3 | 99.7 | 95.3 | 94.4 | 95.5 |
| 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 |
| Postponed (P) | 0.0 | 0.0 | 0.1 | 0.1 | 0.0 | 0.0 | 0.1 | 0.1 |
| Refused (R) | 0.4 | 0.9 | 0.7 | 0.4 | 0.1 | 1.5 | 1.4 | 1.3 |
| Dwelling not found (DNF) | 0.1 | 0.1 | 0.2 | 0.3 | 0.0 | 0.1 | 0.1 | 0.1 |
| Household absent (HA) | 1.6 | 1.5 | 0.9 | 1.9 | 0.2 | 1.2 | 1.5 | 0.8 |
| Dwelling vacant/address not a dwelling (DV) | 0.8 | 0.8 | 0.4 | 0.8 | 0.0 | 1.2 | 1.2 | 0.6 |
| Dwelling destroyed (DD) | 0.1 | 0.1 | 0.2 | 0.1 | 0.0 | 0.1 | 0.1 | 0.4 |
| Other (O) | 0.2 | 0.2 | 0.5 | 0.1 | 0.0 | 0.1 | 0.2 | 0.1 |
| Total | 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 | 664,972 |
| Household response rate (HRR) ¹ | 97.3 | 96.9 | 97.4 | 98.2 | 99.9 | 97.9 | 97.3 | 97.5 |
| Eligible women | | | | | | | | |
| Completed (EWC) | 97.8 | 97.4 | 97.6 | 96.6 | 98.0 | 98.1 | 98.3 | 96.8 |
| Not at home (EWNH) | 1.0 | 1.5 | 1.6 | 1.9 | 1.1 | 0.8 | 0.5 | 1.5 |
| Postponed (EWP) | 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 |
| Partly completed (EWPC) | 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 |
| Other (EWO) | 0.2 | 0.1 | 0.1 | 0.1 | 0.0 | 0.1 | 0.0 | 0.1 |
| Total | 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 |
| Eligible women's response rate (EWRR) ² | 97.8 | 97.4 | 97.6 | 96.6 | 98.0 | 98.1 | 98.3 | 96.8 |
| Overall women's response rate (OWRR) ³ | 95.1 | 94.4 | 95.1 | 94.9 | 97.9 | 96.0 | 95.7 | 94.5 |

¹ Using the number of households falling into specific response categories, the household response rate (HRR) was calculated as:

$$100 * \frac{C}{C + HP + P + R + DNF}$$

² The eligible women's response rate (EWRR) was equivalent to the percentage of interviews completed (EWC)

$$100 * EWC$$

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

³ 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 | | | | | | North | | | | |
|--|-----------|--------|------------|-------|---------|-------|------------------|-----------------|--------|--------|-----------|
| | Urban | Rural | Chandigarh | Delhi | Haryana | | Himachal Pradesh | Jammu & Kashmir | Ladakh | Punjab | Rajasthan |
| Selected households | | | | | | | | | | | |
| 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 | 0.4 | 0.0 | 0.1 | 0.0 | 0.1 | 0.0 | 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) ¹ | 95.4 | 98.0 | 90.6 | 95.6 | 96.3 | 99.0 | 98.2 | 95.3 | 98.1 | 97.1 | |
| Eligible men | | | | | | | | | | | |
| 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 | 0.0 | 0.4 | 0.0 | 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) ² | 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) ³ | 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 |
| Selected households | | | | | | |
| Completed (C) | 98.4 | 90.7 | 95.0 | 95.4 | 95.6 | 95.4 |
| Household present but no competent respondent at home (HP) | 0.8 | 2.3 | 1.3 | 2.3 | 1.4 | 0.9 |
| Postponed (P) | 0.0 | 0.0 | 0.2 | 0.0 | 0.0 | 0.0 |
| Refused (R) | 0.3 | 4.4 | 1.5 | 0.4 | 1.8 | 0.3 |
| Dwelling not found (DNF) | 0.0 | 0.2 | 0.1 | 0.0 | 0.1 | 0.2 |
| Household absent (HA) | 0.4 | 1.4 | 1.5 | 1.6 | 0.9 | 2.4 |
| Dwelling vacant/address not a dwelling (DV) | 0.0 | 0.3 | 0.3 | 0.1 | 0.0 | 0.3 |
| Dwelling destroyed (DD) | 0.1 | 0.3 | 0.1 | 0.1 | 0.0 | 0.1 |
| Other (O) | 0.0 | 0.4 | 0.1 | 0.1 | 0.1 | 0.4 |
| Total | 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 |
| Household response rate (HRR) ¹ | 98.9 | 92.9 | 96.8 | 97.2 | 96.7 | 98.5 |
| Eligible men | | | | | | |
| Completed (EMC) | 94.1 | 88.0 | 88.6 | 90.9 | 92.1 | 93.3 |
| Not at home (EMNH) | 4.7 | 9.2 | 8.7 | 7.7 | 5.9 | 4.8 |
| Postponed (EMP) | 0.0 | 0.1 | 0.3 | 0.0 | 0.2 | 0.0 |
| Refused (EMVR) | 0.4 | 1.9 | 1.9 | 0.5 | 1.1 | 0.7 |
| Partly completed (EMPC) | 0.0 | 0.0 | 0.0 | 0.1 | 0.0 | 0.0 |
| Incapacitated (EMI) | 0.6 | 0.7 | 0.6 | 0.7 | 0.6 | 1.0 |
| Other (EMO) | 0.2 | 0.1 | 0.1 | 0.1 | 0.0 | 0.1 |
| Total | 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 |
| Eligible men's response rate (EMRR) ² | 94.1 | 88.0 | 88.6 | 90.9 | 92.1 | 93.3 |
| Overall men's response rate (OMRR) ³ | 93.1 | 81.7 | 85.8 | 88.3 | 89.1 | 92.0 |

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 | Arunachal Pradesh | Assam | Manipur | Meghalaya | Mizoram | Nagaland | Sikkim | Tripura | Northeast | | | West | | |
|--|-------------------|-------|---------|-----------|---------|----------|--------|---------|--------------------------------------|-------|---------|-------------|-------|--|
| | | | | | | | | | Dadra & Nagar Haveli and Daman & Diu | Goa | Gujarat | Maharashtra | | |
| Selected households | | | | | | | | | | | | | | |
| 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 | 0.0 | 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 | 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 | 0.0 | 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 | 0.0 | 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 | 0.0 | 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 | 0.1 | 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 | 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) ¹ | 98.7 | 99.4 | 98.6 | 99.8 | 99.5 | 100.0 | 97.9 | 98.4 | 98.3 | 99.0 | 98.1 | 96.3 | | |
| Eligible men | | | | | | | | | | | | | | |
| 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 | 0.0 | 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 | | |
| Party 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 | 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 | 0.4 | 0.0 | 0.0 | 0.1 | 0.4 | 0.0 | 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 | 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) ² | 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) ³ | 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 | |
| Selected households | | | | | | | | |
| Completed (C) | 95.2 | 94.6 | 95.8 | 94.8 | 100.0 | 95.7 | 94.4 | 95.5 |
| 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 |
| Postponed (P) | 0.0 | 0.2 | 0.0 | 0.1 | 0.0 | 0.0 | 0.1 | 0.0 |
| Refused (R) | 0.5 | 1.2 | 0.8 | 0.6 | 0.0 | 1.6 | 1.5 | 1.4 |
| Dwelling not found (DNF) | 0.0 | 0.1 | 0.1 | 0.3 | 0.0 | 0.0 | 0.1 | 0.1 |
| Household absent (HA) | 1.4 | 1.3 | 0.8 | 2.2 | 0.0 | 1.1 | 1.5 | 0.8 |
| Dwelling vacant/address not a dwelling (DV) | 0.5 | 0.7 | 0.3 | 0.9 | 0.0 | 1.2 | 1.4 | 0.6 |
| Dwelling destroyed (DD) | 0.0 | 0.2 | 0.2 | 0.1 | 0.0 | 0.0 | 0.1 | 0.3 |
| Other (O) | 0.5 | 0.1 | 0.4 | 0.1 | 0.0 | 0.0 | 0.2 | 0.2 |
| Total | 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 | 100,462 |
| Household response rate (HRR) ¹ | 97.5 | 96.8 | 97.4 | 97.8 | 100.0 | 98.0 | 97.6 | 97.3 |
| Eligible men | | | | | | | | |
| Completed (EMC) | 94.3 | 92.2 | 93.9 | 89.1 | 97.1 | 96.4 | 94.9 | 92.0 |
| Not at home (EMNH) | 3.9 | 5.0 | 4.1 | 8.0 | 0.7 | 2.2 | 2.5 | 4.7 |
| Postponed (EMP) | 0.0 | 0.0 | 0.2 | 0.1 | 0.0 | 0.0 | 0.2 | 0.1 |
| Refused (EMR) | 1.5 | 1.7 | 1.0 | 1.4 | 0.0 | 0.9 | 1.2 | 2.6 |
| Partly completed (EMPC) | 0.0 | 0.1 | 0.1 | 0.1 | 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 |
| Other (EMO) | 0.0 | 0.1 | 0.2 | 0.1 | 0.0 | 0.0 | 0.0 | 0.2 |
| Total | 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 |
| Eligible men's response rate (EMRR) ² | 94.3 | 92.2 | 93.9 | 89.1 | 97.1 | 96.4 | 94.9 | 92.0 |
| Overall men's response rate (OMRR) ³ | 92.0 | 89.3 | 91.4 | 87.1 | 97.1 | 94.5 | 92.6 | 89.3 |
| HRR = EMRR/100 | | | | | | | | |

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

$$C + HP + P + R + LNT$$

² The eligible men's response rate (EMRR) was equivalent to the percentage of interviews completed (EMC)

$$100 * EMC$$

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

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

ESTIMATES OF SAMPLING ERRORS

Appendix B

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

| Variable | Estimate | Base population |
|---|------------|---|
| HOUSEHOLDS | | |
| 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 |
| WOMEN | | |
| 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 ² | Proportion | Women age 15-49 who were measured |
| Body mass index (BMI) ≥25.0 kg/m ² | 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 |
| MEN | | |
| 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 ² | Proportion | Men age 15-49 who were measured |
| Body mass index (BMI) ≥25.0 kg/m ² | 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) | Relative standard error (SE/R) | |
|---|--------------|---------------------------|-------------------|------------------|----------------------------|---|---|-----------|
| | | | 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 gauna 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/Nirodh | 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 ² | 0.187 | 0.001 | 665,157 | 659,686 | 1.776 | 0.005 | 0.185 | 0.188 |
| Body mass index (BMI) ≥25.0 kg/m ² | 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 gauna 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 ² | 0.162 | 0.003 | 87,824 | 85,989 | 1.864 | 0.016 | 0.157 | 0.167 |
| Body mass index (BMI) ≥25.0 kg/m ² | 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 gauna 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/Nirodh | 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 ² | 0.132 | 0.002 | 163,591 | 210,860 | 1.807 | 0.012 | 0.129 | 0.135 |
| Body mass index (BMI) ≥25.0 kg/m ² | 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 gauna 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 ² | 0.130 | 0.005 | 22,296 | 29,166 | 2.085 | 0.040 | 0.120 | 0.140 |
| Body mass index (BMI) ≥25.0 kg/m ² | 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 gauna 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/Nirodh | 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 ² | 0.212 | 0.001 | 501,566 | 448,826 | 1.747 | 0.005 | 0.210 | 0.214 |
| Body mass index (BMI) ≥25.0 kg/m ² | 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 gauna 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 ² | 0.178 | 0.003 | 65,528 | 56,824 | 1.703 | 0.015 | 0.173 | 0.184 |
| Body mass index (BMI) ≥25.0 kg/m ² | 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 |

The 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 canvased 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.

DATA QUALITY TABLES

Appendix D

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 | Age | | 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 |
|---|---|-------------------------------------|-----------------|
| Birth date | 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 |
| Age/date at first marriage¹ | | | |
| Women | Ever married women age 15-49 | 0.06 | 552,040 |
| Men | Ever married men age 15-54 | 0.16 | 65,191 |
| Respondent's education | | | |
| Women | Women age 15-49 | 0.00 | 724,115 |
| Men | Men age 15-54 | 0.00 | 101,839 |
| Diarrhoea in past two weeks | Children 0-59 months | 0.00 | 131,655 |
| Anthropometry: Women | 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 |
| Anthropometry: Men | 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 |
| Anthropometry: Children | 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 |
| Anaemia | | | |
| 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 |

¹ 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 ¹ | | | Calendar year ratio ² | | | |
|---------------|------------------|--------|-----------|---|--------|-------|---------------------------------|-------|--------|----------------------------------|-------|--------|------|
| | Living | | Dead | Total | Living | | Dead | Total | Living | Dead | Total | Living | Dead |
| | 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 | 99.1 | 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

¹ $(B_m/B_t) \times 100$, where B_m and B_t are the numbers of male and female births, respectively² $[2(B_x/(B_{x-1} + B_{x+1})) \times 100]$, 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 ¹ | 82.7 | 83.8 | 83.0 | 83.2 | 83.2 |

¹ 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 ^a | 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 ¹ | 72.5 | 72.8 | 71.8 | 72.5 | 72.4 |

^a Includes deaths under one month reported in days

¹ <1 month /<12 months

ORGANIZATIONS INVOLVED IN NFHS-5 FIELDWORK AND BIOMARKER TESTING LABS

Appendix E

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

Biomarker Testing Laboratories

ICMR-National AIDS Research Institute (NARI)

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

ICMR- National Institute of Malaria Research (NIMR)

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

Biomarker Test

Provided assistance for HbA1c and Vitamin D3 tests

Provided assistance for Malaria tests

International Institute for Population Sciences, Mumbai**Principal Investigators**

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 Prof. S.K. Singh
 Prof. Hemkothang Lhungdim

Prof. Chander Shekhar
 Prof. Laxmi Kant Dwivedi
 Dr. Sarang Pedgaonkar

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| Mr. Bradley Janocha | |

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| Member | Secretary/Representative | Dept. of Health Research, M/o Health & Family Welfare, New Delhi |
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| Member | Addl. Secretary & Mission Director (NRHM) | M/o Health & Family Welfare, New Delhi |
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| 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 |
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| 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 |

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| 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 |

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| 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 |
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| 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 |
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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. 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 territories¹. 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 |
| Household | | | |
| | QH21-QH23 | 2019-20 | 2020-21 |
| | QH87-QH95 | Jan. 2016 or later | Jan 2017 or later |
| Woman's | | | |
| | 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 |
| | Section 10: Q1018-Q1032 | Jan 2017 or later | Jan 2018 or later |
| | Calendar | 2014-2019 | 2015-2021 |
| Biomarker | | | |
| | 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.

¹ 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.

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| 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) | | | | |
| IS HOUSEHOLD SELECTED FOR DRIED BLOOD SPOT (DBS) COLLECTION? (YES = 1, NO = 2) | | | | |
| INTERVIEWER VISITS | | | | |
| | 1 | 2 | 3 | FINAL VISIT |
| DATE | | | | DAY |
| INTERVIEWER'S NAME | | | | MONTH |
| RESULT CODE* | | | | YEAR |
| INT. NO. | | | | INT. NO. |
| NEXT VISIT: DATE TIME | | | | RESULT CODE* |
| SUPERVISOR'S NAME | | | | TOTAL NUMBER OF VISITS |
| SUPERV. NUMBER | | | | |
| *RESULT CODES: | | | | TOTAL PERSONS IN HOUSEHOLD |
| 1 COMPLETED | | | | TOTAL ELIGIBLE WOMEN AGE 15-49 |
| 2 NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT | | | | TOTAL ELIGIBLE MEN AGE 15-54 |
| 3 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME | | | | LINE NO. OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE |
| 4 POSTPONED | | | | |
| 5 REFUSED | | | | |
| 6 DWELLING VACANT OR ADDRESS NOT A DWELLING | | | | |
| 7 DWELLING DESTROYED | | | | |
| 8 DWELLING NOT FOUND | | | | |
| 9 OTHER | | | | |
| (SPECIFY) | | | | |
| **LANGUAGE CODES: | | | | |
| 01 ASSAMESE | 08 MALAYALAM | 15 TAMIL | **LANGUAGE OF QUESTIONNAIRE | HINDI |
| 02 BENGALI | 09 MANIPURI | 16 TELUGU | **RESPONDENT'S MOTHER TONGUE | |
| 03 GUJARATI | 10 MARATHI | 17 URDU | **LANGUAGE OF INTERVIEW | |
| 04 HINDI | 11 NEPALI | 18 ENGLISH | | |
| 05 KANNADA | 12 ORIYA | 19 GARO | | |
| 06 KASHMIRI | 13 PUNJABI | 20 KHASI | | |
| 07 KONKANI | 14 SINDHI | 96 OTHER | | |
| TRANSLATOR USED? (YES = 1, NO = 2) | | | | |
| SPECIFY | | | | |
| 0 4 | | | | |

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 धरों 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 हैं। 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 हैं?

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 महमत 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



BEGIN INTERVIEW

RESPONDENT DOES NOT AGREE

TO BE INTERVIEWED . . . 2 → END

RECORD TIME HOURS

| | |
|--|--|
| | |
|--|--|

MINUTES

| | |
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| | |
|--|--|

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HOUSEHOLD SCHEDULE

अब हम उन लोगों के बारे में कहुँ जानकारी चाहेंगे जो सामान्यतः आप के 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 | | | |
|----------|---|--|--|---|--|---|--|---|--|--|--|--|---|---|
| | | | | | | | IF AGE 13 OR OLDER | CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49 | CIRCLE LINE NUMBER OF ALL WOMEN AGE 15 OR OLDER | IF HOUSEHOLD IS SELECTED FOR STATE MODULE | | CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-5 | | |
| | <p>कृपया मुझे उन व्यक्तियों के नाम दतें जो सामान्यतः आपके घर में रहते हैं और वे अनिवार्य जो विदेशी लोग इसी घर में ठहरे थे। शुरुआत घर के मुखिया से करें।</p> <p>Please give me the names of the persons who usually live in your household and guests of the household who stayed here last night, starting with the head of the household.</p> <p>AFTER LISTING THE NAME, RELATIONSHIP, SEX, RESIDENCE, AND AGE FOR EACH PERSON; ASK QUESTIONS 7A(a-c) TO BE SURE THAT THE LISTING IS COMPLETE. THEN ASK QUESTIONS IN COLUMNS 8-26 FOR EACH PERSON.</p> | <p>घर के मुखिया से (NAME) का रिश्ता क्या है?</p> <p>What is the relationship of (NAME) to the head of the household?</p> | <p>स्त्री (NAME) एवं पुरुष है या श्री है या विषयी रात यहाँ (इसे ये/ठहरी भी)?</p> <p>Is (NAME) male or female or transgender?</p> | <p>क्षमा (NAME) गामन्यतः यहाँ (इसे ये/ठहरी भी)?</p> <p>Does (NAME) usually live here?</p> | <p>क्षमा (NAME) पिछली रात यहाँ (इसे ये/ठहरी भी)?</p> <p>Did (NAME) stay here last night?</p> | <p>(NAME) की आयु क्या है?</p> <p>How old is (NAME)?</p> | <p>What is the current marital status of (NAME)?</p> | <p>RECORD COMPLETED YEARS.</p> | <p>IF AGE 13 OR OLDER</p> <p>(NAME) की वर्तमान वैवाहिक स्थिति क्या है?</p> | <p>CIRCLE LINE NUMBER OF ALL MEN AGE 15-54</p> | <p>CIRCLE LINE NUMBER OF ALL MEN AGE 15 OR OLDER</p> | <p>IF HOUSEHOLD IS SELECTED FOR STATE MODULE</p> | <p>CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-5</p> | <p>IF AGE 0-4</p> <p>क्षमा (NAME) के जन्म का प्रमाणपत्र है?</p> <p>IF NO: क्षमा (NAME) के जन्म का कभी नागरिक प्राधिकरण में पंजीकरण किया गया है?</p> <p>Does (NAME) have a birth certificate? IF NO: Has (NAME)'s birth ever been registered with the civil authority?</p> |
| | | | | | | | | | | | | | | |
| (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) | (9A) | (10) | (10A) | (11) | (12) | |
| 01 | | <input type="checkbox"/> <input type="checkbox"/> | M F T 1 2 3 | YES NO 1 2 | YES NO 1 2 | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> | 01 | 01 | 01 | 01 | 01 | C R N D K 1 2 3 8 | |
| 02 | | <input type="checkbox"/> <input type="checkbox"/> | 1 2 3 | 1 2 | 1 2 | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> | 02 | 02 | 02 | 02 | 02 | 1 2 3 8 | |
| 03 | | <input type="checkbox"/> <input type="checkbox"/> | 1 2 3 | 1 2 | 1 2 | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> | 03 | 03 | 03 | 03 | 03 | 1 2 3 8 | |
| 04 | | <input type="checkbox"/> <input type="checkbox"/> | 1 2 3 | 1 2 | 1 2 | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> | 04 | 04 | 04 | 04 | 04 | 1 2 3 8 | |
| 05 | | <input type="checkbox"/> <input type="checkbox"/> | 1 2 3 | 1 2 | 1 2 | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> | 05 | 05 | 05 | 05 | 05 | 1 2 3 8 | |
| 06 | | <input type="checkbox"/> <input type="checkbox"/> | 1 2 3 | 1 2 | 1 2 | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> | 06 | 06 | 06 | 06 | 06 | 1 2 3 8 | |
| 07 | | <input type="checkbox"/> <input type="checkbox"/> | 1 2 3 | 1 2 | 1 2 | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> | 07 | 07 | 07 | 07 | 07 | 1 2 3 8 | |
| 08 | | <input type="checkbox"/> <input type="checkbox"/> | 1 2 3 | 1 2 | 1 2 | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> | 08 | 08 | 08 | 08 | 08 | 1 2 3 8 | |
| 09 | | <input type="checkbox"/> <input type="checkbox"/> | 1 2 3 | 1 2 | 1 2 | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> | 09 | 09 | 09 | 09 | 09 | 1 2 3 8 | |
| 10 | | <input type="checkbox"/> <input type="checkbox"/> | 1 2 3 | 1 2 | 1 2 | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> | 10 | 10 | 10 | 10 | 10 | 1 2 3 8 | |
| 11 | | <input type="checkbox"/> <input type="checkbox"/> | 1 2 3 | 1 2 | 1 2 | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> | 11 | 11 | 11 | 11 | 11 | 1 2 3 8 | |

| LINE NO. | SURVIVORSHIP AND RESIDENCE OF BIOLOGICAL PARENTS | | | | PRESCHOOL | | EDUCATION | | | | ADHAR CARD/ADHAR NUMBER | TOBACCO/ALCOHOL | | | | |
|----------|--|---|---|---|--|--------------------------------|--|--------------------------------|---|--|---|---------------------------------------|---|--|--|--|
| | | | | | | | | | | | | | | | | |
| | IF AGE 0-17 | | | | IF AGE IS 2-4 YEARS | | IF AGE 5 OR OLDER | | IF AGE 5-14 | | IF AGE 15 OR OLDER | | | | | |
| | <p>पर्याप्त जानकारी नहीं है। अतः इसे जानना आवश्यक नहीं है। यदि आपको यह जानना चाहिए तो यह विषय पर अधिक जानकारी प्राप्त करें।</p> <p>If YES: RECORD LINE NO. IF NO: RECORD 00.</p> <p>Does (NAME)'s natural mother usually live in this household or was she a guest last night? If YES: What is her name?</p> <p>If YES: RECORD MOTHER'S LINE NO. If NO: RECORD 00.</p> | | | | | | | | | | | | | | | |
| | <p>पर्याप्त जानकारी नहीं है। अतः इसे जानना आवश्यक नहीं है। यदि आपको यह जानना चाहिए तो यह विषय पर अधिक जानकारी प्राप्त करें।</p> <p>If YES: RECORD FATHER'S LINE NO. If NO: RECORD 00.</p> | | | | <p>Is (NAME)'s natural father usually living in this household or was he a guest last night? If YES: What is his name?</p> | | <p>Is (NAME) currently attending any pre-school?</p> | | <p>If YES: What type of pre-school is (NAME) attending?</p> | | <p>Has (NAME) ever attended school? What is the highest grade (NAME) has completed?</p> | | <p>Did (NAME) attend school or college at any time during the 2019-2020 school year? During [that/this] school or college year, what grade/year (NAME) was attending?</p> | | <p>What is the main reason (NAME) is not attending school?</p> | |
| | | | | | (E) | | (F) | | (G) | | (H) | | | | | |
| (13) | (14) | (15) | (16) | (17) | (18) | (19) | (20) | (21) | (22) | (23) | (24) | (25) | (26) | | | |
| 01 | Y N DK 1 2 → 8 GO TO 15 | <input type="checkbox"/> 1 2 → 8 GO TO 17 | <input type="checkbox"/> 1 2 → 8 GO TO 17 | <input type="checkbox"/> 1 2 → 8 GO TO 24 | <input type="checkbox"/> ↓ GO TO 24 | YES NO 1 2 ↓ GO TO 24 | GRADE 1 2 ↓ GO TO 24 | YES NO 1 2 ↓ GO TO 24 | GRADE 1 2 ↓ GO TO 24 | <input type="checkbox"/> 1 2 ↓ GO TO 24 | REASON 1 2 ↓ GO TO 24 | YES NO DK 1 2 3 4 ↓ GO TO 24 | YES NO DK 1 2 3 4 ↓ GO TO 24 | | | |
| 02 | 1 2 → 8 GO TO 15 | <input type="checkbox"/> 1 2 → 8 GO TO 17 | <input type="checkbox"/> 1 2 → 8 GO TO 17 | <input type="checkbox"/> 1 2 → 8 GO TO 24 | <input type="checkbox"/> ↓ GO TO 24 | 1 2 ↓ GO TO 24 | <input type="checkbox"/> 1 2 ↓ GO TO 24 | 1 2 ↓ GO TO 24 | <input type="checkbox"/> 1 2 ↓ GO TO 24 | <input type="checkbox"/> 1 2 ↓ GO TO 24 | <input type="checkbox"/> 1 2 ↓ GO TO 24 | YES NO DK 1 2 3 4 ↓ GO TO 24 | YES NO DK 1 2 3 4 ↓ GO TO 24 | | | |
| 03 | 1 2 → 8 GO TO 15 | <input type="checkbox"/> 1 2 → 8 GO TO 17 | <input type="checkbox"/> 1 2 → 8 GO TO 17 | <input type="checkbox"/> 1 2 → 8 GO TO 24 | <input type="checkbox"/> ↓ GO TO 24 | 1 2 ↓ GO TO 24 | <input type="checkbox"/> 1 2 ↓ GO TO 24 | 1 2 ↓ GO TO 24 | <input type="checkbox"/> 1 2 ↓ GO TO 24 | <input type="checkbox"/> 1 2 ↓ GO TO 24 | <input type="checkbox"/> 1 2 ↓ GO TO 24 | YES NO DK 1 2 3 4 ↓ GO TO 24 | YES NO DK 1 2 3 4 ↓ GO TO 24 | | | |
| 04 | 1 2 → 8 GO TO 15 | <input type="checkbox"/> 1 2 → 8 GO TO 17 | <input type="checkbox"/> 1 2 → 8 GO TO 17 | <input type="checkbox"/> 1 2 → 8 GO TO 24 | <input type="checkbox"/> ↓ GO TO 24 | 1 2 ↓ GO TO 24 | <input type="checkbox"/> 1 2 ↓ GO TO 24 | 1 2 ↓ GO TO 24 | <input type="checkbox"/> 1 2 ↓ GO TO 24 | <input type="checkbox"/> 1 2 ↓ GO TO 24 | <input type="checkbox"/> 1 2 ↓ GO TO 24 | YES NO DK 1 2 3 4 ↓ GO TO 24 | YES NO DK 1 2 3 4 ↓ GO TO 24 | | | |
| 05 | 1 2 → 8 GO TO 15 | <input type="checkbox"/> 1 2 → 8 GO TO 17 | <input type="checkbox"/> 1 2 → 8 GO TO 17 | <input type="checkbox"/> 1 2 → 8 GO TO 24 | <input type="checkbox"/> ↓ GO TO 24 | 1 2 ↓ GO TO 24 | <input type="checkbox"/> 1 2 ↓ GO TO 24 | 1 2 ↓ GO TO 24 | <input type="checkbox"/> 1 2 ↓ GO TO 24 | <input type="checkbox"/> 1 2 ↓ GO TO 24 | <input type="checkbox"/> 1 2 ↓ GO TO 24 | YES NO DK 1 2 3 4 ↓ GO TO 24 | YES NO DK 1 2 3 4 ↓ GO TO 24 | | | |
| 06 | 1 2 → 8 GO TO 15 | <input type="checkbox"/> 1 2 → 8 GO TO 17 | <input type="checkbox"/> 1 2 → 8 GO TO 17 | <input type="checkbox"/> 1 2 → 8 GO TO 24 | <input type="checkbox"/> ↓ GO TO 24 | 1 2 ↓ GO TO 24 | <input type="checkbox"/> 1 2 ↓ GO TO 24 | 1 2 ↓ GO TO 24 | <input type="checkbox"/> 1 2 ↓ GO TO 24 | <input type="checkbox"/> 1 2 ↓ GO TO 24 | <input type="checkbox"/> 1 2 ↓ GO TO 24 | YES NO DK 1 2 3 4 ↓ GO TO 24 | YES NO DK 1 2 3 4 ↓ GO TO 24 | | | |
| 07 | 1 2 → 8 GO TO 15 | <input type="checkbox"/> 1 2 → 8 GO TO 17 | <input type="checkbox"/> 1 2 → 8 GO TO 17 | <input type="checkbox"/> 1 2 → 8 GO TO 24 | <input type="checkbox"/> ↓ GO TO 24 | 1 2 ↓ GO TO 24 | <input type="checkbox"/> 1 2 ↓ GO TO 24 | 1 2 ↓ GO TO 24 | <input type="checkbox"/> 1 2 ↓ GO TO 24 | <input type="checkbox"/> 1 2 ↓ GO TO 24 | <input type="checkbox"/> 1 2 ↓ GO TO 24 | YES NO DK 1 2 3 4 ↓ GO TO 24 | YES NO DK 1 2 3 4 ↓ GO TO 24 | | | |
| 08 | 1 2 → 8 GO TO 15 | <input type="checkbox"/> 1 2 → 8 GO TO 17 | <input type="checkbox"/> 1 2 → 8 GO TO 17 | <input type="checkbox"/> 1 2 → 8 GO TO 24 | <input type="checkbox"/> ↓ GO TO 24 | 1 2 ↓ GO TO 24 | <input type="checkbox"/> 1 2 ↓ GO TO 24 | 1 2 ↓ GO TO 24 | <input type="checkbox"/> 1 2 ↓ GO TO 24 | <input type="checkbox"/> 1 2 ↓ GO TO 24 | <input type="checkbox"/> 1 2 ↓ GO TO 24 | YES NO DK 1 2 3 4 ↓ GO TO 24 | YES NO DK 1 2 3 4 ↓ GO TO 24 | | | |
| 09 | 1 2 → 8 GO TO 15 | <input type="checkbox"/> 1 2 → 8 GO TO 17 | <input type="checkbox"/> 1 2 → 8 GO TO 17 | <input type="checkbox"/> 1 2 → 8 GO TO 24 | <input type="checkbox"/> ↓ GO TO 24 | 1 2 ↓ GO TO 24 | <input type="checkbox"/> 1 2 ↓ GO TO 24 | 1 2 ↓ GO TO 24 | <input type="checkbox"/> 1 2 ↓ GO TO 24 | <input type="checkbox"/> 1 2 ↓ GO TO 24 | <input type="checkbox"/> 1 2 ↓ GO TO 24 | YES NO DK 1 2 3 4 ↓ GO TO 24 | YES NO DK 1 2 3 4 ↓ GO TO 24 | | | |
| 10 | 1 2 → 8 GO TO 15 | <input type="checkbox"/> 1 2 → 8 GO TO 17 | <input type="checkbox"/> 1 2 → 8 GO TO 17 | <input type="checkbox"/> 1 2 → 8 GO TO 24 | <input type="checkbox"/> ↓ GO TO 24 | 1 2 ↓ GO TO 24 | <input type="checkbox"/> 1 2 ↓ GO TO 24 | 1 2 ↓ GO TO 24 | <input type="checkbox"/> 1 2 ↓ GO TO 24 | <input type="checkbox"/> 1 2 ↓ GO TO 24 | <input type="checkbox"/> 1 2 ↓ GO TO 24 | YES NO DK 1 2 3 4 ↓ GO TO 24 | YES NO DK 1 2 3 4 ↓ GO TO 24 | | | |
| 11 | 1 2 → 8 GO TO 15 | <input type="checkbox"/> 1 2 → 8 GO TO 17 | <input type="checkbox"/> 1 2 → 8 GO TO 17 | <input type="checkbox"/> 1 2 → 8 GO TO 24 | <input type="checkbox"/> ↓ GO TO 24 | 1 2 ↓ GO TO 24 | <input type="checkbox"/> 1 2 ↓ GO TO 24 | 1 2 ↓ GO TO 24 | <input type="checkbox"/> 1 2 ↓ GO TO 24 | <input type="checkbox"/> 1 2 ↓ GO TO 24 | <input type="checkbox"/> 1 2 ↓ GO TO 24 | YES NO DK 1 2 3 4 ↓ GO TO 24 | YES NO DK 1 2 3 4 ↓ GO TO 24 | | | |

| | |
|---|--|
| TICK HERE IF CONTINUATION QUESTIONNAIRE USED <input type="checkbox"/> | |
| 7A यह शुल्कित कारों के लिए सीधे वर्तने हुए ग्रामा का दृश्यतार आया है। Just to make sure that I have a complete household listing. | |
| a) यह घर कोई अप व्हिंग है जिसे को लेकर इन तुम्हीं में भासित नहीं किया है तो उसे को लेकर घर ये का फ़िर? Are there any other persons such as small children or infants that we have not listed? YES → IN TABLE NO <input type="checkbox"/> | |
| b) यह घर कोई अन्य नोंच मालामाल है जो को लेकर आया है तो उसके लिए घर का फ़िर? Are there any other people who may not be members of your family such as domestic servants, lodgers or friends who usually live here? YES → IN TABLE NO <input type="checkbox"/> | |
| c) यह लिया गया घर कोई बैठाकार, आवासी वालानुक आदा कोई वाप व्हिंग नहीं लाता ये को इन तुम्हीं में भासित 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 → IN TABLE NO <input type="checkbox"/> | |

(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 = DON'T KNOW

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

- 00 = AGE LESS THAN ONE YEAR
 96 = AGE 85 YEARS OR MORE

(C) CODES FOR Q. 8**MARITAL STATUS:**

- 1 = CURRENTLY MARRIED
 2 = MARRIED, BUT GAUNA NOT PERFORMED
 3 = WIDOWED
 4 = DIVORCED
 5 = SEPARATED
 6 = DESERTED
 7 = NEVER MARRIED
 8 = DON'T KNOW

(D) CODES FOR Q. 12**BIRTH REGISTRATION:**

- 1 = C = CERTIFICATE
 2 = R = REGISTRATION
 3 = N = NEITHER
 98 = DON'T KNOW

(E) CODE FOR Q. 16**PRESCHOOL:**

- 1 = ICDS RUN PSE
 2 = OTHER GOVERNMENT RUN PSE
 3 = PRIVATELY RUN PSE
 4 = OTHER
 98 = DON'T 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)
 96 = PRE-PRIMARY
 98 = DON'T KNOW

(G) CODES FOR Q. 23**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
 98 = DON'T KNOW

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

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP | | | |
|-----|--|---|------|--|--|--|
| 34 | आपके पार के यहनों के लिए, दीने के पानी का मुख्य स्रोत क्या है? What is the main source of drinking water for members of your household? | PIPED WATER PIPED INTO DWELLING 11 PIPED TO YARD/PILOT 12 → 37B PIPED TO NEIGHBOUR 13 PUBLIC TAP/STANDPIPE 14 TUBE WELL OR BOREHOLE 21 DUG WELL PROTECTED WELL 31 UNPROTECTED WELL 32 WATER FROM SPRING 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) | | | | |
| 35 | पानी का स्रोत कहाँ गा है? Where is the water source located? | IN OWN DWELLING 1 IN OWN YARD/PILOT 2 → 37B ELSEWHERE 3 | | | | |
| 36 | वहाँ तक बाट जाने में, पानी लेने में, और वापस आने में लिलाना लम्बा है? How long does it take to go there, get water, and come back in one trip? | MINUTES <table border="1"><tr><td></td><td></td><td></td></tr></table> DELIVERED TO DWELLING 000 ON THE PREMISES 996 → 37B DON'T KNOW 998 | | | | |
| | | | | | | |
| 37 | आपके पार के लिए इस स्रोत से पानी लाने 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"/> | | → 38 | | | |
| 37B | पिछले दो हफ्तों में, जब इस स्रोत का पानी काम से कम एक घुल 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 6 | | | | |
| 38 | वहाँ आपके पार के सदृश व दीने के पानी को सुरक्षित बनाने के लिए क्या करते हैं? Does this household do anything to the water to make it safer to drink? | YES 1 NO 2 DON'T KNOW 6 → 40 | | | | |
| 39 | दीने के पानी को सुरक्षित बनाने के लिए सामान्यतः आपका चरित्र क्या करता है ? कोई अन्य? | 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 | | | | |
| | RECORD ALL MENTIONED. | | | | | |

| NO | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|----|---|---|------|
| 40 | आपके परिवार के सदस्य मामानन्तः निम्न प्रकार की शौच सुविधा का इस्तेमाल करते हैं? What kind of toilet facility do members of your household usually use? | FLUSH OR POUR FLUSH TOILET FLUSH TO PIPE SEWER SYSTEM 11 FLUSH TO SEPTIC TANK 12 FLUSH TO PIT LATRINE 13 FLUSH TO SOMEWHERE ELSE 14 FLUSH, DON'T KNOW WHERE 15 PIT LATRINE 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 → 44 OTHER 96 (SPECIFY) | |
| 41 | शौचालय सुविधा कहाँ पर है? Where is the toilet facility located? | IN OWN DWELLING 1 IN OWN YARD/LOT 2 ELSEWHERE 3 | |
| 42 | मग्न 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 की लिए और विलास 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 0 10 OR MORE HOUSEHOLDS 95 DON'T KNOW 96 | → 46 |
| 44 | न्या 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, निम्न प्रकार की शौचालय सुविधा मूलभूत 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 निम्न प्रकार की जल निकास नाविकी हैं? 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 वह अनुग्रहित जाति, अनुग्रहित जनजाति, जनव 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 | आप आपके घर में _____ ये Does your household have: | | YES NO |
| | a) Electricity? बिजली? b) A mattress? मत्रदा? c) A pressure cooker? ऐप्रेस कुकर? d) A chair? कुर्सी? e) A cot or bed? बाट या बारपात? f) A table? बेड? g) An electric fan? बिजली का फैन? h) A radio or transistor? रेडियो या ट्रांजिस्टर? i) A black and white television? बाला और नोर्मल टेलीविजन? j) A colour television? रसीन टेलीविजन? k) A sewing machine? बिजाई मशीन? l) A mobile telephone? मोबाइल फोन? m) A landline telephone? लैंडलाइन फोन? n) Internet? इंटरनेट? o) A computer? कम्प्यूटर? p) A refrigerator? रेफ्रिजरेटर? q) An air conditioner/cooler? एयर कंडीशनर? r) A washing machine? बॉथे धोते थे मशीन? s) A watch or clock? घड़ी या दीवार पड़ी? t) A bicycle? बाइकिल? u) A motorcycle or scooter? मोटर साईकिल या स्कूटर? v) An animal-drawn cart? जानवर द्वारा चाली जानेवाली गाड़ी? w) A car? कार? x) A water pump? बाट पंप? y) A thrasher? थ्रेशर? z) A tractor? ट्रैक्टर? | ELECTRICITY 1 2 MATTRESS 1 2 PRESSURE COOKER 1 2 CHAIR 1 2 COT/BED 1 2 TABLE 1 2 ELECTRIC FAN 1 2 RADIO/TRANSISTOR 1 2 B & W TELEVISION 1 2 COLOUR TELEVISION 1 2 SEWING MACHINE 1 2 MOBILE TELEPHONE 1 2 LANDLINE TELEPHONE 1 2 INTERNET 1 2 COMPUTER 1 2 REFRIGERATOR 1 2 AIR CONDITIONER/COOLER 1 2 WASHING MACHINE 1 2 WATCH/CLOCK 1 2 BICYCLE 1 2 MOTORCYCLE/SCOOTER 1 2 ANIMAL-DRAWN CART 1 2 CAR 1 2 WATER PUMP 1 2 THRESHER 1 2 TRACTOR 1 2 | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|--|---|------|
| 51 | जलाना वाले के लिए जलावे पर में दुष्प्रभाव: जिस प्रकार के इंधन का इस्तेमाल किया जाता है? What type of fuel does your household mainly use for cooking? | ELECTRICITY 01 LPG/NATURAL GAS 02 BIOGAS 03 KEROSENE 04 COAL/LIGNITE 05 CHARCOAL 06 WOOD 07 STRAW/SHRUBS/GRASS 08 AGRICULTURAL CROP WASTE 09 DUNG CAKES 10 NO FOOD COOKED IN HOUSEHOLD 95 OTHER 96 (SPECIFY) | → 53 |
| 52 | क्या इस घर में खाना स्टोव पर, चुल्हे पर या खुली आग में पकाया जाता है? In this household, is food cooked on a stove, a chulha, or an open fire? | STOVE 1 CHULLAH 2 OPEN FIRE 3 OTHER 6 (SPECIFY) | |
| 53 | क्या खाना सामान्यतः घर में, बहार इमारत में या बाहर पकाया जाता है? Is the cooking usually done in the house, in a separate building, or outdoors? | IN THE HOUSE 1 IN A SEPARATE BUILDING 2 OUTDOORS 3 OTHER 6 (SPECIFY) | → 56 |
| 54 | क्या अपने घर में खाना बचावे के लिए अलग जगह है? Do you have a separate room which is used as a kitchen? | YES 1 NO 2 | |
| 55 | जो कमाप खाना बचावे के लिए उपयोग करते हैं, वहा पहुँच हमारा (विभिन्नता) है? Does the room used for cooking have any ventilation? | YES 1 NO 2 | |
| 56 | आपना परिवार खरीदी की बेकार बची हुई मालबी वा नानी अदि का निवारण किया जाता है? How does this household dispose of the kitchen waste? RECORD ALL MENTIONED. | LET OUT INTO DRAIN/SEWER A OPEN DRAIN B CLOSED DRAIN C REUSE FOR GARDEN OR FARMING D REUSE FOR OTHER DOMESTIC PURPOSES E MANUAL COLLECTION F OTHER X (SPECIFY) | |
| 57 | MAIN MATERIAL OF THE FLOOR. RECORD OBSERVATION. | NATURAL FLOOR MUD/CLAY/EARTH 11 SAND 12 DUNG 13 RUDIMENTARY FLOOR RAW WOOD PLANKS 21 PALM/BAMBOO 22 BRICK 23 STONE 24 FINISHED FLOOR PARQUET OR POLISHED WOOD 31 VINYL OR ASPHALT 32 CERAMIC TILES 33 CEMENT 34 CARPET 35 POLISHED STONE/MARBLE/ GRANITE 36 OTHER 96 (SPECIFY) | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|--|---|---|
| 58 | MAIN MATERIAL OF THE ROOF. RECORD OBSERVATION. | NATURAL ROOFING NO ROOF 11 THATCH/PALM LEAF/ REED/GRASS 12 MUD 13 SOIL/MUD AND GRASS MIXTURE 14 PLASTIC/POLYTHENE SHEETING 15 RUDIMENTARY ROOFING RUSTIC MAT 21 PALM/BAMBOO 22 RAW WOOD PLANKS/TIMBER 23 UNBURNED BRICK 24 LOOSELY PACKED STONE 25 FINISHED ROOFING METAL/CI 31 WOOD 32 CALAMINE/CEMENT FIBER 33 ASBESTOS SHEETS 34 RCC/RBC/CEMENT/CONCRETE 35 ROOFING SHINGLES 36 TILES 37 SLATE 38 BURNT BRICK 39 OTHER 95 (SPECIFY) | |
| 59 | MAIN MATERIAL OF THE EXTERIOR WALLS. RECORD OBSERVATION. | NATURAL WALLS NO WALLS 11 CANE/PALM/TRUNKS/BAMBOO 12 MUD 13 GRASS/GREEDS/THATCH 14 RUDIMENTARY WALLS BAMBOO WITH MUD 21 STONE WITH MUD 22 PLYWOOD 23 CARDBOARD 24 UNBURNED BRICK 25 RAW WOOD/REUSED WOOD 26 FINISHED WALLS CEMENT/CONCRETE 31 STONE WITH LIME/CEMENT 32 BURNT BRICKS 33 CEMENT BLOCKS 34 WOOD PLANKS/SHINGLES 35 GI/METAL/ASBESTOS SHEETS 36 OTHER 95 (SPECIFY) | |
| 60 | इस घर में सोने के लिए बिल्ले कारों का उपयोग किया जाता है? How many rooms in this household are used for sleeping? | ROOMS | <input type="checkbox"/> <input type="checkbox"/> |
| 61 | क्या इस परिवार का कोई भी सदस्य इस घर का या विस्तीर्ण घर का मालिक है? Does any member of this household own this house or any other house? | YES 1 NO 2 → 63 | |
| 62 | इस घर का मालिक कौन है? Who owns this house? | MALE MEMBER 1 FEMALE MEMBER 2 BOTH 3 DON'T KNOW 8 | |
| 63 | क्या इस परिवार का कोई भी सदस्य विस्तीर्ण क्षेत्रीय जमीन का मालिक है? Does any member of this household own any agricultural land? | YES 1 NO 2 → 67 | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|--|---|------|
| 64 | इस खेतीकर समीक्षा 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 वित्तीय संसीधा जमीन है? How much agricultural land do members of this household own? | ACRES <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> | |
| | (IF NOT IN ACRES, THEN CONVERT INTO ACRES) | | |
| 66 | इस जमीन में से कितनी लिपित है? Out of this land, how much is irrigated? | ACRES <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> NONE 9995 DONT KNOW 9996 | |
| | (IF NOT IN ACRES, THEN CONVERT INTO ACRES) | | |
| 67 | वहा आपके परिवार के पास इनमें से कोई गोदानी है: Does your household own any of the following animals: | YES NO | |
| | a) Cows, bulls, buffaloes, or yaks? गाय, बैल, भौंड या याक़ है? b) Camels? डंड़? c) Horses, donkeys, or mules? घोड़, गाढ़ या बाढ़ चारी? d) Goats or sheep? बकरी या बीज़? e) Pigs? पुज़र? f) Chickens or ducks? गुर्ज़ या बकरा? | 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 | वहा वह परिवार किसी सीने दाने करने की गति (ओं) के साथ साझा करता है? Does this household share a sleeping room with (this/these) animal(s)? | YES 1 NO 2 | |
| 70 | वहा इस परिवार के लिए 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 | वहा इस परिवार का कोई सामान्य सदस्य स्वास्थ्य योजना या स्वास्थ्य बीमा के अन्तर्गत 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 लिए प्रकार का है? अन्य लिए इत्यादि 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 घर के परिवार के सदस्य भीमार पड़ते हैं तो वे सामान्यतः इलाज के लिए कहा जाते हैं?</p> <p>When members of your household get sick, where do they generally go for treatment?</p> | <p>PUBLIC HEALTH SECTOR</p> <p>GOVT./MUNICIPAL HOSPITAL 11 GOVT. DISPENSARY 12 UHC/UHP/UFWC 13 CHC/RURAL HOSPITAL/BLOCK PHC 14 PHC/ADDITIONAL PHC 15 SUB-CENTRE 16 AYUSH AYURVEDA 17 YOGA AND NATUROPATHY 18 UNANI 19 SIDDHA 20 HOMEOPATHY 21 SOWA RIGPA (TTM) 22 OTHER 23 (SPECIFY) ANGANWADIMICS CENTRE 24 ASHA 25 GOVT. MOBILE CLINIC 26 OTHER PUBLIC HEALTH SECTOR 27 NGO OR TRUST HOSPITAL/CLINIC 31 PRIVATE HEALTH SECTOR PVT. HOSPITAL 41 PVT. DOCTOR/CLINIC 42 PVT. PARAMEDIC 43 AYUSH 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 (TBAI) 53 OTHER PRIVATE HEALTH SECTOR 54 OTHER SHOP 61 HOME TREATMENT 62 OTHER 96 (SPECIFY)</p> | 75 |
| 74 | <p>घर के परिवार के सदस्य भीमार पड़ने पर सामान्यतः सरकारी शुल्किया में कहा जाता है?</p> <p>कोई काम कारण?</p> <p>Why don't members of your household generally go to a government facility when they are sick?</p> <p>Any other reason?</p> <p>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>जब घर के पास की पी एप्ल कार्ड है?</p> <p>Does your household have a BPL card?</p> | <p>YES 1 NO 2 DON'T KNOW 8</p> | |
| 76 | <p>जब घर के पास की कोई अच्छी बम्परयन्टि है तिनका उन्मेलत नीति समव लिया जा सकता है?</p> <p>Does your household have any mosquito nets that can be used while sleeping?</p> | <p>YES 1 NO 2</p> | → B3 |
| 77 | <p>घर में कितनी गृह बर्ताविलो हैं?</p> <p>How many mosquito nets does your household have?</p> <p>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. | <p>LONG-LASTING INSECTICIDE-TREATED NET (LLIN)</p> <p>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</p> <p>OTHER TYPE 96 DK TYPE 98</p> | <p>LONG-LASTING INSECTICIDE-TREATED NET (LLIN)</p> <p>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</p> <p>OTHER TYPE 96 DK TYPE 98</p> | <p>LONG-LASTING INSECTICIDE-TREATED NET (LLIN)</p> <p>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</p> <p>OTHER TYPE 96 DK TYPE 98</p> |
| 79 | माझे छुरदानी आपले काहा से मिळविले? From where did you get the mosquito net? | <p>PURCHASED FROM THE MARKET 1 GOVERNMENT 2 SUPPLIED BY NGO/TRUST 3 OTHER _____ (SPECIFY) DON'T KNOW 8</p> | <p>PURCHASED FROM THE MARKET 1 GOVERNMENT 2 SUPPLIED BY NGO/TRUST 3 OTHER _____ (SPECIFY) DON'T KNOW 8</p> | <p>PURCHASED FROM THE MARKET 1 GOVERNMENT 2 SUPPLIED BY NGO/TRUST 3 OTHER _____ (SPECIFY) DON'T KNOW 8</p> |
| 80 | इस माझे छुरदानी में शिवानी रात को काया कोई सोया था? Did anyone sleep under this mosquito net last night? | <p>YES 1 NO 2 (SKIP TO 82) ← NOT SURE 8</p> | <p>YES 1 NO 2 (SKIP TO 82) ← NOT SURE 8</p> | <p>YES 1 NO 2 (SKIP TO 82) ← NOT SURE 8</p> |
| 81 | इस माझे छुरदानी में शिवानी रात कोई सोया था? Who slept under this mosquito net last night? | <p>RECORD THE PERSON'S NAME AND LINE NUMBER FROM THE HOUSEHOLD SCHEDULE.</p> <p>NAME LINE NO. <table border="1" style="display: inline-table; vertical-align: middle;"> </table></p> <p>NAME LINE NO. <table border="1" style="display: inline-table; vertical-align: middle;"> </table></p> <p>NAME LINE NO. <table border="1" style="display: inline-table; vertical-align: middle;"> </table></p> <p>NAME LINE NO. <table border="1" style="display: inline-table; vertical-align: middle;"> </table></p> <p>NAME LINE NO. <table border="1" style="display: inline-table; vertical-align: middle;"> </table></p> <p>NAME LINE NO. <table border="1" style="display: inline-table; vertical-align: middle;"> </table></p> | <p>NAME LINE NO. <table border="1" style="display: inline-table; vertical-align: middle;"> </table></p> <p>NAME LINE NO. <table border="1" style="display: inline-table; vertical-align: middle;"> </table></p> <p>NAME LINE NO. <table border="1" style="display: inline-table; vertical-align: middle;"> </table></p> <p>NAME LINE NO. <table border="1" style="display: inline-table; vertical-align: middle;"> </table></p> <p>NAME LINE NO. <table border="1" style="display: inline-table; vertical-align: middle;"> </table></p> | <p>NAME LINE NO. <table border="1" style="display: inline-table; vertical-align: middle;"> </table></p> <p>NAME LINE NO. <table border="1" style="display: inline-table; vertical-align: middle;"> </table></p> <p>NAME LINE NO. <table border="1" style="display: inline-table; vertical-align: middle;"> </table></p> <p>NAME LINE NO. <table border="1" style="display: inline-table; vertical-align: middle;"> </table></p> <p>NAME LINE NO. <table border="1" style="display: inline-table; vertical-align: middle;"> </table></p> |
| 82 | | <p>GO BACK TO 78 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 83.</p> | <p>GO BACK TO 78 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 83.</p> | <p>GO TO 78 IN FIRST COLUMN OF A NEW QUESTIONNAIRE; OR, IF NO MORE NETS, GO TO 83.</p> |

| | | |
|----|---|--|
| 83 | <p>वह हम उन स्थानों के बारे में जानता चाहते जहाँ पर वरिचार जाने हाथ धोते हैं। कृपया मुझे वह स्थान दिखाएं जहाँ पर जापके पर के सबसे बड़े पात्र 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 NOT OBSERVED, NOT IN DWELLING/YARD/PLOT 2 NOT OBSERVED, NO PERMISSION TO SEE 3 NOT OBSERVED, OTHER REASON 4 (SKIP TO 86) ←</p> |
| 84 | OBSERVATION ONLY: OBSERVE PRESENCE OF WATER AT THE PLACE FOR HANDWASHING. | WATER IS AVAILABLE 1 WATER IS NOT AVAILABLE 2 |
| 85 | OBSERVATION ONLY: OBSERVE PRESENCE OF SOAP, DETERGENT, OR OTHER CLEANSING AGENT. RECORD ALL MENTIONED. | SOAP OR DETERGENT (BAR, LIQUID, POWDER, PASTE) A ASH, MUD, SAND B NONE C |
| 86 | <p>मैं यह जानना चाहता/चाहती कि क्या जापके पर में आयोडाइनयूक नमक है या नहीं। क्या आप मुझे नमक का एक नमूना दे सकते हैं जिसका उपयोग जापके पर में खाना बनाने 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 NO IODINE 2 NO SALT IN HOUSEHOLD 3 SALT NOT TESTED 6 (SPECIFY REASON)</p> |

| NO. | QUESTIONS AND FILTERS | | | | CODING CATEGORIES | |
|---|---|--|---|---|--|---|
| 87 | जनवरी 2017 से आम घर के किसी समान वयस्ता के मृत्यु हुई है? Did any usual member of this household die since January 2017? | | | | YES NO | 1 2 → 96 |
| 88 | किन लोगों के मृत्यु हुई हैं? How many persons died? | | | | TOTAL DEATHS | |
| | | | | | IF FEMALE AND DIED WHEN 12 YEARS OR OLDER: | |
| 89 | 90 | 91 | 92 | 93 | 94 | 95 |
| स्थायी (उपस्थायी) नाम कानूनी दिनांक मृत्यु हुई है। | स्था (NAME) दुख आ गा ची? | स्था (NAME) की मृत्यु दिनांक प्राधिकारी के पास दर्ज कराई गई थी? | (NAME) कि मृत्यु दिनांक की जब (उपस्थायी) मृत्यु हुई/हुई थी? | विन मर्हिने और मास में (NAME) कि मृत्यु हुई? | स्था (NAME) कि मृत्यु गर्भावस्था के दौरान, प्रमाण के दौरान, या बर्भावस्था के समाप्ति या बढ़ी के बन्द के दौरान में हुई हुई? | स्था मृत्यु हुई दर्शना, हिमा, लिप [उत्तर], झूमी, अपदा स्था का अवस्थावाला में कारण हुई? |
| Please tell me the name(s) of the (person/ people) who died. | Was (NAME) male or female? | Was (NAME)'s death registered with the civil authority? | How old was (NAME) when (he/she) died? RECORD IN DAYS OR MONTHS OR YEARS. | In what month and year did (NAME) die? | Did (NAME) die during pregnancy, during childbirth or within two months after the end of pregnancy or childbirth? | Was the death due to an accident, violence, poisoning, drowning, disaster, homicide or suicide? |
| (1) | MALE ... 1 NAME | YES ... 1 FEMALE ... 2 | DAYS 1 MONTHS 2 YEARS 3 | MONTH YEAR | YES 1 — GO TO NEXT LINE ← NO 2 | YES 1 NO 2 |
| (2) | MALE ... 1 NAME | YES ... 1 FEMALE ... 2 | DAYS 1 MONTHS 2 YEARS 3 | MONTH YEAR | YES 1 — GO TO NEXT LINE ← NO 2 | YES 1 NO 2 |
| (3) | MALE ... 1 NAME | YES ... 1 FEMALE ... 2 | DAYS 1 MONTHS 2 YEARS 3 | MONTH YEAR | YES 1 — GO TO NEXT LINE ← NO 2 | YES 1 NO 2 |
| (4) | MALE ... 1 NAME | YES ... 1 FEMALE ... 2 | DAYS 1 MONTHS 2 YEARS 3 | MONTH YEAR | YES 1 — GO TO NEXT LINE ← NO 2 | YES 1 NO 2 |
| (5) | MALE ... 1 NAME | YES ... 1 FEMALE ... 2 | DAYS 1 MONTHS 2 YEARS 3 | MONTH YEAR | YES 1 — GO TO NEXT LINE ← NO 2 | YES 1 NO 2 |

| | | |
|----|--|--|
| 96 | RECORD TIME | HOURS |
| | MINUTES | |

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 | | | | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| DISTRICT | | | | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| TEHSIL/TALUK | | | | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| CITY/TOWN/VILLAGE | | | | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| TYPE OF PSU (URBAN = 1, RURAL = 2) | | | | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| PSU NUMBER | | | | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| STRUCTURE NUMBER | | | | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| HOUSEHOLD NUMBER | | | | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| NAME AND LINE NUMBER OF WOMAN | | | | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| ADDRESS OF HOUSEHOLD | | | | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| IS HOUSEHOLD SELECTED FOR THE STATE MODULE? (YES = 1, NO = 2) | | | | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| IS WOMAN SELECTED FOR QUESTIONS ON HOUSEHOLD RELATIONS (SECTION 11)? (YES = 1, NO = 2) | | | | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| INTERVIEWER VISITS | | | | |
| | 1 | 2 | 3 | FINAL VISIT |
| DATE | <hr/> | <hr/> | <hr/> | DAY <input type="checkbox"/> MONTH <input type="checkbox"/> YEAR <input type="checkbox"/> INT. NO. <input type="checkbox"/> <input type="checkbox"/> RESULT CODE* <input type="checkbox"/> |
| INTERVIEWER'S NAME | <hr/> | <hr/> | <hr/> | <hr/> <hr/> <hr/> <hr/> <hr/> |
| RESULT CODE* | <hr/> | <hr/> | <hr/> | <hr/> <hr/> <hr/> <hr/> <hr/> |
| NEXT VISIT: DATE TIME | <hr/> | <hr/> | <hr/> | TOTAL NUMBER OF VISITS <input type="checkbox"/> |
| SUPERVISOR'S NAME | <hr/> | | | SUPERV. NUMBER <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| *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 <hr/> SPECIFY | | | **LANGUAGE OF QUESTIONNAIRE HINDI **RESPONDENT'S MOTHER TONGUE _____ **LANGUAGE OF INTERVIEW _____ TRANSLATOR USED? (YES = 1, NO = 2) | |
| 0 <input type="checkbox"/> 4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | | | |

SECTION 1. RESPONDENT'S BACKGROUND

INTRODUCTION AND INFORMED CONSENT

नमस्ते। मेरा नाम _____ है। मैं (NAME OF ORGANIZATION) के साथ जान कर रही हूँ। हम पूरे भारत में स्वास्थ्य पर एक सर्वेक्षण कर रहे हैं। जो जानकारी हम परिचार कल्याण और स्वास्थ्य के बारे में जारी और अपेक्षियों से इकट्ठी करेंगे ऐसे परिचार को स्वास्थ्य सेवाएं बताने में मदद करेगी। ज्ञानका परिचार इस सर्वेक्षण के लिए जुगा जाता है। इन जबाबों में लगभग 40 - 60 मिनट लगेंगे। आपने यह जबाब यूप रखे जाएंगे और हमारे सर्वेक्षण के सवालों के अनुबाद कियी जौ भी नहीं बताने जायेंगे। अपना इस सर्वेक्षण में जाग लेना स्वीकृतिक है। यदि आप से किसी सवाल का जवाब नहीं देना चाहते, तो यूप बता दीजिये और वहां सवाल पर जब्ती जाऊंगी जो आप किसी भी समय यह जानकारी रोक सकते हैं। यदि आपको इस सर्वेक्षण के बारे में और जानकारी चाहिए तो आप मुझसे पूछिए। या इस अपेक्षियों से संतुष्ट नहीं होते, तिनका बारे में आपको परिचार ने किया जा चुका है।

क्या आप यूपसे कुछ सवाल पूछना चाहती हैं?

ANSWER ANY QUESTIONS AND ADDRESS RESPONDENT'S CONCERNS.

क्या आप इस सर्वेक्षण में जाग 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 MINUTES | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 102 | आपका जन्म किस महीने और साल में हुआ था? In what month and year were you born? | MONTH DON'T KNOW MONTH 98 YEAR DON'T KNOW YEAR 9998 | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 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="checkbox"/> <input type="checkbox"/> |
| 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 ALWAYS 95 VISITOR 96 | <input type="checkbox"/> <input type="checkbox"/> |
| 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="checkbox"/> <input type="checkbox"/> |
| 107 | CHECK 106: GRADE 00-08 <input type="checkbox"/> ↓ AND ABOVE <input type="checkbox"/> | | → 110 |
| 108 | अब मैं चाहूँगी 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' <input type="checkbox"/> RECORDED ↓ CODE '1' OR '5' <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 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 | |
| 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/ZORROASTRIAN 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 DON'T KNOW 998 | → 201 |
| 116 | क्या आप अनुचूलित जाति, अनुचूलित जनजाति, अन्य पिछड़े कर्म ने हैं वा इनमें से कोई नहीं है? 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>जब मैं जन्माने उन बच्चों के बारे में पूछता चाहूँगी जिन्हें आपने जन्म दिया है। वह जानकारी जान सिखा है। तब आपने कभी जिसी बात ऐसी कही जहां मैं जान सिखा 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 NO 2</p> | → 206 | | | | | | | | |
| 202 | <p>जपा आपके बीच ऐसे लेटे या बेटियां 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 NO 2</p> | → 204 | | | | | | | | |
| 203 | <p>a. जिनमें से आपके साथ रहते हैं? How many sons live with you?</p> <p>b. और कितनी बेटियां आपके साथ रहती हैं? 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>जपा आपके ऐसे लेटे या बेटियां 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 NO 2</p> | → 206 | | | | | | | | |
| 205 | <p>a. ऐसे जिनमें से जो आपके साथ नहीं रहते हैं? How many sons are alive but do not live with you?</p> <p>b. और ऐसी कितनी जीवित बेटियां 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 <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> | | | | | | | | | |
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| 206 | <p>जपा आपने कभी किसी लड़के या लड़की को जन्म दिया है जो जन्म के समय जीवित था या भी लेकिन बाद में जिसकी मृत्यु हो गई?</p> <p>IF NO, PROBE: कोई बच्चा या जो रोया था या जिसमें 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?</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 NO 2</p> | → 208 | | | | | | | | |
| 207 | <p>a. जिनमें से कितने लड़के हुए हैं? How many boys have died?</p> <p>b. और कितनी लड़कियों कि मृत्यु हुई है? 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> | | | | | | | | | |
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| 208 | <p>SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.</p> | TOTAL <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> | | | | | | | | | |
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| 209 | <p>CHECK 208: यह सुनिश्चित करने के लिए कि मैंने सही जिसका है: आपने जन्म दिया है। जन्म में कुल _____ बच्चों को जन्म दिया है। जपा वह सही है?</p> <p>Just to make sure that I have this right: you have had in TOTAL _____ births during your life. Is that correct?</p> | YES <input type="checkbox"/> NO <input type="checkbox"/> | → PROBE AND CORRECT 201-208 AS NECESSARY. | | | | | | | | |
| 210 | <p>CHECK 208:</p> <p>ONE OR MORE BIRTHS <input type="checkbox"/> NO BIRTHS <input type="checkbox"/></p> | | → 226 | | | | | | | | |

211 अब मैं आपके सभी जन्म बों के नाम लिखना चाहूँगी जहाँ वे अभी जीवित हैं या नहीं। शुल्कमत अपने सबसे पहले जन्म के के लिए मैं करूँगा।

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/अग्रणी) जन्म के का नाम क्या था? मरा था? | यारा (NAME) | यारा इनमें मेरी जीवित जन्मों में इसका यारा PROBE: उसका जीवित रहा था? | (NAME) या जन्म जिस जीवित और नाम में इसका यारा PROBE: उसका जीवित रहा था? | यारा (NAME) | यारा जीवित रहा है? | यारा (NAME) | यारा जीवित रहा है? | यारा (NAME) | यारा जीवित रहा है? | यारा (NAME) |
| 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? RECORD AGE IN COM- PLETED YEARS. | Is (NAME) living with you? | | | 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. | WIT (NAME) OF PREVIOUS BIRTH) भी (NAME) के जीवित रहे थे। जब उन्होंने यारा जन्म दुआ थी, उस जन्म को भी जीवित करे। जिसकी जन्म के पश्चात् यारा ही मर गई? |
| BIRTH HISTORY NUMBER AND NAME | | | | | | | | | | |
| 01 | | | DAY <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"/> <input type="text"/> ↓ (NEXT BIRTH) | DAYS ... 1 MONTHS ... 2 YEARS ... 3 <input type="text"/> <input type="text"/> <input type="text"/> | |
| 02 | | | DAY <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"/> <input type="text"/> ↓ (GO TO 221) | DAYS ... 1 MONTHS ... 2 YEARS ... 3 <input type="text"/> <input type="text"/> <input type="text"/> | YES ... 1 ADD ← BIRTH NO 2 NEXT ↓ BIRTH |
| 03 | | | DAY <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"/> <input type="text"/> ↓ (GO TO 221) | DAYS ... 1 MONTHS ... 2 YEARS ... 3 <input type="text"/> <input type="text"/> <input type="text"/> | YES ... 1 ADD ← BIRTH NO 2 NEXT ↓ BIRTH |
| 04 | | | DAY <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"/> <input type="text"/> ↓ (GO TO 221) | DAYS ... 1 MONTHS ... 2 YEARS ... 3 <input type="text"/> <input type="text"/> <input type="text"/> | YES ... 1 ADD ← BIRTH NO 2 NEXT ↓ BIRTH |
| 05 | | | DAY <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"/> <input type="text"/> ↓ (GO TO 221) | DAYS ... 1 MONTHS ... 2 YEARS ... 3 <input type="text"/> <input type="text"/> <input type="text"/> | YES ... 1 ADD ← BIRTH NO 2 NEXT ↓ BIRTH |
| 06 | | | DAY <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"/> <input type="text"/> ↓ (GO TO 221) | DAYS ... 1 MONTHS ... 2 YEARS ... 3 <input type="text"/> <input type="text"/> <input type="text"/> | YES ... 1 ADD ← BIRTH NO 2 NEXT ↓ BIRTH |

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| 212 वापरके (प्राह्लेद/अन्यायी) बचे का नाम क्या रखा क्या था? | 213 क्या (NAME) स्वतंत्र है या प्राची है? | 214 क्या इनमें में से ही जुल्या बचे के | 215 (NAME) का जन्म विवर बताएं और जाने के द्वारा नाम PROBE: उपरोक्त अन्यायी का नाम | 216 क्या (NAME) भी जीवित है? | 217 IF ALIVE: लिखें अन्यायी का (NAME) की आपके नाम रह | 218 IF ALIVE: क्या (NAME) आपके नाम रह | 219 IF ALIVE: RECORD HOUSE- HOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSE- HOLD). | 220 IF DEAD: मृत्यु के मात्रा की आप लिखी थी? IF '1 YR', PROBE: (NAME) तक सम्पर्क करने महीनों का थारी? | 221 क्या (NAME) OF PREVIOUS BIRTH) और (NAME) के बीच जीवी सुधा जीवित रहे जा एंग हुए था, उस बचे का जी विवर जो प्राह्लेद सुन्दर हो गई ही? |
| What name was given to your (first/next) baby? | Is (NAME) a boy or a girl? | Were any of these 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? | | 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? |
| BIRTH HISTORY NUMBER AND NAME | | | | | RECORD AGE IN COM- PLETED YEARS. | | | | |
| 07 | | | DAY MONTH YEAR | YES ... 1 NO ... 2 ↓ 220 | AGE IN YEARS | YES ... 1 NO ... 2 | LINE NUMBER ↓ (GO TO 221) | DAYS ... 1 MONTHS 2 YEARS ... 3 | YES ... 1 ADD ← BIRTH NO ... 2 NEXT ↓ BIRTH |
| 08 | BOY 1 GIRL 2 | SING 1 MULT 2 | DAY MONTH YEAR | YES ... 1 NO ... 2 ↓ 220 | AGE IN YEARS | YES ... 1 NO ... 2 | LINE NUMBER ↓ (GO TO 221) | DAYS ... 1 MONTHS 2 YEARS ... 3 | YES ... 1 ADD ← BIRTH NO ... 2 NEXT ↓ BIRTH |
| 09 | BOY 1 GIRL 2 | SING 1 MULT 2 | DAY MONTH YEAR | YES ... 1 NO ... 2 ↓ 220 | AGE IN YEARS | YES ... 1 NO ... 2 | LINE NUMBER ↓ (GO TO 221) | DAYS ... 1 MONTHS 2 YEARS ... 3 | YES ... 1 ADD ← BIRTH NO ... 2 NEXT ↓ BIRTH |
| 10 | BOY 1 GIRL 2 | SING 1 MULT 2 | DAY MONTH YEAR | YES ... 1 NO ... 2 ↓ 220 | AGE IN YEARS | YES ... 1 NO ... 2 | LINE NUMBER ↓ (GO TO 221) | DAYS ... 1 MONTHS 2 YEARS ... 3 | YES ... 1 ADD ← BIRTH NO ... 2 NEXT ↓ BIRTH |
| 11 | BOY 1 GIRL 2 | SING 1 MULT 2 | DAY MONTH YEAR | YES ... 1 NO ... 2 ↓ 220 | AGE IN YEARS | YES ... 1 NO ... 2 | LINE NUMBER ↓ (GO TO 221) | DAYS ... 1 MONTHS 2 YEARS ... 3 | YES ... 1 ADD ← BIRTH NO ... 2 NEXT ↓ BIRTH |
| 12 | BOY 1 GIRL 2 | SING 1 MULT 2 | DAY MONTH YEAR | YES ... 1 NO ... 2 ↓ 220 | AGE IN YEARS | YES ... 1 NO ... 2 | LINE NUMBER ↓ (GO TO 221) | DAYS ... 1 MONTHS 2 YEARS ... 3 | YES ... 1 ADD ← BIRTH NO ... 2 NEXT ↓ BIRTH |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|--|---|-------|
| 222 | पर्त (NAME OF LAST BIRTH) के जन्म के बाद अपनी कोई जीवित बच्चा पैदा किए? Have you had any live births since the birth of (NAME OF LAST BIRTH)? IF YES, RECORD BIRTH(S) IN TABLE. | YES 1 NO 2 | |
| 223 | पर्त (NAME OF FIRST BIRTH) के जन्म के पहले अपनी कोई जीवित बच्चा पैदा किए? Before the birth of (NAME OF FIRST BIRTH), did you have any other live births? IF YES, RECORD BIRTH(S) IN TABLE. | YES 1 NO 2 | |
| 224 | CHECK 215 AND ENTER THE NUMBER OF BIRTHS IN JANUARY 2015 OR LATER. | NUMBER OF BIRTHS <input type="text"/> NONE 0 | → 226 |
| 225 | FOR EACH BIRTH SINCE JANUARY 2015, ENTER 'B' IN THE MONTH OF BIRTH IN COLUMN 1 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.) | | |
| | C FOR EACH BIRTH ASK: जब पर्त (NAME) के समय अंडेलसी थी तब क्या आपने कभी ड्रग्स इक्सामिनेशन की परीक्षा की थी? At any time when you were pregnant with (NAME), did you have an ultrasound test? RECORD 'Y' IF YES AND 'N' IF NO IN COLUMN 2 IN THE MONTH OF BIRTH. | | |
| 226 | आप आप अबी गर्भवती हैं? Are you pregnant now? | YES 1 NO 2 UNSURE 8 | → 231 |
| 227 | आप कितने महीनों में गर्भवती हैं? How many months pregnant are you? C RECORD NUMBER OF COMPLETED MONTHS. ENTER 'P's IN COLUMN 1 OF CALENDAR, BEGINNING WITH MONTH OF INTERVIEW AND FOR THE TOTAL NUMBER OF COMPLETED MONTHS | MONTHS <input type="text"/> <input type="text"/> | |
| 228 | क्या इस गर्भावस्था के दौरान कभी भी आपना कभी ड्रग्स इक्साम [ड्रग्स इक्साम] परीक्षण की है? At any time during this pregnancy, have you had an ultrasound test? C RECORD 'Y' IF YES AND 'N' IF NO IN COLUMN 2 OF THE CALENDAR IN THE CURRENT MONTH. | | |
| 229 | जब आप गर्भवती हुई थीं उस समय के बाद आप गर्भवती होना चाहती थीं। When you got pregnant, did you want to get pregnant at that time? | YES 1 NO 2 | → 231 |

| NO | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP | | | | | | | | | | | | |
|-----|--|---|-------|--|--|--|--|--|--|--|--|--|--|--|--|
| 230 | <p>CHECK 208: TOTAL NUMBER OF BIRTHS</p> <p><input type="checkbox"/> ONE OR MORE b. कना अप बच वा बाव मे जाहती थी गा आ आर कोई और बच्चे नहीं जाहती थी? Did you want to have the baby later on or did you not want any more children?</p> <p><input type="checkbox"/> NONE b. कना अप बच वा बाव मे जाहती थी गा आ आर कोई बच वा बच्चे नहीं जाहती थी? Did you want to have the baby later on or did you not want any children?</p> | LATER 1 NO MORE/NONE 2 | | | | | | | | | | | | | |
| 231 | <p>कना आपका कोई ऐसा जिसका अपने आप लज्जाकार हो गया, गर्भवत कराया गया या मृत बच्चा का जन्म हुआ?</p> <p>Have you ever had a pregnancy that miscarried, was aborted, or ended in a stillbirth?</p> | YES 1 NO 2 | → 250 | | | | | | | | | | | | |
| 232 | <p>ऐसे गवाए आविही गर्भ की शमालि कब हुई?</p> <p>When did the last such pregnancy end?</p> | MONTH <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> YEAR <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> | | | | | | | | | | | | | |
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| 233 | <p>CHECK 232:</p> <p>LAST PREGNANCY ENDED IN <input type="checkbox"/> JANUARY 2015 OR LATER ↓ LAST PREGNANCY ENDED IN <input type="checkbox"/> 2014 OR EARLIER</p> | | → 250 | | | | | | | | | | | | |
| 234 | <p>गया इस गर्भ का न वड़ा: गर्भवत ही बचवाया गर्भवत कराया दिया गया या इस वाला मृत प्रिय हुआ था? Did that pregnancy end in a miscarriage, an abortion, or a stillbirth?</p> <p>C CIRCLE RESPONSE CODE AND ENTER 'M' FOR MISCARRIAGE, 'A' FOR ABORTION, OR 'S' FOR STILLBIRTH IN COLUMN 1 OF THE CALENDAR IN MONTH IN WHICH PREGNANCY WAS TERMINATED.</p> | MISCELLANEOUS 1 ABORTION 2 STILLBIRTH 3 | | | | | | | | | | | | | |
| 235 | <p>आविही ऐसे गर्भ की जब शमालि हुई उस गर्भ को लिताने महीने का गर्भ था? How many months pregnant were you when the last such pregnancy ended?</p> <p>C RECORD NUMBER OF COMPLETED MONTHS. ENTER 'P's IN COLUMN 1 OF CALENDAR IN MONTHS BEFORE THE PREGNANCY TERMINATED. TOTAL NUMBER OF 'P's MUST BE ONE LESS THAN NUMBER OF MONTHS PREGNANT AT TIME OF TERMINATION.</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> | | | | | | | | | | | | | |
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| 236 | <p>कना इस सभविता के दौरान कभी भी आपका जन्म ग्रामांशुलोनीशाली परीक्षा हुआ था? At any time during this pregnancy, did you have an ultrasound test?</p> <p>C RECORD 'Y' IF YES AND 'N' IF NO IN COLUMN 2 OF THE CALENDAR IN MONTH IN WHICH PREGNANCY WAS TERMINATED.</p> | | | | | | | | | | | | | | |
| 237 | <p>CHECK 234:</p> <p>ABORTION <input type="checkbox"/> MISCELLANEOUS OR STILLBIRTH <input type="checkbox"/></p> | | → 246 | | | | | | | | | | | | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|---|---|-------|
| 238 | गर्भवत कहां कराया गया था? Where was the abortion performed? | <p>PUBLIC HEALTH SECTOR</p> <p>GOVT./MUNICIPAL HOSPITAL 11</p> <p>AYUSH</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 RIOPA (TTM) 17</p> <p>OTHER 18 (SPECIFY)</p> <p>GOVT. DISPENSARY/CLINIC 19</p> <p>UHC/UHP/UFWC 20</p> <p>CHC/RURAL HOSP./BLOCK PHC 21</p> <p>PHC/ADDITIONAL PHC 22</p> <p>SUB-CENTRE 23</p> <p>GOVT. MOBILE CLINIC 24</p> <p>OTHER PUBLIC HEALTH SECTOR 25 (SPECIFY)</p> <p>NGO OR TRUST HOSPITAL/CLINIC 31</p> <p>PRIVATE HEALTH SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC 41</p> <p>DISPENSARY/CLINIC 42</p> <p>OTHER PRIVATE HEALTH SECTOR 43 (SPECIFY)</p> <p>OTHER</p> <p>AT HOME 51</p> <p>ELSEWHERE 96 (SPECIFY)</p> | |
| 239 | गर्भवत किसके हात में रखा गया था? Who performed the abortion? | <p>DOCTOR 1</p> <p>NURSE/ANMLHV 2</p> <p>VAIDYA/HAKIM/HOMEOPATH (AYUSH) 3</p> <p>DAI 4</p> <p>FAMILY MEMBER/RELATIVE/FRIEND 5</p> <p>SELF 6</p> <p>OTHER 7 (SPECIFY)</p> | |
| 240 | गर्भवत के लिए किस तरीके का इन्टीब्राल लिया गया था? What method was used for the abortion? | <p>MEDICINES 1</p> <p>MVA 2</p> <p>OTHER SURGICAL 3</p> <p>ANY OTHER 4 (SPECIFY)</p> <p>DON'T KNOW 9</p> | |
| 241 | गर्भवत कराने का मुख्य कारण क्या था? What was the main reason for the abortion? | <p>UNPLANNED PREGNANCY 01</p> <p>CONTRACEPTIVE FAILURE 02</p> <p>COMPLICATION(S) IN PREGNANCY 03</p> <p>HEALTH DID NOT PERMIT 04</p> <p>FEMALE FOETUS 05</p> <p>MALE FOETUS 06</p> <p>ECONOMIC REASONS 07</p> <p>LAST CHILD TOO YOUNG 08</p> <p>FOETUS HAD CONGENITAL ABNORMALITY 09</p> <p>HUSBAND/MOTHER IN LAW DID NOT WANT 95</p> <p>OTHER 96 (SPECIFY)</p> | |
| 242 | व या गर्भवत से अपनी कोई समस्या नहीं Did you have any complication from the abortion? | YES 1 NO 2 | → 246 |
| 243 | व या गर्भवत के कारण आपने उस समस्या को कौन से इलाज कराया था? Did you seek treatment for the complication? | YES 1 NO 2 | → 245 |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|--|---|-------|
| 244 | ट्रीटमेंट के लिए आप कहाँ गयी थीं? Where did you go for treatment? | <p>PUBLIC HEALTH SECTOR</p> <p>GOVT./MUNICIPAL HOSPITAL 11</p> <p>AYUSH</p> <p>AYURVEDA 12</p> <p>YOGA AND NATUROPATHY 13</p> <p>UNANI 14</p> <p>SIDHA 15</p> <p>HOMEOPATHY 16</p> <p>SOWA RIGPA (TTM) 17</p> <p>OTHER 18</p> <p>(SPECIFY)</p> <p>GOVT. DISPENSARY/CLINIC 19</p> <p>UHC/UHP/UFC 20</p> <p>CHC/RURAL HOSP./BLOCK PHC 21</p> <p>PHC/ADDITIONAL PHC 22</p> <p>SUB-CENTRE 23</p> <p>GOVT. MOBILE CLINIC 24</p> <p>OTHER PUBLIC HEALTH SECTOR 25</p> <p>(SPECIFY)</p> <p>NGO OR TRUST HOSPITAL/CLINIC 31</p> <p>PRIVATE HEALTH SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC 41</p> <p>AYUSH</p> <p>AYURVEDA 42</p> <p>YOGA AND NATUROPATHY 43</p> <p>UNANI 44</p> <p>SIDHA 45</p> <p>HOMEOPATHY 46</p> <p>SOWA RIGPA (TTM) 47</p> <p>OTHER 48</p> <p>(SPECIFY)</p> <p>DISPENSARY/CLINIC 49</p> <p>OTHER PRIVATE HEALTH SECTOR 50</p> <p>(SPECIFY)</p> <p>OTHER</p> <p>AT HOME 61</p> <p>ELSEWHERE 96</p> | → 246 |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP | | | | | | | | | | | | | | | | |
|-----|---|---|-------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| 245 | <p>आपने इनाज के बीच नहीं चलाया था? कोई वज्ञ कारण?</p> <p>Why did you not seek treatment? Any other reason?</p> <p>RECORD ALL MENTIONED.</p> | <p>COULD NOT AFFORD TREATMENT A COULD NOT AFFORD TRANSPORT B FEAR OF STIGMA BY PROVIDER C FEAR OF STIGMA BY COMMUNITY D COMPLICATION WAS MINOR/DID NOT REQUIRE TREATMENT E PROBLEM RESOLVED ITSELF F COULD NOT GET AWAY FROM FAMILY G RESPONSIBILITIES H HUSBAND DID NOT GIVE PERMISSION X OTHER (SPECIFY)</p> | | | | | | | | | | | | | | | | | |
| 246 | <p>जनवरी 2015 में अपने बीच एम्स अपने गर्भावास्तु के लिए परिषाम जीवित जन्म में न हुआ है?</p> <p>Since January 2015, have you had any other pregnancies that did not result in a live birth?</p> | <p>YES 1 NO 2</p> | → 248 | | | | | | | | | | | | | | | | |
| 247 | <p>C ASK THE DATE AND THE DURATION OF PREGNANCY FOR EACH EARLIER NON-LIVE BIRTH PREGNANCY SINCE JANUARY 2015.</p> <p>C ENTER 'T' IN COLUMN 1 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>अपने इस गर्भावास्तु के दौरान कभी भी अपना जा ग्रहण [गर्भावास्तु] परिषाम हुआ है?</p> <p>At any time during this pregnancy, did you have an ultrasound test?</p> <p>C RECORD 'Y' IF YES AND 'N' IF NO IN COLUMN 2 OF THE CALENDAR IN MONTH IN WHICH PREGNANCY WAS TERMINATED.</p> | | | | | | | | | | | | | | | | | | |
| 248 | <p>अप्रैल 2014 में आप उसमें पहुंचे अपनी कोई ऐसी गर्भावास्तु हुए लिए परिषाम जीवित जन्म में नहीं हुआ है?</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 NO 2</p> | → 250 | | | | | | | | | | | | | | | | |
| 249 | <p>2014 में आपमें पहुंचे अपनी कर्ष भी गमाति कर 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></tr><tr><td></td><td></td></tr></table></p> <p>YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p> | | | | | | | | | | | | | | | | | |
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| 250 | <p>आपका शेष ग्राहिक समय कब शुरू हुआ?</p> <p>When did your last menstrual period start?</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 → 253</p> <p>BEFORE LAST BIRTH 995 → 253</p> <p>NEVER MENSTRUATED 996</p> | | | | | | | | | | | | | | | | | |
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| 251 | <p>CHECK 250:</p> <p>LAST MENSTRUAL PERIOD = 6 MONTHS AGO <input type="checkbox"/></p> | <p>OTHER <input type="checkbox"/></p> | → 257 | | | | | | | | | | | | | | | | |
| 252 | <p>CHECK 226:</p> <p>NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/></p> | | → 257 | | | | | | | | | | | | | | | | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|--|---|-------|
| 253 | कुछ महिलाओं गर्भावना करना होता है। वे या आपसे करते हैं या अपरेशन करवाती हैं? Some women undergo an operation to remove the uterus. Have you undergone such an operation? | YES 1 NO 2 DON'T KNOW 3 | → 257 |
| 254 | जानो जिससे यह बहुत यह अपरेशन [हिस्टेरेकटमी] करवाया था? How many years ago was this operation [hysterectomy] performed? | YEARS AGO <input type="text"/> <input type="text"/> | |
| | IF LESS THAN 1 YEAR AGO, RECORD '0'. | DON'T KNOW 98 | |
| 255 | यह अपरेशन [हिस्टेरेकटमी] 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) | <p>PUBLIC HEALTH SECTOR</p> <p>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</p> <p>NGO OR TRUST HOSPITAL/CLINIC 21</p> <p>PRIVATE HEALTH SECTOR</p> <p>PVT. HOSPITAL 31 PVT. DOCTOR/CLINIC 32 PVT. MOBILE CLINIC 33 OTHER PRIVATE HEALTH FACILITY 34 OTHER 96 (SPECIFY) 98</p> <p>DON'T KNOW 98</p> | |
| 256 | लिस कारण से यह अपरेशन करवाया गया था? कोई बन द कारण? Why was this operation performed? Any other reason? RECORD ALL MENTIONED. | <p>EXCESSIVE MENSTRUAL BLEEDING AND/OR PAIN A</p> <p>FIBROIDS/CYSTS B</p> <p>UTERINE RUPTURE C</p> <p>CANCER D</p> <p>UTERINE PROLAPSE E</p> <p>SEVERE POST-PARTUM HAEMORRHAGE F</p> <p>CERVICAL DISCHARGE G</p> <p>OTHER X (SPECIFY) 98</p> | |

| 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 दर्द सुना हुआ, तब आपकी उम्र क्या थी? How old were you when you had your first monthly period? | AGE IN COMPLETED YEARS <input type="checkbox"/> <input type="checkbox"/> | |
| 260 | मासिक धर्म के दौरान चून के दाग से बचने के लिए, महिलाएँ विभिन्न न बरोदा अपनाती हैं। जब आप भूख प्रभाव लेती हैं तब 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? | CLOTH LOCALLY PREPARED NAPKINS SANITARY NAPKINS TAMPONS MENSTRUAL CUP NOTHING OTHER (SPECIFY) | A B C D E F X |
| 261 | एक मासिक धर्म से अगले मासिक धर्म के दौरान जब सुना गया है कि विनम्र महिला यीवं मरणश्वर रहती है तो उसके गवेषकों द्वारा की संवादवाचा 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 NO DON'T KNOW (SPECIFY) | 1 2 8 → 263 |
| 262 | जब वह मासिक धर्म सुना होते के दौरान, मासिक धर्म बढ़ द्वारा के दौरान वाद, या दो मासिक धर्मों के बिच्छुल 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 DURING HER PERIOD RIGHT AFTER HER PERIOD HAS ENDED HALFWAY BETWEEN TWO PERIODS OTHER DON'T KNOW (SPECIFY) | 1 2 3 4 6 8 |
| 263 | CHECK 250: LAST MENSTRUAL PERIOD < 6 MONTHS AGO <input type="checkbox"/> ↓ OTHER <input type="checkbox"/> | | → 301 |
| 264 | जब आप मासिक धर्म के समय आम करती हैं? Do you take a bath during your menstrual period? | YES NO (SPECIFY) | 1 2 → 301 |
| 265 | मासिक धर्म के दौरान, क्या आप यामालकर्ता उसी आवासमूह में आम करती हैं जहाँ परिवार के अन्य सदस्य आम करते हैं? During your period, do you usually take a bath in the same bathroom as other household members take a bath? | YES NO DOES NOT HAVE BATHROOM (SPECIFY) | 1 2 3 |

SECTION 3A. MARRIAGE AND COHABITATION

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|------|--|---|---|
| 301 | आपकी वर्तमान विवाहिक स्थिति क्या है? What is your current marital status? | CURRENTLY MARRIED MARRIED, GAUNA NOT PERFORMED WIDOWED DIVORCED SEPARATED DESERTED NEVER MARRIED | 1 2 → 305 3 4 → 307 5 6 7 → 315 |
| 302 | नवा जानके पास 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 STAYING ELSEWHERE | 1 → 304 2 |
| 303 | कितने बर्षों से आप और आपके पासे एक मात्र नहीं रह रहे हैं? For how long have you and your husband not been living together? | MONTHS YEARS | 1 2 |
| 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. | |
| 305 | आपके बजाया, क्या आपके पासे भी और भी पत्नियां हैं? Besides yourself, does your husband have other wives? | YES NO DON'T KNOW | 1 2 8 → 307 |
| 306 | कुल विवाहक, आपके बजाया, उनकी लिखित पत्नियां हैं? Including yourself, in total, how many wives does he have? | NUMBER OF WIVES | |
| 307 | नवा जानका विवाह एक वा एक से अधिक बार हुआ है? Have you been married once or more than once? | ONLY ONCE MORE THAN ONCE | 1 2 → 308A |
| 308 | आपका विवाह लिम महीने और साल में हुआ था? In what month and year did you get married? | MONTH DON'T KNOW MONTH | 1 98 |
| 308A | अब मैं आपसे पूछता चाहती हूं कि जब आपका आपके पासे पति ने विवाह हुआ था वह कौन-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 | 1 2 → 310 3 4 5 6 7 |
| 309 | जब (पहली बार) आपका विवाह हुआ था, तब आपकी वायु कितनी थी? How old were you when you (first) got married? | AGE | |
| 310 | आपसे पहले क्या आपके (वर्तमान) पति की आपसे कोई रिलेशनशिप थी? Before you got married, was your (current) husband related to you in any way? | YES NO | 1 2 → 312 |
| 311 | आपकी कैसी रिलेशनशिप थी? What type of relationship was it? | FIRST COUSIN ON FATHER'S SIDE ... FIRST COUSIN ON MOTHER'S SIDE ... SECOND COUSIN | 1 2 3 4 5 6 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>MARRIED ONLY ONCE <input type="checkbox"/></p> <p>MARRIED MORE THAN ONCE <input type="checkbox"/></p> <p>a. आपने पहले पति के साथ कौन से महीने और साल में रहना शुरू किया था?</p> <p>In what month and year did you start living with your husband?</p> <p>b. तब मैं आपसे पहला चाहूँगी कि तब आपने पहले पति के साथ रहना शुरू किया, वह कौन-सा महीना और साल था?</p> <p>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 नाच तब पहुँची थार रहना शुरू किया तब आपकी आयु जितनी थी?</p> <p>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>(तब मैं आपसे पारिवारिक जीवन संबंधी मुद्दों को डीक से समझने के लिए वैगिक जीवन के बारे में कुछ प्रश्न पूछता चाहूँगा। मैं आपको फिर से विषयात्मक विज्ञानी हूँ कि आपके उत्तर पूरी तरह में योग्यताएँ रखे जायेंगे और जिसी को नहीं बतावें जायेंगे। अबर जग फिर भी उत्तर नहीं देना चाहेंगे को मुझे बतावें, मैं अपने प्रश्न पर चर्चा जारी रखूँगी।)</p> <p>परा 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>(तब मैं आपसे पारिवारिक जीवन संबंधी मुद्दों को डीक से समझने के लिए वैगिक जीवन के बारे में कुछ प्रश्न पूछता चाहूँगा। मैं आपको फिर से विषयात्मक विज्ञानी हूँ कि आपके उत्तर पूरी तरह में योग्यताएँ रखे जायेंगे और जिसी को नहीं बतावें जायेंगे। अबर जग फिर भी उत्तर नहीं देना चाहेंगे को मुझे बतावें, मैं अपने प्रश्न पर चर्चा जारी रखूँगी।)</p> <p>तब आपने सबसे पहली थार संभोग किया तब आपकी आयु जितनी 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 | <p>आप में अपना परिवार नियंत्रण के बारे में जात करना क्या है - ऐसे अक्षुण्ण से जटिल नहीं जाता है लिन्ग वर्गानुसार दातारे या दोनों के लिए प्रतीमात्र कर जाते हैं। क्या आपने कभी (METHOD) के बारे में सुना है?</p> <p>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> | |
| D1 | <p>लड़ी नियंत्रणी : और अधिक बच्चों के जन्म की रोकने के लिए, जिसका व्यापरिक रूप नहीं है।</p> <p>FEMALE STERILIZATION: A woman can have an operation to avoid having any more children.</p> | <p>YES 1 NO 2</p> |
| D2 | <p>दुख्य नियंत्रणी : और अधिक बच्चों के जन्म की रोकने के लिए दुख्य व्यापरिक रूप नहीं है।</p> <p>MALE STERILIZATION: A man can have an operation to avoid having any more children.</p> | <p>YES 1 NO 2</p> |
| D3 | <p>आइ यू डी या पी डी आइ यू डी : जिसको डॉक्टर ना नर्स से अपनी योनि में आइ यू डी या यूप लगाता नहीं है।</p> <p>IUD OR PPLOID: 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> |
| D4 | <p>इन्यूक्टेबल इंजेक्शन : जिसका व्यापरिक व्यापारात्मक (शैक्षिक, नर्स इलाजिं) में इंजेक्शन लगाता नहीं है जो उन्हें एक मास अधिक महीनों के लिए गर्भवती होने से रोक लगाता है।</p> <p>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> |
| D5 | <p>पार्टीलियोकल योनी : जिसका गर्भवतात्मक की दाताने के लिए एक योनी प्रतिस्थित या व्यापक योनू ने नहीं है।</p> <p>PILL: A woman can take a pill every day or every week to avoid becoming pregnant.</p> | <p>YES 1 NO 2</p> |
| D6 | <p>कॉन्डोम या निरोध : युवक योनीय के बहुते बगने लिए यह एक रबड़ का आवश्यक जगह नहीं है।</p> <p>CONDOM OR NIRODH: A man can put a rubber sheath on his penis before sexual intercourse.</p> | <p>YES 1 NO 2</p> |
| D7 | <p>लड़ी कॉन्डोम : लड़ी योनीय के बहुते बगने लिए यह एक रबड़ का आवश्यक जगह नहीं है।</p> <p>FEMALE CONDOM: A woman can place a sheath in her vagina before sexual intercourse.</p> | <p>YES 1 NO 2</p> |
| D8 | <p>अवारकारात्मक योनीलियोडक : जिसका गर्भवतात्मक की दाताने के लिए, योनीय हुने के बाद दो दिन तक योनीलियोडक योनी ने नहीं है।</p> <p>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> |
| D9 | <p>गर्भ-नियोन्ड योनी [इलाजप्राप्त] : जिसको योनीय के बहुते बगने ही दो योनि के बीच रख नहीं है ?</p> <p>DIAPHRAGM: A woman can place a diaphragm inside herself before intercourse.</p> | <p>YES 1 NO 2</p> |
| D10 | <p>फोम या जेली [जाग या लगातार परामर्श] : जिसको योनीय के बहुते बगने ही फोम या जेली की योनि के बीच रखा जाता है ?</p> <p>FOAM OR JELLY: A woman can place foam or jelly inside herself before intercourse.</p> | <p>YES 1 NO 2</p> |

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| 11 | <p>सामान्य दिन लिंगिं : लिंगों से बनाकरी वाली हार्डी का इम्प्रेसरल उन दिनों को जानने के लिए करती है जब वे गर्भवती हो जाती है; जिन दिनों के समीकरणी हो सकती हैं, उन दिनों में से कठोर [निरोध] का इम्प्रेसरल रहती है का संभोग नहीं करती है।</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>लैक्टेशनल अमेनोर्रोए लिंगि [LAM] : सामिक धर्म की अवधि यापन अनि से पहुँचे, प्राप्ति के द्वारा गर्भीत बाय, एक छोटी लिंग और दाता एवं लैक्टेशनल अमेनोर्रोए करारों की लिंगि 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 नहीं : प्राप्ति महीनों में जब वही लिंगिक रुप से गर्भित रहती है तब महीनों के लिंग दिनों में उपरोक्त गर्भवती होने की प्रायाधिक संभावना रहती है उन दिनों में संभोग न करके बहु गम्भिरता की दाता लाती 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>अवृद्धालय यानि लिंगद्रावण : पुरुष अवृद्धालय (वीरी आगे) के घूसे वापसारी गुरुंक लिंग की बाहु लिंगाल 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 हिन्दी भाष्य तरीके वा याचनों के द्वारे में शुरा है लिंगका व्यवस्थाग लिंगों वा पुरुष वापसारी की दातारी के लिए काम 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 (SPECIFY) 1 NO 2</p> <p>b. OTHER TRADITIONAL METHOD YES (SPECIFY) 1 NO 2</p> |

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

| | | |
|------|---|---|
| 325 | CHECK 208: ONE OR MORE BIRTHS <input checked="" type="checkbox"/> NO BIRTHS <input type="checkbox"/> | 327 |
| 326 | <p>अब तो आपसे उस समय के बारे में गुहना नाहुसी क्या आपने गहनी बार नवजात वाले के लिए कुछ लिया या लियी तरीके पर उपचार लिया था। उस प्रमाण काम आपके लिए जीवित रख रहे थे यदि हाँ तो लिखें?</p> <p>Now I would like to ask you about the first time that you did something or used a method to avoid getting pregnant.</p> <p>How many living children did you have at that time, if any?</p> <p>IF NONE, RECORD '00'.</p> | NUMBER OF CHILDREN <input type="text"/> <input type="text"/> |
| 327 | CHECK 321: RESPONDENT STERILIZED? CODE 'A' NOT RECORDED <input checked="" 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 checked="" type="checkbox"/> | 346 |
| 328 | CHECK 226: NOT PREGNANT OR UNSURE <input checked="" type="checkbox"/> PREGNANT <input type="checkbox"/> | 346 |
| 329 | <p>क्या आप इस समय नवजात वाले का गोबले के लिए कुछ कर रही हैं या लियी तरीके का उपचार कर रही हैं?</p> <p>Are you currently doing something or using any method to delay or avoid getting pregnant?</p> | YES 1 NO 2 → 346 |
| 330 | <p>आप कौन-से तरीके का उपचार कर रही हैं? Which method are you using?</p> <p>RECORD ALL MENTIONED. IF MORE THAN ONE METHOD MENTIONED, FOLLOW SKIP INSTRUCTION FOR HIGHEST METHOD ON LIST. CORRECT 317 (IF NECESSARY).</p> | FEMALE STERILIZATION A MALE STERILIZATION B → 331 IUD/PP/IUD C → 339 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 |
| 330A | RECORD 'A' FOR FEMALE STERILIZATION. | 343A |

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--------------------------------|----|------------------------|----|---------------------|----|--|----|--------------------------|----|------------------|----|---------------------------|----|------------|----|--|----|------------------------------------|----|---------------------|----|--------------------------|----|--------------------------|----|--|----|-------------|----|-----------------|--|------------------|----|
| <p>331 जनकारी कहां 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>(NAME OF FACILITY/PLACE)</p> | <p>PUBLIC HEALTH SECTOR</p> <table> <tr><td>GOVT./MUNICIPAL HOSPITAL</td><td>11</td></tr> <tr><td>GOVT. DISPENSARY</td><td>12</td></tr> <tr><td>UHC/UHPI/UFWC</td><td>13</td></tr> <tr><td>CHC/RURAL HOSPITAL/ BLOCK PHC</td><td>14</td></tr> <tr><td>PHC/ADDITIONAL PHC</td><td>15</td></tr> <tr><td>SUB-CENTRE</td><td>16</td></tr> <tr><td>GOVT. MOBILE CLINIC</td><td>17</td></tr> <tr><td>CAMP</td><td>18</td></tr> <tr><td>OTHER PUBLIC SECTOR HEALTH FACILITY</td><td>19</td></tr> <tr><td>NGO OR TRUST HOSPITAL/CLINIC</td><td>21</td></tr> </table> <p>PRIVATE HEALTH SECTOR</p> <table> <tr><td>PTV. HOSPITAL</td><td>31</td></tr> <tr><td>PTV. DOCTOR/CLINIC</td><td>32</td></tr> <tr><td>PTV. MOBILE CLINIC</td><td>33</td></tr> <tr><td>OTHER PRIVATE HEALTH FACILITY</td><td>34</td></tr> <tr><td>OTHER</td><td>96</td></tr> <tr><td>(SPECIFY)</td><td></td></tr> <tr><td>DON'T KNOW</td><td>98</td></tr> </table> | GOVT./MUNICIPAL HOSPITAL | 11 | GOVT. DISPENSARY | 12 | UHC/UHPI/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 | PTV. HOSPITAL | 31 | PTV. DOCTOR/CLINIC | 32 | PTV. MOBILE CLINIC | 33 | OTHER PRIVATE HEALTH FACILITY | 34 | OTHER | 96 | (SPECIFY) | | DON'T KNOW | 98 |
| GOVT./MUNICIPAL HOSPITAL | 11 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| GOVT. DISPENSARY | 12 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| UHC/UHPI/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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PTV. HOSPITAL | 31 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PTV. DOCTOR/CLINIC | 32 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PTV. MOBILE CLINIC | 33 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OTHER PRIVATE HEALTH FACILITY | 34 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OTHER | 96 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (SPECIFY) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DON'T KNOW | 98 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>332 CHECK 330/330A: RESPONDENT STERILIZED?</p> <p>CODE 'A' <input checked="" type="checkbox"/> CODE 'A' RECORDED  NOT RECORDED <input type="checkbox"/></p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| → 339 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>333 आपके जनकारी विधायिका के पढ़ते थे या आपको स्ट्रेलियम कार्यकर्ता द्वारा यह बताया था कि इस विधायिका के कारण आपको कोई (अधिक) 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</p> <p>NO</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>334 अपरिभेद के दौरान और उसके मुख्य छाप, आप को शिक्षा देनामान की आप किस घटी में लगा जाईंगी। बहुत अच्छी, सीधे-जाक, इतनी अच्छी नहीं या बराबर?</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</p> <p>ALL RIGHT</p> <p>NOT SO GOOD</p> <p>BAD</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 2 3 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>335 किए प्रश्नों की जवाब दिया हो उसकी आमिर करने का तुरंत जनकारी के लिए आपने क्या खुला खुला जवाब दिया 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</p> <p>DON'T KNOW</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 99995 99998 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|------|--|--|---------------|
| 336 | क्या आपको स्टरिली में लिए गये अनुदान राशि का तह हुआ? Did you receive any compensation for the sterilization? | YES NO | 1 2 → 338 |
| 337 | आपको वित्ती अनुदान राशि का तह क्या है? How much compensation did you receive? | AMOUNT Rs. <input type="text"/> <input type="text"/> <input type="text"/> DONT KNOW | 9998 |
| 338 | क्या आपको इस साथ पहले अन्योंगे हैं कि आपने नगर्की करा दी? Do you regret that you had the sterilization? | YES NO | 1 2 → 343 |
| 339 | CHECK 217 AND 330 ANY CHILD BELOW 3 YEARS AND USING IUD/PPIUD OTHER <input type="checkbox"/> | | → 343A |
| 340 | क्या आपको आइडी/प्रिप्राइडाइडी (IUD/PPIUD) इन्सेर्शन करने के लिए अनुदान राशि दिया गया? Did you receive compensation for use of the IUD/PPIUD? | YES NO | 1 2 → 343A |
| 341 | आपको वित्ती अनुदान राशि दिया गया? How much compensation did you receive? | AMOUNT Rs. <input type="text"/> <input type="text"/> <input type="text"/> DONT KNOW | 9998 |
| 342 | जब प्रसव के 48 घण्टे के भीतर आपको आइडी/प्रिप्राइडाइडी जगा की गई थी? Was your IUD/PPIUD inserted within 48 hours following childbirth? | YES NO | 1 2 |
| 343 | नगर्की कीमत महीने और वर्ष में कार्रवाई गई थी? In what month and year was the sterilization performed? | | |
| 343A | आपको (CURRENT METHOD) का इन्सेर्शन जबकि आपको जीवन-में सहीम और वाल में नुस्खा दिया? PROBE: इस महीने और (CURRENT METHOD) का इन्सेर्शन विस्तृत बढ़ा दिया, जिसने वस्त्र से कर रखी है? 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"/> | |
| 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? FOR METHODS OTHER THAN STERILIZATION: 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). FOR FEMALE STERILIZATION: 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>YEAR IS 2015-20 <input type="checkbox"/></p> <p>C ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN <u>COLUMN 1</u> OF CALENDAR AND IN EACH MONTH BACK TO DATE STARTED USING. THEN CONTINUE WITH 346.</p> <p>YEAR IS 2014 OR EARLIER <input type="checkbox"/></p> <p>C ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN <u>COLUMN 1</u> OF CALENDAR AND EACH MONTH BACK TO JANUARY 2015. THEN SKIP TO → 353</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 346 | <p>मैं आपसे प्रश्न करने के लिए आप या आपके पति द्वारा दर्शाया गया दालने के लिए इसीमाल की तरह लिखिए कि कार्य में कुछ चीज़ युद्धना जाती है।</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>C IN COLUMN 1, ENTER METHOD USE CODE OR '0' FOR NONUSE IN EACH BLANK MONTH.</p> <p>C ILLUSTRATIVE QUESTIONS:</p> <p><u>COLUMN 1:</u></p> <ol style="list-style-type: none"> बर्फिली था। आपने लिखि का इसीमाल कब हिया था? वह कौन-सी लिखि थी? When was the last time you used a method? Which method was that? उम लिखि का इसीमाल करना कब था? लिखि का (NAME) के जन्म के बिना नवजाव था? When did you start using that method? How long after the birth of (NAME)? उम साथ आपने लिखि का इसीमाल लिया था? How long did you use the method then? <p>C IN COLUMN 3, ENTER CODES FOR DISCONTINUATION IN THE SAME ROW AS THE LAST MONTH OF USE. NUMBER OF CODES IN COLUMN 3 MUST BE SAME AS NUMBER OF INTERRUPTIONS OF METHOD USE IN COLUMN 1.</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><u>COLUMN 3:</u></p> <ol style="list-style-type: none"> (METHOD) का इसीमाल कहा बद रिया? Why did you stop using the (METHOD)? (METHOD) का इसीमाल करने के दौरान आप गर्भवती हुई थी, या आपने गर्भवती होने के लिए लिखि का इसीमाल करना बंद कर दिया था या आपने कुछ दूसरे कारणों से इसीमाल 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>C IF DELIBERATELY STOPPED TO BECOME PREGNANT, ASK:</p> <ol style="list-style-type: none"> (METHOD) का इसीमाल बंद करने के बाद आपको गर्भवती में लियो मर्होने लगे? How many months did it take you to get pregnant after you stopped using (METHOD)? <p>AND ENTER '0' IN EACH SUCH MONTH IN <u>COLUMN 1</u>.</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></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 | | 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| WITHDRAWAL | 14 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OTHER MODERN METHOD | 15 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OTHER TRADITIONAL METHOD | 16 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|---|---|-------|
| 348 | मास (MONTH/YEAR) में (CURRENT METHOD) का इसीसाल करना शुरू किया। तब यद्यपि आपको इस विधि के इसीसाल में ही गयने वाले तुष्टिभाव या गमनभावों के बारे में जाना चाहा था? 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? | YES NO 1 2 | → 350 |
| 349 | कला अपने स्वास्थ्य कार्यकारी ने कही थी इस विधि में ही गयने वाले तुष्टिभाव या गमनभावों के बारे में जाना चाहा था? Were you ever told by a health or family planning worker about side effects or problems you might have with the method? | YES NO 1 2 | → 351 |
| 350 | कला अपने जाना चाहा था कि वह इस विधि के इसीसाल में जिनी तुष्टिभाव या गमनभाव का अनुभाव हुआ गो आपको जाना चाहा चाहिए? Were you told what to do if you experienced side-effects or problems? | YES NO 1 2 | |
| 351 | CHECK 347: CODE '01' RECORDED <input checked="" type="checkbox"/> ↓ a. कला भाली नस्करी हुई, कला भाली परिवार नियोजन की अन्य विधियों के बारे में जाना चाहा था जिनका इसीसाल आप कर सकती थी? When you got sterilized, were you told about other methods of family planning that you could use? CODE '01' NOT RECORDED <input type="checkbox"/> ↓ b. मास तक (CURRENT METHOD) (MONTH/YEAR) में यास की थी, कला अपने परिवार नियोजन की अन्य विधियों के बारे में जाना चाहा था जिनका इसीसाल आप कर सकती थी? When you obtained (CURRENT METHOD), were you told about other methods of family planning that you could use? | YES NO 1 2 | → 353 |
| 352 | कला स्वास्थ्य का परिवार नियोजन कार्यकारी ने कही थी जास्ती परिवार नियोजन की अन्य विधियों के बारे में जाना चाहा जिनका इसीसाल आप कर सकती थी? Were you ever told by a health or family planning worker about other methods of family planning that you could use? | YES NO 1 2 | |
| 353 | CHECK 330/330A RECORD METHOD CODE: IF MORE THAN ONE METHOD CODE CIRCLED IN 330/330A, RECORD CODE FOR HIGHEST METHOD IN LIST. | FEMALE STERILIZATION MALE STERILIZATION IUD/PPIUD INJECTABLES PILL CONDOMNIROOH FEMALE CONDOM EMERGENCY CONTRACEPTION DIAPHRAGM FOAM/JELLY STANDARD DAYS METHOD LACTATIONAL AMENORRHOEA METHOD RHYTHM METHOD WITHDRAWAL OTHER MODERN METHOD OTHER TRADITIONAL METHOD 01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16 17 18 | → 359 |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|--|--|-------|
| 354 | <p>अपने विद्युती जा (CURRENT METHOD) कहां से प्राप्त होय?</p> <p>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>PUBLIC HEALTH SECTOR</p> <p>GOVT./MUNICIPAL HOSPITAL 11</p> <p>AYUSH</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) 19</p> <p>GOVT. DISPENSARY 19</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 WORKER 28</p> <p>OTHER PUBLIC HEALTH SECTOR 29</p> <p>NCO OR TRUST HOSPITAL/CLINIC 31</p> <p>→ 359</p> <p>PRIVATE HEALTH SECTOR</p> <p>PVT. HOSPITAL 41</p> <p>PVT. DOCTOR/CLINIC 42</p> <p>PVT. MOBILE CLINIC 43</p> <p>AYUSH</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) 51</p> <p>TRADITIONAL HEALER 51</p> <p>PHARMACY/DRUGSTORE 52</p> <p>DAI (TBA) 53</p> <p>OTHER PRIVATE HEALTH SECTOR 54</p> <p>OTHER SOURCE</p> <p>SHOP 61</p> <p>HUSBAND 62</p> <p>FRIEND/RELATIVE 63</p> <p>OTHER 96</p> <p>(SPECIFY) 97</p> | |
| 355 | <p>CHECK 250 AND 253:</p> <p>HAS HAD A <input type="checkbox"/> HYSTERECTOMY</p> <p>HAS NOT HAD <input checked="" type="checkbox"/> A HYSTERECTOMY ↓</p> | | → 359 |
| 356 | <p>कमा अधिकारी स्वास्थ्य कर्मीहरू ने कभी भी परिवार नियोजन की विधि बिहिं के बारे में जानाया या जिलाके इस्तीफाकर्ता से गर्भधारण दाता जा सकता है?</p> <p>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 | कहा जगह से मिलती होती जगह की जानकारी है जहां से आप पर्याप्त जिम्मेदारी की जगह का जानकारी है? Do you know of a place where you can obtain a method of family planning? | YES NO | 1 2 → 358 |
| 358 | कहा जगह-से जागह है? संदिग्ध जगह? Where is that? Any other place? | <p>PUBLIC HEALTH SECTOR</p> <p>GOVT./MUNICIPAL HOSPITAL A AYUSH AYURVEDA B YOGA AND NATUROPATHY C UNANI D SIDDIHA E HOMEOPATHY F SOWA RIGPA (TTM) G OTHER H (SPECIFY) I</p> <p>GOVT. DISPENSARY J UHC/UHP/UFWC K CHC/RURAL HOSPITAL/ BLOCK PHC L PHC/ADDITIONAL PHC M SUB-CENTRE/ANM N GOVT. MOBILE CLINIC O CAMP P ANGANWADI/ICDS CENTRE Q ASHA R OTHER COMMUNITY- BASED WORKER S OTHER PUBLIC HEALTH SECTOR T</p> <p>NGO OR TRUST HOSPITAL/CLINIC U</p> <p>PRIVATE HEALTH SECTOR</p> <p>PVT. HOSPITAL V PVT. DOCTOR/CLINIC W AYUSH AYURVEDA X YOGA AND NATUROPATHY Y UNANI Z SIDDIHA AA HOMEOPATHY AB SOWA RIGPA (TTM) AC OTHER AD (SPECIFY) AE TRADITIONAL HEALER AF PHARMACY/DRUGSTORE AG DAI (TBA) AH OTHER PRIVATE HEALTH SECTOR BA <p>OTHER SOURCE</p> <p>SHOP BB FRIEND/RELATIVE BC OTHER (SPECIFY)</p> </p> | |

SECTION 3C. CONTACTS WITH COMMUNITY HEALTH WORKERS

| NO | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP | | | | | | | | |
|-----|--|--|-------|--|--|--|--|--|--|--|--|
| 359 | <p>अन्य में आपसे ए एवं एवं वा एवं एवं नी से हाल में ही हुए निम्नी संपर्क के बारे में बात करता चाहूँगी। प्रियों दीन महीनों में, आपकी क्या ए एवं एवं वा एवं एवं की में सुनाकात 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 NO 2</p> | → 361 | | | | | | | | |
| 360 | <p>प्रियों दीन महीनों में, आपकी (इस अवलोकन अवधियों) में निम्नी बार सुनाकात 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> <ol style="list-style-type: none"> एवं में? At home? आंगनबाड़ी केन्द्र में? At the anganwadi centre? स्वास्थ्य सुलिधा केन्द्र वा जिलियर में? At a health facility or camp? जन्य निम्नी बागह पर? Anywhere else? | <p>HOME AWC HEALTH FACILITY/CAMP ELSEWHERE</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <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> | | | | | | | | | |
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| 361 | <p>प्रियों दीन महीनों में क्या आप निम्नी अंगनबाड़ी 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 NO 2</p> | → 364 | | | | | | | | |
| 362 | <p>आप किसमें मिली?</p> <p>अन्य निम्नी से?</p> <p>Who did you meet? Anyone else?</p> <p>RECORD ALL MENTIONED.</p> | <p>ANGANWADI WORKER A ASHA B MPW C OTHER X</p> <p>(SPECIFY)</p> | | | | | | | | | |
| 363 | <p>प्रियों दीन महीनों में, आपकी (इस अवलोकन अवधियों) में निम्नी बार सुनाकात 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> <ol style="list-style-type: none"> एवं में? At home? आंगनबाड़ी केन्द्र में? At the anganwadi centre? स्वास्थ्य सुलिधा केन्द्र वा जिलियर में? At a health facility or camp? जन्य निम्नी बागह पर? Anywhere else? | <p>HOME AWC HEALTH FACILITY/CAMP ELSEWHERE</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <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> | | | | | | | | | |
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| 364 | <p>CHECK 359 AND 361:</p> <p>AT LEAST ONE 'YES' <input type="checkbox"/> BOTH 'NO' <input type="checkbox"/></p> | | → 365 | | | | | | | | |
| 365 | <p>प्रियों दीन महीनों में (PERSONS MENTIONED IN 359 AND 361) के साथ (इस संपर्किटन सभी संपर्कों) के बीचारा दीन मी विभिन्न मैथाएं ग्राहा की गई तभा नित विषयों पर बाहरीत की गई?</p> <p>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 IMMUNIZATION B ANTENATAL CARE C DELIVERY CARE D BIRTH PREPAREDNESS E COMPLICATION READINESS F POSTNATAL CARE G DISEASE PREVENTION H MEDICAL TREATMENT FOR SELF I TREATMENT FOR SICK CHILD J TREATMENT FOR OTHER PERSON K MALARIA CONTROL L SUPPLEMENTARY FOOD M GROWTH MONITORING OF CHILD N EARLY CHILDHOOD CARE O PRESCHOOL EDUCATION P NUTRITION/HEALTH EDUCATION Q FAMILY LIFE EDUCATION R MENSTRUAL HYGIENE S OTHER X</p> <p>(SPECIFY)</p> | | | | | | | | | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
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| 366 | आपके (पिछले) संपर्क के दौरान आपसी मुलाकाता निम्नमें 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 OR BLANK  | OTHER <input type="checkbox"/> | → 369 |
| 368 | निम्नलिखित वील मर्हीनों में, क्या आप आगे (जा अपने बच्चों के लिए, जिसी कारण से स्वास्थ्य सुविधा या जिविर में महीं 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 | नवमें हाल ही में आप अपने (जा अपने बच्चों के लिए, जिस प्रकार की स्वास्थ्य सुविधा में बहुत थीं? What type of health facility did you visit most recently for yourself (or for your children)? | PUBLIC HEALTH SECTOR GOVT./MUNICIPAL HOSPITAL 11 AYUSH 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 23 GOVT. MOBILE CLINIC 24 CAMP 25 ANGANWADI/CDS CENTRE 26 OTHER PUBLIC SECTOR 27 HEALTH FACILITY 28 NGO OR TRUST HOSPITAL/CLINIC 31 PRIVATE HEALTH SECTOR PVT. HOSPITAL/CLINIC 41 PVT. MOBILE CLINIC 42 AYUSH AYURVEDA 43 YOGA AND NATUROPATHY 44 UNAN 45 SIDDHA 46 HOMEOPATHY 47 SOWA RIGPA (TTM) 48 OTHER 49 (SPECIFY) PHARMACY/DRUGSTORE 50 OTHER PRIVATE SECTOR 51 HEALTH FACILITY 52 OTHER 96 (SPECIFY) | |
| 370 | आप किस विषय के लिए गए थीं? कौई अन्य विषय? 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 ↓ | | NO BIRTHS IN JANUARY 2015 OR LATER | → 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). जानूर्स में आपके जिल्हे का जन्म वर्ष में जन्मे आपके सभी जन्म वर्ष को कोरों में कुल जन्म पुस्तक जारी करें। (हम प्रत्येक जन्म के कोरों में अलग से जारीकरित करें।) 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"/> <input type="text"/> | NEXT-TO-LAST BIRTH LINE NUMBER ... <input type="text"/> <input type="text"/> | SECOND-FROM-LAST BIRTH LINE NUMBER ... <input type="text"/> <input type="text"/> |
| 404. | FROM 212 AND 216 | NAME _____ LIVING <input type="checkbox"/> DEAD <input checked="" type="checkbox"/> | NAME _____ LIVING <input type="checkbox"/> DEAD <input checked="" type="checkbox"/> | NAME _____ LIVING <input type="checkbox"/> DEAD <input checked="" type="checkbox"/> |
| 405. | मत (NAME) के गया जब गर्भवती हुई, वह जन्म वर्ष में गर्भवती हुई थाहाही ही? When you got pregnant with (NAME), did you want to get pregnant at that time? | YES 1 NO 2 (SKIP TO 406) ← | 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. यह जन्म जन्म वर्ष में गर्भवती ही था हीं था या हीं था थाहाही ही? Did you want to have a baby later on, or did you not want any more children? b. यह जन्म बड़ा जन्म में गर्भवती ही या नोट हीं बड़ा नहीं गर्भवती ही? Did you want to have a baby later on, or did you not want any more children? | LATER 1 NO MORE 2 (SKIP TO 406) ← | LATER 1 NO MORE 2 (SKIP TO 444) ← | LATER 1 NO MORE 2 (SKIP TO 444) ← |
| 407. | आप और दिल्ली जन्म वर्ष के दिल्लीजारा जारी जारी हीं? How much longer did you want to wait? | MONTHS ... 1 <input type="text"/> <input type="text"/> YEARS ... 2 <input type="text"/> <input type="text"/> DON'T KNOW 999 | MONTHS ... 1 <input type="text"/> <input type="text"/> YEARS ... 2 <input type="text"/> <input type="text"/> DON'T KNOW 999 | MONTHS ... 1 <input type="text"/> <input type="text"/> YEARS ... 2 <input type="text"/> <input type="text"/> DON'T KNOW 999 |
| 408. | आपकी जन्मावस्था का जन्म वर्ष, जब आप और दिल्ली जन्म वर्ष की जारी हीं? How many months pregnant were you when you came to know about the pregnancy? | MONTHS ... <input type="text"/> <input type="text"/> DON'T REMEMBER 99 | | |
| 409. | आप जन्म वर्ष की जुलियन कलें के दिन दिल्ली जन्म वर्ष की जैसी दिन का प्रयोग करते? Did you use a pregnancy testing kit to confirm this pregnancy? | YES 1 NO 2 | | |
| 410. | आप इस जन्मावस्था का पंजीकरण कुमा थे? Was this pregnancy registered? | YES 1 NO 2 (SKIP TO 414) ← | | |
| 411. | जन्मावस्था के दिन जीवित हो उत्ति पंजीकरण करते? How many months pregnant were you when you registered? | MONTHS ... <input type="text"/> <input type="text"/> DON'T REMEMBER 99 | | |
| 412. | आपने जीवितावाले दिल्ली जारी कराया? 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 | मेरा नवीनतात्र के बाद मातृ व बाल प्रति सुरक्षा कार्ड पाए गये थे? Did you receive a Mother and Child Protection Card after registration? | YES 1 NO 2 | | |
| 414 | मेरी गतीयता के दौरान मेरी जल्दी से किसी विशेषज्ञ विधि का उपचार किया गया था? Did you see anyone for antenatal care for this pregnancy? | YES 1 NO 2 (SKIP TO 423) | | |
| 415 | अपने दौरान मेरी कानूनी? कोई था? Who did you see? Anyone else? PROBE TO IDENTIFY EACH TYPE OF PERSON. RECORD ALL MENTIONED. | HEALTH PERSONNEL DOCTOR A ANM/NURSE/MID-WIFE/LHV B OTHER HEALTH PERSONNEL DAI/TRADITIONAL BIRTH ATTENDANT C COMMUNITY/VILLAGE HEALTH WORKER D ANGANWADI/ICDS WORKER E ASHA F OTHER X (SPECIFY) | | |
| 416 | मेरी गतीयता के दौरान मातृ व बाल प्रति सुरक्षा कार्ड पाए गये थे? किसी और स्थान? Where did you receive antenatal care for this pregnancy? 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)) | HOME YOUR HOME A PARENTS' HOME B OTHER HOME C PUB. HEALTH SECTOR GOVT./MUNIC. HOSPITAL D GOVT. DISP. E UHC/UHP/UFWC F CHC/RUR. HOSP./BLOCK PHC G PHC/ADD. PHC H SUB-CENTRE I ANGANWADI/ICDS CENTRE J VILLAGE CLINIC BY ANM K OTHER PUBLIC SECT. HEALTH FACILITY L NGO/TRUST HOSP./CLINIC M PVT. HEALTH SECTOR PVT. HOSP./MATERNITY HOME/CLINIC N OTHER PVT. SECT. HEALTH FACILITY O OTHER X (SPECIFY) | | |

| NO. | QUESTIONS AND FILTERS | LAST BIRTH NAME _____ | NEXT-TO-LAST BIRTH NAME _____ | SECOND-FROM-LAST BIRTH NAME _____ | | |
|------|---|---|----------------------------------|--------------------------------------|--|--|
| 417. | तुम गर्भावास के दौरान कितनी बार प्रायोगिक डेंट्रोलॉजी कियी, ताकि तुम फेंसे अपनी से जड़ीबोहरी नहीं? How many months pregnant were you when you first received antenatal care for this pregnancy? | MONTHS <table border="1"><tr><td> </td><td> </td></tr></table> DON'T KNOW 98 | | | | |
| | | | | | | |
| 418. | तुम गर्भावास के दौरान कितनी बार प्रायोगिक डेंट्रोलॉजी कियी? How many times did you receive antenatal care during this pregnancy? | NUM. OF TIMES <table border="1"><tr><td> </td><td> </td></tr></table> DON'T KNOW 98 | | | | |
| | | | | | | |
| 419. | तुम गर्भावास के दौरान जाती हुई विभिन्न विकास के लक्षण, जैसे इसे जीवे भी कहा जाता रहा तिता भी कहा जाता रहा? As part of your antenatal care during this pregnancy, were any of the following done at least once? a. तुम आपको वजन लिया जाता था? Were you weighed? b. तुम आपका चींची / रक्तचाप जाहा जाता था? Was your blood pressure measured? c. तुम आपको एक विशेष जानूरा लिया जाता था? Did you give a urine sample? d. तुम अपने के लिए दूध का नमूना लिया जाता था? Was a sample of your blood taken for testing? e. तुम आपको गेट के लियाँ हुए भी जाहे भी दियी गईं? Was your abdomen examined? | YES NO WEIGHED 1 2 BP 1 2 URINE 1 2 BLOOD 1 2 ABDOMEN 1 2 | | | | |
| 420. | आपकी (हिती भी) प्रायोगिक डेंट्रोलॉजी के लियाँ, जैसे आपकी गर्भावास की जड़ीबोहरी से दूष जड़ीबोहरी से बाहर में बाहराह जाता नहीं? During (any of) your antenatal care visit(s), were you told about the following signs of pregnancy complications? a. गीती में धूम आया? Vaginal bleeding? b. झूला? Convulsions? c. जड़ीबोहरी भी जाहा भीड़? Prolonged labour? d. गीत (उपराह) जह थी? Severe abdominal pain? e. जह जही भी? रक्तचाप? High blood pressure? | YES NO BLEEDING 1 2 CONVULSIONS 1 2 PROLONGED LABOUR 1 2 ABDOMINAL PAIN 1 2 HIGH BLOOD PRESSURE 1 2 | | | | |
| 421. | जैसा आपको बहु बताया जाता था कि गर्भावास की जड़ीबोहरी की जिम्मेदारी आपको कहाँ जाना है? Where you told where to go if you had any pregnancy complications? | YES NO 1 2 | | | | |

| NO. | QUESTIONS AND FILTERS | LAST BIRTH NAME _____ | NEXT-TO-LAST BIRTH NAME _____ | SECOND-FROM-LAST BIRTH NAME _____ |
|-----|--|---|----------------------------------|--------------------------------------|
| | | | | |
| 422 | जन (NAME) के दौरान अपनी (लिखि नी) प्रायोगिक विज्ञान से बीमार नहीं थी? Was (NAME's) father present during (any of) your antenatal visits? | YES 1 NO 2 | | |
| 423 | इस समीक्षण के दौरान, जब आपनी अपनी छांट में एक दीया (एलेक्ट्रिक) लगा दा तो इसे को सुन के बाद दीया लगाने विशेष से बीमार के लिए दीया है? During this pregnancy, were you given an injection in the arm to prevent the baby from getting tetanus, that is, convulsions after birth? | YES 1 NO 2 (SKIP TO 426) ← DON'T KNOW 8 | | |
| 424 | इस समीक्षण के दौरान आपनी डीयी लगाने का तीव्र [विशेष] लगाया गया था? During this pregnancy, how many times did you get a tetanus injection? IF 7 OR MORE TIMES, RECORD '7'. | TIMES <input type="text"/> DON'T KNOW 8 | | |
| 425 | CHECK 424: | 2 OR MORE TIMES <input type="checkbox"/> OTHER <input type="checkbox"/> (SKIP TO 429) | | |
| 426 | इस समीक्षण के पहले डीयी लगाया, जब आपनी और दोस्रा जा दीया [विशेष] लगाया गया था? At any time before this pregnancy, did you receive any tetanus injections? | YES 1 NO 2 (SKIP TO 429) ← DON'T KNOW 8 | | |
| 427 | इस समीक्षण का के कुई आपनी डीयी का दीया लगाया था गमना था? Before this pregnancy, how many times did you receive a tetanus injection? IF 7 OR MORE TIMES, RECORD '7'. | TIMES <input type="text"/> DON'T KNOW 8 | | |
| 428 | इस समीक्षण के लिए कई पहले आपनी अपनी डीयी लगाया जा दीया [विशेष] लगाया गया था? How many years ago did you receive the last tetanus injection before this pregnancy? | YEARS AGO <input type="text"/> <input type="text"/> | | |
| 429 | इस समीक्षण के दौरान, जब आपनी अपनी डीयी लगायी गई दीयी का दीया नहीं थी? During this pregnancy, were you given or did you buy any iron folic acid tablets or syrup? SHOW TABLETS/SYRUP. | YES 1 NO 2 (SKIP TO 431) ← DON'T KNOW 8 | | |
| 430 | पूरी विज्ञान के दौरान, किसी भी दिन आपनी दीयी का दीयी का दीया नहीं थी? During the whole pregnancy, for how many days did you take the tablets or syrup? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER OF DAYS. | NUM. OF DAYS <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 998 | | |
| 431 | इस समीक्षण के दौरान, जब आपनी अपनी डीयी के लिए कीर्ति के लिए कीर्ति दीया नहीं थी? During this pregnancy, did you take any drug for intestinal worms? | YES 1 NO 2 DON'T KNOW 8 | | |

| NO. | QUESTIONS AND FILTERS | LAST BIRTH NAME _____ | NEXT-TO-LAST BIRTH NAME _____ | SECOND-FROM-LAST BIRTH NAME _____ |
|-----|--|---|---|---|
| 440 | <p>जन्म गर्भवत्ता के अंतिम तीन महीनों के दौरान विभिन्न वी सुशासन के ग्राम्य आपदों का इस विषय में कम से कम एक बार सलाह दिलाई गई?</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. जन्म घर की व्यवस्था? The importance of institutional delivery?</p> <p>b. नाल की देखभाव? Cord care?</p> <p>c. ब्रेस्टफीडिंग? Breastfeeding?</p> <p>d. बिंदु की जान रखना? Keeping the baby warm?</p> <p>e. अपनी विशेषज्ञता का लिए और अपनी जन्म की जानकारी का लेखन? 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>जन्म के दौरान, क्या आप या यों की जानकारी में बदल आया?</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>जन्म के दौरान, क्या आपने अपनी जन्म विधि का अनुचर रूपमा?</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>जन्म के दौरान, क्या आपने अपनी जन्म विधि का अनुचर 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>जन्म (NAME) का जन्म हुआ तो पहुँच जानवरी के बाहर बहुत बड़ा/बहुत कमानदी, आपको से बड़ा/बड़ी, सामान्य, सामान्य या छोटानदी का जन्म दिया/दिया?</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 6</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 6</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 6</p> |
| 445 | <p>जन्म (NAME) के जन्म के समय उसका वजन दिया दिया गया?</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> |

| QNO. | QUESTIONS AND FILTERS | LAST BIRTH | NEXT-TO-LAST BIRTH | SECOND-FROM-LAST BIRTH |
|------|---|--|--|--|
| | | NAME _____ | NAME _____ | NAME _____ |
| 446 | (NAME) का जन्म कितना वज़ा है? How much did (NAME) weigh? RECORD WEIGHT IN KILOGRAMS FROM HEALTH CARD, IF AVAILABLE. | KG FROM CARD 1 [] - [] KG FROM RECALL 2 [] - [] DON'T KNOW 99998 | KG FROM CARD 1 [] - [] KG FROM RECALL 2 [] - [] DON'T KNOW 99998 | KG FROM CARD 1 [] - [] KG FROM RECALL 2 [] - [] DON'T KNOW 99998 |
| 447 | (NAME) का जन्म किसके सहायता में हुआ था? 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. | HEALTH PERSONNEL DOCTOR A ANMNURSE/ MIDWIFE/LHV B OTHER HEALTH PERSONNEL C OTHER PERSON DAI (TBA) D FRIEND/RELATIVE E OTHER X NO ONE Y | HEALTH PERSONNEL DOCTOR A ANMNURSE/ MIDWIFE/LHV B OTHER HEALTH PERSONNEL C OTHER PERSON DAI (TBA) D FRIEND/RELATIVE E OTHER X NO ONE Y | HEALTH PERSONNEL DOCTOR A ANMNURSE/ MIDWIFE/LHV B OTHER HEALTH PERSONNEL C OTHER PERSON DAI (TBA) D FRIEND/RELATIVE E OTHER X NO ONE Y |
| 448 | (NAME) का जन्म कहाँ में हुआ था? 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) | HOME YOUR HOME 11 (SKIP TO 464) ← PARENTS' HOME 12 OTHER HOME 13 (SKIP TO 464) ← PUB. HEALTH SECTOR GOVT./MUNIC. HOSPITAL 21 GOVT. DISP. 22 UHC/UHP/UFWC 23 CHC/RUR. HOSPY BLOCK PHC 24 PHC/ADD. PHC 25 SUB-CENTRE 26 OTHER PUB. SECT. HEALTH FACILITY 27 NGO/TRUST HOSP./ CLINIC 31 PVT. HEALTH SECTOR PVT. HOSP./ MATERNITY HOME/CLINIC 41 OTHER PVT. SECT. HEALTH FACILITY 42 OTHER (SPECIFY) (SKIP TO 464) ← | HOME YOUR HOME 11 (SKIP TO 464) ← PARENTS' HOME 12 OTHER HOME 13 (SKIP TO 464) ← PUB. HEALTH SECTOR GOVT./MUNIC. HOSPITAL 21 GOVT. DISP. 22 UHC/UHP/UFWC 23 CHC/RUR. HOSPY BLOCK PHC 24 PHC/ADD. PHC 25 SUB-CENTRE 26 OTHER PUB. SECT. HEALTH FACILITY 27 NGO/TRUST HOSP./ CLINIC 31 PVT. HEALTH SECTOR PVT. HOSP./ MATERNITY HOME/CLINIC 41 OTHER PVT. SECT. HEALTH FACILITY 42 OTHER (SPECIFY) (SKIP TO 464) ← | HOME YOUR HOME 11 (SKIP TO 464) ← PARENTS' HOME 12 OTHER HOME 13 (SKIP TO 464) ← PUB. HEALTH SECTOR GOVT./MUNIC. HOSPITAL 21 GOVT. DISP. 22 UHC/UHP/UFWC 23 CHC/RUR. HOSPY BLOCK PHC 24 PHC/ADD. PHC 25 SUB-CENTRE 26 OTHER PUB. SECT. HEALTH FACILITY 27 NGO/TRUST HOSP./ CLINIC 31 PVT. HEALTH SECTOR PVT. HOSP./ MATERNITY HOME/CLINIC 41 OTHER PVT. SECT. HEALTH FACILITY 42 OTHER (SPECIFY) (SKIP TO 464) ← |
| 449 | मैंने जन्म देने वाली की ओर जानने वाली को कौन से गाड़ी से यात्रा कर दी रखा था/दी थी? What was the main mode of transportation used by you to reach the health facility for delivery? | GOVERNMENT 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 SPECIFY | | |
| 450 | जन्म देने वाली की ओर जानने वाली की ओर जानने वाली को कौन से गाड़ी से यात्रा कर दी रखा था/दी थी? 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 NAME _____ | NEXT-TO-LAST BIRTH NAME _____ | SECOND-FROM-LAST BIRTH NAME _____ |
|-----|---|---|----------------------------------|--------------------------------------|
| 451 | <p>जननी अपनीमात्र में रेत आपदा क्यों देख रही थीं? How much did it cost you out of your pocket for transportation?</p> <p>IF NO MONEY PAID, RECORD '00000'</p> | <p>COST ... Rs. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 99998</p> | | |
| 452 | <p>जनन में डिली, अपनी जैव में वित्त अपरिवर्तित क्या खोले गए थे/थीं?</p> <p>How much did it cost you out of your pocket during delivery etc?</p> <p>IF NO MONEY PAID, RECORD '00000'</p> <p>a. का पाता में रुकी का Hospital stay?</p> <p>b. और का? Tests done?</p> <p>c. दवाएँ का? Medicines?</p> <p>d. और न का? Other costs?</p> | <p>a. Rs. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 99998</p> <p>b. Rs. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 99998</p> <p>c. Rs. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 99998</p> <p>d. Rs. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 99998</p> | | |
| 453 | CHECK 452 a-d: | <p>ALL ARE '00000' OTHER OR '99998'</p> | | |
| 454 | <p>अपनी अपनी जैव में इस प्रकार के वित्त कुल बिलकुल खोला गया था/थीं? How much in total did it cost you out of your pocket for this delivery?</p> <p>IF NO MONEY PAID, RECORD '00000'</p> <p>IF RS. 100,000 OR MORE, RECORD '99995'</p> | <p>COST ... Rs. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 99998</p> | | |
| 455 | CHECK 451, 452 a-d, AND 454; | <p>ALL ARE '00000' OR '99998' OR BLANK OTHER</p> | | |
| 456 | <p>अपनी अपनी जैव में खोली गई वित्त कहाँ से आई? How was the out of pocket cost met?</p> <p>RECORD ALL MENTIONED.</p> | <p>DARK ACCOUNT/ SAVINGS A BORROWED FROM FRIENDS/RELATIVES B SELLING PROPERTY C SELLING JEWELLERY D INSURANCE E OTHER X (SPECIFY)</p> | | |
| 457 | <p>जनन की देखभाव में भी जब अपनी बीमा अपरिवर्तित किया गया था/थीं? Did you receive any financial assistance for delivery care?</p> | <p>YES 1 NO 2 (SKIP TO 461) ←</p> | | |
| 458 | <p>अपनी जैव में अपरिवर्तित किया गया वित्त कहाँ से आई? From where did you get assistance?</p> <p>RECORD ALL MENTIONED.</p> | <p>JANANI SURAKSHA YOJANA (JSY) A OTHER GOVT. SCHEMES B OTHER X (SPECIFY) (SKIP TO 461) ←</p> | | |

| NO. | QUESTIONS AND FILTERS | LAST BIRTH NAME _____ | NEXT-TO-LAST BIRTH NAME _____ | SECOND-FROM-LAST BIRTH NAME _____ | | | | | | |
|-------|---|---|---|---|----|-------|--|--|--|--|
| 488 | जन्म के बाद कितने दिन जीवा विकास समिति द्वारा मदर्हार्स दिए गए हैं? How many days after delivery did you receive the financial assistance under JSY? IF THE SAME DAY, RECORD '00' IF 95 DAYS OR MORE, RECORD '99.' | DAYS <table border="1"><tr><td></td><td></td></tr></table> DON'T KNOW 98 | | | | | | | | |
| | | | | | | | | | | |
| 489 | आपको कुल कितनी डिलरेंस प्राप्त हुई? What was the total amount that you received? | Rs. <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> DON'T KNOW 999998 | | | | | | | | |
| | | | | | | | | | | |
| 490 | (NAME) के जन्म के बाद जितने तक वह अपनी स्थिति में रही? How long after (NAME)'s birth did you stay in the health facility? IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS. | HOURS 1 <table border="1"><tr><td></td><td></td></tr></table> DAYS 2 <table border="1"><tr><td></td><td></td></tr></table> WEEKS 3 <table border="1"><tr><td></td><td></td></tr></table> DON'T KNOW 998 | | | | | | | | |
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| 491 | जन्म (NAME) का जन्म किसी विशेषज्ञ अधिकारी के हाथ में, यानि क्या वे इसे उपर्युक्त तरीके से जन्मा कर दिया था? Was (NAME) delivered by a qualified medical professional, that is, did they cut your belly open to take the baby out? | YES 1 NO 2 (SKIP TO 484) ← | YES 1 NO 2 (SKIP TO 484) ← | YES 1 NO 2 (SKIP TO 484) ← | | | | | | |
| 492 | जन्म (NAME) का जन्म किसी विशेषज्ञ अधिकारी के हाथ में, यानि क्या वे इसे उपर्युक्त तरीके से जन्मा कर दिया था? Was (NAME) delivered by a qualified medical professional, that is, did they cut your belly open to take the baby out? | YES 1 NO 2 (SKIP TO 484) ← | YES 1 NO 2 (SKIP TO 484) ← | YES 1 NO 2 (SKIP TO 484) ← | | | | | | |
| 493 | जब फिर्मत कर दिया गया कि आपका बीमारी विशेषज्ञ अधिकारी जन्मार्ह का जन्म विशेषज्ञ स्टोमे से होने का प्राप्त चीज़ थी या नहीं? 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 8 | BEFORE ONSET OF LABOUR 1 AFTER ONSET OF LABOUR 2 DON'T KNOW 8 | BEFORE ONSET OF LABOUR 1 AFTER ONSET OF LABOUR 2 DON'T KNOW 8 | | | | | | |
| 494 | जन्म के दूसरे दिन, जन्म आपको (NAME) की ओर से लगाया था? Immediately after the birth, was (NAME) put on your chest? | YES 1 NO 2 (SKIP TO 486) ← DON'T KNOW 8 | YES 1 NO 2 (SKIP TO 484) ← DON'T KNOW 8 | YES 1 NO 2 (SKIP TO 484) ← DON'T KNOW 8 | | | | | | |
| 495 | जन्म (NAME) की बर्तावी वज्रा आपकी जहाँसी वज्रा को छोड़ दी थी? Was (NAME)'s bare skin touching your bare skin? | YES 1 NO 2 DON'T KNOW 8 | YES 1 NO 2 DON'T KNOW 8 | YES 1 NO 2 DON'T KNOW 8 | | | | | | |
| 496 | CHECK 488; PLACE OF DELIVERY | 11, 12, 13, OR 96 <table border="1"><tr><td>11</td><td>12</td><td>13</td></tr><tr><td>OR 96</td><td></td><td></td></tr></table> OTHER (SKIP TO 482) ↓ | 11 | 12 | 13 | OR 96 | | | | |
| 11 | 12 | 13 | | | | | | | | |
| OR 96 | | | | | | | | | | |
| 497 | मैं आपको प्रश्न के बाद आपके न बढ़ाने का भी जाहां के बाहर से युद्धारा जाहांसी, जैसे कि फिर्मत के अन्तर्गत स्वास्थ्य के बाहर से जन्माया गया था आपकी जीव तो जब आप न बढ़ाने का युद्धारा/सेन्ट्रल में नहीं जन्म लिया तो आपको जन्माया जीव आप 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) ← | | | | | | | | |
| 498 | जन्म के बिलकुल बाद से बाहर आपकी जहाँसी बदल दी 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 <table border="1"><tr><td></td><td></td></tr></table> DAYS 2 <table border="1"><tr><td></td><td></td></tr></table> WEEKS 3 <table border="1"><tr><td></td><td></td></tr></table> DON'T KNOW 998 | | | | | | | | |
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| NO. | QUESTIONS AND FILTERS | LAST BIRTH NAME _____ | NEXT-TO-LAST BIRTH NAME _____ | SECOND-FROM-LAST BIRTH NAME _____ | | | | | | | | | | | | |
|-----|---|---|----------------------------------|--------------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|
| 460 | <p>उत्तर दिये गये समय में किसी व्यक्ति द्वारा आपकी स्वास्थ्य की कैसी चेतावनी दी गई?</p> <p>Who checked on your health at that time?</p> <p>PROBE FOR MOST QUALIFIED PERSON</p> | <p>HEALTH PERSONNEL</p> <p>DOCTOR 11 ANM/NURSE/ MIDWIFE/LHV 12 OTHER HEALTH PERSONNEL 13</p> <p>OTHER PERSON</p> <p>ASHA 21 DAI (TBA) 22</p> <p>OTHER 96 (SPECIFY)</p> | | | | | | | | | | | | | | |
| 470 | <p>जब आप अपनी बचपन (NAME) के नामक नाम जैसे विवरों का लिए जाते हैं, उत्तराधिकारी के लिए, जोहे (NAME) का सबसे अचूक जीवन था, उनकी जीवन की शुरूआत के लिए जैसे जैसे (NAME) जीवन दे रहा था?</p> <p>अब आप अपनी बचपन में जीवन की शुरूआत के लिए जैसे जैसे (NAME) की अपनी बचपन का जीवन था?</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 NO 2 (SKIP TO 473) ←</p> <p>DON'T KNOW 9</p> | | | | | | | | | | | | | | |
| 471 | <p>जब आप जोहे (NAME) के नामक नाम जैसी जीवन का दृष्टि दिये गए थे?</p> <p>How long after delivery was (NAME)'s health first checked?</p> <p>IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.</p> | <p>HOURS 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>DAYS 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>WEEKS 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>DON'T KNOW 996</p> | | | | | | | | | | | | | | |
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| 472 | <p>जब जोहे (NAME) के नामक नाम जैसी जीवन दिये गए थे?</p> <p>Who checked on (NAME)'s health at that time?</p> <p>PROBE FOR MOST QUALIFIED PERSON</p> | <p>HEALTH PERSONNEL</p> <p>DOCTOR 11 ANM/NURSE/ MIDWIFE/LHV 12 OTHER HEALTH PERSONNEL 13</p> <p>OTHER PERSON</p> <p>ASHA 21 DAI (TBA) 22</p> <p>OTHER 96 (SPECIFY)</p> | | | | | | | | | | | | | | |
| 473 | <p>अब आपनी बचपन बचपन की जीवन दिये गए नाम जैसी जीवन में जोहे (NAME) की जीवन की शुरूआत की थी?</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 NO 2 (SKIP TO 477) ←</p> | | | | | | | | | | | | | | |
| 474 | <p>आप ने जिससे बचपन काढ़ा, उसके जैसी जीवन की शुरूआत की थी?</p> <p>How long after delivery 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" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p> <p>DAYS 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>WEEKS 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>DON'T KNOW 996</p> | | | | | | | | | | | | | | |
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| NO. | QUESTIONS AND FILTERS | LAST BIRTH NAME _____ | NEXT-TO-LAST BIRTH NAME _____ | SECOND-FROM-LAST BIRTH NAME _____ | | | | | | | | | | | | |
|-----|--|---|----------------------------------|--------------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|
| 475 | <p>जब जन्मगती समय में आप किसे देखे थे?</p> <p>Who checked on your health at that time?</p> | HEALTH PERSONNEL DOCTOR 11 ANM/NURSE/ MIDWIFE/LHV 12 OTHER HEALTH PERSONNEL 13 OTHER PERSON ASHA 21 DAI (TBA) 22 OTHER 96 (SPECIFY) | | | | | | | | | | | | | | |
| 476 | <p>जहाँ तक चेक हो गया था?</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> | HOME YOUR HOME 11 PARENTS' HOME 12 OTHER HOME 13 PUB. HEALTH SECTOR GOVT./MUNIC. HOSPITAL 21 GOVT. DISP. 22 UHC/HPPU/WC 23 CHC/RUR. HOSP/ 24 R-Lock PHC 24 PHC/ADCO, PHC 25 SUB-CENTRE 26 OTHER PUB. SECT. HEALTH FACILITY 27 NGO/TRUST HOSP./ CLINIC 31 PVT. HEALTH SECTOR PVT. HOSP/ MATERNITY HOME/CLINIC 41 OTHER PVT. SECT. HEALTH FACILITY 42 OTHER 96 (SPECIFY) | | | | | | | | | | | | | | |
| 477 | <p>अब मैं शुभिता और उसके बारे में (NAME) के स्वास्थ्य के लिए जीवन के नए से अवधि मात्र बताऊँ।</p> <p>शुभिता और उसके बारे में जीवन के नए से अवधि मात्र बताऊँ जीवन के लिए जीवन के नए से अवधि मात्र बताऊँ जीवन के नए से अवधि मात्र बताऊँ।</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> | YES 1 NO 2 (SKIP TO 481) | | | | | | | | | | | | | | |
| 478 | <p>(NAME) के जन्म के बाद कितने दिन, दिनों या सप्ताह बाद आप उसके देखे थे?</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> | HOURS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DAYS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> WEEKS 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DON'T KNOW 998 | | | | | | | | | | | | | | |
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| 479 | <p>जब जन्म (NAME) के समय में आप किसे देखे थे?</p> <p>Who checked on (NAME)'s health at that time?</p> | HEALTH PERSONNEL DOCTOR 11 ANM/NURSE/ MIDWIFE/LHV 12 OTHER HEALTH PERSONNEL 13 OTHER PERSON ASHA 21 DAI (TBA) 22 OTHER 96 (SPECIFY) | | | | | | | | | | | | | | |

| NO. | QUESTIONS AND FILTERS | LAST BIRTH NAME _____ | NEXT-TO-LAST BIRTH NAME _____ | SECOND-FROM-LAST BIRTH NAME _____ |
|-----|--|--|----------------------------------|--------------------------------------|
| 480 | <p>(NAME) के जन्म कहां हुए?</p> <p>Where did this check of (NAME) 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> | HOME YOUR HOME 11 PARENTS' HOME 12 OTHER HOME 13 PUB. HEALTH SECTOR GOVT./MUNIC. HOSPITAL 21 GOVT. DISP. 22 UHC/UHP/UFWC 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 PVT. HEALTH SECTOR PVT. HOSP./MATERNITY HOME/CLINIC 41 OTHER PVT. SECT. HEALTH FACILITY 42 OTHER 96 <i>(SPECIFY)</i> | | |
| 481 | <p>आपको जन्म से लूटी वित्ती के कारण, या अपीलों से दीवान, करा रिही राजनीति, अंगनवाड़ी कार्यकर्ता, आपा पा या [TBA] ने आपके लकड़े की जांच की थी?</p> <p>In the two months after you were discharged, did any health personnel, anganwadi worker, ASHA, or traditional birth attendant [dal] check on your health?</p> | YES 1 (SKIP TO 485) ← NO 2 (SKIP TO 486) ← | | |
| 482 | <p>आपों आपा प्राप्त स्वास्थ्य सुविधा में क्या कही करतारा?</p> <p>PROBE: कही करता करता?</p> <p>Why didn't you deliver in a health facility?</p> <p>PROBE: Any other reason?</p> <p>RECORD ALL MENTIONED:</p> | COSTS TOO MUCH A FACILITY NOT OPEN B TOO FAR/ NO TRANSPORTATION C DON'T TRUST FACILITY/POOR QUALITY SERVICE D NO FEMALE PROVIDER AT FACILITY E HUSBAND/FAMILY DID NOT ALLOW F NOT NECESSARY G NOT CUSTOMARY H OTHER X <i>(SPECIFY)</i> | | |
| 483 | <p>(NAME) के जन्म के अस्तर इनमें क्या कराया रिकार्ड करा जा:</p> <p>At the time of delivery of (NAME) were the following done:</p> <ol style="list-style-type: none"> जन्म की बार जांस लिए जाने कारों परिवर्तन, आपि भी बी के, का उपयोग लिया गया था? Was a disposable delivery kit used? जन्म की दूषित कपड़े से नीछे का सुखाया गया और नहुनाहु लिया, उपरी लपेटा गया था? Was the baby immediately wiped dry and then wrapped without being bathed? जन्म कांडे के लिए, जाना भीज का उपयोग किया गया था? Was a clean blade used to cut the cord? | YES NO DK DELIVERY KIT USED 1 2 8 WIPE AND WRAP 1 2 8 BLADE 1 2 8 | | |
| 484 | <p>(NAME) के जन्म के बाद मे आपको काका - a भी जान के बारे में कुछतरा बातुओं, जैसे लिखियाँ ने आपके लकड़े के बारे में आपके दूषित या आपकी जांच लिए करा रिही राजनीति कार्यकर्ता, अंगनवाड़ी कार्यकर्ता, आपा पा या [TBA] ने आपके लकड़े की जांच की थी?</p> <p>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 [dal] check on your health?</p> | YES 1 NO 2 (SKIP TO 489) ← | | |

| NO. | QUESTIONS AND FILTERS | LAST BIRTH NAME _____ | NEXT-TO-LAST BIRTH NAME _____ | SECOND-FROM-LAST BIRTH NAME _____ |
|-----|---|--|----------------------------------|--------------------------------------|
| 485 | <p>जन्म के दौरान से, फिर पहली चेक लेने के बाद अपनी पहली चेक किस तुम्हें किया?</p> <p>How many hours, days or weeks after delivery did the first check take place?</p> <p>IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.</p> | HOURS 1 DAYS 2 WEEKS 3 DON'T KNOW 998 | | |
| 486 | <p>जन्म के दौरान के बीच चेकली किए जाएं हैं किए?</p> <p>How many checkups were done in the first 10 days after delivery?</p> <p>IF MORE THAN SEVEN, RECORD '7'. IF NONE, RECORD '0'.</p> | NUMBER OF CHECK UPS <input type="text"/> DON'T KNOW 6 | | |
| 487 | <p>(पहली चेकली करने) किसी स्वास्थ्य की जल्दी लियो गई थी?</p> <p>Who checked on your health (the first time/at that time)?</p> <p>PROBE FOR MOST QUALIFIED PERSON:</p> | HEALTH PERSONNEL DOCTOR 11 ANM/NURSE/ MIDWIFE/LHV 12 OTHER HEALTH PERSONNEL 13 OTHER PERSON ASHA 21 DAI (TBA) 22 OTHER 96 (SPECIFY) | | |
| 488 | <p>पहली चेक कहाँ किया गया?</p> <p>Where did this first check 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> | HOME YOUR HOME 11 PARENTS' HOME 12 OTHER HOME 13 PUB. HEALTH SECTOR GOVT./MUNIC. HOSPITAL 21 GOVT. DISP. 22 UHC/UHP/UFWC 23 CHO/RUR. HOSP/ BLOCK PHC 24 PHC/ADDITIONAL PHC 25 SUB-CENTRE 26 ANGANWADI/ICDS CENTRE 27 OTHER PLZ. SECT. HEALTH FACILITY 28 NGO/TRUST HOSP/ CLINIC 31 PVT. HEALTH SECTOR PVT. HOSP/ MATERNITY HOME/CLINIC 41 OTHER PVT. SECT. HEALTH FACILITY 42 OTHER 96 (SPECIFY) | | |
| 489 | <p>तब मैं जन्म के बाद (NAME) के स्वास्थ्य पर बात के बारे में अपनी कान समझ जातहूँ हूँ, उत्तमता के लिए, काउंट (NAME) का/की जांच कर रहा है, अधिकारी ही जाए, या इसीके लिए (NAME) शिक्षा है का गई?</p> <p>(NAME) के जन्म के बाद महिला से जाए, जब लियी जाता जाती है, जैसे, या जाए तो उत्तमता के साथ जांच की जाती है?</p> <p>I would like to talk to you about checks on (NAME's) health after delivery, for example, someone examining (NAME), checking the cord, or seeing if (NAME) is ok.</p> <p>In the two months after (NAME) was born, did any health personnel, ASHA or traditional birth attendant check on his/her health?</p> | YES 1 NO 2 (DSKIP TO 493) ← DON'T KNOW 8 | | |

| NO. | QUESTIONS AND FILTERS | LAST BIRTH NAME _____ | NEXT-TO-LAST BIRTH NAME _____ | SECOND-FROM-LAST BIRTH NAME _____ |
|-----|--|---|----------------------------------|--------------------------------------|
| 490 | (NAME) के जन्म के दोपहर १५, भूत ३२ घण्टा के बाद पहली जांच हुई थी? How many hours, days or weeks after the birth of (NAME) did the first check take place? IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS. | HRS AFTER BIRTH 1 DAYS AFTER BIRTH 2 WKS AFTER BIRTH 3 DON'T KNOW 998 | | |
| 491 | उम्र ५५ से (NAME) के प्रथम जन्म की जांच की गई? Who checked on (NAME)'s health at that time? PROBE FOR MOST QUALIFIED PERSON. | HEALTH PERSONNEL DOCTOR 11 ANMINURSE/ MIDWIFE/LHV 12 OTHER HEALTH PERSONNEL 13 OTHER PERSON ASHA 21 DAI (TBA) 22 OTHER 96 (SPECIFY) | | |
| 492 | (NAME) के पहली जांच कहाँ हुई थी? Where did this first check of (NAME) 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. (NAME OF FACILITY/PLACE) | HOME YOUR HOME 11 PARENTS' HOME 12 OTHER HOME 13 PUB. HEALTH SECTOR GOVT./MUNIC. HOSPITAL 21 GOVT. DISP. 22 UHC/AH/DVFWC 23 CHQ/RUR. HOSP./ BLOCK PHC 24 PHC/ADDITIONAL PHC 25 SUB-CENTRE 26 ANGANWADI/ICDS CENTRE 27 OTHER PUB. SECT. HEALTH FACILITY 28 NGO/TRUST HOSP./ CLINIC 29 PVT. HEALTH SECTOR PVT. HOSP./ MATERNITY HOME/CLINIC 41 OTHER PVT. SECT. HEALTH FACILITY 42 OTHER 96 (SPECIFY) | | |
| 493 | संतान के जन्म के दो महीनों में, आप अपनी: In the first two months after delivery, did you have: a. विशेष रूप से अधिक वजाया था या था? Massive vaginal bleeding? b. बहुत ऊंची जांबाजी थी? Very high fever? | YES 1 NO 2 a) 1 2 b) 1 2 | | |

| NO. | QUESTIONS AND FILTERS | LAST BIRTH NAME _____ | NEXT-TO-LAST BIRTH NAME _____ | SECOND-FROM-LAST BIRTH NAME _____ | | | | | | |
|-----|--|---|---|---|---|--|--|---|--|--|
| 494 | (NAME) के जन्म के पहले दो दिनों में विशेषज्ञ, वह विशेषज्ञ सेवकों द्वारा किया गया था : | | | | | | | | | |
| | During the first two days after (NAME)'s birth, did any healthcare provider do the following: | YES NO | | | | | | | | |
| | a. बांध का परीक्षण? Examine the cord? | a) 1 2 | | | | | | | | |
| | b. (NAME) का तापमात्रा मापा गया? Measure (NAME)'s temperature? | b) 1 2 | | | | | | | | |
| | c. अपनी जन्मावस्था लिएगी के लिए आपकी जन्मावस्था की चेतावनी दी गई? Counsel you on danger signs for newborns? | c) 1 2 | | | | | | | | |
| | d. आपको ब्रेस्टफीडिंग की बारे में जानकारी दी गई? Counsel you on breastfeeding? | d) 1 2 | | | | | | | | |
| | e. (NAME) की ब्रेस्टफीडिंग का अवलोकन किया गया? Observe (NAME) breastfeeding? | e) 1 2 | | | | | | | | |
| 495 | (NAME) के जन्म के बाद, वह अपना अवस्था की विशेषज्ञता विहृत से बहुत हुआ है? Has your menstrual period returned since the birth of (NAME)? | YES 1 (SKIP TO 497) ← NO 2 (SKIP TO 496) ← | | | | | | | | |
| 496 | (NAME) के जन्म तक अपनी अनेकावाह की विशेषज्ञता विशेषज्ञता विहृत [अनेकावाही] विहृत से बहुत हुआ था? Did your period return between the birth of (NAME) and your next pregnancy? | | YES 1 NO 2 (SKIP TO 498A) ← | YES 1 NO 2 (SKIP TO 499A) ← | | | | | | |
| 497 | (NAME) के जन्म के बाद, विशेषज्ञता विहृत अपनी अनेकावाह की विशेषज्ञता विहृत [अनेकावाही] बहुत हुआ? For how many months after the birth of (NAME) did you not have a period? | MONTHS <table border="1"><tr><td> </td><td> </td></tr></table> DON'T KNOW 98 | | | MONTHS <table border="1"><tr><td> </td><td> </td></tr></table> DON'T KNOW 99 | | | MONTHS <table border="1"><tr><td> </td><td> </td></tr></table> DON'T KNOW 99 | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| 498 | CHECK 226: IS RESPONDENT PREGNANT? | NOT <input type="checkbox"/> PREGNANT OR <input type="checkbox"/> UNSURE (SKIP TO 498A) | | | | | | | | |
| 499 | (NAME) के जन्म के बाद, वह अपनी अनिवार्य संबंध दी गई थे? Have you had sexual relations since the birth of (NAME)? | YES 1 NO 2 (SKIP TO 499I) ← | | | | | | | | |

| NO. | QUESTIONS AND FILTERS | LAST BIRTH | | NEXT-TO-LAST BIRTH | | SECOND-FROM-LAST BIRTH | |
|------|--|--|---|---|---|--|---|
| | | NAME _____ | | NAME _____ | | NAME _____ | |
| 499A | (NAME) के जन्म से बाद, अपने खूबी लकड़ी तक अपनी विकासी शर्तें कहीं थीं? 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 | 98 | DON'T KNOW | 98 | DON'T KNOW | 98 |
| 499B | आप (NAME) को अपने बच्ची लकड़ी लगाया था? Did you ever breastfeed (NAME)? | YES | 1 | YES | 1 | YES | 1 |
| | | NO | 2 | NO | 2 | NO | 2 |
| | | (SKIP TO 499I) ← | | (SKIP TO 499I) ← | | (SKIP TO 499I) ← | |
| 499C | जन्म के लिए अपने बाद आपने (NAME) को पहुँची बार लकड़ी लगाया था? How long after birth did you start breastfeeding (NAME)? | IMMEDIATELY ... 000 | | | | | |
| | IF LESS THAN ONE HOUR, RECORD '00' HOURS. IF LESS THAN 24 HOURS, RECORD HOURS. OTHERWISE, RECORD DAYS. | HOURS | 1 | <input type="text"/> <input type="text"/> | | | |
| | | DAYS | 2 | <input type="text"/> <input type="text"/> | | | |
| 499D | जन्म के बाद से पहली तीन दिनों से, आप (NAME) को अपने के खूबी के लकड़ी, चुइया और दूसरे को लिए लगा 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 किसे को लिए लगा लिया गया था? What was (NAME) given to drink? Anything else? | MILK (OTHER THAN BREAST MILK) | | A | | | |
| | RECORD ALL LIQUIDS MENTIONED. | PLAIN WATER | | B | | | |
| | | SUGAR OR GLU- | | C | | | |
| | | COSE WATER | | D | | | |
| | | GRIPE WATER | | E | | | |
| | | SUGAR-SALT-WATER SOLUTION | | F | | | |
| | | FRUIT JUICE | | G | | | |
| | | INFANT FORMULA | | H | | | |
| | | TEA | | I | | | |
| | | HONEY | | J | | | |
| | | JANAM GHUTTI | | | | | |
| | | OTHER | | X | | | |
| | | (SPECIFY) | | | | | |
| 499F | CHECK 404: IS CHILD LIVING? | LIVING <input type="checkbox"/> | DEAD <input type="checkbox"/> | | | | |
| | | | | (SKIP TO 499H) ↓ | | | |
| 499G | आप आप (NAME) को अपनी बच्ची लकड़ी लगा रही हैं? Are you still breastfeeding (NAME)? | YES | 1 | | | | |
| | | (SKIP TO 499J) ← | | | | | |
| | | NO | 2 | | | | |
| 499H | आपने (NAME) को लिए अपनी लकड़ी कितना लगाया? For how many months did you breastfeed (NAME)? | MONTHS | <input type="text"/> <input type="text"/> | | | | |
| | | DON'T KNOW | 98 | | | | |
| 499I | CHECK 404: IS CHILD LIVING? | LIVING <input type="checkbox"/> | DEAD <input type="checkbox"/> | LIVING <input type="checkbox"/> | DEAD <input type="checkbox"/> | LIVING <input type="checkbox"/> | DEAD <input type="checkbox"/> |
| | | | | (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 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) | |
| 499J | आप (NAME) से कहा कि खूबी तक को लिए अपनी लकड़ी में खूबी दिया गई? | YES | 1 | YES | 1 | YES | 1 |
| | | NO | 2 | NO | 2 | NO | 2 |
| | | DON'T KNOW | 8 | DON'T KNOW | 8 | 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 2016 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 2016 OR LATER <input type="checkbox"/></p> | 501 |
| 499M | <p>जब मैं आज यात्रा की और वहाँ पालनी के बारे में गुडगा चाहूँसी नो (NAME FROM 499L) के बारे में जिस दिन में या रात में बिल्कुल आज ने यात्रा की थी वहाँ से मैं जिसी जन्म वर्षावाले देशी बच्चे की जिसका हो जी भी मैं जानता चाहूँसी :</p> <p>या या (NAME FROM 499L) के _____ (वाया / रीया)।</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>a. सापड़ा पानी? Plain water? <input type="checkbox"/> YES NO DK</p> <p>b. जूस का जूस पैदा? Juice or juice drinks? <input type="checkbox"/> a. 1 2 8</p> <p>c. सापड़ा ब्रूथ? Clear broth? <input type="checkbox"/> b. 1 2 8</p> <p>d. दूध या दूध की अन्दरी, जानवर का दूध या दूध? IF YES: (NAME) को जिसने बार दोहरा 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'. <input type="checkbox"/> c. 1 2 8</p> <p>e. बायापारिक लाप से उत्पादित दिल्लू गुग्गाता? IF YES: (NAME) को जिसने बार दें दिया गया? Infant formula? IF YES: How many times did (NAME) drink infant formula? IF 7 OR MORE TIMES, RECORD '7'. <input type="checkbox"/> d. 1 2 8</p> <p>f. और और दूसरे पालवाई? Any other liquids? <input type="checkbox"/> e. 1 2 8</p> <p>g. यही? IF YES: (NAME) को जिसने बार यही दिया गया? Yogurt? IF YES: How many times did (NAME) eat yogurt? IF 7 OR MORE TIMES, RECORD '7'. <input type="checkbox"/> f. 1 2 8</p> <p>h. अन्यान्य लाप से डायरिटिक यूड देसी गोरीपीला या या फैरिटेटी Any commercially fortified baby food, e.g. Cerelac or Farex? <input type="checkbox"/> g. 1 2 8</p> <p>i. कोई ब्राह्मणी, रोटी, चावल, गुड़ या बिसिट, इकड़ी या बाज़ कोई बनावाले देशी या बना हुआ यात्रावाली? Any bread, roti, chapati, rice, noodles, biscuits, idli, or any other foods made from grains? <input type="checkbox"/> h. 1 2 8</p> <p>j. कोई कद्दू, चावल, बाजरानी या भीड़ आदि यो भंडार में दीखे गए नारेंगी रहते हैं? Any pumpkin, carrots, squash or sweet potatoes that are yellow or orange inside? <input type="checkbox"/> i. 1 2 8</p> <p>k. आजू, मुरन, अरबी, राताजू या अन्य कोई कंदकूल बाजपयावाली यो जड़ से बने हैं? Any white potatoes, white yams, manioc, cassava, or any other foods made from roots? <input type="checkbox"/> j. 1 2 8</p> <p>l. कोई गहरी हड्डी वनेदार सब्ज़ (मल्ली)? Any dark green, leafy vegetables? <input type="checkbox"/> k. 1 2 8</p> <p>m. पका हुआ आम, पापीता, बरबुजा या कटहवा? Any ripe mangoes, papayas, cantaloupe or jackfruit? <input type="checkbox"/> l. 1 2 8</p> | | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|------|--|---|------|
| | n. कोई अन्य फल या सब्जियाँ? Any other fruits or vegetables? | n. 1 2 8 | |
| | o. कोई कलेनी, मुख्या, लिंग या कोई दूसरे भाग का गोमा? Any liver, kidney, heart or other organ meat? | o. 1 2 8 | |
| | p. कोई बुड़ी, बकला या अन्य पक्षी? Any chickens, duck, or other birds? | p. 1 2 8 | |
| | q. किसी अन्य प्रकार का गोमा? Any other meat? | q. 1 2 8 | |
| | r. कोई अंडे? Any eggs? | r. 1 2 8 | |
| | s. काढ़ी या शुष्क मछली या कहे कीलवाली मछलियाँ या अन्य समुद्री जीव जैसे केवले Any fresh or dried fish or shellfish? | s. 1 2 8 | |
| | t. फटिखी, सोयाबिन, बना, मटा, राजमा जैसी से तैयार किए गए कोई खाद्य पदार्थ? Any foods made from beans, peas, lentils, or nuts? | t. 1 2 8 | |
| | u. पैनीर या अन्य कुच में बने खाद्य पदार्थ? Any cheese or other food made from milk? | u. 1 2 8 | |
| | v. कोई अन्य ठोक अर्थी ठोक या नमक खाद्य पदार्थ? Any other solid, semi-solid, or soft food? | v. 1 2 8 | |
| 499N | CHECK 499M CATEGORIES 'g' THROUGH 'v' NOT A SINGLE 'YES' ↓ | AT LEAST ONE 'YES' <input type="checkbox"/> | 499P |
| 499O | कात वित्त में या रात में खाए (NAME) ने कोई ठोक, अर्थी ठोक या नमक खाहुआ खाया था? IF 'YES' PROBE: वित्त तभी के ठोक, अर्थी ठोक या नमक खाहुआ (NAME) में 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 (GO BACK TO 499M TO RECORD FOOD EATEN YESTERDAY) NO 1 → 501 2 → 501 | |
| 499P | कात वित्त में या रात में (NAME) ने वित्ती चार कोई ठोक, अर्थी ठोक या नमक खाहुआ 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 DON'T KNOW <input type="checkbox"/> 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"/> <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"/> |
| 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 | पिछले छः महीनों में क्या (NAME) को (इनमें किसी भी रसमें से लाई) विटामिन A की खुराक दी गयी थी? Within the last six months, was (NAME) given a vitamin A dose like (this/any of these)? SHOW COMMON AMPOLLES/CAPSULES/SYRUPS | YES 1 NO 2 DON'T KNOW 8 | YES 1 NO 2 DON'T KNOW 8 | YES 1 NO 2 DON'T KNOW 8 |
| 505 | पिछले छः दिनों में क्या (NAME) को (इनमें किसी भी रसमें से लाई) अवश्यक की गयी वा गीरख दी गयी थी? Within the last seven days, was (NAME) given iron pills or syrup or sprinkles with iron like (this/any of these)? SHOW COMMON CAPSULES/SYRUPS/SPRINKLES | YES 1 NO 2 DON'T KNOW 8 | YES 1 NO 2 DON'T KNOW 8 | YES 1 NO 2 DON'T KNOW 8 |
| 506 | पिछले छः महीनों में क्या (NAME) को कोई के बीजों के लिए कोई दवा दी गई थी? Was (NAME) given any drug for intestinal worms in the last six months? | YES 1 NO 2 DON'T KNOW 8 | YES 1 NO 2 DON'T KNOW 8 | YES 1 NO 2 DON'T KNOW 8 |
| 507 | क्या आपके पास कोई ऐसा कार्ड या अन्य दस्तावेज है जिसमें (NAME) को लगातार नाम दीजों के बारे में लिखा है? IF YES: क्या मैं कृपया इसे दें सकती हूँ? 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? | YES, SEEN 1 (SKIP TO 509) ← YES, NOT SEEN 2 (SKIP TO 512) ← NO CARD 3 | YES, SEEN 1 (SKIP TO 509) ← YES, NOT SEEN 2 (SKIP TO 512) ← NO CARD 3 | YES, SEEN 1 (SKIP TO 509) ← YES, NOT SEEN 2 (SKIP TO 512) ← NO CARD 3 |
| 508 | क्या आपके पास कार्ड (NAME) की जानकारी नहीं दी गई थी? Did you ever have a vaccination card for (NAME)? | YES 1 (SKIP TO 512) ← NO 2 | YES 1 (SKIP TO 512) ← NO 2 | YES 1 (SKIP TO 512) ← NO 2 |

509

- (1) COPY VACCINATION DATE FOR EACH VACCINE FROM THE CARD.
- (2) WRITE '98' 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 '98' OR '9988' 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 | | |
| TIPV 1 | | | | TIPV 1 | | | TIPV 1 | | |
| TIPV 2 | | | | TIPV 2 | | | TIPV 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>पास प्रीविलियो अभियान में वितरही नहीं मुख्यका शहर, किसान (NAME) को भीड़े दिए और उनके लकड़े मरी हैं, जिनकी जलवायी इस सार्वजनिक अम्बुलेंसी में कही नहीं 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) ← 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) ← 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) ← DON'T KNOW 8</p> |
| 512 | <p>पास प्रीविलियो अभियान में वितरही नहीं मुख्यका शहर, किसान (NAME) को लौगिलियो के लकड़े कीटों द्वारा मरी हैं।</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) ← DON'T KNOW 8</p> | <p>YES 1 NO 2 (SKIP TO 517) ← DON'T KNOW 8</p> | <p>YES 1 NO 2 (SKIP TO 517) ← DON'T KNOW 8</p> |
| 513 | <p>कृपया यूं बताये कि किसान (NAME) को इनमें से कोई दीवार लगा है?</p> <p>Please tell me if (NAME) received any of the following vaccinations:</p> | | | |
| 513A | <p>तबिकिल द्वारा दी गई व्याप्ति के लिए ली-शी-बी, या टीका विकार इन्डेक्स के लिए या बाहु या कब्जे में लगाया जाता है फिल्मी सामाजिक-बहु पर एक नियोन लगा जाता है?</p> <p>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>लौगिलियो की मुख्यका, नियोनी द्वारे मुख में वितरही जाती है, पास प्रीविलियो अभियान में वितरही नहीं मुख्यका नहीं है?</p> <p>Polio vaccine, that is, drops in the mouth, including vaccine received in a Pulse-Polio campaign?</p> | <p>YES 1 NO 2 (SKIP TO 513E) ← DON'T KNOW 8</p> | <p>YES 1 NO 2 (SKIP TO 513E) ← DON'T KNOW 8</p> | <p>YES 1 NO 2 (SKIP TO 513E) ← DON'T KNOW 8</p> |
| 513C | <p>किस प्रीविलियो की पहली कृपया अस्त्र के पहली की प्राप्ति के बाद की गई थी या बाद में?</p> <p>Was the first polio 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>प्रीविलियो की मुख्यका नियोनी जाता ही गई थी।</p> <p>How many times was the oral polio vaccine given?</p> <p>IF MORE THAN 7, RECORD '?'.</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 | की गई थी का दीवानी ये इन्डेमियल प्रातः जावा का निकास में लगाया जाता है और बाही-बाही पोलियो की शुराक के पास भी दीवाना जाता है? A DPT vaccination, that is, an injection given in the thigh or buttocks, sometimes at the same time as polio drops? | 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 | की गई थी का दीवानी बिल्ली बार दिया गया था? How many times was a DPT vaccination given? IF MORE THAN 7, RECORD '7'. | NUMBER OF TIMES <input type="text"/> | NUMBER OF TIMES <input type="text"/> | NUMBER OF TIMES <input type="text"/> |
| 513G | पोलियो के दीवाने शुराक के लिए ऊपरी अंग के दिया गया DPPV इन्डेमियल प्रातः जावा बिल्ली शुराक के दीवाने यही नमस्कार में दिया जाता है? An DPPV injection that is given in the upper arm to protect against polio, often at the same time as oral polio drops? | YES 1 NO 2 (SKIP TO 513H) ← DON'T KNOW 8 | YES 1 NO 2 (SKIP TO 513H) ← DON'T KNOW 8 | YES 1 NO 2 (SKIP TO 513H) ← DON'T KNOW 8 |
| 513H | DPPV इन्डेमियल दीवानी बार दिया गया था? How many times was an DPPV vaccination given? IF MORE THAN 7, RECORD '7'. | NUMBER OF TIMES <input type="text"/> | NUMBER OF TIMES <input type="text"/> | NUMBER OF TIMES <input type="text"/> |
| 513I | पेन्टेवेल दीवाने इन्डेमियल यों जावा का निकास में लगाया जाता है, काफी-काफी यह बिल्ली की शुराक से साथ दिया जाता है? A pentavalent vaccine/injection that is given in the thigh or buttocks, sometimes given at the same time as polio drops? | 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 | पेन्टेवेल दीवानी बार दिया गया था? How many times was a pentavalent vaccination given? IF MORE THAN 7, RECORD '7'. | NUMBER OF TIMES <input type="text"/> | NUMBER OF TIMES <input type="text"/> | NUMBER OF TIMES <input type="text"/> |
| 513K | जावा (NAME) को हेपाटाइटिस बी का दीवाना फ्रीम जावा था? Was (NAME) given an injection at birth to prevent Hepatitis B? | 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 | जावा हेपाटाइटिस बी का पहला दीवाना जावा के पहले या बाहाहू में दिया गया या जा जावा था? Was the first Hepatitis B vaccine received in the first two weeks after birth or later? | FIRST 2 WEEKS 1 LATER 2 | FIRST 2 WEEKS 1 LATER 2 | FIRST 2 WEEKS 1 LATER 2 |

| NO. | QUESTIONS AND FILTERS | LAST BIRTH NAME _____ | NEXT-TO-LAST BIRTH NAME _____ | SECOND-FROM-LAST BIRTH NAME _____ |
|------|---|---|---|---|
| 513M | हेपेटाइटिस बी वीरा विकारी का फैक्ट दिया गया था? How many times was a Hepatitis B vaccination given? IF MORE THAN 7, RECORD '7'. | NUMBER OF TIMES <input type="text"/> | NUMBER OF TIMES <input type="text"/> | NUMBER OF TIMES <input type="text"/> |
| 513N | नाम (NAME) को रोटावायस डीप्रा विकार दिया गया है, जो डायरीटिक (वाला) की विकारात्मक फैक्ट बहुमूले में साधारणतया के नाम में विद्या दिया गया है? Has (NAME) received a rotavirus vaccine, that is, liquid in the mouth to prevent diarrhoea? | 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 | IF YES: विकारी का रोटावायस डीप्रा फैक्ट दिया गया था? IF YES: How many times was the rotavirus vaccine given? IF MORE THAN 3, RECORD '3'. | NUMBER OF TIMES <input type="text"/> | NUMBER OF TIMES <input type="text"/> | NUMBER OF TIMES <input type="text"/> |
| 513P | नाम (NAME) को जापानी जेनेलेटिक एफेसिलेटिस के लिए डीप्रा फैक्ट दिया गया था? Did (NAME) ever receive a JE vaccination against Japanese encephalitis? | 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 | दो वर्ष वर्षीय का फैक्ट दिया गया था? How many times was a JE vaccination given? IF MORE THAN 3, RECORD '3'. | NUMBER OF TIMES <input type="text"/> | NUMBER OF TIMES <input type="text"/> | NUMBER OF TIMES <input type="text"/> |
| 513R | नाम (NAME) को गर्भी गर्भी का एक एक बड़ा का डीलेक्टिक विकार दिया गया था - यह दीप्रा वारी से बच्चों के लिए, जो उम्र महीने की उम्र में वह उम्री वजी उम्र में, बहुमूले में लगावा जाता है? 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? | 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 | गर्भी का डीलेक्टिक विकार का डीप्रा फैक्ट दिया गया था? How many times was a measles or MMR vaccination given? | NUMBER OF TIMES <input type="text"/> | NUMBER OF TIMES <input type="text"/> | NUMBER OF TIMES <input type="text"/> |
| 513T | नाम (NAME) को गर्भी गर्भी 1 बूस्टर की डीप्रा दी गई थी? Was (NAME) ever given a DPT1 booster dose? | 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"/> (SKIP TO 517) | NO <input type="checkbox"/> (SKIP TO 517) | YES <input type="checkbox"/> (SKIP TO 517) |

| NO. | QUESTIONS AND FILTERS | LAST BIRTH | NEXT-TO-LAST BIRTH | SECOND-FROM-LAST BIRTH |
|-----|---|---|---|---|
| | | NAME _____ | NAME _____ | NAME _____ |
| 515 | (NAME) को जन्माता द्वारा प्राप्त-प्री जन्म हे निवारण का? Where did (NAME) receive most of his/her vaccinations? | PUB. HEALTH SECTOR GOVT./MUNICIPAL HOSPITAL 11 AYUSH AYURVEDA 12 YOGA AND NATUROPATHY 13 UNANI 14 SIDDHA 15 HOMEOPATHY 16 SOWA RIGPA (TTM) 17 OTHER 18 (SPECIFY) _____ | PUB. HEALTH SECTOR GOVT./MUNICIPAL HOSPITAL 11 AYUSH AYURVEDA 12 YOGA AND NATUROPATHY 13 UNANI 14 SIDDHA 15 HOMEOPATHY 16 SOWA RIGPA (TTM) 17 OTHER 18 (SPECIFY) _____ | PUB. HEALTH SECTOR GOVT./MUNICIPAL HOSPITAL 11 AYUSH AYURVEDA 12 YOGA AND NATUROPATHY 13 UNANI 14 SIDDHA 15 HOMEOPATHY 16 SOWA RIGPA (TTM) 17 OTHER 18 (SPECIFY) _____ |
| | 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) | GOVT. DISP. 19 UHC/UHP/UFWC 20 CHC/RUR. HOSPI/ BLOCK PHC 21 PHC/ADDITIONAL PHC 22 SUB-CENTRE 23 GOVT. MOBILE CLINIC 24 CAMP 25 ANGANWADI/CDS CENTRE 26 PULSE POLIO 27 OTHER PUBLIC SECT. HEALTH FACILITY 28 NGO/TRUST HOSPI/ CLINIC 31 | GOVT. DISP. 19 UHC/UHP/UFWC 20 CHC/RUR. HOSPI/ BLOCK PHC 21 PHC/ADDITIONAL PHC 22 SUB-CENTRE 23 GOVT. MOBILE CLINIC 24 CAMP 25 ANGANWADI/CDS CENTRE 26 PULSE POLIO 27 OTHER PUBLIC SECT. HEALTH FACILITY 28 NGO/TRUST HOSPI/ CLINIC 31 | GOVT. DISP. 19 UHC/UHP/UFWC 20 CHC/RUR. HOSPI/ BLOCK PHC 21 PHC/ADDITIONAL PHC 22 SUB-CENTRE 23 GOVT. MOBILE CLINIC 24 CAMP 25 ANGANWADI/CDS CENTRE 26 PULSE POLIO 27 OTHER PUBLIC SECT. HEALTH FACILITY 28 NGO/TRUST HOSPI/ CLINIC 31 |
| | PVT. HEALTH SECTOR PVT. HOSPITAL 41 PVT. DOCTOR/ CLINIC 42 PVT. PARAMEDIC 43 AYUSH AYURVEDA 44 YOGA AND NATUROPATHY 45 UNANI 46 SIDDHA 47 HOMEOPATHY 48 SOWA RIGPA (TTM) 49 OTHER 50 (SPECIFY) _____ | PVT. HEALTH SECTOR PVT. HOSPITAL 41 PVT. DOCTOR/ CLINIC 42 PVT. PARAMEDIC 43 AYUSH AYURVEDA 44 YOGA AND NATUROPATHY 45 UNANI 46 SIDDHA 47 HOMEOPATHY 48 SOWA RIGPA (TTM) 49 OTHER 50 (SPECIFY) _____ | PVT. HEALTH SECTOR PVT. HOSPITAL 41 PVT. DOCTOR/ CLINIC 42 PVT. PARAMEDIC 43 AYUSH AYURVEDA 44 YOGA AND NATUROPATHY 45 UNANI 46 SIDDHA 47 HOMEOPATHY 48 SOWA RIGPA (TTM) 49 OTHER 50 (SPECIFY) _____ | PVT. HEALTH SECTOR PVT. HOSPITAL 41 PVT. DOCTOR/ CLINIC 42 PVT. PARAMEDIC 43 AYUSH AYURVEDA 44 YOGA AND NATUROPATHY 45 UNANI 46 SIDDHA 47 HOMEOPATHY 48 SOWA RIGPA (TTM) 49 OTHER 50 (SPECIFY) _____ |
| | PHARMACY/ DRUGSTORE 51 OTHER PVT. HEALTH FAC. 52 OTHER 96 (SPECIFY) _____ | PHARMACY/ DRUGSTORE 51 OTHER PVT. HEALTH FAC. 52 OTHER 96 (SPECIFY) _____ | PHARMACY/ DRUGSTORE 51 OTHER PVT. HEALTH FAC. 52 OTHER 96 (SPECIFY) _____ | PHARMACY/ DRUGSTORE 51 OTHER PVT. HEALTH FAC. 52 OTHER 96 (SPECIFY) _____ |

| 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="text"/> DEAD <input type="text"/> (GO TO 516C IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 550) | NAME _____ LIVING <input type="text"/> DEAD <input type="text"/> (GO TO 516C IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 550) | NAME _____ LIVING <input type="text"/> DEAD <input type="text"/> (GO TO 516C IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 550) | |
| 517 | क्या (NAME) की विदेशी वासानी में कभी दूष हुआ था? 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 सूखे में दूष 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 | क्या मैं घर जाना चाहूँगी तो (NAME) को दूध के गहने प्रति दिन बिल्कुल नहीं दिया जाए तो क्या उसे सप्ताह में बच्चे, नामाखन इत्यादि ही सारांश में या सामान में अधिक भूमि की दिया जाया जाए? IF LESS, PROBE: क्या यह सामान में घटा कर या बढ़ा कर गीज़ी भी दिया जाया जाए? 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 SOMETHING LESS 2 ABOUT THE SAME 3 MORE 4 NOTHING TO DRINK 5 DON'T KNOW 8 | MUCH LESS 1 SOMETHAWT LESS 2 ABOUT THE SAME 3 MORE 4 NOTHING TO DRINK 5 DON'T KNOW 8 | MUCH LESS 1 SOMETHAWT 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>जब (NAME) की जाति हुए तो, क्या उसे सामाजिक दें कम, समाजिक उत्तरी ही जाति में, सामाजिक से अधिक जाति के लिए खूब जाया या ना जाये के लिए, ज्ञात बड़ी नहीं जिस समय था?</p> <p>IF LESS, PROBE: क्या उसे सामाजिक दें कम जाये या जाया नहीं जाया 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: Who (he/she) given much less than usual to eat or somewhat less?</p> | MUCH LESS 1 SOMETHAWTH LESS 2 ABOUT THE SAME 3 MORE 4 STOPPED FOOD 5 NEVER GAVE FOOD 6 DON'T KNOW 8 | | MUCH LESS 1 SOMETHAWTH LESS 2 ABOUT THE SAME 3 MORE 4 STOPPED FOOD 5 NEVER GAVE FOOD 6 DON'T KNOW 8 | | MUCH LESS 1 SOMETHAWTH LESS 2 ABOUT THE SAME 3 MORE 4 STOPPED FOOD 5 NEVER GAVE FOOD 6 DON'T KNOW 8 | |
| 520 | <p>कारी के लिए क्या अपने बड़ी से गाहरा गी या दूसरी कारी के?</p> <p>Did you seek advice or treatment for the diarrhoea from any source?</p> | YES 1 NO 2 (SKIP TO 525) ← | | YES 1 NO 2 (SKIP TO 525) ← | | YES 1 NO 2 (SKIP TO 525) ← | |
| 521 | <p>अपने बड़ी से गाहरा गी या दूसरी कारी के विपरीत अपने जाए तो?</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>PUB. HEALTH SECTOR</p> <p>GOVT./MUNICIPAL</p> <p>HOSPITAL A</p> <p>AYUSH</p> <p>AYURVEDA B</p> <p>YOGA AND</p> <p>NATUROPATHY C</p> <p>UNANI D</p> <p>SIDDHA E</p> <p>HOMEOPATHY F</p> <p>SOWA RIGPA G</p> <p>(TTM) H</p> <p>OTHER (SPECIFY)</p> <p>GOVT. DISP. I</p> <p>UHC/UHP/UFWC J</p> <p>CHC/RUR. HOSP/</p> <p>BLOCK PHC K</p> <p>PHC/ADDITIONAL</p> <p>PHC L</p> <p>SUB-CENTRE/</p> <p>ANM M</p> <p>GOVT. MOBILE</p> <p>CLINIC N</p> <p>CAMP O</p> <p>ANGANWADI/CDSCS</p> <p>CENTRE P</p> <p>ASHA Q</p> <p>OTHER PUBLIC</p> <p>HEALTH</p> <p>SECTOR R</p> <p>NGO/TRUST HOSP./</p> <p>CLINIC S</p> <p>PVT. HEALTH SECTOR</p> <p>PVT. HOSPITAL T</p> <p>PVT. DOCTOR/</p> <p>CLINIC U</p> <p>PVT. PARAMEDIC V</p> <p>AYUSH</p> <p>AYURVEDA W</p> <p>YOGA AND</p> <p>NATUROPATHY X</p> <p>UNANI Y</p> <p>SIDDHA Z</p> <p>HOMEOPATHY AA</p> <p>SOWA RIGPA AB</p> <p>(TTM) AC</p> <p>(SPECIFY)</p> <p>PHARMACY/</p> <p>DRUGSTORE AD</p> <p>OTHER PRIVATE</p> <p>HEALTH</p> <p>SECTOR AE</p> <p>OTHER SOURCE</p> <p>SHOP BA</p> <p>TRADITIONAL</p> <p>HEALER BB</p> <p>FRIEND/RELATIVE BC</p> <p>OTHER BX</p> <p>(SPECIFY)</p> | <p>PUB. HEALTH SECTOR</p> <p>GOVT./MUNICIPAL</p> <p>HOSPITAL A</p> <p>AYUSH</p> <p>AYURVEDA B</p> <p>YOGA AND</p> <p>NATUROPATHY C</p> <p>UNANI D</p> <p>SIDDHA E</p> <p>HOMEOPATHY F</p> <p>SOWA RIGPA G</p> <p>(TTM) H</p> <p>OTHER (SPECIFY)</p> <p>GOVT. DISP. I</p> <p>UHC/UHP/UFWC J</p> <p>CHC/RUR. HOSP/</p> <p>BLOCK PHC K</p> <p>PHC/ADDITIONAL</p> <p>PHC L</p> <p>SUB-CENTRE/</p> <p>ANM M</p> <p>GOVT. MOBILE</p> <p>CLINIC N</p> <p>CAMP O</p> <p>ANGANWADI/CDSCS</p> <p>CENTRE P</p> <p>ASHA Q</p> <p>OTHER PUBLIC</p> <p>HEALTH</p> <p>SECTOR R</p> <p>NGO/TRUST HOSP./</p> <p>CLINIC S</p> <p>PVT. HEALTH SECTOR</p> <p>PVT. HOSPITAL T</p> <p>PVT. DOCTOR/</p> <p>CLINIC U</p> <p>PVT. PARAMEDIC V</p> <p>AYUSH</p> <p>AYURVEDA W</p> <p>YOGA AND</p> <p>NATUROPATHY X</p> <p>UNANI Y</p> <p>SIDDHA Z</p> <p>HOMEOPATHY AA</p> <p>SOWA RIGPA AB</p> <p>(TTM) AC</p> <p>(SPECIFY)</p> <p>PHARMACY/</p> <p>DRUGSTORE AD</p> <p>OTHER PRIVATE</p> <p>HEALTH</p> <p>SECTOR AE</p> <p>OTHER SOURCE</p> <p>SHOP BA</p> <p>TRADITIONAL</p> <p>HEALER BB</p> <p>FRIEND/RELATIVE BC</p> <p>OTHER BX</p> <p>(SPECIFY)</p> | <p>PUB. HEALTH SECTOR</p> <p>GOVT./MUNICIPAL</p> <p>HOSPITAL A</p> <p>AYUSH</p> <p>AYURVEDA B</p> <p>YOGA AND</p> <p>NATUROPATHY C</p> <p>UNANI D</p> <p>SIDDHA E</p> <p>HOMEOPATHY F</p> <p>SOWA RIGPA G</p> <p>(TTM) H</p> <p>OTHER (SPECIFY)</p> <p>GOVT. DISP. I</p> <p>UHC/UHP/UFWC J</p> <p>CHC/RUR. HOSP/</p> <p>BLOCK PHC K</p> <p>PHC/ADDITIONAL</p> <p>PHC L</p> <p>SUB-CENTRE/</p> <p>ANM M</p> <p>GOVT. MOBILE</p> <p>CLINIC N</p> <p>CAMP O</p> <p>ANGANWADI/CDSCS</p> <p>CENTRE P</p> <p>ASHA Q</p> <p>OTHER PUBLIC</p> <p>HEALTH</p> <p>SECTOR R</p> <p>NGO/TRUST HOSP./</p> <p>CLINIC S</p> <p>PVT. HEALTH SECTOR</p> <p>PVT. HOSPITAL T</p> <p>PVT. DOCTOR/</p> <p>CLINIC U</p> <p>PVT. PARAMEDIC V</p> <p>AYUSH</p> <p>AYURVEDA W</p> <p>YOGA AND</p> <p>NATUROPATHY X</p> <p>UNANI Y</p> <p>SIDDHA Z</p> <p>HOMEOPATHY AA</p> <p>SOWA RIGPA AB</p> <p>(TTM) AC</p> <p>(SPECIFY)</p> <p>PHARMACY/</p> <p>DRUGSTORE AD</p> <p>OTHER PRIVATE</p> <p>HEALTH</p> <p>SECTOR AE</p> <p>OTHER SOURCE</p> <p>SHOP BA</p> <p>TRADITIONAL</p> <p>HEALER BB</p> <p>FRIEND/RELATIVE BC</p> <p>OTHER BX</p> <p>(SPECIFY)</p> | | | |

| NO. | QUESTIONS AND FILTERS | LAST BIRTH | | | NEXT-TO-LAST BIRTH | | | SECOND-FROM-LAST BIRTH | | |
|------|--|---|--|---|--|---|--|--|--|---------------|
| | | NAME _____ | | | NAME _____ | | | NAME _____ | | |
| 522 | CHECK 521: | <input type="checkbox"/> TWO OR MORE CODES CIRCLED | <input type="checkbox"/> ONLY ONE CODE CIRCLED | (SKIP TO 524) | <input type="checkbox"/> TWO OR MORE CODES CIRCLED | <input type="checkbox"/> ONLY ONE CODE CIRCLED | (SKIP TO 524) | <input type="checkbox"/> TWO OR MORE CODES CIRCLED | <input type="checkbox"/> ONLY ONE CODE CIRCLED | (SKIP TO 524) |
| 523 | जहां पहुंची बार बहुत से गलाहू ली या इलाज करवाया? Where did you first seek advice or treatment? USE LETTER CODE FROM 521. | FIRST PLACE <input type="checkbox"/> <input type="checkbox"/> | | FIRST PLACE <input type="checkbox"/> <input type="checkbox"/> | | FIRST PLACE <input type="checkbox"/> <input type="checkbox"/> | | | | |
| 524 | दस दिन से लिलने लिने के बाद, वापसी (NAME) के लिए पहुंची बार गलाहू ली या इलाज करवाया? 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="checkbox"/> <input type="checkbox"/> | | DAYS <input type="checkbox"/> <input type="checkbox"/> | | DAYS <input type="checkbox"/> <input type="checkbox"/> | | | | |
| 525 | जब से उसी बार गुरु हुए, कमा उसी कमी होती हुई या खुद योगे के लिए दिया दिया या दिया जाता? Was (he/she) given any of the following to drink at any time since (he/she) started having the diarrhoea: a. ये भिट्ठे थिए (LOCAL NAME FOR ORS PACKET) से कमा हुआ या दिया गया? A fluid made from a special packet called (LOCAL NAME FOR ORS PACKET)? b. ग्रुइल (OR OTHER LOCAL GRAIN) से कमा हुआ या दिया? Gruel made from rice (OR OTHER LOCAL GRAIN)? | FLUID FROM ORS Pkt..... | YES <input type="checkbox"/> NO <input type="checkbox"/> DK <input type="checkbox"/> | FLUID FROM ORS Pkt..... | YES <input type="checkbox"/> NO <input type="checkbox"/> DK <input type="checkbox"/> | FLUID FROM ORS Pkt..... | YES <input type="checkbox"/> NO <input type="checkbox"/> DK <input type="checkbox"/> | | | |
| 526 | पासीने भीती थी, जब (NAME) को फ़िक्कियां दिए गए थे. In last seven days, was (NAME) given: a. <u>(LOCAL NAME FOR MULTIPLE MICRONUTRIENT POWDER)</u> b. <u>(LOCAL NAME FOR READY TO USE A THERAPEUTIC FOOD SUCH AS PLUMPY NUT)</u> c. <u>(LOCAL NAME FOR READY TO USE SUPPLEMENTAL FOOD SUCH AS PLUMPY DOZ)</u> | a. POWDER..... | YES <input type="checkbox"/> NO <input type="checkbox"/> DK <input type="checkbox"/> | b. POWDER..... | YES <input type="checkbox"/> NO <input type="checkbox"/> DK <input type="checkbox"/> | c. POWDER..... | YES <input type="checkbox"/> NO <input type="checkbox"/> DK <input type="checkbox"/> | | | |
| 526A | CHECK 517: CODE '1' RECORDED | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> YES | <input type="checkbox"/> NO | | | |
| | | (SKIP TO 530) | | (SKIP TO 530) | | (SKIP TO 530) | | | | |

| NO. | QUESTIONS AND FILTERS | LAST BIRTH NAME _____ | NEXT-TO-LAST BIRTH NAME _____ | SECOND-FROM-LAST BIRTH NAME _____ |
|-----|--|--|--|--|
| 527 | वह न मूल हीम के बावंद से न या उसी कीटी जीवि फैप्ट रखा? | 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 दाढ़ के दाढ़ के लिए कुछ (जौर) लिए गया था? | YES 1 NO 2 (SKIP TO 530) ← DON'T KNOW 8 | YES 1 NO 2 (SKIP TO 530) ← DON'T KNOW 8 | YES 1 NO 2 (SKIP TO 530) ← DON'T KNOW 8 |
| 529 | दाढ़ के दाढ़ के लिए (जौर) क्या लिए गये थे? क्योंकि उनके चीज़े? What (else) was given to treat the diarrhoea? Anything else? RECORD ALL TREATMENTS GIVEN: | PILL OR SYRUP ANTIBIOTIC A ANTIMOTILITY B OTHER (NOT ANTI-BIOTIC, ANTI-MOTILITY, OR ZINC) C UNKNOWN PILL OR SYRUP D INJECTION ANTIBIOTIC E NON-ANTIBIOTIC F UNKNOWN INJECTION G INTRAVENOUS (IV) HOME REMEDY/ HERBAL MEDICINE H OTHER X (SPECIFY) | PILL OR SYRUP ANTIBIOTIC A ANTIMOTILITY B OTHER (NOT ANTI-BIOTIC, ANTI-MOTILITY, OR ZINC) C UNKNOWN PILL OR SYRUP D INJECTION ANTIBIOTIC E NON-ANTIBIOTIC F UNKNOWN INJECTION G INTRAVENOUS (IV) HOME REMEDY/ HERBAL MEDICINE H OTHER X (SPECIFY) | PILL OR SYRUP ANTIBIOTIC A ANTIMOTILITY B OTHER (NOT ANTI-BIOTIC, ANTI-MOTILITY, OR ZINC) C UNKNOWN PILL OR SYRUP D INJECTION ANTIBIOTIC E NON-ANTIBIOTIC F UNKNOWN INJECTION G INTRAVENOUS (IV) HOME REMEDY/ HERBAL MEDICINE H OTHER X (SPECIFY) |
| 530 | (NAME) की रिहाई की समांग में क्या कभी खुला हुआ? | YES 1 NO 2 (SKIP TO 532) ← DON'T KNOW 8 | YES 1 NO 2 (SKIP TO 532) ← DON'T KNOW 8 | YES 1 NO 2 (SKIP TO 532) ← DON'T KNOW 8 |
| 531 | धूम्रपान के दौरान धूम्री की ताक गत (NAME) की अंगरी का गड़ी से जावे के लिए तेल लिया गया? | 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 | धूम्रपान की समांग में, (NAME) को क्या कभी अंगरी के ताक गड़ी हुआ? | 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 | फैले की समांग में, क्या (NAME) देने वाली अंगरी-दूधी की सामान्य तरीके द्वारा अंगरी की या अंगरी ताक गड़ी में दरेखाली हुई रही थी? | YES 1 NO 2 (SKIP TO 535) ← DON'T KNOW 8 | YES 1 NO 2 (SKIP TO 535) ← DON'T KNOW 8 | YES 1 NO 2 (SKIP TO 535) ← DON'T KNOW 8 |
| 534 | क्या ये अंगरी से ताक गड़ी या गोद लिये गए अंगरी-दूधी की सामान्य से अलग थी या अंगरी का बदला या बहुत के सामान थी? | 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 यह जानकारी है (पुरावा / बाली) कि साथी बीमारी के बाहर, (NAME) को पिते का प्रतारी (भी के दूष के महिला) विकल्प दिया गया था। क्या उसी समस्या से काम, बरामद उनमें से भी बाहर में या समस्या से आपके पास को विकल्प दिया गया था?</p> <p>IF LESS, PROBE: क्या उसी समस्या से बहुत कम का भीतर कम दीवाने 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>जब (NAME) की (पुरावाली/बाली) हुई थी तो क्या उसी समस्या से काम, बरामद उनमें से भी बाहर में, समस्या से बचिए नामे के लिए दिया गया था या उनके लिए कुछ भी नहीं दिया गया था?</p> <p>IF LESS, PROBE: क्या उसी समस्या से बहुत कम का भीतर का जल बाने 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 | कहा आपने कहाँ से बीमारी के लिए यात्राकृती का द्वारा जलाह या ना जलाह करवाया? Did you seek advice or treatment for the illness from any source? | YES 1 NO 2 (SKIP TO 543) ← | YES 1 NO 2 (SKIP TO 543) ← | YES 1 NO 2 (SKIP TO 543) ← | |
| 539 | अपने जगह से यात्राकृती का द्वारा जलाह या ना जलाह करवाया? Where did you seek advice or treatment? Anywhere else? | PUB. HEALTH SECTOR GOVT./MUNICIPAL HOSPITAL A AYUSH B AYURVEDA C YOGA AND NATUROPATHY D UNANI E SIDDHA F HOMEOPATHY G SOWA RIGPA H (TTM) I OTHER J (SPECIFY) K 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)) | PUB. HEALTH SECTOR GOVT./MUNICIPAL HOSPITAL A AYUSH B AYURVEDA C YOGA AND NATUROPATHY D UNANI E SIDDHA F HOMEOPATHY G SOWA RIGPA H (TTM) I OTHER J (SPECIFY) K | PUB. HEALTH SECTOR GOVT./MUNICIPAL HOSPITAL A AYUSH B AYURVEDA C YOGA AND NATUROPATHY D UNANI E SIDDHA F HOMEOPATHY G SOWA RIGPA H (TTM) I OTHER J (SPECIFY) K | PUB. HEALTH SECTOR GOVT./MUNICIPAL HOSPITAL A AYUSH B AYURVEDA C YOGA AND NATUROPATHY D UNANI E SIDDHA F HOMEOPATHY G SOWA RIGPA H (TTM) I OTHER J (SPECIFY) K |
| | | PVT. HEALTH SECTOR PVT. HOSPITAL T PVT. DOCTOR/ CLINIC U PVT. PARAMEDIC V AYUSH W AYURVEDA X YOGA AND NATUROPATHY Y UNANI Z SIDDHA AA HOMEOPATHY AB SOWA RIGPA AC (TTM) AD OTHER AE (SPECIFY) AF PHARMACY/ DRUGSTORE AG OTHER PVT. HEALTH FAC. AH | PVT. HEALTH SECTOR PVT. HOSPITAL T PVT. DOCTOR/ CLINIC U PVT. PARAMEDIC V AYUSH W AYURVEDA X YOGA AND NATUROPATHY Y UNANI Z SIDDHA AA HOMEOPATHY AB SOWA RIGPA AC (TTM) AD OTHER AE (SPECIFY) AF PHARMACY/ DRUGSTORE AG OTHER PVT. HEALTH FAC. AH | PVT. HEALTH SECTOR PVT. HOSPITAL T PVT. DOCTOR/ CLINIC U PVT. PARAMEDIC V AYUSH W AYURVEDA X YOGA AND NATUROPATHY Y UNANI Z SIDDHA AA HOMEOPATHY AB SOWA RIGPA AC (TTM) AD OTHER AE (SPECIFY) AF PHARMACY/ DRUGSTORE AG OTHER PVT. HEALTH FAC. AH | |
| | | OTHER SOURCE SHOP BA TRADITIONAL HEALER BB FRIEND/RELATIVE BC OTHER BX (SPECIFY) BY | OTHER SOURCE SHOP BA TRADITIONAL HEALER BB FRIEND/RELATIVE BC OTHER BX (SPECIFY) BY | OTHER SOURCE SHOP BA TRADITIONAL HEALER BB FRIEND/RELATIVE BC OTHER BX (SPECIFY) BY | |
| 540 | CHECK 539: | TWO OR ONLY MORE CODES CODE CIRCLED CIRCLED (SKIP TO 542) ← | TWO OR ONLY MORE CODES CODE CIRCLED CIRCLED (SKIP TO 542) ← | TWO OR ONLY MORE CODES CODE CIRCLED CIRCLED (SKIP TO 542) ← | |
| 541 | अपने पहली जगह से यात्राकृती का द्वारा जलाह या ना जलाह किया? Where did you first seek advice or treatment? USE LETTER CODE FROM 539. | FIRST PLACE <input type="text"/> <input type="text"/> | FIRST PLACE <input type="text"/> <input type="text"/> | FIRST PLACE <input type="text"/> <input type="text"/> | |

| NO. | QUESTIONS AND FILTERS | LAST BIRTH NAME _____ | NEXT-TO-LAST BIRTH NAME _____ | SECOND-FROM-LAST BIRTH NAME _____ | | | | | | |
|-----|--|--|--|--|--|--|--|--|--|--|
| 542 | दिनांक द्वारा होने के लिए जिसे दिनांक द्वारा दाना (NAME) के लिए यहां दाना दाना दी गई थी। How many days after the illness began did you first seek advice or treatment for (NAME)? IF THE SAME DAY, RECORD '00'. | DAYS <table border="1"><tr><td></td><td></td></tr></table> | | | DAYS <table border="1"><tr><td></td><td></td></tr></table> | | | DAYS <table border="1"><tr><td></td><td></td></tr></table> | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| 543 | यहां के लिए जिसे दिनांक द्वारा दाना (NAME) के लिए कोई दाना दी गई। At any time during the illness, did (NAME) take any drugs for the illness? | YES 1 NO 2 (SKIP TO 549) ← DON'T KNOW 8 | YES 1 NO 2 (SKIP TO 549) ← DON'T KNOW 8 | YES 1 NO 2 (SKIP TO 549) ← DON'T KNOW 8 | | | | | | |
| 544 | (NAME) के लिए कोई दाना दी गई? What drugs did (NAME) take? Any other drugs? RECORD ALL MENTIONED. | ANTIMALARIAL DRUGS CHLOROQUINE A PRIMAQUINE B SPIFANSIDAR C QUININE D ARTEMISININ COMBINATION THERAPY E OTHER ANTI-MALARIAL F UNKNOWN ANTI-MALARIAL G ANTIBIOTIC DRUG H OTHER DRUGS ASPIRIN I ACETA-MINOPHEN J IBUPROFEN K OTHER X UNKNOWN DRUG Z | ANTIMALARIAL DRUGS CHLOROQUINE A PRIMAQUINE B SPIFANSIDAR C QUININE D ARTEMISININ COMBINATION THERAPY E OTHER ANTI-MALARIAL F UNKNOWN ANTI-MALARIAL G ANTIBIOTIC DRUG H OTHER DRUGS ASPIRIN I ACETA-MINOPHEN J IBUPROFEN K OTHER X UNKNOWN DRUG Z | ANTIMALARIAL DRUGS CHLOROQUINE A PRIMAQUINE B SPIFANSIDAR C QUININE D ARTEMISININ COMBINATION THERAPY E OTHER ANTI-MALARIAL F UNKNOWN ANTI-MALARIAL G ANTIBIOTIC DRUG H OTHER DRUGS ASPIRIN I ACETA-MINOPHEN J IBUPROFEN K OTHER X 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 | जुलाई अंते के लिए जिसे दाना (NAME) के पहली दाना (DRUG(S)) FROM 544 A-G) दाना दी गई? 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 8 | SAME DAY 1 NEXT DAY 2 TWO DAYS AFTER FEVER 3 THREE OR MORE DAYS AFTER FEVER 4 DON'T KNOW 8 | SAME DAY 1 NEXT DAY 2 TWO DAYS AFTER FEVER 3 THREE OR MORE DAYS AFTER FEVER 4 DON'T KNOW 8 | | | | | | |
| 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 | जुलाई अंते के लिए जिसे दाना (NAME) के पहली अर्टेमिसिन कॉम्बिनेशन दाना दी गई थी तो? 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 8 | SAME DAY 1 NEXT DAY 2 TWO DAYS AFTER FEVER 3 THREE OR MORE DAYS AFTER FEVER 4 DON'T KNOW 8 | SAME DAY 1 NEXT DAY 2 TWO DAYS AFTER FEVER 3 THREE OR MORE DAYS AFTER FEVER 4 DON'T KNOW 8 | | | | | | |
| 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 216, ALL ROWS:</p> <p>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><u>(NAME)</u></p> | | 553 |
| 551 | <p>गिर्धरी वार (NAME OF YOUNGEST CHILD) ने क्षीर [इटी] की बी तो उसे कैहाने 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) DON'T KNOW 98</p> | |
| 552 | <p>CHECK 525(a), ALL COLUMNS:</p> <p>NO CHILD RECEIVED FLUID FROM ORS PACKET <input type="checkbox"/> ↓ ANY CHILD RECEIVED FLUID FROM ORS PACKET <input type="checkbox"/></p> | | 555 |
| 553 | <p>क्या आपने कभी ऐसे विशेष डल्पाद के बारे में सुना है जिसे (LOCAL NAME FOR ORS PACKET) कहते हैं और जो दस्त के इनाम में काम आता है?</p> <p>IF SHE HAS NEVER HEARD OF ORS, SHOW GOVERNMENT AND COMMERCIAL ORS PACKETS AND ASK: क्या आपने पहले कभी इस नीमा कोई 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?</p> <p>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 A. UTILIZATION OF ICDS SERVICES

| | | | | | | |
|-----|--|---|---|---|---|---|
| 565 | 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) | | | | | |
| 566 | 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"/> | THIRD-FROM-LAST BIRTH BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/> | FOURTH-FROM-LAST BIRTH BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/> |
| 567 | FROM 212 AND 216 | NAME <input type="text"/> LIVING <input type="checkbox"/> DEAD <input checked="" type="checkbox"/> ↓ (GO TO 565) | NAME <input type="text"/> LIVING <input type="checkbox"/> DEAD <input checked="" type="checkbox"/> ↓ (GO TO 565) | NAME <input type="text"/> LIVING <input type="checkbox"/> DEAD <input checked="" type="checkbox"/> ↓ (GO TO 565) | NAME <input type="text"/> LIVING <input type="checkbox"/> DEAD <input checked="" type="checkbox"/> ↓ (GO TO 565) | NAME <input type="text"/> LIVING <input type="checkbox"/> DEAD <input checked="" type="checkbox"/> ↓ (GO TO 565) |
| 568 | पिछे 12 महीनों के दौरान, क्या (NAME) को आंगनबाड़ी या अंडा, भी, दी, एवं, बेट्टे से कोई यात्रा लिया है? IF NO, PROBE: कोई यात्रा जैसे अनुप्रयोग आमतौर, वज़ाफ़ानी विद्यालय, ग्रामीण स्कूल या शहरी जांच का थिया? During the last 12 months, has (NAME) received any benefits from the anganwadi or ICDS centre? IF NO, PROBE: Any benefits such as supplementary food, growth monitoring, immunizations, health check-ups or education? | YES 1 NO 2 (GO TO 568) ← | YES 1 NO 2 (GO TO 568) ← | YES 1 NO 2 (GO TO 568) ← | YES 1 NO 2 (GO TO 568) ← | YES 1 NO 2 (GO TO 568) ← |
| 569 | पिछे 12 महीनों में, (NAME) को प्राप्त वित्ती आदानप्रदानी/अंडा, भी, दी, एवं, बेट्टे से यात्रा प्राप्त की गई? In the last 12 months, how often has (NAME) received food from the anganwadi/ICDS centre? IF CHILD RECEIVES TAKE-HOME RATIONS FOR DAILY CONSUMPTION WEEKLY OR MONTHLY, CODE "1". | NOT AT ALL 0 ALMOST DAILY 1 AT LEAST ONCE A WEEK 2 AT LEAST ONCE A MONTH 3 LESS OFTEN 4 DON'T KNOW 8 | NOT AT ALL 0 ALMOST DAILY 1 AT LEAST ONCE A WEEK 2 AT LEAST ONCE A MONTH 3 LESS OFTEN 4 DON'T KNOW 8 | NOT AT ALL 0 ALMOST DAILY 1 AT LEAST ONCE A WEEK 2 AT LEAST ONCE A MONTH 3 LESS OFTEN 4 DON'T KNOW 8 | NOT AT ALL 0 ALMOST DAILY 1 AT LEAST ONCE A WEEK 2 AT LEAST ONCE A MONTH 3 LESS OFTEN 4 DON'T KNOW 8 | NOT AT ALL 0 ALMOST DAILY 1 AT LEAST ONCE A WEEK 2 AT LEAST ONCE A MONTH 3 LESS OFTEN 4 DON'T KNOW 8 |
| 570 | पिछे 12 महीनों में, आंगनबाड़ी/अंडा, भी, दी, एवं, बेट्टे से प्राप्त वित्ती आदा (NAME) के व्यवहार की जांच की गई? In the last 12 months, how often has (NAME) had a health check-up from the anganwadi/ICDS centre? | NOT AT ALL 0 AT LEAST ONCE A MONTH 1 LESS OFTEN 2 DON'T KNOW 8 | NOT AT ALL 0 AT LEAST ONCE A MONTH 1 LESS OFTEN 2 DON'T KNOW 8 | NOT AT ALL 0 AT LEAST ONCE A MONTH 1 LESS OFTEN 2 DON'T KNOW 8 | NOT AT ALL 0 AT LEAST ONCE A MONTH 1 LESS OFTEN 2 DON'T KNOW 8 | NOT AT ALL 0 AT LEAST ONCE A MONTH 1 LESS OFTEN 2 DON'T KNOW 8 |
| 571 | पिछे 12 महीनों में, क्या (NAME) को आंगनबाड़ी/अंडा, भी, दी, एवं, बेट्टे से मास्ट्रिक्योलोजी से कोई विद्यालय लिया गया?In the last 12 months, has (NAME) received any immunizations through the anganwadi/ICDS centre? | YES 1 NO 2 DON'T KNOW 8 | YES 1 NO 2 DON'T KNOW 8 | YES 1 NO 2 DON'T KNOW 8 | YES 1 NO 2 DON'T KNOW 8 | YES 1 NO 2 DON'T KNOW 8 |

| | 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 | पिछे 12 महीनों में प्रारम्भ बचपन की देखभाव के लिए या अनुसूची लिया के लिए (NAME) प्रारम्भिकी बार औगवाइलर्ड नहीं थी। या, कहु रघातबी, लियामित था या, नहीं-नहीं सा कभी नहीं? | REG..... 1 OCC..... 2 NOT AT ALL.... 3 DON'T KNOW... 8 | REG..... 1 OCC..... 2 NOT AT ALL.... 3 DON'T KNOW... 8 | REG..... 1 OCC..... 2 NOT AT ALL.... 3 DON'T KNOW... 8 | REG..... 1 OCC..... 2 NOT AT ALL.... 3 DON'T KNOW... 8 | REG..... 1 OCC..... 2 NOT AT ALL.... 3 DON'T KNOW... 8 |
| | 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? | | | | | |
| 563 | पिछे 12 महीनों में (NAME) का वजन लिया जार औगवाइलर्ड नहीं थी। या, केवल में लिया गया? | NOT AT ALL.... 0 (GO TO 565) ← AT LEAST ONCE A MONTH.... 1 AT LEAST ONCE IN 3 MONTHS.. 2 LESS OFTEN.... 3 DON'T KNOW... 8 | NOT AT ALL.... 0 (GO TO 565) ← AT LEAST ONCE A MONTH.... 1 AT LEAST ONCE IN 3 MONTHS.. 2 LESS OFTEN.... 3 DON'T 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 DON'T 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 DON'T 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 DON'T KNOW... 8 (GO TO 565) ← |
| | In the last 12 months, how often has (NAME)'s weight been measured by the anganwadi/ICDS centre? | | | | | |
| 564 | (NAME) का वजन लिये के बाद, अब नहीं थी औगवाइलर्ड नहीं थी। या, काफी ज्यादा या ज्यादा नहीं लिया गया? | YES..... 1 NO..... 2 DON'T KNOW... 8 | YES..... 1 NO..... 2 DON'T KNOW... 8 | YES..... 1 NO..... 2 DON'T KNOW... 8 | YES..... 1 NO..... 2 DON'T KNOW... 8 | YES..... 1 NO..... 2 DON'T KNOW... 8 |
| | After (NAME) was weighed, did you ever receive counselling from the anganwadi/ICDS worker or ANM? | | | | | |
| 565 | जब आप (NAME) के समय बढ़ी ही तो वह आगामी औगवाइलर्ड नहीं थी। या, केवल में ज्यादा जाप प्राप्त किया था? | 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) ← |
| | When you were pregnant with (NAME), did you receive any benefits from the anganwadi/ICDS centre? | | | | | |
| 566 | कठा अमरी हमारे से कोई जाह लिया: | YES NO | YES NO | YES NO | YES NO | YES NO |
| | Did you receive any of the following benefits: | | | | | |
| a. | मनुषाने का दाना? | a. 1 2 | a. 1 2 | a. 1 2 | a. 1 2 | a. 1 2 |
| b. | जाहाज की जाह? | b. 1 2 | b. 1 2 | b. 1 2 | b. 1 2 | b. 1 2 |
| c. | जाहाज और जाहाज बढ़ित जाह? | c. 1 2 | c. 1 2 | c. 1 2 | c. 1 2 | c. 1 2 |
| | Health and nutrition education? | | | | | |

| | 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 | जब आप (NAME) को लालचाल करा रही थी तो आप उन सभी विधायकीयों से जी एस एस दे अपनी सोई लाल मिले थे। When you were breastfeeding (NAME), did you receive any benefits from the anganwadi/CDK centre? | YES 1 NO 2 (GO TO 569) ← DID NOT BREASTFEED ... 3 | YES 1 NO 2 (GO TO 569) ← DID NOT BREASTFEED ... 3 | YES 1 NO 2 (GO TO 569) ← DID NOT BREASTFEED ... 3 | YES 1 NO 2 (GO TO 569) ← DID NOT BREASTFEED ... 3 | YES 1 NO 2 (GO TO 569) ← DID NOT BREASTFEED ... 3 |
| 568 | आप अपनी इनमें से कोई लाल मिला: Did you receive any of the following benefits: a. अनुपूर्ण खाद्यान्? Supplementary food? b. स्वास्थ्य वी चेकअप? Health check-ups? c. स्वास्थ्य और दोष शिक्षा? Health and nutrition education? | 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 |
| 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 <input type="checkbox"/> STERILIZED OTHER <input type="checkbox"/> | | → 615 |
| 603 | CHECK 250 AND 253: HAS HAD A <input type="checkbox"/> HYSTERECTOMY HAS NOT HAD <input type="checkbox"/> A HYSTERECTOMY | | → 615 |
| 604 | CHECK 226: PREGNANT <input type="checkbox"/> NOT PREGNANT OR UNSURE <input type="checkbox"/> | | → 606 |
| 605 | अब मैं भवित्व के बारे में कुछ पर्याप्त जानकारी। अभी आपको जो बच चा होने वाला है, उसके बाद क्या आप और वह चा जाहंगी या आप और वह चा नहीं जाहंगी? 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 NO MORE UNDECIDED/DON'T KNOW | 1 → 607 2 → 609 3 → 615 4 → 613 |
| 606 | अब मैं भवित्व के बारे में कुछ पर्याप्त जानकारी। क्या आपकी जो बच चा जाहंगी या आप कोई (और) बच चा नहीं जाहंगी? 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 NO MORE/NONE SAYS SHE CAN'T GET PREGNANT UNDECIDED/DON'T KNOW | 1 → 609 2 → 609 3 → 615 4 → 612 |
| 607 | CHECK 226: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/> a. आप जब से लेकर और कितने समय तक (अगला) बच चा होने का इतनार करना जाहंगी? How long would you like to wait from now before the birth of (a/another) child? b. अभी आपको जो बच चा होने वाला है, उसके बाद अगला बच चा पिछा होने तक आप कितने समय तक इतनार करना जाहंगी? After the birth of the child you are expecting now, how long would you like to wait before the birth of another child? | MONTHS YEARS SOON/NOW SAYS SHE CAN'T GET PREGNANT OTHER DONT KNOW | 1 → 609 2 → 609 993 → 609 994 → 615 996 → 609 998 → 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 बहुत है कि आपको जारी (और) बच्चा नहीं चाहिए तोकिंग गर्भधारणा दावने के लिए आप निम्न विधि का इस्तेमाल नहीं कर रही हैं। क्या आप बच्चा सकती हैं कि आप विधि का इस्तेमाल कर्ते नहीं कर रही हैं? PROBE: कीर्ति 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>RECORD ALL REASONS MENTIONED.</p> | <p>NOT CURRENTLY MARRIED A</p> <p>FERTILITY-RELATED REASONS</p> <ul style="list-style-type: none"> NOT HAVING SEX B INFREQUENT SEX C MENOPAUSAL D Hysterectomy E CAN'T GET PREGNANT F NOT MENSTRUATED SINCE LAST BIRTH G BREASTFEEDING H FATALISTIC/UP TO GOD I <p>OPPOSITION TO USE</p> <ul style="list-style-type: none"> RESPONDENT OPPOSED J HUSBAND OPPOSED K OTHERS OPPOSED L RELIGIOUS PROHIBITION M <p>LACK OF KNOWLEDGE</p> <ul style="list-style-type: none"> KNOWS NO METHOD N KNOWS NO SOURCE O <p>METHOD-RELATED REASONS</p> <ul style="list-style-type: none"> FEAR OF SIDE EFFECTS/ HEALTH CONCERN P LACK OF ACCESS/TOO FAR Q COSTS TOO MUCH R INCONVENIENT TO USE S INTERFERES WITH BODY'S NORMAL PROCESSES T DON'T LIKE EXISTING METHODS U OTHER X (SPECIFY) <p>DON'T KNOW Z</p> | |
| 612 | <p>CHECK 329: USING A CONTRACEPTIVE METHOD?</p> <p>NOT ASKED <input type="checkbox"/> NO, <input type="checkbox"/> YES, <input type="checkbox"/></p> <p>NOT CURRENTLY USING <input type="checkbox"/> CURRENTLY USING <input type="checkbox"/></p> | | → 615 |
| 613 | <p>क्या आप शोषकी हैं कि एर्भधारण दावने या दोहने के लिए आप अगले 12 महीनों में निम्न जरूर-विरोधक 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 → 615</p> <p>NO 2</p> <p>DON'T KNOW 8</p> | |
| 614 | <p>क्या आप शोषकी हैं कि एर्भधारण दावने या दोहने के लिए आप भवित्व में निम्न भी नम्रत निम्न जरूर-विरोधक 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 तब आपको कीर्ति बच चा नहीं पा और आप अपने पूरे जीवन में होने वाले बच्चे की कुल संख्या की चुन सकती, तो वे किसी बच्चे के होते हैं? 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? PROBE FOR A NUMERIC RESPONSE.</p> | <p>NONE 00 → 617</p> <p>NUMBER <input type="text"/> <input type="text"/></p> <p>OTHER 96 → 617</p> <p>(SPECIFY)</p> | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP | | | | | | | | | | | | | | | |
|---------------------------------|--|--|-------------------------|------|----------------------|------------------|----------------------|-----------------|-----------------------------|---|---|---------------------------------|---|---|----------------|---|---|--|
| 616 | <p>इन बच्चों में से आप जितनी का लड़का होता पसंद करती हैं जितनी का लड़की होता पसंद करती हैं और जिनमें बच्चों के मामले में लकड़ाउडबर्नी होने से कोई पर्याप्त महीना 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> | <table border="1"> <tr> <td>NUMBER</td> <td>BOYS</td> <td>GIRLS</td> <td>EITHER</td> </tr> <tr> <td>OTHER</td> <td colspan="3">96 (SPECIFY)</td> </tr> </table> | NUMBER | BOYS | GIRLS | EITHER | OTHER | 96 (SPECIFY) | | | | | | | | | | |
| NUMBER | BOYS | GIRLS | EITHER | | | | | | | | | | | | | | | |
| OTHER | 96 (SPECIFY) | | | | | | | | | | | | | | | | | |
| 617 | <p>पिछले कुछ महीनों में क्या आपने:</p> <p>In the last few months have you:</p> <ol style="list-style-type: none"> परिवार नियोजन के बारे में रेडियो पर कुछ सुना है? Heard about family planning on the radio? टेलीवीजन पर परिवार नियोजन के बारे में कुछ देखा है? Seen anything about family planning on the television? मध्याह्नपत्र या पत्रिका में परिवार नियोजन के बारे में कुछ पढ़ा है? Read about family planning in a newspaper or magazine? वीवार या हालिंग पर परिवार नियोजन के बारे में कुछ देखा है? Seen anything about family planning on a wall painting or hoarding? परिवार नियोजन के बारे में इंटरनेट पर कुछ देखा है? Seen anything about family planning on the internet? | <p>YES NO</p> <table> <tr> <td>RADIO</td> <td>1</td> <td>2</td> </tr> <tr> <td>TELEVISION</td> <td>1</td> <td>2</td> </tr> <tr> <td>NEWSPAPER OR MAGAZINE</td> <td>1</td> <td>2</td> </tr> <tr> <td>WALL PAINTING OR HOARDING</td> <td>1</td> <td>2</td> </tr> <tr> <td>INTERNET</td> <td>1</td> <td>2</td> </tr> </table> | RADIO | 1 | 2 | TELEVISION | 1 | 2 | NEWSPAPER OR MAGAZINE | 1 | 2 | WALL PAINTING OR HOARDING | 1 | 2 | INTERNET | 1 | 2 | |
| RADIO | 1 | 2 | | | | | | | | | | | | | | | | |
| TELEVISION | 1 | 2 | | | | | | | | | | | | | | | | |
| NEWSPAPER OR MAGAZINE | 1 | 2 | | | | | | | | | | | | | | | | |
| WALL PAINTING OR HOARDING | 1 | 2 | | | | | | | | | | | | | | | | |
| INTERNET | 1 | 2 | | | | | | | | | | | | | | | | |
| 618 | CHECK 301: CURRENTLY MARRIED <input type="checkbox"/> OTHER <input type="checkbox"/> | | → 624 | | | | | | | | | | | | | | | |
| 619 | CHECK 330/330A: USING A CONTRACEPTIVE METHOD? ANY CODE CIRCLED <input type="checkbox"/> NO CODE CIRCLED <input type="checkbox"/> | | → 623 | | | | | | | | | | | | | | | |
| 620 | <p>क्या आप यह बड़ेनी तो यर्म-नियोजक के इस्तेमाल करने का निर्णय - मुख्य रूप में आपका है, मुख्य रूप में आपके पास का है या आप दोनों ने बिलकुर निर्णय निया 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> | <table> <tr> <td>MAINLY RESPONDENT</td> <td>1</td> </tr> <tr> <td>MAINLY HUSBAND</td> <td>2</td> </tr> <tr> <td>JOINT DECISION</td> <td>3</td> </tr> <tr> <td>OTHER</td> <td>6</td> </tr> </table> | MAINLY RESPONDENT | 1 | MAINLY HUSBAND | 2 | JOINT DECISION | 3 | OTHER | 6 | | | | | | | | |
| MAINLY RESPONDENT | 1 | | | | | | | | | | | | | | | | | |
| MAINLY HUSBAND | 2 | | | | | | | | | | | | | | | | | |
| JOINT DECISION | 3 | | | | | | | | | | | | | | | | | |
| OTHER | 6 | | | | | | | | | | | | | | | | | |
| 621 | CHECK 330/330A: WOMAN OR MAN STERILIZED <input type="checkbox"/> OTHER <input type="checkbox"/> | | → 624 | | | | | | | | | | | | | | | |
| 622 | CHECK 250 AND 253: HAS HAD A HYSTERECTOMY <input type="checkbox"/> HAS NOT HAD A HYSTERECTOMY <input type="checkbox"/> | | → 624 | | | | | | | | | | | | | | | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP | | | | | | | | | | | | |
|-------------------------|---|--|------|-------|------|---------------|---|--------|-------------------|---|--------|-------------------------|---|--------|--|
| 623 | <p>मगा आपके पति उसने ही बच में चाहते हैं जितना आप चाहती हैं या वे उसने ज्वावा या कन बच में चाहते हैं। <i>Does your husband want the same number of children that you want, or does he want more or fewer than you want?</i></p> | <p>SAME NUMBER 1 MORE CHILDREN 2 FEWER CHILDREN 3 DON'T KNOW 8</p> | | | | | | | | | | | | | |
| 624 | <p>पति और पत्नी हमेशा सभी चीजों पर सहमत नहीं होते हैं। कृष्णा मुझे बताएं, यदि आप यह सोचती हैं कि पत्नी इतना पति की संभोग के लिए मता करता उल्लिखित है तब:</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> <ul style="list-style-type: none"> a. वह जानती है कि उसके पति को यीर्ग संबंधों से फ़ैलने वाला रोग है। <i>She knows her husband has a sexually transmitted disease.</i> b. जह जानती है कि उसके पति का दूसरी महिलाओं के साथ जीन संबंध है। <i>She knows her husband has sex with other women.</i> c. वह पत्नी हुई है कि उसका संभोग के लिए मन (शुद्ध) नहीं है। <i>She is tired or not in the mood.</i> | <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: right; width: 30%;">YES</td> <td style="text-align: center;">DON'T</td> <td style="text-align: left; width: 30%;">KNOW</td> </tr> <tr> <td style="text-align: right;">HAS STD</td> <td style="text-align: center;">1</td> <td style="text-align: left;">2 8</td> </tr> <tr> <td style="text-align: right;">OTHER WOMEN</td> <td style="text-align: center;">1</td> <td style="text-align: left;">2 8</td> </tr> <tr> <td style="text-align: right;">TIRED/NOT IN MOOD</td> <td style="text-align: center;">1</td> <td style="text-align: left;">2 8</td> </tr> </table> | YES | DON'T | KNOW | HAS STD | 1 | 2 8 | OTHER WOMEN | 1 | 2 8 | TIRED/NOT IN MOOD | 1 | 2 8 | |
| YES | 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 जरूरत हो के लिए विविध संस्थानों से बाहर में बहुत पहले पूछना चाहूँगा। कहे विविध कारणों से बाहर हो जीवंततावाद का अपना लिया जानकारी लाना है ऐसे मात्र इत्याज करने में बेकाम होती है। लेकिन आप बीमार होती है और इसकी सलाह लेना वा इत्याज करना चाहूँगी है, तो इसमें से प्रत्येक क्या आपके लिए जबड़ी समस्या है, जबड़ी समस्या है, वा आपके लिए बहुत 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. अनें के लिए अनुमति लेना? Getting permission to go?</p> <p>b. दातान के लिए देना लेना? Getting money needed for treatment?</p> <p>c. इलाज की दूरी? The distance to the health facility?</p> <p>d. जीर्ण जाने के लिए आवास लेना? Having to take transport?</p> <p>e. आपने जाने के लिए दौड़ी हो चुकी? Finding someone to go with you?</p> <p>f. फिरा हो चुकी हो जीर्ण विवादी व्यक्तिगती नहीं होती? Concern that there may not be a female healthcare provider?</p> <p>g. फिरा हो चुकी हो जीर्ण विवादी व्यक्तिगती ही नहीं होती? Concern that there may not be any healthcare provider?</p> <p>h. फिरा हो चुकी हो इलाजीय उपचार नहीं होती? Concern that there may be no drugs available?</p> | <p>BIG PROBLEM SMALL PROBLEM NO PROBLEM</p> <p>PERMISSION 1 2 3</p> <p>GETTING MONEY 1 2 3</p> <p>DISTANCE 1 2 3</p> <p>TAKING TRANSPORT 1 2 3</p> <p>FINDING SOMEONE 1 2 3</p> <p>NO FEMALE PROVIDER 1 2 3</p> <p>NO PROVIDER 1 2 3</p> <p>NO DRUGS 1 2 3</p> | | | |
| 702 | <p>अब मैं आपकी स्वास्थ्य समस्याएँ से संबंधित कुछ अन्य जबल पूछना चाहूँगा। क्या पिछले 12 महीनों में आपने लियी कारणों से इलाजकारी समस्याएँ थीं?</p> <p>IF YES: आपने लियीं इलाजकारी समस्याएँ नहीं तो?</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'.</p> <p>IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.</p> | <p>NUMBER OF INJECTIONS <table border="1" style="display: inline-table;"><tr><td></td><td></td></tr></table></p> <p>NONE 00 → 704</p> | | | |
| | | | | | |
| 703 | <p>जब आपनी पिछली बार इलाज का लिया था तो वा वा बैलून गोल ही बार प्राप्ति में भी जाने जानी दिया गई थी? जूदे का इलाजकारी लिया 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 3</p> | | | |
| 704 | <p>कभी जलने की दूर जाना करते हो?</p> <p>Have you ever had a blood transfusion?</p> | <p>YES 1</p> <p>NO 2</p> | | | |
| 705 | <p>आपका बहुत ज्यादा लिमोट कुर बेन पीती है, वा बहुत लिया पीती है, वा लिम्कुल पीती है?</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>औसतम्, आपका आप और दूसरे लिया लियाया गया है?</p> <p>On average, how many cigarettes do you currently smoke each day?</p> | <p>CIGARETTES <table border="1" style="display: inline-table;"><tr><td></td><td></td></tr></table></p> | | | |
| | | | | | |
| 707 | <p>आप कब से लियायी होते हैं लियायी ही होती है?</p> <p>For how long have you been smoking cigarettes regularly?</p> <p>IF LESS THAN 1 MONTH, RECORD WEEKS;</p> <p>IF LESS THAN 2 YEARS, RECORD MONTHS;</p> <p>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> | | | |
| 708 | <p>आपका बहुत ज्यादा जान पीती है, लिया पीती है, वा लिम्कुल पीती है?</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 | अपरतम, आजकल आप लिंगी कितनी बीड़ी पार्ही होती है? 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 पार्ही होती है? 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 MONTHS 2 YEARS 3 NEVER SMOKED REGULARLY 995 <input type="text"/> <input type="text"/> <input type="text"/> | |
| 711 | आप आजकल आप लिंगी अथवा प्रयार में अन्यथा लिंगी या लेखन करती हैं? Do you currently smoke or use tobacco in any other form? | YES 1 NO 2 | → 715 |
| 712 | आजकल आप लिंगी अथवा प्रयार में अन्यथा लिंगी या लेखन करती हैं? Any other form? 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' CIRCLED | OTHER <input type="text"/> | → 715 |
| 713 | लिंगी वा प्रयार अन्य लुप्तपात्र अद्वितीय अथवा अन्यथा करती हैं: लगातार हर दिन, हर दिन में एक बार या साथ में यह बार से भी कम साथ? 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 अन्यथा अद्वितीय अथवा अन्यथा करती 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 USED REGULARLY 995 <input type="text"/> <input type="text"/> <input type="text"/> | |
| 715 | CHECK 705, 708, AND 711: CURRENTLY SMOKES OR USES TOBACCO 705 OR 708=1 OR 2, <input type="text"/> OR 711=1 | OTHER <input type="text"/> | → 719 |
| 716 | * आपने पिछले 12 महीने के दौरान कभी भी, अन्यथा लिंगी या लेखन भी आप अन्यथा का लिंगी या प्रयार लिंगी हैं? 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 क्या आपने लिंगी लिंगिं या का लेखन भी आप अन्यथा लिंगी हैं? 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 सुसाइटों के द्वारा, जब आपको शुश्राव दीजने या फिरी भी जा से नहीं पर लिख न करने का सुझाव दिया ? During any of these visits, were you advised to quit smoking or using tobacco in any other form? | YES NO 1 2 | |
| 719 | पिछो 30 दिनों में, (आपके घरावा) फिरी ने आपके पार से आपका बही जा से नहीं पर शुश्राव दिया नहीं कर उपरिधि थी ? In the last 30 days, did someone (other than you) smoke in your home or anywhere else when you were present? | YES NO 1 2 | |
| 720 | जब आप शराब पीती हैं ? Do you drink alcohol? | YES NO 1 2 | → 724 |
| 721 | प्रायः आप फिरी का शराब पीती हैं : ताजात हुए विन, लगभग हुक्की में या बार या हुक्की 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 ABOUT ONCE A WEEK LESS THAN ONCE A WEEK 1 2 3 | |
| 722 | प्रायः आप फिरी घर की शराब का गिरव करती हैं ? What type of alcohol do you usually drink? RECORD ALL MENTIONED. | TADI MADI COUNTRY LIQUOR BEER WINE HARD LIQUOR OTHER (SPECIFY) | A B C D E X |
| 723 | अपने घर से नियमित तरीके से शराब की लेती है ? 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 MONTHS YEARS 1 2 3 NEVER DRANK ALCOHOL REGULARLY 995 | |
| 724 | जब आपने कभी फिरी बीमारी के बारे में सुना है फिर तबाहिया या ही भी कहते हैं ? Have you ever heard of an illness called tuberculosis or TB? | YES NO 1 2 | → 728 |
| 725 | तबाहिया [टी बी] एक बीमारी है जो दूसरे बीमारों को फिर दबाना पड़ता है ? PROBE: फिरी अन्य जगह में ? How does tuberculosis spread from one person to another? PROBE: Any other ways? RECORD ALL MENTIONED. | THROUGH THE AIR WHEN COUGHING OR SNEEZING THROUGH SHARING UTENSILS THROUGH TOUCHING A PERSON WITH TB THROUGH FOOD THROUGH SEXUAL CONTACT THROUGH MOSQUITO BITES OTHER (SPECIFY) DON'T KNOW Z | A B C D E F X |
| 726 | जब आपने [टी बी] को लीक दिया जा सकता है ? Can tuberculosis be cured? | YES NO DON'T KNOW 1 2 3 | |
| 727 | यदि आपकी परिवार के फिरी सदस्य नहीं तबाहिया [टी बी] हो जाता है तो क्या आप इसे सुन रखना चाहती या नहीं ? If a member of your family got tuberculosis, would you want it to remain a secret or not? | YES, REMAIN A SECRET NO DON'T KNOW/NOT SURE/DEPENDS 1 2 3 | |

| NO | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|---|---|---|
| 729 | A. या विषयात आपनी क्या? Do you currently have: | <input type="checkbox"/> या विषयी लागत लाग लेना? Have you sought treatment for this problem? | |
| | a. मधुमेह [सारकरीवाच] Diabetes? | CURRENTLY HAVE YES 1 → NO 2 DK 3 ↓ | YES 1 NO 2 |
| | b. उच्च रक्त दबाप [हाइपोलार्टेन्स] Hypertension? | YES 1 → NO 2 DK 3 ↓ | 1 2 |
| | c. रोका [जाहाज] विहिंग गूगारी या अन्य संबंधी रोग A chronic respiratory disease including asthma? | YES 1 → NO 2 DK 3 ↓ | 1 2 |
| | d. ग्रोडार्ड या जाव या ताराराद संबंधी रिक्ति [रोग] Goitre or any other thyroid disorder? | YES 1 → NO 2 DK 3 ↓ | 1 2 |
| | e. बींदू हृदय रोग Any heart disease? | YES 1 → NO 2 DK 3 ↓ | 1 2 |
| | f. कैंसर Cancer? | YES 1 → NO 2 DK 3 ↓ | 1 2 |
| | g. बींदू प्रोस्टा मूर्दा [विकेन्सी] संबंधी रिक्ति [रोग] Any chronic kidney disorder? | YES 1 → NO 2 DK 3 ↓ | 1 2 |
| 729 | या विषयी एवं वाराण्य बीमाकारी या एवं वाराण्य बीमा के अन्तर्गत आपनी है? Are you covered by any health scheme or any health insurance? | YES NO | 1 2 → 731 |
| 730 | वाराण्य बीमाकारी या वाराण्य बीमा किस प्रकार है? 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) |
| 731 | आप निम्न लिख विविध वाराण्य बीमावाली की व्यापक विविध वाराण्य बीमावाली है? निम्नान्त दूसरे विविध वाराण्य बीमावाली है? निम्नान्त दूसरे विविध वाराण्य बीमावाली है? How often do you yourself eat the following food items: daily, weekly, occasionally, or never? | DAILY a. दूध या दूधी? Milk or curd? b. दाल या फटेलाई? Pulses or beans? c. नक्की वा वाराण्य बीमावाली? Dark green leafy vegetables? d. फूल? Fruits? e. आड़ी? Eggs? f. मांसी? Fish? g. चूपी या गोड़ा? Chicken or meat? h. ताजा तुकड़ा वाराण्य बीमावाली? Fried foods? i. एयर ड्रिंक? Aerated drinks? | WEEKLY a. 1 2 3 4 b. 1 2 3 4 c. 1 2 3 4 d. 1 2 3 4 e. 1 2 3 4 f. 1 2 3 4 g. 1 2 3 4 h. 1 2 3 4 i. 1 2 3 4 NEVER |
| 732 | CHECK COVER PAGE: HOUSEHOLD SELECTED FOR STATE MODULE? | NO <input type="checkbox"/> YES <input type="checkbox"/> | * 1140 * 801 |

SECTION 8: SEXUAL LIFE

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|--|--|----------------|
| 801 | CHECK 315 AND 316: HAS NOT HAD SEXUAL INTERCOURSE <input type="checkbox"/> (315 = '2' OR 316 = '00') | HAS HAD SEXUAL INTERCOURSE <input type="checkbox"/> | → 819 |
| 802 | CHECK FOR THE PRESENCE OF OTHERS. BEFORE CONTINUING. MAKE EVERY EFFORT TO ENSURE PRIVACY. READ TO RESPONDENTS: जब मैं आपसे संवादों और लैंगिक जीवन के बारे में कुछ बीर सवाल पूछना चाहूँगी। मैं आपको फिर से विवाहित दिलाती हूँ कि आपके उत्तर पुरी तरह मैं गोपनीय रखे जाना चाहै और किसी बो नहीं बतावे जायेगा। आपर आप किसी उधर का उत्तर नहीं देना चाहे तो मुझे बतावे, मैं जल्द उसे प्रश्न पर चलनी जाऊँगी। 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. | | |
| 803 | CHECK 103: 15-24 <input type="checkbox"/> YEARS OLD 25-49 <input type="checkbox"/> YEARS OLD | | → 805 |
| 804 | जब आपने पहली बार संभोग किया तो क्या कॉन्डोम [निरोध] का इस्तेमाल किया गया था? The first time you had sexual intercourse, was a condom used? | YES 1 NO 2 DON'T KNOW/DON'T REMEMBER 8 | |
| 805 | मैं आपसे आपकी हाल की यौन विविधि के बारे में पूछना चाहूँगी। आपने आखिरी बार संभोग कब किया था? I would like to ask you about your recent sexual activity. When was the last time you had sexual intercourse? 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. | DAYS AGO 1 WEEKS AGO 2 MONTHS AGO 3 YEARS AGO 4 | → 807 → 818 |

| NO. | QUESTIONS AND FILTERS | LAST SEXUAL PARTNER | SECOND-TO-LAST SEXUAL PARTNER |
|-----|---|---|---|
| 806 | आपने इस अन्य व्यक्ति के साथ आविर्द्धी बार संभोग कब किया था? When was the last time you had sexual intercourse with this person? | | DAYS 1 AGO 1 WEEKS 2 AGO 2 MONTHS 3 AGO 3 |
| 807 | आपने आविर्द्धी 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 करते समय प्रत्येक बार क्या आपने कॉटोन [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 आपने 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 06 ACQUAINTANCE 07 SEX WORKER/CLIENT 08 OTHER 96 (SPECIFY) (SKIP TO 812) ← | HUSBAND 01 LIVE-IN PARTNER 02 BOYFRIEND NOT LIVING WITH RESPONDENT 03 OTHER FRIEND 04 RELATIVE 05 CASUAL 06 ACQUAINTANCE 07 SEX WORKER/CLIENT 08 OTHER 96 (SPECIFY) (SKIP TO 812) ← |
| 810 | CHECK 307: | MARRIED ONLY ONCE  ↓ | MARRIED MORE THAN ONCE  (SKIP TO 812) ← |
| 811 | CHECK 316: | FIRST TIME WHEN STARTED LIVING WITH FIRST HUSBAND  ↓ (SKIP TO 813) | FIRST TIME WHEN STARTED LIVING WITH FIRST HUSBAND  ↓ OTHER  ↓ (SKIP TO 813) |
| 812 | पिछले गमव पहले आपने जारी पहला संभोग (पिछले से पहले काले) इस व्यक्ति के साथ किया? How long ago did you first have sexual intercourse with this (second-to-last) person? | DAYS 1 AGO 1 WEEKS 2 AGO 2 MONTHS 3 AGO 3 YEARS 4 AGO 4 | DAYS 1 AGO 1 WEEKS 2 AGO 2 MONTHS 3 AGO 3 YEARS 4 AGO 4 |

| 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 सेक्सिंग 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</p> <table style="margin-left: auto; margin-right: auto;"> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table> | <input type="text"/> | <input type="text"/> | <p>NUMBER OF TIMES</p> <table style="margin-left: auto; margin-right: auto;"> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | | | | | | |
| <input type="text"/> | <input type="text"/> | | | | | | |
| 814. | CHECK 103: | <p>AGE 15-24 <input type="checkbox"/> ↓ (SKIP TO 816) ←</p> | <p>AGE 15-24 <input type="checkbox"/> ↓ (SKIP TO 817) ←</p> | | | | |
| 815. | इस व्यक्ति की उम्र कितनी है? How old is this person? | <p>AGE OF PARTNER</p> <table style="margin-left: auto; margin-right: auto;"> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table> <p>DON'T KNOW 98</p> | <input type="text"/> | <input type="text"/> | <p>AGE OF PARTNER</p> <table style="margin-left: auto; margin-right: auto;"> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table> <p>DON'T KNOW 98</p> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | | | | | | |
| <input type="text"/> | <input type="text"/> | | | | | | |
| 816. | <p>इस व्यक्ति के अलावा, क्या पिछले 12 महीनों में आपने किसी दूसरे व्यक्ति के साथ सेक्सिंग 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 कितने व्यक्तियों के साथ सेक्सिंग 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</p> <table style="margin-left: auto; margin-right: auto;"> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table> <p>DON'T KNOW 98</p> | <input type="text"/> | <input type="text"/> | | |
| <input type="text"/> | <input type="text"/> | | | | | | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|--|---|--|
| 818 | वरपने अपने वीचकाल में कुल यिकादर चिनाने व्यक्तियों के साथ सम्पोत्र किया है? In total, with how many different people have you had sexual intercourse in your lifetime? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF PARTNERS IS GREATER THAN 95, RECORD '95'. | NUMBER OF PARTNERS IN LIFETIME..... DON'T KNOW YES NO | <input type="text"/> <input type="text"/> 98 |
| 819 | PRESENCE OF OTHERS DURING THIS SECTION | CHILDREN <10 MALE ADULTS FEMALE ADULTS | YES NO 2 2 2 |
| 820 | 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 NO | 1 2 → 901 |
| 821 | वह 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)) | PUBLIC HEALTH SECTOR GOVT./MUNICIPAL HOSPITAL AYUSH AYURVEDA YOGA AND NATUROPATHY UNANI SIDDOHA HOMEOPATHY SOWA RIGPA (TTM) OTHER (SPECIFY) GOVT. DISPENSARY UHC/UHP/UFWC CHC/RURAL HOSPITAL/ BLOCK PHC PHC/ADDITIONAL PHC SUB-CENTRE/ANM GOVT. MOBILE CLINIC CAMP ANGANWADI/ICDS CENTRE ASHA OTHER COMMUNITY BASED WORKER OTHER PUBLIC HEALTH SECTOR (SPECIFY) NGO OR TRUST HOSPITAL/ CLINIC PRIVATE HEALTH SECTOR PRIVATE HOSPITAL/CLINIC/ DOCTOR PRIVATE PARAMEDIC PVT. MOBILE CLINIC AYUSH AYURVEDA YOGA AND NATUROPATHY UNANI SIDDOHA HOMEOPATHY SOWA RIGPA (TTM) OTHER (SPECIFY) TRADITIONAL HEALER PHARMACY/DRUGSTORE DAI (TBA) OTHER PRIVATE HEALTH SECTOR (SPECIFY) OTHER SOURCE RATION SHOP OTHER SHOP VENDING MACHINE OTHER (SPECIFY) | A B C D E F G H I J K L M N O P Q R S T U V W X Y Z AA AB AC AD AE AF AG AH AI BA BB BC BX |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|--|--|-------------|
| 822 | वहि जाग चाहती है तो जाग जागे निरोध प्राप्त कर सकती है? If you wanted to, could you yourself get a condom? | YES NO DON'T KNOW/UNSURE | 1 2 5 |
| 823 | CHECK 330 AND 807 : 330 = CODE 'F' OR 807 = YES IN EITHER COLUMN | OTHER <input type="checkbox"/> | → 901 |
| 824 | पिछली बार आपने कहोन या निरोध कहों से लिया था? From where did you obtain the condom last time? | <p>PUBLIC HEALTH SECTOR</p> <p>GOVT./MUNICIPAL HOSPITAL 11</p> <p>AYUSH</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/LHP/LFWC 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</p> <p>BASED WORKER 28</p> <p>OTHER PUBLIC HEALTH</p> <p>SECTOR 29</p> <p>(SPECIFY)</p> <p>NGO OR TRUST HOSPITAL/</p> <p>CLINIC 31</p> <p>PRIVATE HEALTH SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC/</p> <p>DOCTOR 41</p> <p>PRIVATE PARAMEDIC 42</p> <p>PVT. MOBILE CLINIC 43</p> <p>AYUSH</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 61</p> <p>PHARMACY/DRUGSTORE 62</p> <p>DAI (TBA) 63</p> <p>OTHER PRIVATE HEALTH</p> <p>SECTOR 64</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>RATION SHOP 71</p> <p>OTHER SHOP 72</p> <p>VENDING MACHINE 73</p> <p>FRIEND/RELATIVE 74</p> <p>OTHER 96</p> <p>(SPECIFY)</p> <p>DON'T KNOW 98</p> | |

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 |
| 902 | आपके पति की उम्र के विवरें जन्मदिन पर आजु का हो चुका है? How old was your husband on his last birthday? | AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/> | 903 |
| 903 | क्या आपके (पिछले) पति कभी स्कूल गए हैं? Did your (last) husband ever attend school? | YES 1 NO 2 | 905 |
| 904 | आपके पास किस तरह की सबसे ऊंची पढ़ाई होती है? What was the highest grade he completed? | GRADE <input type="checkbox"/> DON'T KNOW 98 | |
| 905 | CHECK 901: CURRENTLY MARRIED <input type="checkbox"/> OTHER <input type="checkbox"/> a. आपके पति का अवधारणा क्या है? अपनी मुख्य काम में कि विन ग्राहन 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 अवधारणा क्या है? अपनी मुख्य काम में कि विन ग्राहन का काम करते हैं? What was your (last) husband's occupation? That is, what kind of work did he mainly do? | | |
| 906 | CHECK 901: CURRENTLY MARRIED <input type="checkbox"/> | OTHER <input type="checkbox"/> | 913 |
| 907 | क्या आपके 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 आपके 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 | आपके 12 महीनों में क्या आपके पति नगरानी तक भागीने का उनसे अलिंक 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 | आपके 12 महीनों में क्या आपके पति नगरानी 6 महीने का उनसे अलिंक 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 आपके पारंपराग काम के लिए, क्या आपके साथ किसी दूसरे 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 | जीसा जी: आप जानती हैं, कुछ महिलाएं खेती काम करती हैं जिसके लिए उन्हें नगर या फैसली धूम के लिए भूमाल दिया जाता है, अन्य महिलाएं लालाल बेचती हैं, और लालाल करती हैं, आपका घर की बेटी या घर के लालाल में हाथ बराती है। आपके साथ किसी दूसरे के लिए काम करता या कोई काम या 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 | यद्यपि आपने पिछले सात दिनों में काम नहीं किया है वही काम आपके पास कोई नीचकरी या अवाधार है जिसमें अपने लूटी, बीमारी, अवकाश, प्रसुति लूटी या किसी अन्य ऐसे घटनाएँ में अनुचितियाँ थीं? 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? | YES 1 NO 2 | 1 → 915 2 → 919 |
| 914 | पिछले 12 महीनों में काम आपने कोई काम किया है? Have you done any work in the last 12 months? | YES 1 NO 2 | 1 → 919 2 → 915 |
| 915 | आपका व्यवसाय क्या है, अर्थात् गृहधर्षण का काम करती है? What is your occupation, that is, what kind of work do you mainly do? | _____ | _____ |
| 916 | आप आप कह करम अपने परिवार के सदस्य के लिए या किसी अन्य के लिए करती हैं या आपका गृह का व्यवसाय है? Do you do this work for a member of your family, for someone else, or are you self-employed? | FOR FAMILY MEMBER 1 FOR SOMEONE ELSE 2 SELF-EMPLOYED 3 | 1 → 917 2 → 918 3 → 919 |
| 917 | आप आप सामाजिक, दूष-बर्बादी में काम करती हैं, किसी विशेष सीमाओं में काम करती हैं या केवल कभी-कभार ही काम करती है? 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 | 1 → 918 2 → 919 3 → 919 |
| 918 | इस काम के लिए काम आपकी नियम भूगतान किया जाता है या कोई बदलु चिन्हहीं हैं, या गृह 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 | 1 → 919 2 → 919 3 → 919 4 → 919 |
| 919 | पिछले 12 महीनों में क्या आप अपने घर से घर नियमित रूप से अलग हो गए (जाता-पिता/माम-मनूर के पार के अतिरिक्त रूप में दूर रही है)? 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? | YES 1 NO 2 | 1 → 921 2 → 920 |
| 920 | पिछले 12 महीनों में क्या आप अपने घर से घर नियमित रूप से अलग हो गए (जाता-पिता/माम-मनूर के पार के अतिरिक्त रूप में दूर रही है)? 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? | YES 1 NO 2 | 1 → 921 2 → 920 |
| 921 | CHECK 301: MARITAL STATUS: CURRENTLY MARRIED <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> | | → 929 |
| 922 | CHECK 918: CASH EARNINGS CODE 1 OR 2 CIRCLED <input type="checkbox"/> OTHER <input type="checkbox"/> | | → 925 |
| 923 | आपके द्वारा कमाए गए राशि-दर्दी का उपयोग किस तरह किया जाए इनका विवरण कीजिए है: मूल्यान्: आप, मूल्यान्: आपके पाति या आप और आपके पाति मिलकर? Who decides how the money you earn will be used: mainly you, mainly your husband, or you and your husband jointly? | RESPONDENT 1 HUSBAND 2 RESPONDENT AND HUSBAND JOINTLY 3 OTHER 6 | 1 → 924 2 → 924 3 → 924 6 → 924 |
| 924 | आप आप कठोरी फिर आप जो राशि-दर्दी कमाती हैं वह आपके पाति जो कमाते हैं आपके अधिक है, कम है या अग्रभाव उतना ही है? 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? | MORE THAN HUSBAND 1 LESS THAN HUSBAND 2 ABOUT THE SAME 3 HUSBAND HAS NO EARNINGS 4 DON'T KNOW 8 | 1 → 926 2 → 926 3 → 926 4 → 926 8 → 926 |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|--|---|-------|
| 925 | आपके पति द्वारा कमाए गए आयों/वैदेयों का उपयोग जिस तरह हिला जाए इसका निर्णय कौन करता है: मुख्यतः आप, मुख्यतः अपने पति या आप और अपने पति निकटस्थी? 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 से जल्द या कोई विवरण के बारे में आमतौर पर कोई निर्णय नियोग नीता है मुख्य या: जल्द, मुख्य या: आपके पालि, आप और आपके पति नियोग नीता है 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 | पर के पहिले सामाजिक या व्यापारिक खरीदारी के बारे में निर्णय आमतौर पर कौन लेता है: मुख्य या: जल्द, मुख्य या: आपके पालि, आप और आपके पति नियोग नीता है 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 मामले के विरिचार या रिह विदाओं के पास जाने के बारे में आमतौर पर कौन निर्णय नीता है: मुख्य या: आप, मुख्य या: आपके पालि, आप और आपके पति नियोग नीता है 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 | कभी आपके अपने पास कोई राष्ट्राधीन है जिसका उपयोग बेसे करना है इस बारे में आप अकेले नियोग नीति करती हैं? Do you have any money of your own that you alone can decide how to use? | YES 1 NO 2 | |
| 930 | कभी आपको इस स्थानों पर सामाजिक अवैतों जाने की या केवल नियोग के माध्यम से की या अनुमति है, या जिसका 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. (ग्रामसभायां) के बाहर के स्थान पर? To places outside this (village/community)? | WITH SOMEONE ELSE ONLY ALONE NOT AT ALL MKT 1 2 3 HEALTH 1 2 3 OUT 1 2 3 | |
| 931 | कभी आपके पास बैंक या बचत खाता है जिसका आप खुद इस्तेमाल करती है? Do you have a bank or savings account that you yourself use? | YES 1 NO 2 | |
| 932 | कभी आपके पास कोई अपना मोबाइल फोन है जिसका उपयोग आप खुद करती है? Do you have any mobile phone that you yourself use? | YES 1 NO 2 | → 934 |
| 933 | कभी विभिन्न (टीनों के) बैन-टेन के लिए आप स्मीवाइल फोन का इस्तेमाल करती है? Do you use your mobile phone for any financial transactions? | YES 1 NO 2 | → 934 |
| 934 | कभी आपने कभी इंटरनेट का इन्टरेस्ट लिया 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 106: LITERACY CODE '2', '3' OR '4' <input type="checkbox"/> CODE '1' OR '5' CIRCLED <input type="checkbox"/> | | → 938 |
| 937 | कभी आप नियोग हुआ संपर्क (SMS) पर कहते हैं? Are you able to read text (SMS) messages? | YES 1 NO 2 | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|---|---|--------|
| 938 | वा आप अकेले या समूह न काप से इस घर के बा विनी अग या 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 | वा आप अकेले या समूह न काप से फली 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 | वा आप इस ज़िले में विनी ऐसे कार्यक्रम के बारे में जानती हैं जिसमें महिलाओं को उनका अपार आवाहन मुल करने या उसे बढ़ावे के लिए कर्तव्य 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 | वा आपने कभी आपना आपार गुदा करने या उसे बढ़ावे के लिए, ऐसे विनी कार्यक्रम से लाभ या लाभ के कारण वा उसे 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) | PRES/J 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 नाम में, क्या इन परिमितियों में पति द्वारा पत्नी को मारना-बीड़ा उचित है: In your opinion, is a husband justified in hitting or beating his wife in the following situations: a. जब वह पति को बिना बाहर बही बाहर आती है? If she goes out without telling him? b. जब वह पति को बच नहीं देती है? If she neglects the house or the children? c. जब वह पति के साथ बहुत करती है? If she argues with him? d. जब वह पति से साथ आविर्भाव लंबाव के लिए बना जाती है? If she refuses to have sex with him? e. जब वह दीवान तरह में बाता नहीं पाती है? If she doesn't cook food properly? f. जब पति उसके आप-आजम पर अदेह बनता है? If he suspects her of being unfaithful? g. जब वह समृद्धि बाली का अवाहन करती है? If she shows disrespect for in-laws? | YES 1 NO 2 DON'T KNOW 3 GOES OUT 1 2 3 NEGL. HS/CHILDREN 1 2 3 ARGUES 1 2 3 REFUSES SEX 1 2 3 POOR COOKING 1 2 3 UNFAITHFUL 1 2 3 DISRESPECT 1 2 3 | |
| 944 | जब पत्नी वह जानती है कि उसके पति को दीवान मन्दिरिया रोग है तो क्या उनमें वह औरना उचित है कि वे संतोष के महाय कीम [निरोग] का दर्शनाल 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 DON'T KNOW 3 | |
| 945 | जब पत्नी वह जानती है कि उसका पति अन्य महिला के साथ दीवान संबंध रखता है तो क्या उनका अपने पति के साथ दीवान संबंध से दबावान 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 DON'T KNOW 3 | |
| 946 | CHECK 301: CURRENTLY MARRIED <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> | | → 1001 |
| 947 | जब आप अपने नहीं करना चाहती हैं तो क्या आप आपने पति को नहीं कर 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 | जब मैं आपसे किसी अन्य विषय के बारे में जानकारी करना चाहती हूँ तब आपने कभी किसी बीमारी के बारे में सुना है कि 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 | जब आपने कभी एच आइ भी 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 सूखना साधनों से आपने एच आइ/एड्स के विषय में जाना है? फॉई ब्रन माइम? 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 भी वह वायरस है जिससे एड्स हो सकता है। जब तो एच आइ भी से बढ़कर होने की संभावना को कम कर सकते हैं यदि वे केवल एक ही ऐसे दोनों साथी से संबंध रखें, जिसे बुट एच आइ भी नहीं और जिसका कोई दूसरा पीछा साथी नहीं 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 3 | |
| 1006 | जब अपने को टक्कर के बाद से एच आइ भी हो सकता है? Can people get HIV from mosquito bites? | YES 1 NO 2 DON'T KNOW 3 | |
| 1007 | जब अपने जब भी सेंधोग करे तो प्रत्येक बार विरोध का एम्बेशन करके एच आइ भी 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 3 | |
| 1008 | जब नोनों गो यून का यून के रसायन चढ़ाने से एच आइ भी हो सकता है? Can people get HIV from blood products or blood transfusions? | YES 1 NO 2 DON'T KNOW 3 | |
| 1009 | अब दुर्दि से जाना चेने पर एच आइ भी हो सकता है? Can people get HIV by injecting drugs? | YES 1 NO 2 DON'T KNOW 3 | |
| 1010 | जब एच आइ भी से पीछिले अपने के माथ खाना खाने से किसी अपने सो एच आइ भी हो सकता है? Can people get HIV by sharing food with a person who has HIV? | YES 1 NO 2 DON'T KNOW 3 | |
| 1011 | जब कोई अन्य उपाय है जिससे अपने एच आइ भी/एड्स होने की संभावना को टाक ला 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 3 | → 1013 |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|------|--|---|------|
| 1012 | <p>अपनि करा चाह सकता है? कीई बहुत उपाय? What can a person do? Anything else?</p> <p>RECORD ALL WAYS MENTIONED.</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 OTHER _____ W (SPECIFY) OTHER _____ X (DSPECIFY) DON'T KNOW Z | |
| 1013 | <p>जाता रहे समस्त हैं जिनमें स्वस्थ लिखने वाले अपनि को एच आइ भी हों?</p> <p>Is it possible for a healthy-looking person to have HIV?</p> | YES 1 NO 2 DON'T KNOW 8 | |
| 1014 | <p>अपा एच आइ भी माँ से उसके बच्चे को हो सकता है? Can HIV be transmitted from a mother to her baby:</p> <p>A. गर्भावास के दौरान? During pregnancy? B. बच्चे के जन्म के दौरान? During delivery? C. बालगान के दौरान? By breastfeeding?</p> | 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 ONE 'YES' <input type="checkbox"/></p> | OTHER <input type="checkbox"/> → 1017 | |
| 1016 | <p>जाता कीर्ति एवं लिंगेष्ट लिंकिला है जो डॉक्टर या नर्स एच आइ से संबंधित महिला को डॉक्टर एच आइ भी को माता से बच्चे से जाने के बारे को कम कर सकता है?</p> <p>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> | YES 1 NO 2 DON'T KNOW 8 | |
| 1017 | <p>जाता वाले लिंगेष्ट 'एली-ट्रिटोवाइरल ड्रग्स' (USE LOCAL NAME(S)) से बारे में सुना है जिने एच आइ वीडाइस में संबंधित व्यक्ति वाले वीडाइ व्यक्ति के लिए डॉक्टर या नर्स से प्राप्त कर सकते हैं?</p> <p>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> | YES 1 NO 2 | |
| 1018 | <p>CHECK 208 AND 215:</p> <p>LAST BIRTH SINCE 2018 <input type="checkbox"/></p> | NO BIRTHS <input type="checkbox"/> → 1033 LAST BIRTH BEFORE 2018 <input type="checkbox"/> → 1033 | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|------|--|--|---------------|
| 1019 | CHECK 414 FOR LAST BIRTH: HAD ANTE-NATAL CARE <input type="checkbox"/> NO ANTE-NATAL CARE <input type="checkbox"/> | | → 1027 |
| 1020 | CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY. | | |
| 1021 | आपके अंतिम जन्म के प्राचलयार्ड जॉर्ज के दीराना निम्न विविधिया में संबंधित कोई भी जूनना दी गई थी? During any of the antenatal visits for your last birth were you given any information about: a. बाल में एच वी दी एवं आइ वी का संक्षण? Babies getting HIV from their mother? b. आप एच वी दी होने से रोकने के लिए क्या कर सकते हैं? Things that you can do to prevent getting HIV? c. आप एच वी के लिए जीवि करा सकते हैं? Getting tested for HIV? | YES NO DK HIV FROM MOTHER 1 2 8 THINGS TO DO 1 2 8 TESTED FOR HIV 1 2 8 | |
| 1022 | प्राचलयार्ड देखभाल के दीरान का यह आपको एच वी दी जीवि कराने के लिए कहा गया था? Were you offered a test for HIV as part of your antenatal care? | YES 1 NO 2 | 1 2 |
| 1023 | मैं जाँच कर परिणाम नहीं जानना चाहती, लेकिन आपके प्राचलयार्ड देखभाल के दीरान का यह आपको एच वी दी जीवि की गई थी? I don't want to know the results, but were you tested for HIV as part of your antenatal care? | YES 1 NO 2 | 1 2 → 1027 |
| 1024 | जाँच 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) | PUBLIC HEALTH SECTOR 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 PRIVATE HEALTH SECTOR 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) OTHER SOURCE HOME 31 CORRECTIONAL FACILITY 32 OTHER 96 (SPECIFY) | |
| 1025 | मैं परिणाम नहीं जानना चाहती लेकिन का यह आपको जीवि का परिणाम मिला? I don't want to know the results, but did you get the results of the test? | YES 1 NO 2 | 1 2 → 1031 |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|------|--|---|--------|
| 1026 | मर्सी महिलाओं की जीवन के बाद प्रत्यार्थी को का मिलना चाहिए, आपको जीवन के पश्च न पा आपको प्रत्यार्थी नेवा लिखी थी। All women are supposed to receive counseling after being tested. After you were tested, did you receive counseling? | YES 1 NO 2 DON'T 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 अपने प्रसव के लिए मर्सी थी, लेकिन वह उसे कहा में से पहले का आपको एच आइ वी की जीवन 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 जीवन का परिणाम नहीं जानना चाहती, लेकिन न पा आपकी उस समय एच आइ वी की जीवन की जानी 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 जीवन का परिणाम नहीं जानना चाहती, लेकिन न पा आपको जीवन 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 | गर्भावास या के दौरान की बर्ती एच आइ वी की जीवन के बाद न पा कभी आपने जीवन करवाई थी? Have you been tested for HIV since that time you were tested during your pregnancy? | YES 1 NO 2 | |
| 1032 | कितने बहुने पहले आपने अपना आविर्द्ध एच आइ वी की जांच करवाई थी? How many months ago was your most recent HIV test? | MONTHS AGO <input type="checkbox"/> TWO OR MORE YEARS 95 | → 1039 |
| 1033 | मैं परिणाम नहीं जानना चाहती हूँ, लेकिन कभी आपकी एच आइ वी की जीवन 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 बहुने पहले आपने अपना आविर्द्ध एच आइ वी की जांच करवाई थी? How many months ago was your most recent HIV test? | MONTHS AGO <input type="checkbox"/> TWO OR MORE YEARS 95 | |
| 1035 | मैं परिणाम नहीं जानना चाहती लेकिन का आपको जीवन 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>जहां तेजी 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>(NAME OF FACILITY/PLACE)</p> | <p>PUBLIC HEALTH SECTOR GOVERNMENT HOSPITAL 11 GOVT. HEALTH CENTRE 12 STAND-ALONE ITC 13 FAMILY PLANNING CLINIC 14 MOBILE CLINIC 15 FIELDWORKER 16 SCHOOL BASED CLINIC 17 OTHER PUBLIC HEALTH SECTOR 18 (SPECIFY)</p> <p>NGO OR TRUST HOSPITAL/CLINIC 20</p> <p>PRIVATE HEALTH SECTOR PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR 21 STAND-ALONE ITC 22 PHARMACY 23 MOBILE CLINIC 24 FIELDWORKER 25 SCHOOL BASED CLINIC 26 OTHER PRIVATE HEALTH SECTOR 27 (SPECIFY)</p> <p>OTHER SOURCE HOME 31 CORRECTIONAL FACILITY 32 OTHER 96 (SPECIFY)</p> | |
| 1037 | <p>स्वास्थ्य आगे ऐसे किसी स्थान से जानती हैं गहरा पर एक आगे की जांच कराने के लिए जीवा जा सकते हैं? Do you know of a place where people can go to get tested for HIV?</p> | <p>YES 1 NO 2</p> | → 1039 |
| 1038 | <p>वह स्थान जहां गए है? और 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>(NAME OF FACILITY/PLACE(S))</p> | <p>PUBLIC HEALTHSECTOR GOVERNMENT HOSPITAL A GOVT. HEALTH CENTRE B STAND-ALONE ITC C FAMILY PLANNING CLINIC D MOBILE CLINIC E FIELDWORKER F SCHOOL BASED CLINIC G OTHER PUBLIC HEALTH SECTOR H (SPECIFY)</p> <p>NGO OR TRUST HOSPITAL/CLINIC I</p> <p>PRIVATE HEALTH SECTOR PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR J STAND-ALONE ITC K PHARMACY L MOBILE CLINIC M FIELDWORKER N SCHOOL BASED CLINIC O OTHER PRIVATE HEALTH SECTOR P (SPECIFY)</p> <p>OTHER SOURCE HOME Q CORRECTIONAL FACILITY R OTHER X (SPECIFY)</p> | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|------|--|---|--------|
| 1039 | यदि आप जानती हैं कि इस दुकानदार या वर्किंग के लिंकेता को एच बाड़ भी है, तो उन्हें आप उसमें वित्तिका बढ़ावदेंगी? 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 3 | |
| 1040 | एच बाड़ के लिंकेता ने एच बाड़ की प्रसिद्ध वर्षों को उन वर्ष वर्षों के नामांजिन्हें एच बाड़ भी नहीं है, ऐसा जाने देता बाहिर? 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 3 | |
| 1041 | यदि आपके परिवार के लिंकी सदस्य को एच बाड़ वी/एड्स है तो क्या आप एच बाड़ युग युगला बाहिरी पाएंगी? 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 3 | |
| 1042 | क्या आपको इस बात का डर है कि यदि आप एचबाड़ी जाने अकिं के मारे के संपर्क में आईं तो आपकी एचबाड़ी ही 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 3 | |
| 1043 | यदि आपका कोई रिश्वियार एच बाड़ वी/एड्स के कारण बीमार ही जाता है तो क्या आप उसे वह से उपचार देखाना करने के लिए विपार 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 3 | |
| 1044 | आपकी राज में, यदि कोई महिला शिक्षक को एच बाड़ वी/एड्स है परन्तु 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 3 | |
| 1045 | आपकी राज में, यदि कोई मुख्य शिक्षक को एच बाड़ वी/एड्स है परन्तु 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 3 | |
| 1046 | क्या आप सोचती हैं कि जिन लोगों को एच बाड़ वी/एड्स है उनका इसांक घटकारी अन्य पाताल में उन लोगों के साथ होना चाहिए जिन हैं एच बाड़ भी नहीं हैं? 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 3 | |
| 1047 | क्या आप सोचती हैं कि जिन लोगों को एच बाड़ वी/एड्स है उनकी उमी दफतर में काल करना चाहिए वहीं वह लोगों को एच बाड़ भी नहीं हैं? 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 3 | |
| 1048 | CHECK 1001 AND 1002: HEARD ABOUT HIV/AIDS <input type="checkbox"/> a. एच बाड़ वी/एड्स के बाबत, आप आपने अन्य संकेतार्थी के बारे में सुना है तो वीर गंभीर के मामलों में गैरित है? Apart from HIV/AIDS, have you heard about other infections that can be transmitted through sexual contact? NOT HEARD ABOUT HIV/AIDS <input type="checkbox"/> b. आप आपने उन संकेतार्थी के बारे में सुना है जो वीर संबंध के मामलों में गैरित है? 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 आपसे प्रियते 12 महीनों में आपके स्वास्थ्य के बारे में कुछ ग़म पूछना चाहूँगी। प्रियते 12 महीनों के दौरान क्या आपकी यीं तंत्रिका के स्वास्थ्यमें 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 अद्भुत गंभीर अवस्था में जलवाया अनुभव करती है। प्रियते 12 महीनों के दौरान, क्या आपकी यीं तंत्रिका में अद्भुत अनुभव जलवाया 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 वहिलाओं की योनि में पोड़ा या अन्धार (पीणवार पाव) हो जाता है। प्रियते 12 महीनों के दौरान क्या आपकी योनि में पोड़ा या अन्धार (पीणवार पाव) 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"/></p> <p>OTHER <input type="checkbox"/></p> | | 1101 |
| 1055 | <p>प्रियते बार जब आपकी (PROBLEM FROM 1051/1052/1053) हुई थी, क्या आपने कोई सलाह ली या इनाम करवाया?</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>आप कहां गए थे? 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>PUBLIC HEALTH SECTOR</p> <p>GOVERNMENT HOSPITAL A AYUSH 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 O HEALTH SECTOR O (SPECIFY)</p> <p>NGO OR TRUST HOSPITAL/CLINIC P</p> <p>PRIVATE HEALTH SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR Q AYUSH 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 AD HEALTH SECTOR AD (SPECIFY)</p> <p>OTHER SOURCE</p> <p>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: जब मैं जापाने पहिलाती के गीवन के कुछ अन्य महत्वपूर्ण विषयों के बारे में पूछ चुकता चाहती हैं कि उन्होंने कुछ पूछ बहुत ही व्यक्तिगत (प्रिवेट) हैं। तभापि, आपके जाताव भाइत में महिलाती की विषय को समझाने के लिए बहुत महत्वपूर्ण है। मैं आपको विवाह विवाहित हूँ कि आपके उत्तर पूरी तरह मैं बोधवीय रूप साथें और लिखी को नहीं बताएं और कोई अन्य व्यक्ति पूछ नहीं जाए वापस। कि जापाने दे पूछ पूछ गए थे। अगर जाप सेवा विवाह विवाह का अवाह नहीं देना चाहते, तो सूले बता दीजिये और मैं अपने सवाल तर बचानी चाहती हूँ। 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 <input type="checkbox"/> (1105 TO 1116: READ IN PAST TENSE) <input type="checkbox"/> | NEVER MARRIED OR MARRIED, GAUNA NOT PERFORMED <input type="checkbox"/> | → 1118 |
| 1105 | संरक्षणम्, मैं जापाने कुछ परिवर्तितियों के बारे में पूछते जा रही हैं जो कुछ महिलाती के गाम विषय होती हैं। कुछ या जाता, यदि के आपके (पिछले) पति के साथ आपके संबंधों के विषय में जारूर दीर्घी है। 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 जाप कुछ भर्ते से जाता चाहती (है/थे) कि कहे जाना का मुख्य बहा (है/था)। He (is/was) jealous or angry if you (talk/talked) to other men. b. आपके जाता-जाता के बारे में वह प्राचारीय लगाते (है/थे)। He frequently (accuses/accused) you of being unfaithful. c. वह अपनी अपनी भट्टेजियों के विवाह की अनुमति नहीं देते (है/थे)। He (does/did) not permit you to meet your female friends. d. वह आपके साथकों के वरिकार के जाता आपके लिए को सीमित करते की विविध करते (है/थे)। He (tries/tried) to limit your contact with your family. e. वह जोड़ा ही पूछ जाता चाहते (है/थे) कि आप हमेशा कहा है/थे। He (insists/insisted) on knowing where you (are/were) at all times. f. आपे ऐसों के गामों में पूछ जाए जाए जाती चाहते (है/थे)। He (does/did) not trust you with any money. | YES NO DK | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 1106 | <p>A. अब यदि आप मुझे अनुमति देती हैं की, मुझे आपके (पिछले) पति के मामले आपके संवेदों के बारे में कुछ और पता पूछते हैं। यहा आपके (पिछले) पति में कहीं 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. तुमसे के साथले आपको नीचा लिखाने के लिए कुछ कहा या किया? Say or do something to humiliate you in front of others?</p> <p>b. जापाने का आपके लिए नजदीकी को चोट पहुँचाने का मुख्यालय पहुँचाने की क्षमता दी? Threaten to hurt or harm you or someone close to you?</p> <p>c. आपका अपमान किया का आपकी स्वयं की नजरों में मिलाने की क्षमिता दी? Insult you or make you feel bad about yourself?</p> | <p>B. पिछले 12 महीनों के दौरान प्रायः ऐसी घटनाएँ घटनी बार हुई; असार, 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"> <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>YES</td> <td>1 →</td> <td>a. 1</td> <td>2</td> <td>3</td> </tr> <tr> <td>NO</td> <td>2 ↓</td> <td></td> <td></td> <td></td> </tr> <tr> <td>YES</td> <td>1 →</td> <td>b. 1</td> <td>2</td> <td>3</td> </tr> <tr> <td>NO</td> <td>2 ↓</td> <td></td> <td></td> <td></td> </tr> <tr> <td>YES</td> <td>1 →</td> <td>c. 1</td> <td>2</td> <td>3</td> </tr> <tr> <td>NO</td> <td>2</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> | | EVER | OFTEN | SOME-TIMES | NOT IN THE LAST 12 MONTHS | YES | 1 → | a. 1 | 2 | 3 | NO | 2 ↓ | | | | YES | 1 → | b. 1 | 2 | 3 | NO | 2 ↓ | | | | YES | 1 → | c. 1 | 2 | 3 | NO | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 1107 | <p>A. यहा आपके (पिछले) पति में कहीं आपके साथ इनसे में कुछ भी किया (है / था) : (Does/did) your (last) husband ever do any of the following things to you:</p> <p>a. आपको पकड़ा दिया, आपकी फिरोज़ा या आपकी नस्क बोर्डे बींग उठाएँ कियी? Push you, shake you, or throw something at you?</p> <p>b. आपकी बांध गरोड़ी का आपके बाल गींविये? Twist your arm or pull your hair?</p> <p>c. आपको चपाह लादे? Slap you?</p> <p>d. आपको मुझे गारे या ऐसी लिएँ भीज का प्रयोग किया लिखाने आपकी चोट लगा दें? Punch you with his fist or with something that could hurt you?</p> <p>e. आपको तांत मारी, आपको चर्चादा का आपको बाला? Kick you, drag you or beat you up?</p> <p>f. आपका गला चोड़ने की कोशिश की का आपको जानहृतक कराया? Try to choke you or burn you on purpose?</p> <p>g. आपको चाकू, बन्दूक या फिरी जल्द हवियार से धमाकारा या इनसे हमला किया? Threaten or attack you with a knife, gun, or any other weapon?</p> <p>h. आपके न आइते कुछ भी, नारीयिक बद के प्रयोग से नव्वोग कारने के लिए आपको बदहून किया? Physically force you to have sexual intercourse with him even when you did not want to?</p> <p>i. आपके न आइते कुएँ भी, नारीयिक बद के प्रयोग से आपको कोई और तरह की शीर्ष 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 आइते कुएँ भी, आपको बद कर या कोई और तरह से शीर्ष 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 घटनाएँ घटनी बार हुई; असार, 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"> <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>YES</td> <td>1 →</td> <td>a. 1</td> <td>2</td> <td>3</td> </tr> <tr> <td>NO</td> <td>2 ↓</td> <td></td> <td></td> <td></td> </tr> <tr> <td>YES</td> <td>1 →</td> <td>b. 1</td> <td>2</td> <td>3</td> </tr> <tr> <td>NO</td> <td>2 ↓</td> <td></td> <td></td> <td></td> </tr> <tr> <td>YES</td> <td>1 →</td> <td>c. 1</td> <td>2</td> <td>3</td> </tr> <tr> <td>NO</td> <td>2 ↓</td> <td></td> <td></td> <td></td> </tr> <tr> <td>YES</td> <td>1 →</td> <td>d. 1</td> <td>2</td> <td>3</td> </tr> <tr> <td>NO</td> <td>2 ↓</td> <td></td> <td></td> <td></td> </tr> <tr> <td>YES</td> <td>1 →</td> <td>e. 1</td> <td>2</td> <td>3</td> </tr> <tr> <td>NO</td> <td>2 ↓</td> <td></td> <td></td> <td></td> </tr> <tr> <td>YES</td> <td>1 →</td> <td>f. 1</td> <td>2</td> <td>3</td> </tr> <tr> <td>NO</td> <td>2 ↓</td> <td></td> <td></td> <td></td> </tr> <tr> <td>YES</td> <td>1 →</td> <td>g. 1</td> <td>2</td> <td>3</td> </tr> <tr> <td>NO</td> <td>2 ↓</td> <td></td> <td></td> <td></td> </tr> <tr> <td>YES</td> <td>1 →</td> <td>h. 1</td> <td>2</td> <td>3</td> </tr> <tr> <td>NO</td> <td>2 ↓</td> <td></td> <td></td> <td></td> </tr> <tr> <td>YES</td> <td>1 →</td> <td>i. 1</td> <td>2</td> <td>3</td> </tr> <tr> <td>NO</td> <td>2 ↓</td> <td></td> <td></td> <td></td> </tr> <tr> <td>YES</td> <td>1 →</td> <td>j. 1</td> <td>2</td> <td>3</td> </tr> <tr> <td>NO</td> <td>2</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> | | EVER | OFTEN | SOME-TIMES | NOT IN THE LAST 12 MONTHS | YES | 1 → | a. 1 | 2 | 3 | NO | 2 ↓ | | | | YES | 1 → | b. 1 | 2 | 3 | NO | 2 ↓ | | | | YES | 1 → | c. 1 | 2 | 3 | NO | 2 ↓ | | | | YES | 1 → | d. 1 | 2 | 3 | NO | 2 ↓ | | | | YES | 1 → | e. 1 | 2 | 3 | NO | 2 ↓ | | | | YES | 1 → | f. 1 | 2 | 3 | NO | 2 ↓ | | | | YES | 1 → | g. 1 | 2 | 3 | NO | 2 ↓ | | | | YES | 1 → | h. 1 | 2 | 3 | NO | 2 ↓ | | | | YES | 1 → | i. 1 | 2 | 3 | NO | 2 ↓ | | | | YES | 1 → | j. 1 | 2 | 3 | NO | 2 | | | | |
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| YES | 1 → | j. 1 | 2 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NO | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|------|---|---|--------------------------------|
| 1106 | CHECK 1107 A (a-g): EXPERIENCED PHYSICAL VIOLENCE AT LEAST ONE "YES" <input type="checkbox"/> NOT A SINGLE "YES" <input type="checkbox"/> | | → 1111 |
| 1109 | आपके (पिछले) पति से आपकी के लिये नाप्रय वाल (वह मरण / इसमें से कोई पतलाम) आपके बारे मारी गए 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 BEFORE MARRIAGE | 95 |
| 1110 | आपके (पिछले) पति से आपके नाप्रय कल्पी भी ऐसा कराउ दिया, क्या उनके 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. आपको चाह खुज था, नील गड़े के या दूर तक रहे होता रहा था? You had cuts, bruises or aches? b. आप बैरीर एवं से जल गई थी? You had severe burns? c. आपको नाप्रय में चोट नहीं थी, चोट जाई थी, हड्डी ताक गई थी या मानवी जल से जल गई थी? You had eye injuries, sprains, dislocations, or minor burns? d. आपको काशा चाह दी गया था, झटिया हुए गई थी, दांत टूट गए ये या कोई बाध गई नहीं थी? You had deep wounds, broken bones, broken teeth, or any other serious injury? | YES CUTS/BRUISES SEVERE BURNS EYE INJURIES, SPRAINS DISLOCATIONS, ETC. OTHER SERIOUS INJURY | NO 1 2 1 2 1 2 1 2 |
| 1111 | क्या आपने कभी आपने (पिछले) पति को देंगे तबक चीज़, बल्ड मारा, लाल मारी या चुप्पे देंगे लिया लियमें उन्हे भारीरिका काग में चोट पहुंची जब ते आपकी नहीं मार रहे ये या चोट नहीं पहुंचा 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 NO | 1 2 → 1113 |
| 1112 | पिछले 12 महीनों में, आपने (पिछले) पति के साथ प्राप्त ऐसा लियनी वाल लिया; आपना, बेबत करी करी या करी नहीं? In the last 12 months, how often have you done this to your (last) husband: often, only sometimes, or not at all? | OFTEN SOMETIMES NOT AT ALL | 1 2 3 |
| 1113 | क्या आपके (पिछले) पति अगर फौते हैं (थे)? (Does/did) your (last) husband drink alcohol? | YES NO | 1 2 → 1115 |
| 1114 | वे लियनी वाल अराव गीकर चुल हीले (हो/थे); असर, बेबत करी-करी या करी नहीं? How often (does/did) he get drunk: often, only sometimes, or never? | OFTEN SOMETIMES NEVER | 1 2 3 |
| 1115 | वे वा आप अपने(पिछले) पति से बरती हैं / थी : आप नह करी-करी, करी नहीं? Are (Were) you afraid of your (last) husband: most of the time, sometimes, or never? | MOST OF THE TIME AFRAID SOMETIMES AFRAID | 1 2 3 |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---------|--|---|--|-------------------|-----------------------|----------------|---------|------|---|---|--------|--|--|--|---------|------|---|---|--------|--|--|--|---------|------|---|---|------|--|--|--|--|
| 1116 | CHECK 307: MARRIED MORE THAN ONCE <input checked="" type="checkbox"/> MARRIED ONLY ONCE <input type="checkbox"/> | | * 1118 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1117 | A. वर्ती तक हम आपके (वर्तमान पिछोरे) पति के «वासदार के बारे में पूछ रहे थे। यह हम आपके लिये अब ए पुराने पति के «वासदार 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. a. या लियी पहले पति की भी आपकी मालवाल-पड़ गता) अपना कुछ ऐसा लिया 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? b. आपके या चहोड़े हुए भी कवा अपके कोई पहले पति, आपकी मरीजाम करने के लिए या लियी और लग्ज से जीन खेदी किया बाटों के लिए मजबूर लिया? Did any previous husband physically force you to have intercourse or perform any other sexual acts against your will? c. यदा लियी लियो पति ने आपको दूसरों के द्वारा अपमानित किया था, या या लियमी अप लिया करती है उसकी ओट पहुंचाने के लिए धमकाता था आपका अपमान लिया था या ऐसा लिया था जो आप आपने जाने में चुना नहीं सकते? 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>B. लियी बारे में लियने मरम्मत पहले हुआ था?</p> <p>How long ago did this last happen?</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <th>EVER</th> <th>0 - 11 MONTHS AGO</th> <th>12 OR MORE MONTHS AGO</th> <th>DON'T REMEMBER</th> </tr> <tr> <td>YES 1 →</td> <td>a. 1</td> <td>2</td> <td>3</td> </tr> <tr> <td>NO 2 ↓</td> <td></td> <td></td> <td></td> </tr> <tr> <td>YES 1 →</td> <td>b. 1</td> <td>2</td> <td>3</td> </tr> <tr> <td>NO 2 ↓</td> <td></td> <td></td> <td></td> </tr> <tr> <td>YES 1 →</td> <td>c. 1</td> <td>2</td> <td>3</td> </tr> <tr> <td>NO 2</td> <td></td> <td></td> <td></td> </tr> </table> | EVER | 0 - 11 MONTHS AGO | 12 OR MORE MONTHS AGO | DON'T REMEMBER | YES 1 → | a. 1 | 2 | 3 | NO 2 ↓ | | | | YES 1 → | b. 1 | 2 | 3 | NO 2 ↓ | | | | YES 1 → | c. 1 | 2 | 3 | NO 2 | | | | |
| EVER | 0 - 11 MONTHS AGO | 12 OR MORE MONTHS AGO | DON'T REMEMBER | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| YES 1 → | a. 1 | 2 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NO 2 ↓ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| YES 1 → | b. 1 | 2 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NO 2 ↓ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| YES 1 → | c. 1 | 2 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NO 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1118 | CHECK 301: EVER MARRIED <input checked="" type="checkbox"/> | <p>NEVER MARRIED OR MARRIED, GAUNA NOT PERFORMED <input type="checkbox"/></p> <p>a. जब आप 15 वर्ष की थीं, नवमे कवा आपकी आपको (वर्तमान/कोई भी) पति के अलाला लियी अप लिये ने मारा, पल्पड़ मारा, नाम मारी या कुछ ऐसा लिया लियमी आपकी शारीरिक रूप से चोट पहुंची?</p> <p>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, नवमे कवा आपको कभी लियी ने मारा, पल्पड़ मारा, नाम मारी या कुछ ऐसा लिया लियमी आपकी शारीरिक रूप से चोट पहुंची?</p> <p>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</p> <p>NO 2</p> <p>REFUSED TO ANSWER/NO ANSWER 3 → 1121</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1119 | इस तरह से आपको लियां चोट पहुंचाई? | MOTHER/STEP-MOTHER A | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | किए अन्य? | FATHER/STEP-FATHER B | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Who has hurt you in this way? | SISTER/BROTHER C | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Anyone else? | DAUGHTER/SON D | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | RECORD ALL MENTIONED. | 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) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1120 | पिछोरे 12 महीनों में, (इन स्वरूप/इन व्यक्तियों द्वा) लियनी बारे आपकी शारीरिक रूप से चोट पहुंचाईःअपमान, केवल कमी-कमी, या कमी नहीं? | OFTEN 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | In the last 12 months, how often (has this person/have these persons) physically hurt you: often, only sometimes, or not at all? | SOMETIMES 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | NOT AT ALL 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|------|---|---|------|
| 1121 | CHECK 201, 226, AND 231: EVER BEEN PREGNANT <input type="checkbox"/> NEVER BEEN PREGNANT <input type="checkbox"/> (YES' ON 201 OR 226 OR 231) ↓ | | 1124 |
| 1122 | जापानी मर्यादिता के दौरान अपनी मर्यादिता से खोट पहुंचाने के लिए क्या किसी ने कही थी? या, या या भारतीय समीक्षा का कुछ ऐसा किया ? Has any one ever hit, slapped, kicked, or done anything else to hurt you physically while you were pregnant? | YES NO 1 2 → 1124 | |
| 1123 | जब आप तावेंगी थी तो इस तरह की मर्यादिता खोट पहुंचानेवाली बदला किसी द्वारा की गई? 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 चाहती हूँ कि यह जैसे से कोई चालान/आपसें/आपके कोई भी परिवार की जिसी और के द्वारा किया गया है। आपके जीवन में किसी भी समय, बचपन में या बड़पक द्वारा या, क्या किसी ने कही थी या किया कि या किया करने के लिए किसी भी तरह में अन्युरुप 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 → 1127 NO 2 REFUSED TO ANSWER/ NO ANSWER 3 → 1129 | |
| 1126 | आपके जीवन में किसी भी समय, बचपन में या बड़पक द्वारा या, क्या किसी ने कही थी या किया कि या किया करने के लिए मजबूर किया था? 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 जीवन में किसी वार जब दे दुमा, यह क्या की थी किसी वार 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. निम्नलिखित 12 महीनों में, क्या (आपके/आपके कोई भी) पति ने अन्याय किया जाना चाहिए ने - आपके न चाहती हुए भी, मर्यादिता बन से अपनी करने के लिए आपकी 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. निम्नलिखित 12 महीनों में, क्या किसी वर्षिक अपने न चाहते हुए भी, मर्यादिता बन से अपनी करने के लिए आपकी 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 (b-i) 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"/> a. जब पहली बार आपसे संभोग या कोई अन्य न थी तिक्का के लिए आपको (आपको/आपके कोई भी) परिवार को कोई नहीं प्राप्त मनवूर किया गया तो उस समय आपसी अदु न कर ची? How old were you the first time you were forced to have sexual intercourse or perform any other sexual acts by anyone, including (your/family) husband? b. जब पहली बार आपसे संभोग या कोई अन्य न थी तिक्का के लिए आपसी मनवूर किया गया तो उस समय आपसी अदु न कर ची? How old were you the first time you were forced to have sexual intercourse or perform any other sexual acts? | NEVER MARRIED OR MARRIED, GAUNA NOT PERFORMED <input type="checkbox"/> AGE IN COMPLETED YEARS <input type="checkbox"/> <input type="checkbox"/> DON'T 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 लिए लिखित लिपियों पर आपके बातचीत के उद्देश्य से को पढ़तार्थ आएँगे। आप हुई जगहें लिए, क्या आपने कभी लिप्ति से नहायता नहीं? 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 लिया ये 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 लिप्ति अन्य व्यक्ति को जताया? 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 checked="" type="checkbox"/> 'H' IS NOT CIRCLED <input type="checkbox"/> | | → 1137 |
| 1136 | जब वित्तीय सहायता हेतु कहा गयी थी? कोई अन्य स्थान Where did you go for medical help? Anywhere else? | <p>PUBLIC HEALTH SECTOR</p> <p>GOVT./MUNICIPAL HOSPITAL A AYUSH AYURVEDA B YOGA AND NATEROPATHY C UNANI D SIDHHA E HOMEOPATHY F SOWA RIGPA (TTM) G OTHER H (SPECIFY) I GOVT. DISPENSARY J UHC/UHP/UFWC K CHC/RURAL HOSPITAL/ BLOCK PHC L PHC/ADDITIONAL PHC M SUB-CENTRE/ANM N GOVT. MOBILE CLINIC O CAMP P ANGANWADI/CDS CENTRE Q ASHA R OTHER COMMUNITY- BASED WORKER S OTHER PUBLIC HEALTH SECTOR T PRIVATE HEALTH SECTOR PVT. HOSPITAL U PVT. DOCTOR/CLINIC V PVT. MOBILE CLINIC W AYUSH AYURVEDA X YOGA AND NATEROPATHY Y UNANI Z SIDHHA AA HOMEOPATHY AB SOWA RIGPA (TTM) AC OTHER AD (SPECIFY) AE TRADITIONAL HEALER AF PHARMACY/DRUGSTORE AG DAI (TBA) AH OTHER PRIVATE HEALTH SECTOR AI OTHER AX (SPECIFY) AZ</p> | |
| 1137 | जैसे आप जानती हैं, कभा कभी अपने पिता ने अपनी मां की मारा है? As far as you know, did your father ever beat your mother? | YES 1 NO 2 DON'T KNOW 3 | |
| <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.</p> | | | |
| 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? | YES ONCE 1 YES, MORE THAN ONCE 2 NO 3 | |
| 1139 | INTERVIEWER'S COMMENTS / EXPLANATION FOR NOT COMPLETING THE DOMESTIC VIOLENCE MODULE | | |
| 1140 | RECORD THE TIME. | HOUR MINUTES <input type="text"/> <input type="text"/> | |

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

D 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**

D 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 CONCERN

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 DONT 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 |
| 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 |
| 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 |
| 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 |
| 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 |
| 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: _____

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 | | | | | | | | | | | | |
| INTERVIEWER'S NAME | _____ | _____ | _____ | MONTH | | | | | | | | | | | | |
| RESULT CODE* | _____ | _____ | _____ | YEAR | | | | | | | | | | | | |
| NEXT VISIT: DATE TIME | _____ | _____ | _____ | INT. NO. <table border="1"><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></table> | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| SUPERVISOR'S NAME | _____ | _____ | _____ | RESULT CODE* | | | | | | | | | | | | |
| | | | | TOTAL NUMBER OF VISITS <table border="1"><tr><td> </td><td> </td><td> </td><td> </td></tr></table> | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | SUPERV NUMBER <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |

*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) _____

04

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 परों और अन्यको से इकट्ठी करते हैं वो भरकार की स्वास्थ्य सेवाएं, बचाने में बहुत करेगी। जापका परिवार इस सर्वेक्षण के लिए चुना गया है। इन सवालों में लगभग 30-40 मिनट लगेंगे। आपके सारे जवाब गुप्त रहेंगे और हमारे सर्वेक्षण के सदस्यों के अलावा उन्हीं को भी नहीं बतायेंगे। आपका इस सर्वेक्षण में ज्ञान देना अनिवार्य है। अब अपने मेरे लिये सवाल का जवाब नहीं देना चाहते, तो मैं अपने सवाल पर चला जाऊँगा या आप किसी भी सवाल बहुत शक्ति रोक सकते हैं। यदि आपने इस सर्वेक्षण के बारे में और जानकारी चाहिए, तो अब उम्मीद की संपर्क बताएं, जिनमा कार्ड आपके परिवार को दिया जा जुका है।

क्या आप मुझने कुछ सवाल पूछना चाहते हैं?

ANSWER ANY QUESTIONS AND ADDRESS RESPONDENT'S CONCERNs.

क्या आप इस सर्वेक्षण में जाग 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 MINUTES | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 102 | आपका जन्म किस महीने और साल में हुआ था? In what month and year were you born? | MONTH DON'T KNOW MONTH 98 YEAR DON'T KNOW YEAR 9998 | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 103 | पिछले जन्मदिन पर आपसी 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="checkbox"/> <input type="checkbox"/> |
| 104 | आप विस्तृत रूप से विस्तृत (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 ALWAYS 95 VISITOR 96 | <input type="checkbox"/> <input type="checkbox"/> |
| 105 | पिछले 12 महीनों में क्या आप घरानार एवं महीना वा उससे अधिक अपने पर ने 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 घरानार एवं महीना वा उससे अधिक समय अपने घरानार 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 | पापा आप कभी स्कूल गए हैं? Have you ever attended school? | YES 1 NO 2 | → 110 |
| 108 | आपने कौन सा उम्र तक पढ़ा पाया है? What is the highest grade you completed? | GRADE | <input type="checkbox"/> <input type="checkbox"/> |
| 109 | CHECK 108: GRADE 00-08 <input type="checkbox"/> AND ABOVE <input type="checkbox"/> | | → 112 |
| 110 | बत मैं चाहूंगा तो आप मुझे यह बात पढ़ावर सुनाओ: SHOW A SENTENCE FROM THE LITERACY CARD TO RESPONDENT. IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE: आप इस बात के किसी भी भाषा को पढ़ावर 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  | CODE '1' OR '5' RECORDED  | 113 |
| 112 | क्या आप अखबार या पत्रिका नवगम, 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 नवगम, 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 नवगम, 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 सामाजिक महल में कम से कम एक बार सिनेमापार या विहार में सिनेमा देखते 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 अनुशूलित जाति, अनुशूलित जनजाति अथा शिष्ठी वर्म से हैं या इनमें से कोई नहीं है? 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 आपने आठ दिनों में आरने थोड़े काम किया है? Have you done any work in the last seven days? | YES 1 NO 2 | 123 |
| 120 | यद्यपि आपने शिष्ठी दिनों में काम नहीं किया, तो क्या आपके पास कोई नीकरी या अवश्यक है जिससे आप छुट्टी, बीमारी, अवकाश या किसी अन्य ऐसे कारण से अनुशूलित होते हैं? 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 | विष्टे 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 | विष्टे 12 महीनों में ज्यादातर समय क्या करते 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 RETIRIED 3 UNABLE TO WORK/ILL/HANDICAPPED 4 HOUSEWORK/CHILDCARE 5 OTHER 6 (SPECIFY) _____ | → 126 |
| 123 | आपका अवसाय क्या है, त्रिवाहु 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 मासान्वतः पूरे वर्ष में काम करते हैं या विसी विशेष मौजूद 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 आपनो नगद भुक्तान किया जाता है या कोई बन्धु मिलती है, या कुछ भी गति 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 | न या 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 विसी विशेष (रीमोट के) नेन-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 विशेष सेवा में जाता 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 हमेशान 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 उन बीबियों के बारेमें जिनके अपने बच्चों के बारे में पूछता चाहूँगा। मैं केवल उन सभी बच्चों के बारे में जानना चाहूँगा जो आपसे हीरा हुए, भले ही वे कानूनी रूप से आपसे नहीं हैं या उनके पास जातका अधिकार नाम नहीं है। क्या जिसी 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 NO 2 DONT KNOW 8</p> | → 206 |
| 202 | <p>क्या आप में स्त्री ऐसा कोई बेटे या बेटियां हैं जो इन समय आपके साथ 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 NO 2</p> | → 204 |
| 203 | <p>a. कितने बेटे आपके साथ रहते हैं? How many sons live with you?</p> <p>b. और हिसाफ़ी बेटियां आपके साथ रहती हैं? And how many daughters live with you?</p> <p>IF NONE, RECORD '00'.</p> | <p>SONS AT HOME DAUGHTERS AT HOME</p> | <input type="checkbox"/> <input type="checkbox"/> |
| 204 | <p>क्या आपसे स्त्री ऐसा हुए बेटे या बेटियां 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 NO 2</p> | → 206 |
| 205 | <p>a. 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 कितनी जीवित बेटियां 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 DAUGHTERS ELSEWHERE</p> | <input type="checkbox"/> <input type="checkbox"/> |
| 206 | <p>क्या आपने स्त्री ऐसा कोई नहकर या मरहमी का/की जो जीवित ऐसा हुआ/हुई हो लेकिन वार में जिसकी मृत्यु हो गई?</p> <p>IF NO, PROBE: और वज्रा जो रोशा या या जिम्मेदारी होने का कोई संकेत दिया जैवित वार 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 NO 2 DONT KNOW 8</p> | → 208 |
| 207 | <p>a. जितने लालकों की मृत्यु हुई है? How many boys have died?</p> <p>b. और जिसकी लड़कियों की मृत्यु हुई है? And how many girls have died?</p> <p>IF NONE, RECORD '00'.</p> | <p>BOYS DEAD GIRLS DEAD</p> | <input type="checkbox"/> <input type="checkbox"/> |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|------|---|---|--------------|
| 208 | <p> अमीं कारने गए बच्चों के अलावा), क्या आपके:</p> <p>a. कोई प्रत्येक जीवित बेटे या बेटियों जो जीविक रूप से आपके बच्चे हैं लेकिन जो कानूनन आपके नहीं हैं या जिनके मात्र जापाना नाम नहीं लुटा है?</p> <p>(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>b. कोई प्रत्येक मृत बेटे या जीवित बेटों जो जीविक रूप से आपके बच्चे हैं लेकिन कानूनन आपके नहीं हैं या जिनके मात्र जापाना नाम नहीं लुटा था?</p> <p>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 NO 2</p> | |
| 208A | <p>CHECK 208a AND 208b:</p> <p style="text-align: center;">NO <input type="checkbox"/> TO BOTH <input type="checkbox"/></p> <p style="text-align: center;">↓</p> | <p>OTHER <input type="checkbox"/> PROBE AND CORRECT 201-207 AS NECESSARY.</p> | |
| 209 | <p>SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00.</p> | <p>TOTAL CHILDREN <input type="checkbox"/> <input type="checkbox"/></p> | |
| 210 | <p>CHECK 209.</p> <p style="text-align: center;">HAS HAD AT LEAST ONE CHILD <input type="checkbox"/> HAS NOT HAD ANY CHILDREN <input type="checkbox"/></p> <p style="text-align: center;">↓</p> | | <p>→ 213</p> |
| 210A | <p>ऐसी नई जिनके पारा रिता हैं, क्या उनकी जीविक मात्रा एक ही है? Did all of the children you have fathered have the same biological mother?</p> | <p>YES 1 NO 2</p> | |
| 211 | <p>बच आपके (पहले) बच्चे का वर्ष हुआ तो आप की आयु कितनी थी?</p> <p>How old were you when your (first) child was born?</p> | <p>AGE IN YEARS <input type="checkbox"/> <input type="checkbox"/></p> | |
| 212 | <p>आपके (सबसे छोटे) जीवित बच्चे की आयु कितनी है?</p> <p>How many years old is your (youngest) living child?</p> | <p>AGE IN YEARS <input type="checkbox"/> <input type="checkbox"/></p> <p>NO LIVING CHILD 95</p> | |

SECTION 2B. MARRIAGE AND COHABITATION

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 213 | आपकी वर्तमान वैवाहिक स्थिति क्या है? What is your current marital status? | CURRENTLY MARRIED MARRIED, GAUNA NOT PERFORMED WIDOWED DIVORCED SEPARATED DESERTED NEVER MARRIED | 1 2 3 4 → 221 5 6 7 → 228 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 214 | इस समय आपकी एक पत्नी हैं या एक से अधिक पत्नियाँ हैं? Do you currently have one wife or more than one wife? | ONLY ONE WIFE MORE THAN ONE WIFE | 1 → 216 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 215 | कुल मिलाकर, आपकी कितनी पत्नियाँ हैं? In total, how many wives do you have? | NUMBER OF WIVES | <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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.) | DONT KNOW | 98 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>CHECK 214:</p> <div style="display: flex; justify-content: space-around;"> ONLY ONE WIFE <input type="checkbox"/> MORE THAN ONE WIFE <input type="checkbox"/> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>a. आपका मुख्य वर्तमानी पत्नी का नाम बताएँ।</p> <p>Please tell me the name of your wife.</p> </div> <div style="width: 45%;"> <p>b. आपका मुख्य वर्तमानी प्रथमेक पत्नियों के नाम बताएँ, जुनका उनसे करे जिसमें आपकी शायदी सबसे पहले हुई।</p> <p>Please tell me the name of each of your wives, starting with the one you married first.</p> </div> </div> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">WIFE NUMBER</th> <th style="text-align: left;">NAME</th> <th style="text-align: center;">LINE NUMBER IN HOUSEHOLD QUESTIONNAIRE</th> <th style="text-align: center;">AGE IN COMPLETED YEARS</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>_____</td> <td><table border="1" style="display: inline-table; width: 20px; height: 20px;"><tr><td> </td><td> </td></tr></table></td> <td><table border="1" style="display: inline-table; width: 20px; height: 20px;"><tr><td> </td><td> </td></tr></table></td> </tr> <tr> <td>2</td> <td>_____</td> <td><table border="1" style="display: inline-table; width: 20px; height: 20px;"><tr><td> </td><td> </td></tr></table></td> <td><table border="1" style="display: inline-table; width: 20px; height: 20px;"><tr><td> </td><td> </td></tr></table></td> </tr> <tr> <td>3</td> <td>_____</td> <td><table border="1" style="display: inline-table; width: 20px; height: 20px;"><tr><td> </td><td> </td></tr></table></td> <td><table border="1" style="display: inline-table; width: 20px; height: 20px;"><tr><td> </td><td> </td></tr></table></td> </tr> <tr> <td>4</td> <td>_____</td> <td><table border="1" style="display: inline-table; width: 20px; height: 20px;"><tr><td> </td><td> </td></tr></table></td> <td><table border="1" style="display: inline-table; width: 20px; height: 20px;"><tr><td> </td><td> </td></tr></table></td> </tr> </tbody> </table> | | | | WIFE NUMBER | NAME | LINE NUMBER IN HOUSEHOLD QUESTIONNAIRE | AGE IN COMPLETED YEARS | 1 | _____ | <table border="1" style="display: inline-table; width: 20px; height: 20px;"><tr><td> </td><td> </td></tr></table> | | | <table border="1" style="display: inline-table; width: 20px; height: 20px;"><tr><td> </td><td> </td></tr></table> | | | 2 | _____ | <table border="1" style="display: inline-table; width: 20px; height: 20px;"><tr><td> </td><td> </td></tr></table> | | | <table border="1" style="display: inline-table; width: 20px; height: 20px;"><tr><td> </td><td> </td></tr></table> | | | 3 | _____ | <table border="1" style="display: inline-table; width: 20px; height: 20px;"><tr><td> </td><td> </td></tr></table> | | | <table border="1" style="display: inline-table; width: 20px; height: 20px;"><tr><td> </td><td> </td></tr></table> | | | 4 | _____ | <table border="1" style="display: inline-table; width: 20px; height: 20px;"><tr><td> </td><td> </td></tr></table> | | | <table border="1" style="display: inline-table; width: 20px; height: 20px;"><tr><td> </td><td> </td></tr></table> | | |
| WIFE NUMBER | NAME | LINE NUMBER IN HOUSEHOLD QUESTIONNAIRE | AGE IN COMPLETED YEARS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | _____ | <table border="1" style="display: inline-table; width: 20px; height: 20px;"><tr><td> </td><td> </td></tr></table> | | | <table border="1" style="display: inline-table; width: 20px; height: 20px;"><tr><td> </td><td> </td></tr></table> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 217 | 217 पिछले जन्मदिन पर (NAME) की आयु जा नी? How old was (NAME) on her last birthday? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 218 | क्या इस समय आपकी (पत्नी / दर्भी पत्नियों) आपके साथ रह रही हैं या (उन्हें / उनमें से कोई) और रह रही हैं ? (Is your wife/Are all your wives) living with you now or (is she/are any of them) staying elsewhere? | LIVING WITH HIM | 1 → 220 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 219 | जिनसे समय से आप अपनी पत्नी/पत्नियों की 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. | STAYING ELSEWHERE | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | MONTHS | 1 <table border="1" style="display: inline-table; width: 20px; height: 20px;"><tr><td> </td><td> </td></tr></table> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | | YEARS | 2 <table border="1" style="display: inline-table; width: 20px; height: 20px;"><tr><td> </td><td> </td></tr></table> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
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| 220 | <p>CHECK 214:</p> <p>ONLY ONE WIFE <input type="checkbox"/> MORE THAN ONE WIFE <input type="checkbox"/></p> <p>a. आपकी वर्तमान पत्नी के प्रतारा क्या अन्य किसी श्री में कभी आपकी जारी हुई है?</p> <p>Have you ever been married to any woman other than your current wife?</p> <p>b. आपने किसी विषय में बताया उनके अतिरिक्त क्या अन्य किसी श्री में कभी आपकी जारी हुई थी?</p> <p>Have you ever been married to any other woman in addition to those you have told me about?</p> | <p>YES 1 NO 2</p> | 1 → 222 2 → 222A |
| 221 | क्या आपका विवाह एक या एक से अधिक बार हुआ है? Have you been married once or more than once? | ONCE MORE THAN ONCE | 1 → 223 2 → 223A |
| 222 | CHECK 214 AND 220: 214=1 AND 220=2 <input type="checkbox"/> OTHER <input type="checkbox"/> | | → 223A |
| 223 | आपका विवाह किस महीने और मास में हुआ था? In what month and year did you get married? | MONTH <input type="checkbox"/> <input type="checkbox"/> DON'T KNOW MONTH 98 | |
| 223A | अब मैं आपसे पूछना चाहूँगा कि जब आपका अपनी पहली पत्नी से विवाह हुआ था, वह कौन-सा महीना और मास था? Now I would like to ask about when you married your first wife. In what month and year was that? | YEAR <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> DON'T KNOW YEAR 9998 | → 225 |
| 224 | जब (पहली बार) आपका विवाह हुआ आपकी आयु कितनी थी? How old were you when you (first) got married? | AGE <input type="checkbox"/> <input type="checkbox"/> | |
| 225 | CHECK 213: MARRIED, GAUNA <input type="checkbox"/> NOT PERFORMED <input type="checkbox"/> OTHER <input type="checkbox"/> | | → 228 |
| 226 | CHECK 214 AND 220; IF 214 AND 220 NOT ASKED, CHECK 221: MARRIED ONLY ONCE (214=1 AND 220=2) OR (221=1) <input type="checkbox"/> MARRIED MORE THAN ONCE (214=2 OR 220=1) OR (221=2) <input type="checkbox"/> | <p>MONTH <input type="checkbox"/> <input type="checkbox"/> DON'T KNOW MONTH 98</p> <p>YEAR <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> DON'T KNOW YEAR 9998</p> | |
| | a. अपनी पत्नी के साथ आपने किस महीने और मास में रहना शुरू किया? In what month and year did you start living with your wife? | | |
| | b. अब मैं आपसे यह पूछना चाहूँगा कि जब आपने अपनी पहली पत्नी के साथ रहना शुरू किया, वह कौन-सा महीना और मास था? Now I would like to ask about when you started living with your first wife. In what month and year was that? | | |
| 227 | 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? | AGE <input type="checkbox"/> <input type="checkbox"/> | → 229 |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|--|---|------|
| 228 | <p>CHECK FOR THE PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.</p> <p>जब मैं आपसे पारिवारिक जीवन संबंधी मुद्दों को शिक्षा के लिए वैगिक जीवन के बारे में कुछ प्रश्न पूछता चाहूँगा। मैं आपको फिर से विश्वास दिलाता हूँ कि आपके उत्तर पूरी तरह मेरे गोपनीय रखे जायेंगे और जिसी को नहीं बतायें जायेंगे। अब आप फिर भी उत्तर नहीं देना चाहें तो मुझे बतायें, मैं अगले प्रश्न पर चला जाऊँगा।</p> <p>जब आपने जाभी 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 NO 2 → 301</p> | |
| 229 | <p>CHECK FOR THE PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.</p> <p>(जब मैं आपसे पारिवारिक जीवन संबंधी मुद्दों को शिक्षा के लिए वैगिक जीवन के बारे में कुछ प्रश्न पूछता चाहूँगा। मैं आपको फिर से विश्वास दिलाता हूँ कि आपके उत्तर पूरी तरह मेरे गोपनीय रखे जायेंगे और जिसी को नहीं बतायें जायेंगे। अब 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 आपसि आयु जितनी 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>जब मैं आपसे परिवार नियोजन के बारे में बात करना चाहूँगा - ऐसे बहुत से जीविक या साधन हैं जिन्हें उम्रति गर्भधारण टालने या रोकने के लिए इस्तेवान कर सकते हैं। क्या आपने कभी (METHOD) के बारे में सुना है?</p> <p>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>जीवी नियोजनी; और अधिक बच नों के बान्स को रोकने के लिए जीवी औपरोक्षण करा सकती है।</p> <p>FEMALE STERILIZATION: A woman can have an operation to avoid having any more children.</p> | <p>YES 1 NO 2</p> |
| 02 | <p>पुरुष नियोजनी; और अधिक बच नों के बान्स को रोकने के लिए पुरुष औपरोक्षण करा सकते हैं।</p> <p>MALE STERILIZATION: A man can have an operation to avoid having any more children.</p> | <p>YES 1 NO 2</p> |
| 03 | <p>आइ-यू री या फी री आइ-यू री; जीवी इंसिटर या नर्स से अपनी शोनि में आइ-यू री या यूर नगरा सकती है।</p> <p>IUD OR PPILD: 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>सर्पेनियोटिक इंजेक्शन; जीवी गर्भधारण को टालने के लिए एक जीवी यूलिंजन का प्रबंधन लगाता है जो उन्हें एक या अधिक शहीदों के लिए गर्भेशी होने से रोक सकता है।</p> <p>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>सर्पेनियोटिक शोनी; जीवी गर्भधारण को टालने के लिए एक जीवी यूलिंजन का प्रबंधन लगाता है।</p> <p>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 का नियोजन; पुरुष संभीक्षण के रहने वाले लिए पहले रबड़ का आवश्यक लकड़ा सकते हैं।</p> <p>CONDOM OR NIROOH: A man can put a rubber sheath on his penis before sexual intercourse.</p> | <p>YES 1 NO 2</p> |
| 07 | <p>जीवी शेनोम; जीवी संभोज के पहले अपनी शोनि में गहरा का अवश्यक रख सकती है।</p> <p>FEMALE CONDOM: A woman can place a sheath in her vagina before sexual intercourse.</p> | <p>YES 1 NO 2</p> |
| 08 | <p>आपातकानीन सर्पेनियोटिक; जीवी गर्भधारण को टालने के लिए सर्वोत्तम होने के बाद तीन दिन तक सर्पेनियोटिक शोनी से सकती है।</p> <p>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>दाय-नियोज टोरी [दायाक्रान्त]: महिलाएं संभोज के पहले रबड़ से इसे शोनि के अंदर रख सकती हैं।</p> <p>DIAPHRAGM: A woman can place a diaphragm inside herself before intercourse.</p> | <p>YES 1 NO 2</p> |
| 10 | <p>फोम/जेली (दायाक्रान्ता पदार्थ): महिलाएं संभोज के पहले रबड़ से फोम या जेली को शोनि के अंदर लगा सकती हैं।</p> <p>FOAM/JELLY: A woman can place foam or jelly inside herself before intercourse.</p> | <p>YES 1 NO 2</p> |
| 11 | <p>गारक दिन लिपि: महिलाएं रंगीन साधनों वाली टोरी का इस्तेवान उन दिनों को जालने के लिए करती हैं जब वे गर्भेशी हो सकती हैं। जिन दिनों से गर्भेशी हो सकती हैं, उन दिनों में के कंठोब (नियोज) का इस्तेवान करनी है या संभोग नहीं करती है।</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> |

| | | |
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| 12 | <p>बैक्टीलन अमेनोर्रोए मिथ [LAM] : मार्गिक वर्षी की जबहि चालन आने से पहले, बच्चा के छह महीने ताक, एक महिला दिन और रात को लगातार नानपान करने की लिहि 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 पद्धति: प्रत्येक महीने में जब वर्षी लैगिक रूप से सक्रिय नहीं है तब महीने के लिन दिनों में उसके गर्भवती होने की अन्यायिक संभावना नहीं है उन दिनों में सेक्स न करके वह गर्भधारा की ताक नकरती 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>वर्गणक वाली लिवाइवन: दूसरा वर्गणकर्ता (वीर्म वाले) के पहले गर्भधारा की पूर्ण लिव को बाहर निकाल देता है।</p> <p>WITHDRAWAL: A man can be careful and pull out before climax.</p> | <p>YES 1 NO 2</p> |
| 15 | <p>स्था आपने लियी अन्य गर्भीय का माध्यमों के बारे में सुना है लिनका उपयोग कीया या दूसरा गर्भधारा 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 _____ (SPECIFY) 1 NO 2</p> <p>b. OTHER TRADITIONAL METHOD YES _____ (SPECIFY) 1 NO 2</p> |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP | | | | | | | | |
|------|---|--|-------|--|--|--|---|--|--|--|--|
| 301A | CHECK 228: EVER HAD SEXUAL INTERCOURSE YES OR <input type="checkbox"/> NOT ASKED <input type="checkbox"/> | NEVER HAD SEX <input type="checkbox"/> | → 311 | | | | | | | | |
| 302 | हम वा आपने या आपके(मासी / मातिरों) ने कभी कोई वाधन 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 | इसपर गया आपके (मासी / मातिरों) क्या उपयोग किया या प्रयत्नयाएँ? What have you or your (partner/partners) used or done? RECORD ALL MENTIONED. CORRECT 301 (IF NECESSARY). | FEMALE STERILIZATION A MALE STERILIZATION B IUD/PIIUD C INJECTABLES D PILL E CONDOMNIROOH 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' <input type="checkbox"/> CODE 'B' RECORDED <input type="checkbox"/> NOT RECORDED | | → 311 | | | | | | | | |
| 305 | वब ने अपने उम्र बाटे में शूदरण चाहीए वब अपने नमस्कारी करवाई थी। नमस्कारी कहा 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)) | PUBLIC HEALTH SECTOR GOVT./MUNICIPAL HOSPITAL 11 GOVT. DISPENSARY 12 UHC/UHP/UPWC 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 PRIVATE HEALTH SECTOR PVT. HOSPITAL 31 PVT. DOCTOR/CLINIC 32 PVT. MOBILE CLINIC 33 OTHER PRIVATE HEALTH FACILITY 34 OTHER 96 (SPECIFY) DONT KNOW 98 | | | | | | | | | |
| 306 | नमस्कारी कीस से मटीने और साल में कराई गई थी? In what month and year was the sterilization performed? | MONTH YEAR <table border="1"><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> | | | | | | | | | |
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| 307 | कोई परामर्श जी आपने किया ही उसकी नामिल कराए हुए नमस्कारी के लिए आपने कुल कितना रुपया किया था? How much did you pay in total for the sterilization, including any consultation you may have had? | AMOUNT, Rs. <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> | | | | | FREE 99995 DONT KNOW 99998 | | | | |
| | | | | | | | | | | | |
| 308 | हम आपकी नमस्कारी के लिए कोई अनुप्राप्त राशि प्राप्त न हुई? Did you receive any compensation for the sterilization? | YES 1 NO 2 | → 310 | | | | | | | | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
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| 309 | आपनो वित्ती अनुप्रयोग राशि प्राप्त न 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 अपनी इस बात का अफलौत है कि आपने नवजाही करा दी? 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 रेडिओ पर सुन देखा है? Heard about family planning on the radio? b. टेलीविजन पर परिवार नियोजन के बारे में कुछ देखा है? Seen anything about family planning on the television? c. गजाचारापत्र या पर्याप्त में परिवार नियोजन के बारे में कुछ पढ़ा है? Read about family planning in a newspaper or magazine? d. बीमारों या होटिंग 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 ए बास व कर्मचारी या स्वास्थ्य नेशन के माध्यम से किया है? 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 आपने महिलाओं के सम्बंधित जीवित के बारे में पूछतार भाँड़ता। एक मासिक घर्म में अपने मासिक घर्म के दौरान क्या कुछ ऐसे दिन होते हैं जिनमें वह महिला बौन संबंधित रखती है तो उसके गर्भाशयी होने की संभावना अधिक हाही 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 | अब यह सब्द उसके मासिक घर्म तुकड़े के ठीक पहले, उसके मासिक घर्म के दौरान, उसके मासिक घर्म बर्ह होने के ठीक बाद, या वो मासिक घर्मों के बिच्छूल 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 | |
| 314 | उम्र के जन्म के बाद, क्या उसका मासिकघर्म प्रारंभ होने के पूर्व महिला गर्भवती 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-नियोजक के बारे में कुछ विवरण पढ़ाकर सुनाऊंगा। कृपया मुझे बताओ कि आप इसके से गहरात या असुखत हैं। I will now read you some statements about contraception. Please tell me if you agree or disagree with each one. a. गर्भ-नियोजक लक्षितात्मी का बालना है और तुम्हारी को इसके बारे में चिता नहीं करनी चाहिए। Contraception is women's business and a man should not have to worry about it. b. जो महिला गर्भ-नियोजक का इस्तेमाल करती है वह बदलतान हो सकती है। Women who use contraception may become promiscuous. | DISAGREE 1 AGREE 2 DK 3 CONTRACEPTION WOMEN'S BUSINESS 1 2 3 WOMEN MAY BECOME PROMISCUOUS 1 2 3 | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|---|--|-------|
| 316 | CHECK 301 (06): KNOWS MALE CONDOM YES <input type="checkbox"/> NO <input type="checkbox"/> | | → 318 |
| 317 | जहां आप सोचते हैं कि यदि पुरुष कंटोम का यही तरीके में प्रस्तुत रूप से इस्तेमाल किया जाये तो वह गर्भप्राप्ति से जारीना समय, ऐसले कर्मी-कर्मी या कर्मी 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 DON'T KNOW/UNSURE 8 | |
| 318 | जहां आपको किसी ऐसी जगह कि जलवाई 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 कहा 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). | <p>PUBLIC HEALTH SECTOR</p> <p>GOVT./MUNICIPAL HOSPITAL A AYUSH</p> <p>AYURVEDA B YOGA AND NATUROPATHY C UNANI D SIDDOHA E HOMEOPATHY F SOWA RIGPA (TTM) G OTHER H (SPECIFY)</p> <p>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 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>PRIVATE HEALTH SECTOR</p> <p>PTV. HOSPITAL U PTV. DOCTOR/CLINIC V PTV. MOBILE CLINIC W AYUSH</p> <p>AYURVEDA X YOGA AND NATUROPATHY Y UNANI Z SIDDOHA AA HOMEOPATHY AB SOWA RIGPA (TTM) AC OTHER AD (SPECIFY)</p> <p>PHARMACY/DRUGSTORE AE DAI (TBA) AF OTHER PRIVATE HEALTH SECTOR AG</p> <p>OTHER SOURCE</p> <p>TRADITIONAL HEALER BA SHOP BB FRIEND/RELATIVE BC OTHER BX (SPECIFY)</p> | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|--|--|-------|
| 320 | पिछले तीन महीनों में, क्या आप अपने (या अपने बच्चों के) लिए निवासी कारबाह से स्वास्थ्य सुविधा केन्द्र या लिंगिर में गये थे? 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 | → 323 |
| 321 | मध्यम हाल ही में आप आपने (या अपने बच्चों के) लिए किस प्रकार की स्वास्थ्य सुविधा में गए हों? What type of health facility did you visit most recently for yourself (or for your children)? | <p>PUBLIC HEALTH SECTOR</p> <p>GOVT./MUNICIPAL HOSPITAL 11 AYUSH</p> <p>AYURVEDA 12 YOGA AND NATUROPATHY 13 UNANI 14 SIDDOHA 15 HOMEOPATHY 16 SOWA RIGPA (TTM) 17 OTHER 18 (SPECIFY) GOVT. DISPENSARY 19 UHC/UHIP/UPWC 20 CHC/RURAL HOSPITAL/ BLOCK PHC 21 PHC/ADDITIONAL PHC 22 SUB-CENTRE 23 GOVT. MOBILE CLINIC 24 CAMP 25 ANGANWADI/ICDS CENTRE 26 OTHER PUBLIC SECTOR HEALTH FACILITY 27 NGO OR TRUST HOSPITAL/CLINIC 31</p> <p>PRIVATE HEALTH SECTOR</p> <p>PVT. HOSPITAL/CLINIC 41 PVT. MOBILE CLINIC 42 AYUSH</p> <p>AYURVEDA 43 YOGA AND NATUROPATHY 44 UNANI 45 SIDDOHA 46 HOMEOPATHY 47 SOWA RIGPA (TTM) 48 OTHER 49 (SPECIFY) PHARMACY/DRUGSTORE 51 OTHER PRIVATE SECTOR HEALTH FACILITY 52</p> <p>OTHER 98 (SPECIFY)</p> | |
| 322 | अपने विल में को के लिए गए? कोई अन्य सेवा? What service did you go for? Any other service? RECORD ALL MENTIONED. | <p>FAMILY PLANNING A IMMUNIZATION B DISEASE PREVENTION C MEDICAL TREATMENT FOR SELF D TREATMENT FOR CHILD E TREATMENT FOR OTHER PERSON F GROWTH MONITORING OF CHILD G HEALTH CHECK-UP H</p> <p>OTHER X (SPECIFY)</p> | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|---|--|-------|
| 323 | CHECK 212: (YOUNGEST) CHILD IS AGE 0-3 <input type="checkbox"/> OTHER <input type="checkbox"/> ↓ | | → 401 |
| 324 | तप्पे (सबसी 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 | यदि (NAME) की माँ (NAME) में नर्सिंग थी, तभी उन्होंने कोई प्रत्यक्ष पूर्व जौल करवाई थी? When (NAME)'s mother was pregnant with (NAME), did she have any antenatal check-ups? | YES 1 NO 2 → 327 DON'T KNOW 3 → 326 | |
| 326 | तप्पा जब कभी नियमी प्रत्यक्ष पूर्व जौल के दौरान प्रत्यक्ष हो? Were you ever present during any antenatal check-up? | PRESENT 1 NOT PRESENT 2 → 328 | |
| 327 | ऐसा क्या तोहना या मुख्य कारण था जिससे (NAME) की माँ ने कोई प्रत्यक्ष पूर्व जौल नहीं करवाई 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) में नर्सिंग थी क्या किसी स्वास्थ्य कार्यालय ने आपको कभी इन स्वास्थ्यस्थान की जटिलता के संशयों 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 | |
| | a. गोलि से घून आना? Vaginal bleeding? b. झड़ान? Convulsions? c. वाय्यी भाविती की प्रमाण दिखा? Prolonged labour? d. ग्रीष्म (जलायी) देह दर्द? Severe abdominal pain? e. उच्च दबे दबाए बीं गी? High blood pressure? | 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 अपनी कानी बताकर बता था कि अपने (NAME) की माँ को कोई गर्भांगना 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 | विनी वी सबसे स्वास्थ्यस्था के दौरान वहा विनी स्वास्थ्य संबंधित ने बताये इनके बारे में बात की थी: At any time during the pregnancy did any health provider or health worker speak to you about: a. निश्चाल प्रसव की गहनता? The importance of institutional delivery? b. उपचारस्था के दौरान माँ के उपचार वहार के बहुत्व के बारे में? The importance of proper nutrition for the mother during pregnancy? c. परिवार नियोजन या एक और समयावधि की टालना या रोकना? Family planning or delaying or avoiding another pregnancy? | YES 1 NO 2 DELIVERY ADVICE 1 2 NUTRITION ADVICE 1 2 FAMILY PLANNING 1 2 | |
| 331 | क्या (NAME) का जन्म अस्पताल या विनी 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) थे गर्भवती वी क्या विनी ने इनमें से विनी के बहुत्व के बारे में बात की बताया था: When (NAME)'s mother was pregnant with (NAME), did anyone explain to you the importance of the following: a. नाल की देखाओल? Cord care? b. काय मे तुर्जत बाट माँ के द्वारा बड़ी की स्वास्थ्य बराते वी बहावपकाना पर? The need for the mother to breastfeed the baby immediately after delivery? c. जन्म के तुरंत बाट बड़े को बरम रखने पर? The need to keep the baby warm immediately after birth? | YES 1 NO 2 CORD CARE 1 2 BREASTFEEDING 1 2 BABY WARM 1 2 | |
| 333 | (NAME) के माँ की इष्टति विनी अस्पताल का 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 DON'T 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 08 DID NOT ALLOW 09 FAMILY DID NOT THINK IT WAS NECESSARY/DID NOT ALLOW 09 OTHER (SPECIFY) 96 DON'T KNOW 98 | |
| 334 | जब बिनी बड़े को दमा हुए हो तो उसे जितना ही पेक पदार्थ दिया जाना चाहिए, मामान्य मे अधिक, नमान्य उन्ही बाता में, मामान्य मे यम 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 DON'T 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 | न या आपकी कोई(पत्नियां) अभी गर्भवती हैं? (Is your wife/Are any of your wives) currently pregnant? | YES NO DON'T KNOW | 1 2 8 → 405 |
| 403 | CHECK 303: RESPONDENT EVER STERILIZED? CODE 'B' <input type="checkbox"/> NOT RECORDED <input type="checkbox"/> CODE 'B' <input type="checkbox"/> RECORDED | | → 408 |
| 404 | बद में भविष्य के बारे में कुछ प्रश्न पूछता चाहता है। आपकी कंपनी कीर आपकी (पत्नि/पत्नियां) की जी वा वाला ने होने वाला / आये हैं, उसके बाद क्या आप और क्या वह कोई और बच्चा नहीं चाहते हैं? 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 NO MORE UNDECIDED/DON'T KNOW | 1 → 407 2 8 → 408 |
| 405 | CHECK 303: RESPONDENT EVER STERILIZED? CODE 'B' <input type="checkbox"/> NOT RECORDED <input type="checkbox"/> CODE 'B' <input type="checkbox"/> RECORDED | | → 408 |
| 406 | बद में भविष्य के बारे में कुछ प्रश्न न पूछता चाहता है। न या आपहोर वह या चाहेंगे का आप कोई (कीर) वह या नहीं चाहते हैं? 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 NO MORE/NONE SAYS COUPLE CAN'T GET PREGNANT WIFE/WIVES STERILIZED UNDECIDED/DON'T KNOW | 1 2 3 4 8 → 408 |
| 407 | आप तक से लेकर और वित्ती समय तक (अगला) वह या होने का इतावार चाहता चाहेते हैं? How long would you like to wait from now before the birth of (a/another) child? | MONTHS YEARS SOON/NOW OTHER DON'T KNOW | 1 2 993 995 998 |
| 408 | CHECK 203 AND 205: HAS LIVING CHILDREN <input type="checkbox"/> NO LIVING CHILDREN <input type="checkbox"/> a. यदि आप उस समय में लौट नहीं वह आपकी कोई बच्चा नहीं था और आप जाने पूरे जीवन में होने वाले बच्चे को कैसे बुझ सकता होता था तो वह कितने बच्चे होते हैं? 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? PROBE FOR A NUMERIC RESPONSE | NONE NUMBER OTHER | 00 → 501 96 → 501 |
| 409 | इन बच्चों में से आप वित्ती का लकड़क होना चाहते वाले, वित्ती का लकड़क होना चाहते वाले और वित्ती के बास्तव में लड़कामाड़ी होने से कोई परामर्श 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 96 (SPECIFY) |

SECTION 5: SEXUAL LIFE

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP | |
|------|---|--|--|--|
| 501 | CHECK 228 AND 229: HAS NOT HAD SEXUAL INTERCOURSE <input type="checkbox"/> (228 = '2' OR 229 = '00') HAS HAD SEXUAL INTERCOURSE <input type="checkbox"/> | | → 536 | |
| 501A | CHECK FOR THE PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY. READ TO RESPONDENTS: अब मैं आपसे संबंधी और नियन्त्रित व्यक्ति के बारे में कुछ और व्यवहार पूछना चाहता हूँ कि आपको पिछे से विद्यार्थ दिनांक है कि आपके बारे में जूटी तरह गैर-संबंधीय व्यक्ति आपसे और विनीं को बड़ी बलादें चाहते हैं। अगर आप विनीं का उत्तर नहीं देता तो उसे भूल देता है, मैं अगले प्रश्न पर चलता जाऊंगा। 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. | | | |
| 502 | जब आपने पहली बार संबोग किया था हो स्था नियोग का इन्सेमिनेशन किया गया था? The first time you had sexual intercourse, was a condom used? | YES 1 NO 2 | | |
| 503 | आपने अंतिम बार संबोग कब किया था? When was the last time you had sexual intercourse? IF LESS THAN 12 MONTHS, ANSWER MUST BE RECORDED IN DAYS, WEEKS, OR MONTHS. IF 12 MONTHS (ONE YEAR) OR MORE, ANSWER MUST BE RECORDED IN YEARS. | DAYS AGO 1 <input type="checkbox"/> WEEKS AGO 2 <input type="checkbox"/> MONTHS AGO 3 <input type="checkbox"/> YEARS AGO 4 <input type="checkbox"/> | → 505 → 518 | |
| 504 | आपने इस व्यक्ति के साथ अंतिम बार संबोग कब किया था? When was the last time you had sexual intercourse with this person? | LAST SEXUAL PARTNER | SECOND-TO-LAST SEXUAL PARTNER | THIRD-TO-LAST SEXUAL PARTNER |
| 505 | आपने अंतिम बार इन (दूसरी/तीसरी) व्यक्ति के साथ संबोग किया था हो स्था नियोग का इन्सेमिनेशन किया गया था? The last time you had sexual intercourse with this (second/third) person, was a condom used? | YES 1 NO 2 (SKIP TO 507) ← | YES 1 NO 2 (SKIP TO 507) ← | YES 1 NO 2 (SKIP TO 507) ← |
| 506 | पिछले 12 महीनों में इस व्यक्ति के साथ संबोग करते समय स्था प्राप्तक बार आपने नियोग का इन्सेमिनेशन 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 | YES 1 NO 2 |

| | | LAST SEXUAL PARTNER | SECOND-TO-LAST SEXUAL PARTNER | THIRD-TO-LAST SEXUAL PARTNER |
|-----|--|---|---|---|
| 507 | उम व्यक्ति का आपने क्या संबंध या जिसके साथ आपनी संभोग 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 228: | FIRST TIME WHEN STARTED LIVING WITH FIRST OTHER WIFE (SKIP TO 511) ↓ | FIRST TIME WHEN STARTED LIVING WITH FIRST OTHER WIFE (SKIP TO 511) ↓ | FIRST TIME WHEN STARTED LIVING WITH FIRST OTHER WIFE (SKIP TO 511) ↓ |
| 510 | जिसने समय यहांने आपने इस (दूसरे / तीसरे) व्यक्ति के साथ पहुँची बार संभोग 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 (GRID) | DAYS AGO .. 1 MONTHS AGO .. 2 YEARS AGO .. 3 (GRID) | DAYS AGO .. 1 MONTHS AGO .. 2 YEARS AGO .. 3 (GRID) |
| 511 | पिछले 12 महीनों में, आपने इस व्यक्ति के साथ कितनी बार संभोग 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 ... (GRID) | NUMBER OF TIMES ... (GRID) | NUMBER OF TIMES ... (GRID) |
| 512 | CHECK 103: | AGE 15-24 AGE 25-54 (GRID) (SKIP TO 514) ← | AGE 15-24 AGE 25-54 (GRID) (SKIP TO 514) ← | AGE 15-24 AGE 25-54 (GRID) (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 जिल्हे 12 महीनों में आपने किसी अन्य व्यक्ति के साथ संभोग 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 | पिछले 12 महीनों में, तुम मिलाकर आपने कितने व्यक्तियों के साथ संभोग किया है? In total, with how many different people have you had sex in the last 12 months? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. | NUMBER OF PARTNERS ... <input type="text"/> <input type="text"/> DON'T KNOW 96 | |
| 516 | CHECK 507, ALL COLUMNS: AT LEAST ONE PARTNER IS A SEX WORKER <input type="checkbox"/> | NO PARTNERS ARE <input type="checkbox"/> SEX WORKERS | → 518 |
| 517 | CHECK 505 AND 507 (ALL COLUMNS): OTHER <input type="checkbox"/> | CONDOM USED WITH <input type="checkbox"/> EVERY SEX WORKER | → 521 → 524 |
| 518 | पिछले 12 महीनों में क्या आप ने किसी को संभोग करने के बदले में कुछ भुगतान किया है? In the last 12 months, did you pay anyone in exchange for having sexual intercourse? | YES 1 NO 2 | → 520 |
| 519 | क्या आपने किसी को कभी भी संभोग करने के बदले में कुछ भुगतान किया है? Have you ever paid anyone in exchange for having sexual intercourse? | YES 1 NO 2 | → 524 |
| 520 | पिछली बार जब आपने किसी को भुगतान करके संभोग किया था तो उस उसमें किसी भी इमेमाल किया गया था? The last time you paid someone in exchange for sex, was a condom used? | YES 1 NO 2 | → 522 |
| 521 | पिछले 12 महीनों में प्रत्येक बार जब आपने किसी को भ्यासा-प्रिया देकर संभोग किया था तो उस हर बार निरोध वा इमेमाल किया गया था? Was a condom used every time you paid someone in exchange for sex in the last 12 months? | YES 1 NO 2 DON'T KNOW 8 | |
| 522 | अपने बारे में संभोग करने वा किसी के साथ दीन संबंध में सम्बंधित होने के लिए किसी उपहार वा अन्य वस्तुएं दी ही? Have you ever given any gifts or other goods in order to have sex or to become sexually involved with anyone? | YES 1 NO 2 DON'T KNOW 8 | → 524 |
| 523 | पिछले 12 महीनों में, क्या आपने संभोग करने वा किसी के साथ दीन संबंध में सम्बंधित होने के लिए किसी उपहार वा अन्य वस्तुएं दी ही? 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? | YES 1 NO 2 DON'T KNOW 8 | |
| 524 | आपके सीधे संभोग में कुल मिलाकर कितने व्यक्तियों के साथ आपने संभोग किया है? In total, with how many different people have you had sex in your lifetime? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. | NUMBER OF PARTNERS ... <input type="text"/> <input type="text"/> DON'T KNOW 96 | |
| 525 | CHECK 505, COLUMN 1 (CONDOM USE WITH LAST SEXUAL PARTNER): YES <input type="checkbox"/> NO, <input type="checkbox"/> BLANK <input type="checkbox"/> | | → 532 |
| 526 | आपने मुझे कहाया कि पिछली बार जब आपने संभोग किया तब आपने किसी वा इनमेमाल किया था। उम कोई को नाम क्या था? You told me that the last time you had intercourse you used a condom. What brand of condom did you use the last time? | BRAND NAME 96 (SPECIFY) DON'T KNOW 96 | |
| 527 | कौन सी व्यक्ति नाम आया था: आप, आपका साथी वा कोई अन्य? Who obtained the condom: you, your partner, or someone else? | RESPONDENT HIMSELF 1 PARTNER 2 SOMEONE ELSE 3 | → 531 |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|--|--|---|
| 528 | पिछली बार आपने कंडोम प्राप्त किया थे? How many condoms did you get the last time? | NUMBER DON'T KNOW | <input type="checkbox"/> <input type="checkbox"/> 98 |
| 529 | आपने पिछली बार जब कंडोम प्राप्त किये थे, कंडोम की सीमत तथा कोई परामर्श यदि दिया हुआ, उसको शामिल करते हुए आपने कुल कितना यार्ड किया था? 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? | COST Rs. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> FREE DON'T KNOW | 995 998 |
| 530 | पिछली बार आपने कंडोम कहाँ से प्राप्त किये थे? From where did you obtain the condom the last time? | <p>PUBLIC HEALTH SECTOR</p> <p>GOVT./MUNICIPAL HOSPITAL..... 11 AYUSH AYURVEDA 12 YOGA AND NATUROPATHY 13 UNANI 14 SIDDOHA 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 NGO OR TRUST HOSPITAL/CLINIC .. 31</p> <p>PRIVATE HEALTH SECTOR</p> <p>PVT. HOSPITAL/CLINIC/ DOCTOR 41 PVT. PARAMEDIC 42 PVT. MOBILE CLINIC 43 AYUSH AYURVEDA 44 YOGA AND NATUROPATHY 45 UNANI 46 SIDDOHA 47 HOMEOPATHY 48 SOWA RIGPA (TTM) 49 OTHER 50 (SPECIFY) TRADITIONAL HEALER 51 PHARMACY/DRUGSTORE 52 DAI (TBA) 53 OTHER PRIVATE HEALTH SECTOR 54</p> <p>OTHER SOURCE</p> <p>RATION SHOP 61 OTHER SHOP 62 WIFE 63 FRIEND/RELATIVE 64 VENDING MACHINE 65 OTHER 96 (SPECIFY) DON'T KNOW</p> | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|--|---|------|
| 531 | <p>पिछली बार जब आपने कॉमोड (निरोध) कर प्रयोग किया था, तो क्या गर्भधारणा टालने के लिए, पीले मर्दानी वीमानिकों या रोकने में लिए जा 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 checked="" type="checkbox"/> CODE 'B' <input type="checkbox"/> NOT RECORDED <input checked="" type="checkbox"/> RECORDED <input type="checkbox"/></p> | | 535 |
| 533 | <p>पिछली बार जब आपने कॉमोड किया था तो आपने या अपनी साथी ने क्या गर्भधारणा टालने के लिए (कॉमोड 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>DON'T KNOW 6</p> | 535 |
| 534 | <p>आपने या आपके साथी ने किस विधि का इस्तेमाल किया था?</p> <p>PROBE: क्या गर्भधारणा 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/PPIUD 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 (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 | मगा आपको उस स्थान की जानकारी हैं जहां 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 | वह स्थान बहां है? कोई अन्य स्थान? Where is that? Any other place? | <p>PUBLIC HEALTH SECTOR</p> <p>GOVT./MUNICIPAL HOSPITAL ... A</p> <p>AYUSH</p> <p>AYURVEDA B YOGA AND NATUROPATHY ... C UNANI D SIDDHA E HOMEOPATHY F SOWA RIGPA (TTM) G OTHER _____ (SPECIFY) H</p> <p>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</p> <p>NAME OF FACILITY/PLACE(S) _____ SPECIFY T</p> <p>PRIVATE HEALTH SECTOR</p> <p>PVT. HOSPITAL/CLINIC/ DOCTOR U PVT. PARAMEDIC V PVT. MOBILE CLINIC W</p> <p>AYUSH</p> <p>AYURVEDA X YOGA AND NATUROPATHY ... Y UNANI Z SIDDHA AA HOMEOPATHY AB SOWA RIGPA (TTM) AC OTHER _____ (SPECIFY) AD</p> <p>TRADITIONAL HEALER AE PHARMACY/DRUGSTORE AF DAI (TBA) AG OTHER PRIVATE HEALTH SECTOR AH</p> <p>OTHER SOURCE</p> <p>RATION SHOP BA OTHER SHOP BB VENDING MACHINE BC</p> <p>OTHER _____ (SPECIFY) BX</p> | |
| 538 | यदि आप चाहते हैं तो मगा 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 है आपके द्वारा पिछले 12 महीनों में नमस्ताएं गए विशेषज्ञ के बारे में कुछ प्रति पुरुष चाहता था। वहा निम्नलिखित 12 महीनों में आपने विशेषज्ञ कारण से इन्डेक्सन नमस्ताएं था?</p> <p>IF YES: आपने लिया है इन्डेक्सन नमस्ताएं 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</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <tr><td></td><td></td></tr> </table> <p>NONE 00 → 603</p> | | | |
| | | | | | |
| 602 | <p>अब आपने लिया है एक अंदरूनी वाटा और उसे नया लिया था तो वह क्या बेबता एक ही वाटा प्रयोग में नहीं जाने वाली बिल्डिंग और भूटी का इन्डेक्सन लिया था वहा 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>वह आपको कभी घुट चढ़ाया गया है?</p> <p>Have you ever had a blood transfusion?</p> | <p>YES 1</p> <p>NO 2</p> | | | |
| 604 | <p>आजकल आप आप, सिवारेंड हुर विन पीते हैं, या कुछ विन पीते हैं, या विल्कुल 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 प्रतिक दिन विलेट पीते हैं?</p> <p>On average, how many cigarettes do you currently smoke each day?</p> | <p>CIGARETTES</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <tr><td></td><td></td></tr> </table> | | | |
| | | | | | |
| 606 | <p>आप कब से नियमित रूप से विलेट पीते 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> | | | |
| 607 | <p>आजकल आप बीड़ी हार विन पीते हैं, या कुछ विन पीते हैं, या विल्कुल 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 प्रतिक दिन बीड़ी पीते हैं?</p> <p>On average, how many bidis do you currently smoke each day?</p> | <p>BIDIS</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <tr><td></td><td></td></tr> </table> | | | |
| | | | | | |
| 609 | <p>आप कब से नियमित रूप से बीड़ी पीते 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</p> <p>MONTHS 2</p> <p>YEARS 3</p> <p>NEVER SMOKED REGULARLY 995</p> | | | |
| 610 | <p>आजकल आप धूमपान वा विलेट अन्य प्रकार में नमस्ताएं 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 विन अन्य प्रकार से नमस्ताएं पीते हैं वा सेवन करते हैं?</p> <p>विलेट अन्य प्रकार में?</p> <p>In what other form do you currently smoke or use tobacco?</p> <p>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>KHAINI 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"/> CIRCLED ↓ OTHER <input type="checkbox"/> | | → 614 |
| 612 | विस्तीर्ण बार आप धूम्रपान रहित तमाकू पर उपचोर करते हैं: लगभग हर दिन, शाहर में एक बार वा ताज़ा में एक बार या भी कम तमाकू? 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 कत में विविध रूप में धूम्रपान रहित तमाकू का इनेमाल 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 <input type="checkbox"/> MONTHS 2 <input type="checkbox"/> YEARS 3 <input type="checkbox"/> 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"/> | | → 618 |
| 615 | पिछले 12 महीनों के दौरान, इ वा आपने कभी धूम्रपान या विस्तीर्ण अन्य प्रकार में नया बाकू रेखन लीजाने का प्रयत्न 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 इ वा आपने विस्तीर्ण वक अस्पता अथवा हॉस्पिट में सेवा प्रदान में विली है? In the last 12 months, have you visited a doctor or other health care provider? | YES 1 NO 2 | → 618 |
| 617 | इन मुख्यकारी के दौरान, क्या आपको कभी भी धूम्रपान लीजाने या विस्तीर्ण अप में गम्भीर 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 विस्तीर्ण (आपके घर में वक्षाव कहीं जन या न घर में धूम्रपान किया जाए अप व्यक्ति के)? 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 | अब आप शराब पीते हैं? Do you drink alcohol? | YES 1 NO 2 | → 623 |
| 620 | प्रायः आप विस्तीर्ण बार लगभग बीते हैं: लगभग हर रोज़, लगभग त्रिसों में एक बार या हफ्ते में एक बार में उसमें 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 | प्रायः आप विस्तीर्ण बार लगभग बीते 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>अब तक से नियमित रूप से शराब नीं गहे 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> | WEEKS 1 MONTHS 2 YEARS 3 NEVER DRANK ALCOHOL REGULARLY 895 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 623 | <p>क्या अहसों की रोगी लीमासी के भारे में मुमा है जिसे नारेविक या दी ली कहते हैं? Have you ever heard of an illness called tuberculosis or TB?</p> | YES 1 NO 2 → 627 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 624 | <p>नारेविक [दी ली] 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> | 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 625 | <p>क्या नारेविक [दी ली] को लीक किया जा सकता है? Can tuberculosis be cured?</p> | YES 1 NO 2 DON'T KNOW 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 626 | <p>यदि आपके परिवार के सदस्य की नारेविक [दी ली] हो जाता है तो आप इसे गुल खेला चाहेंगे या नहीं? If a member of your family got tuberculosis, would you want it to remain a secret or not?</p> | YES, REMAIN A SECRET 1 NO 2 DON'T KNOW/NOT SURE/ DEPENDS 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 627 | <p>A. क्या आजकल आपको है? Do you currently have:</p> <p>a. मधुमेह [डायबिटीज] Diabetes?</p> <p>b. उच्च रक्त चाप [हाइपरटेंशन] Hypertension</p> <p>c. रक्ता [अस्थमा] वहिल पुरानी चाप संबंधी रोग A chronic respiratory disease including asthma?</p> <p>d. गलवाहा या अन्य खाड़काराह संबंधी लिकार [रोग] Goitre or any other thyroid disorder?</p> <p>e. कोई हृदय रोग Any heart disease?</p> <p>f. कैरी Cancer?</p> <p>g. कोई गुरुना गुदी [किंडनी] संबंधी लिकार [रोग] Any chronic kidney disease?</p> | <p>B. यह आपने इसका इलाज करवाया है? Have you sought treatment for this problem?</p> <table border="1"> <thead> <tr> <th colspan="2">CURRENTLY HAVE</th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>YES</td> <td>1 →</td> <td>1</td> <td>2</td> </tr> <tr> <td>NO</td> <td>2 →</td> <td></td> <td></td> </tr> <tr> <td>DK</td> <td>3 →</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>YES</td> <td>1 →</td> <td>1</td> <td>2</td> </tr> <tr> <td>NO</td> <td>2 →</td> <td>1</td> <td>2</td> </tr> <tr> <td>DK</td> <td>3 →</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>YES</td> <td>1 →</td> <td>1</td> <td>2</td> </tr> <tr> <td>NO</td> <td>2 →</td> <td></td> <td></td> </tr> <tr> <td>DK</td> <td>3 →</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>YES</td> <td>1 →</td> <td>1</td> <td>2</td> </tr> <tr> <td>NO</td> <td>2 →</td> <td></td> <td></td> </tr> <tr> <td>DK</td> <td>3 →</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>YES</td> <td>1 →</td> <td>1</td> <td>2</td> </tr> <tr> <td>NO</td> <td>2 →</td> <td></td> <td></td> </tr> <tr> <td>DK</td> <td>3 →</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>YES</td> <td>1 →</td> <td>1</td> <td>2</td> </tr> <tr> <td>NO</td> <td>2 →</td> <td></td> <td></td> </tr> <tr> <td>DK</td> <td>3 →</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> | CURRENTLY HAVE | | YES | NO | YES | 1 → | 1 | 2 | NO | 2 → | | | DK | 3 → | | | | | | | YES | 1 → | 1 | 2 | NO | 2 → | 1 | 2 | DK | 3 → | | | | | | | YES | 1 → | 1 | 2 | NO | 2 → | | | DK | 3 → | | | | | | | YES | 1 → | 1 | 2 | NO | 2 → | | | DK | 3 → | | | | | | | YES | 1 → | 1 | 2 | NO | 2 → | | | DK | 3 → | | | | | | | YES | 1 → | 1 | 2 | NO | 2 → | | | DK | 3 → | | | | | | | |
| CURRENTLY HAVE | | YES | NO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| YES | 1 → | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NO | 2 → | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
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| 628 | कि वार्षिक प्राप्ति का योग्यता पाए वाले वा न वाले हैं? Are you covered by any health scheme or any health insurance? | YES 1 NO 2 | → 630 |
| 629 | स्वास्थ्य बीमा का स्वास्थ्य बीमा योग्य प्रकार क्या 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) | |
| 630 | आप त्वयं पे निम्नलिखित वार्षिक पदार्थ किसी भांति खाते हैं - दोजाना, हफ्ते में एक वार, कभी कभी या कभी नहीं? How often do you yourself eat the following food items: daily, weekly, occasionally, or never? a. गूद या चूर्ण? Milk or curd? b. दालें या छोड़ियाँ? Pulses or beans? c. नाश्वरी इत्यत गोलेदार जड़ियाँ? Dark green leafy vegetables? d. फल? Fruits? e. अण्डे? Eggs? f. मालारी? Fish? g. मुर्गी या गोबल? Chicken or meat? h. तला दुध या या पदार्थ? Fried foods? i. अमीर देव? Aerated drinks? | DAILY 1 2 3 4 WEEKLY 1 2 3 4 OCC. 1 2 3 4 NEVER 1 2 3 4 | |

SECTION 7. ATTITUDES TOWARDS GENDER ROLES

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 701 | <p>विवाह में, आपको लिंगार में इनमें से प्रत्येक निर्देश देने में विस्तृती बात को ज्ञाना महत्व विषय जाना चाहिए? यदि, वही वा दीर्घी की गमान रुप हो:</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. यह की बड़ी घरीबारी करने के बारे में? Making major household purchases?</p> <p>b. रोजाना घरेलू जरूरतों के घरीबारी करने के बारे में? Making purchases for daily household needs?</p> <p>c. पत्नी के भाष्यके से परिवार पा रिसेप्शनों से विचारने करने के बारे में? Deciding about visits to the wife's family or relatives?</p> <p>d. पत्नी द्वारा ज्ञाना, गम, स्ट्रेस-रिसर्व की बर्बादी करने के बारे में? Deciding what to do with the money the wife earns from her work?</p> <p>e. विवाह बच ये होने चाहिए इसके बारे में? Deciding how many children to have?</p> | <table border="1"> <thead> <tr> <th align="center">HUS-BAND</th> <th align="center">WIFE</th> <th align="center">BOTH EQUAL-LY</th> <th align="center">DON'T KNOW/DEPENDS</th> </tr> </thead> <tbody> <tr> <td align="center">a.</td> <td align="center">1</td> <td align="center">2</td> <td align="center">3</td> <td align="center">8</td> </tr> <tr> <td align="center">b.</td> <td align="center">1</td> <td align="center">2</td> <td align="center">3</td> <td align="center">8</td> </tr> <tr> <td align="center">c.</td> <td align="center">1</td> <td align="center">2</td> <td align="center">3</td> <td align="center">8</td> </tr> <tr> <td align="center">d.</td> <td align="center">1</td> <td align="center">2</td> <td align="center">3</td> <td align="center">8</td> </tr> <tr> <td align="center">e.</td> <td align="center">1</td> <td align="center">2</td> <td align="center">3</td> <td align="center">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 | | | | | | | | | | | | |
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| c. | 1 | 2 | 3 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 701A | <p>CHECK 213:</p> <p>CURRENTLY MARRIED <input type="checkbox"/> OTHER <input type="checkbox"/></p> | | 704 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 702 | <p>आपने अपने स्वास्थ्य के बारे में आवश्यक पर कील निर्णय लेता है: मुझ पाता, मुझ उनका आपकी पत्नी पाता और आपकी पत्नी लिंगार पा जीता कीटा?</p> <p>Who usually makes decisions about healthcare for yourself: mainly you, mainly your wife, you and your wife jointly, or someone else?</p> | <table border="1"> <tr> <td align="center">RESPONDENT</td> <td align="center">1</td> </tr> <tr> <td align="center">WIFE</td> <td align="center">2</td> </tr> <tr> <td align="center">RESPONDENT AND WIFE JOINTLY</td> <td align="center">3</td> </tr> <tr> <td align="center">SOMEONE ELSE</td> <td align="center">4</td> </tr> <tr> <td align="center">OTHER</td> <td align="center">5</td> </tr> <tr> <td align="center" style="text-align: right;">(SPECIFY)</td> <td></td> </tr> </table> | RESPONDENT | 1 | WIFE | 2 | RESPONDENT AND WIFE JOINTLY | 3 | SOMEONE ELSE | 4 | OTHER | 5 | (SPECIFY) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| OTHER | 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (SPECIFY) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 703 | <p>पर के महंगे खाद्यानों की घरीबारी के बारे में निर्णय आवश्यक पर कील लेता है: मुझ पाता, मुझ उनका आपकी पत्नी पाता और आपकी पत्नी लिंगार पा जीता कीटा?</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> | <table border="1"> <tr> <td align="center">RESPONDENT</td> <td align="center">1</td> </tr> <tr> <td align="center">WIFE</td> <td align="center">2</td> </tr> <tr> <td align="center">RESPONDENT AND WIFE JOINTLY</td> <td align="center">3</td> </tr> <tr> <td align="center">SOMEONE ELSE</td> <td align="center">4</td> </tr> <tr> <td align="center">OTHER</td> <td align="center">5</td> </tr> <tr> <td align="center" style="text-align: right;">(SPECIFY)</td> <td></td> </tr> </table> | RESPONDENT | 1 | WIFE | 2 | RESPONDENT AND WIFE JOINTLY | 3 | SOMEONE ELSE | 4 | OTHER | 5 | (SPECIFY) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| RESPONDENT AND WIFE JOINTLY | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| (SPECIFY) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 704 | <p>इस घर अपने या संरक्षित रूप में इस पर के या जिनी अन्य पर के सामिकहाँ Do you own this or any other house either alone or jointly with someone else?</p> | <table border="1"> <tr> <td align="center">ALONE ONLY</td> <td align="center">1</td> </tr> <tr> <td align="center">JOINTLY ONLY</td> <td align="center">2</td> </tr> <tr> <td align="center">BOTH ALONE AND JOINTLY</td> <td align="center">3</td> </tr> <tr> <td align="center">DOES NOT OWN</td> <td align="center">4</td> </tr> </table> | ALONE ONLY | 1 | JOINTLY ONLY | 2 | BOTH ALONE AND JOINTLY | 3 | DOES NOT OWN | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 705 | <p>क्या आप अपने या मंदिर का रूप में विनी भी जमीन के मालिक हैं? Do you own any agricultural or non-agricultural land either alone or jointly with someone else?</p> | <table border="1"> <tr> <td align="center">ALONE ONLY</td> <td align="center">1</td> </tr> <tr> <td align="center">JOINTLY ONLY</td> <td align="center">2</td> </tr> <tr> <td align="center">BOTH ALONE AND JOINTLY</td> <td align="center">3</td> </tr> <tr> <td align="center">DOES NOT OWN</td> <td align="center">4</td> </tr> </table> | ALONE ONLY | 1 | JOINTLY ONLY | 2 | BOTH ALONE AND JOINTLY | 3 | DOES NOT OWN | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| BOTH ALONE AND JOINTLY | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DOES NOT OWN | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 706 | <p>आपकी राज में, क्या इन परिस्थितियों में पति द्वारा पत्नी को मारना-डीटा 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 बनाए कहीं बाहर जाती है? If she goes out without telling him?</p> <p>b. यदि वह पर या बच वा पर छान नहीं देती है. If she neglects the house or the children?</p> <p>c. यदि वह पति के साथ बहोग के लिए यात्रा करती है? If she argues with him?</p> <p>d. यदि पति के साथ सेक्स के लिए यात्रा करती है? If she refuses to have sex with him?</p> <p>e. यदि वह ठीक तरह ने खाना नहीं बनाती है? If she doesn't cook food properly?</p> <p>f. यदि पति उनके जात-जनन पर संदेह रखता है? If he suspects her of being unfaithful?</p> <p>g. यदि वह गमुणात बालों का लगावर करती है? If she shows disrespect for in-laws?</p> | <table border="1"> <tr> <td align="center">YES</td> <td align="center">1</td> <td align="center">NO</td> <td align="center">2</td> <td align="center">DONT KNOW</td> </tr> <tr> <td align="center">GOES OUT</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> <td></td> </tr> <tr> <td align="center">NEGL. CHILDREN</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> <td></td> </tr> <tr> <td align="center">ARGUES</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> <td></td> </tr> <tr> <td align="center">REFUSES SEX</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> <td></td> </tr> <tr> <td align="center">POOR COOKING</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> <td></td> </tr> <tr> <td align="center">UNFAITHFUL</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> <td></td> </tr> <tr> <td align="center">DISRESPECT</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> <td></td> </tr> </table> | YES | 1 | NO | 2 | DONT 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 | 1 | NO | 2 | DONT 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>यदि वही वह जानती है कि उसके पति को बीन संबंधी ने फैलने जाना गया है, तो क्या वह अधिक है कि वह वह कहे कि के लिए वहा दाखिला करें?</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> | YES 1 NO 2 DON'T KNOW 8 | |
| 708 | <p>जूँगा नहीं बाहर है कि आपके लिए वही के लिए, यह वह अधिक है कि वह अपने पति को बीन के लिए, यहा करे जब:</p> <p>Please tell me if you think a wife is justified in refusing to have sex with her husband when:</p> <ol style="list-style-type: none"> वह जानती है कि उसके पति को बीन संबंधी में फैलने जाना गया है। She knows her husband has a sexually transmitted disease. वह जानती है कि उसका पति दूसरी महिलाओं से साथ मंभोग करता है। She knows her husband has sex with other women. वह यही नहीं है वह उनका सब [मुझ] नहीं है। She is tired or not in the mood. | YES 1 NO 2 DON'T KNOW 8 | |
| 709 | <p>आप यह सोचते हैं कि वह पति के चाहूने पर यदि वही बीन के लिए, यहा करती है तो पति से स्था 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> <ol style="list-style-type: none"> एही पर दूखा करे और उसे बाटें? Get angry and reprimand her? एही को देखा वा अधिक सहायता देने से इनकार कर देते? Refuse to give her money or other means of financial support? एही के न चाहने पर भी बात पुर्वांक उसके साथ मंभोग करें? Use force and have sex with her even if she doesn't want to? याहर जानन दूसरी महिला के साथ मंभोग करें? Go and have sex with another woman? | ANGRY 1 REFUSE SUPPORT 2 USE FORCE 3 SEX WITH ANOTHER WOMAN 8 | YES 1 NO 2 DON'T KNOW 8 |
| 710 | <p>CHECK 213:</p> <p>CURRENTLY MARRIED <input type="checkbox"/> OTHER <input type="checkbox"/></p> | | → 715 |
| 711 | क्या आपकी (पती/स्त्री/पति) इन सभी स्थान-वेळों के लिए काम कर रही है? (Is your wife/Are any of your wives) currently employed for cash? | YES 1 NO 2 DON'T KNOW 8 | → 715 |
| 712 | <p>आपकी पती द्वारा कमाए गए साथ-वेळों का उपयोग लिया जाए, इसका नियंत्रण कौन करता है: मुझमा; आप, मुझमा; आपकी पती या आप और आपकी पती 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> | RESPONDENT 1 WIFE 2 RESPONDENT AND WIFE JOINTLY 3 OTHER 6 | |
| 713 | <p>CHECK 125:</p> <p>CODE '1' OR '2' RECORDED <input type="checkbox"/> OTHER <input type="checkbox"/></p> | | → 716 |
| 714 | <p>क्या आप यह कहते हैं कि आप जो साथ-वेळे कमाते हैं वह आपकी पती जो कमाती है उससे अधिक है, कम है या उसमें 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> | MORE THAN WIFE 1 LESS THAN WIFE 2 ABOUT THE SAME 3 DON'T KNOW 8 | |
| 715 | <p>आपके द्वारा कमाए गए साथ-वेळों का उपयोग लिया जाए इसका नियंत्रण कौन करता है: मुझमा; आप, मुझमा; आपकी पती या आप और आपकी पती दोनों मिलकर?</p> <p>Who decides how your earnings will be used: mainly you, mainly your wife, or you and your wife jointly?</p> | RESPONDENT 1 WIFE 2 RESPONDENT AND WIFE JOINTLY 3 OTHER 6 | |
| 716 | जहां तक जानते हैं, क्या कभी आपके पिताजी ने आपकी माताजी को पहरा दा? | YES 1 NO 2 DON'T KNOW 8 | |

SECTION B: HIV/AIDS AND OTHER SEXUALLY TRANSMITTED INFECTIONS

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|---|--|-------|
| B01 | अब मैं आपसे किसी अन्य विषय के बारे में यात्रा करना चाहतुगा। क्या आपने कभी ऐसी विश्वासी के बारे में सुना है कि विनों एडम कहते हैं? Now I would like to talk about something else. Have you ever heard of an illness called AIDS? | YES 1 NO 2 | |
| B02 | क्या आपने कभी एच एड वी के बारे में सुना है? Have you ever heard of HIV? | YES 1 NO 2 | |
| B03 | CHECK B01 AND B02: KNOWS ABOUT HIV/AIDS AT LEAST ONE 'YES' <input type="checkbox"/> <input type="checkbox"/> | OTHER <input type="checkbox"/> | → B04 |
| B04 | किस सूखना माड़वालों से आपने एच एड वीएलएल के विषय में जाना है? कोई अन्य माड़वाल? 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) | |
| B05 | एच एड वी कहा जायता है जिससे एच एड हो जाता है। क्या नीचे एच एड वी से संबंधित होने की संभावना की कम कर सकते हैं परिवर्तन एक ही ऐसे वीन साथी में संबंध रखें, जिसे चुन एच एड वी ना हो और जिससे कोई इलगा वीन 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 3 | |
| B06 | क्या नीची वी मच्छर के काटने में एच एड वी हो सकता है? Can people get HIV from mosquito bites? | YES 1 NO 2 DONT KNOW 3 | |
| B07 | क्या ल्यूक्स जब भी सेक्स करे तो इलेक्ट्रो कार निरोध का इलेक्ट्रोल करके एच एड 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 3 | |
| B08 | क्या गूह के पासां या चुन खाली से एच एड वी हो सकता है? Can people get HIV from blood products or blood transfusions? | YES 1 NO 2 DONT KNOW 3 | |
| B09 | क्या मृदु से नमा से से पर एच एड वी हो सकता है? Can people get HIV by injecting drugs? | YES 1 NO 2 DONT KNOW 3 | |
| B10 | क्या गूह से दीवार व्हाफ़ि के साथ जाना याने से किसी व्हाफ़ि की एच एड वी हो सकता है? Can people get HIV by sharing food with a person who has HIV? | YES 1 NO 2 DONT KNOW 3 | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|---|--|-------|
| 811 | क्या कोई तरवरीह है जिससे व्यक्ति एक आद वीएडीज्स होने की समावेशी की बात 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 3 | → 813 |
| 812 | व्यक्ति क्या कर सकता है? कोई तरवरीह? 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) DON'T KNOW Z | |
| 813 | क्या यह संभव है कि विद्युती मरण दिखने वाले व्यक्ति को एक आद नी हो? Is it possible for a healthy-looking person to have HIV? | YES 1 NO 2 DON'T KNOW 3 | |
| 814 | क्या एक आद जी ने उसके बच्चे को ही सकता है? Can HIV be transmitted from a mother to her baby: a. गर्भावास वाले दौरान During pregnancy? b. बच्चे के जन्म के दौरान During delivery? c. बच्चाका दौरान By breastfeeding? | YES 1 NO 2 DK 3 DURING PREGNANCY 1 2 3 DURING DELIVERY 1 2 3 BREASTFEEDING 1 2 3 | |
| 815 | CHECK 814: AT LEAST ONE 'YES' <input type="checkbox"/> | OTHER <input type="checkbox"/> | → 817 |
| 816 | क्या कोई ऐसी विलेप विविलास है जो डॉक्टर वा नर्स एक आद नी से व्यक्तिगत राहिला की देखता एक आद जी को सामान से बचाने में जाने के लिए की बात 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? | YES 1 NO 2 DON'T KNOW 3 | |
| 817 | क्या आपने लिये एन्टी-रिट्रोवायरल ट्रान्स (USE LOCAL NAME(S)) के बारे में माना है कि इनमें एक आद जी/एक्स से संबंधित व्यक्ति जगने जीवन की अवधि बढ़ाने के लिए दृष्टिकोण नहीं में 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 | CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY. | | |
| 819 | मैं परियाम नहीं जानना चाहता हूं, निकिन क्या कभी आपको एच आइ वी की जांच की गई थी? | YES 1 NO 2 | → 823 |
| I don't want to know the results, but have you ever been tested to see if you have HIV? | | | |
| 820 | जिसमें सबसे पहले आपने जापान में जांच लेख आइ वी की जांच करवाई थी? | MONTHS AGO <input type="text"/> | |
| How many months ago was your most recent HIV test? | | TWO OR MORE YEARS <input type="text"/> | 95 |
| 821 | मैं परियाम नहीं जानना चाहता हूं, निकिन क्या आपको जांच का परिणाम दिला था? | YES 1 NO 2 | |
| I don't want to know the results, but did you get the results of the test? | | | |
| 822 | जांच कहाँ से गयी थी? Where was the test done? | <p>PUBLIC HEALTH SECTOR</p> <p>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 HEALTH SECTOR 18 (SPECIFY)</p> <p>NGO OR TRUST HOSPITAL/CLINIC 20</p> <p>PRIVATE HEALTH SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC/</p> <p>PRIVATE DOCTOR 21 STAND-ALONE ICTC 22 PHARMACY 23 MOBILE CLINIC 24 FIELDWORKER 25 SCHOOL BASED CLINIC 26 OTHER PRIVATE HEALTH SECTOR 27 (SPECIFY)</p> <p>OTHER SOURCE</p> <p>HOME 31 CORRECTIONAL FACILITY 32</p> <p>OTHER 96 (SPECIFY)</p> | |
| | 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) | | → 825 |
| 823 | कहा आप ऐसे किसी स्थान की जानते हैं जहाँ पर एच आइ वी की जांच कराने के लिए भींग जा सकते हैं? | YES 1 NO 2 | → 825 |
| Do you know of a place where people can go to get tested for HIV? | | | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP | | | | | | |
|---|---|---|--|---|--|--|---|-----------------------|--------|
| 831 | आपकी रस में, जब कोई तुरन्त लिखक को दूसरे आदर्शीयाइड ही परन्तु वह बीमार नहीं है तो उसे उसे शूल में पढ़ाना जारी रखने की अनुमति है या नहीं? | SHOULD BE ALLOWED SHOULD NOT BE ALLOWED DK/NOT SURE/DEPENDS | 1 2 3 | | | | | | |
| | In your opinion, if a male teacher has HIV/AIDS but is not sick, should he be allowed to continue teaching in the school? | | | | | | | | |
| 832 | वह व्याप सीधे है कि जिन लोगों को एक आदर्शीयाइड ही उनका इच्छित याचारी वह व्यापार में उन लोगों के साथ होना चाहिए जिन ही व्याप आदर्शीयाइड हैं। | SHOULD BE TREATED SHOULD NOT BE TREATED DK/NOT SURE/DEPENDS | 1 2 3 | | | | | | |
| | Do you think that people living with HIV/AIDS should be treated in the same public hospital with patients who are HIV negative? | | | | | | | | |
| 833 | वह व्याप सीधे है कि जिन लोगों को एक आदर्शीयाइड ही उनको उसी इच्छित में याचार कराना चाहिए वहीं पर लोगों को एक आदर्शीयाइड नहीं है। | SHOULD BE ALLOWED SHOULD NOT BE ALLOWED DK/NOT SURE/DEPENDS | 1 2 3 | | | | | | |
| | Do you think that people living with HIV/AIDS should be allowed to work in the same office with people who are HIV negative? | | | | | | | | |
| 834 | कुछ पुरुषों का बताना (सुनकर) किया जाता है कि जिनमें जिन की ओर की बात तुरन्त तरह में विकास ही जाती है। व्याप अपका बताना किया गया है। Some men are circumcised, that is, the foreskin is completely removed from the penis. Are you circumcised? | YES NO DONT KNOW | 1 2 3 | | | | | | |
| 835 | CHECK 801 AND 802: <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center; padding-bottom: 5px;">HEARD ABOUT HIV/AIDS <input type="checkbox"/></td> <td style="width: 50%; text-align: center; padding-bottom: 5px;">NOT HEARD ABOUT HIV/AIDS <input type="checkbox"/></td> </tr> <tr> <td>a. एक व्याप सीधे है जिसमें, कहा जाने वाले वह संकायों के बारे में गुना है जो योनि संबंध में सामग्री में बोलते हैं?</td> <td>b. कहा जाने वाले संकायों के बारे में गुना है जो योनि संबंध के सामग्री में बोलते हैं?</td> </tr> <tr> <td>Apart from HIV/AIDS, have you heard about other infections that can be transmitted through sexual contact?</td> <td>Have you heard about infections that can be transmitted through sexual contact?</td> </tr> </table> | HEARD ABOUT HIV/AIDS <input type="checkbox"/> | NOT HEARD ABOUT HIV/AIDS <input type="checkbox"/> | a. एक व्याप सीधे है जिसमें, कहा जाने वाले वह संकायों के बारे में गुना है जो योनि संबंध में सामग्री में बोलते हैं? | b. कहा जाने वाले संकायों के बारे में गुना है जो योनि संबंध के सामग्री में बोलते हैं? | Apart from HIV/AIDS, have you heard about other infections that can be transmitted through sexual contact? | Have you heard about infections that can be transmitted through sexual contact? | YES NO | 1 2 |
| HEARD ABOUT HIV/AIDS <input type="checkbox"/> | NOT HEARD ABOUT HIV/AIDS <input type="checkbox"/> | | | | | | | | |
| a. एक व्याप सीधे है जिसमें, कहा जाने वाले वह संकायों के बारे में गुना है जो योनि संबंध में सामग्री में बोलते हैं? | b. कहा जाने वाले संकायों के बारे में गुना है जो योनि संबंध के सामग्री में बोलते हैं? | | | | | | | | |
| Apart from HIV/AIDS, have you heard about other infections that can be transmitted through sexual contact? | Have you heard about infections that can be transmitted through sexual contact? | | | | | | | | |
| 836 | CHECK 228 AND 229: HAS HAD SEXUAL INTERCOURSE <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center; padding-bottom: 5px;">HAS HAD SEXUAL INTERCOURSE <input type="checkbox"/></td> <td style="width: 50%; text-align: center; padding-bottom: 5px;">HAS NOT HAD SEXUAL INTERCOURSE <input type="checkbox"/></td> </tr> <tr> <td></td> <td style="text-align: right;">(228=1 OR 229=00)</td> </tr> </table> | HAS HAD SEXUAL INTERCOURSE <input type="checkbox"/> | HAS NOT HAD SEXUAL INTERCOURSE <input type="checkbox"/> | | (228=1 OR 229=00) | | → 844 | | |
| HAS HAD SEXUAL INTERCOURSE <input type="checkbox"/> | HAS NOT HAD SEXUAL INTERCOURSE <input type="checkbox"/> | | | | | | | | |
| | (228=1 OR 229=00) | | | | | | | | |
| 837 | CHECK 835: HEARD ABOUT OTHER SEXUALLY TRANSMITTED INFECTIONS <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center; padding-bottom: 5px;">YES <input type="checkbox"/></td> <td style="width: 50%; text-align: center; padding-bottom: 5px;">NO <input type="checkbox"/></td> </tr> </table> | YES <input type="checkbox"/> | NO <input type="checkbox"/> | | → 839 | | | | |
| YES <input type="checkbox"/> | NO <input type="checkbox"/> | | | | | | | | |
| 838 | वह मैं जारी रखते 12 महीनों में आपके व्यापार के बारे में कुछ प्रश्न पूछता चाहता है। जिन्हें 12 महीनों के दौरान आप आपको योनि संबंध के बाह्यम में कोई बीमारी हुई है? | YES NO DONT KNOW | 1 2 3 | | | | | | |
| | 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? | | | | | | | | |
| 839 | कभी-कभी तुम्हारी की जिंदगी में अनोन्नाय ज्वाब दोता है। जिन्हें 12 महीनों के दौरान कहा जाए जिन में अनोन्नाय ज्वाब दुआ था? | YES NO DONT KNOW | 1 2 3 | | | | | | |
| | Sometimes men experience an abnormal discharge from their penis. During the last 12 months, have you had an abnormal discharge from your penis? | | | | | | | | |
| 840 | कभी-कभी तुम्हारे की जिंदगी में या उपरोक्त आपका व्यापार का भास्तव [प्रिपार व्याप] हो जाता है। जिन्हें 12 महीनों के दौरान कहा जाए है जिन में या उपरोक्त आपका व्यापार [प्रिपार व्याप] हुआ था? | YES NO DONT KNOW | 1 2 3 | | | | | | |
| | 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? | | | | | | | | |
| 841 | CHECK 838, 839, AND 840: HAS HAD AN STI <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center; padding-bottom: 5px;">AT LEAST ONE 'YES' <input type="checkbox"/></td> <td style="width: 50%; text-align: center; padding-bottom: 5px;">OTHER <input type="checkbox"/></td> </tr> </table> | AT LEAST ONE 'YES' <input type="checkbox"/> | OTHER <input type="checkbox"/> | | → 844 | | | | |
| AT LEAST ONE 'YES' <input type="checkbox"/> | OTHER <input type="checkbox"/> | | | | | | | | |
| 842 | जिन्होंने आप व्याप की (PROBLEM FROM 838/839/840) हुई थी, कहा जाए जोई सवाल वही थी या इसका करवाया? | YES NO | 1 2 | | | | | | |
| | The last time you had (PROBLEM FROM 838/839/840), did you seek any kind of advice or treatment? | | → 844 | | | | | | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP | | | | | | | | |
|-----|---|--|------|--|--|--|--|--|--|--|--|
| 843 | <p>आप कहाँ गए हैं? कहीं जैसे? 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>(NAME OF FACILITY/PLACE(S))</p> | <p>PUBLIC HEALTH SECTOR</p> <p>GOVERNMENT HOSPITAL A</p> <p>AYUSH</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 style="text-align: right;">(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 style="text-align: right;">(SPECIFY)</p> <p>NGO OR TRUST HOSPITAL/CLINIC P</p> <p>PRIVATE HEALTH SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR Q</p> <p>AYUSH</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 style="text-align: right;">(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 style="text-align: right;">(SPECIFY)</p> <p>OTHER SOURCE</p> <p>HOME BA</p> <p>CORRECTIONAL FACILITY BB</p> <p>OTHER BX</p> <p style="text-align: right;">(SPECIFY)</p> | | | | | | | | | |
| 844 | <p>यदि पति वह जानता है कि उम्रकी पत्नी को यीन संबाहित रोग है तो वह उसने यह युवका उचित है कि वे समीक्षा के माध्यम संदोध (लिंगोर्ग) 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 3</p> | | | | | | | | | |
| 845 | <p>यदि पति वह जानता है कि उम्रकी पत्नी अन्य युवकों के साथ दीव लंबाय भर्ती है तो वह उम्रका अपनी पत्नी के साथ यीन संबाहित से हनवर 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 3</p> | | | | | | | | | |
| 846 | <p>यदि आप अपनी पत्नी कासा कराही हैं तो वह 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. | HOUR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> MINUTES <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> | | | | | | | | | |
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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 | <input type="text"/> | | | | | |
| DISTRICT | <input type="text"/> | | | | | |
| TEHSIL/TALUK | <input type="text"/> | | | | | |
| CITY/TOWN/VILLAGE | <input type="text"/> | | | | | |
| TYPE OF PSU (URBAN = 1, RURAL = 2) | <input type="text"/> | | | | | |
| PSU NUMBER | <input type="text"/> | | | | | |
| STRUCTURE NUMBER | <input type="text"/> | | | | | |
| HOUSEHOLD NUMBER | <input type="text"/> | | | | | |
| NAME OF HOUSEHOLD HEAD | <input type="text"/> | | | | | |
| ADDRESS OF HOUSEHOLD | <input type="text"/> | | | | | |
| 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 | <input type="text"/> | <input type="text"/> | <input type="text"/> | DAY | <input type="text"/> | |
| | | | | MONTH | <input type="text"/> | |
| | | | | YEAR | <input type="text"/> | |
| NEXT VISIT: DATE | <input type="text"/> | <input type="text"/> | <input type="text"/> | TOTAL NUMBER OF VISITS | | |
| TIME | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | | |
| *LANGUAGE OF QUESTIONNAIRE: | ENGLISH | | | | | 18 |
| *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 | <input type="text"/> |
| SPECIFY | | | | | | |
| TOTAL NUMBER OF ELIGIBLE WOMEN AGE 15+ | <input type="text"/> | | | | | <input type="text"/> |
| TOTAL NUMBER OF ELIGIBLE CHILDREN | <input type="text"/> | | | | | <input type="text"/> |
| TOTAL NUMBER OF ELIGIBLE MEN AGE 15+ | <input type="text"/> | | | | | <input type="text"/> |
| SUPERVISOR | | | HEALTH INVESTIGATOR | | | |
| NAME | <input type="text"/> | <input type="text"/> | NAME | <input type="text"/> | <input type="text"/> | |
| DATE | <input type="text"/> | <input type="text"/> | DATE | <input type="text"/> | <input type="text"/> | |

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). | | | |
| | | CHILD 1 | CHILD 2 | CHILD 3 |
| 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"/> REFUSED 9995 OTHER 9996 | CM. <input type="text"/> <input type="text"/> . <input type="text"/> REFUSED 9995 OTHER 9996 | CM. <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 3 (NO SIGNATURE) NOT PRESENT/OTHER 4 (SKIP TO 213) ← | GRANTED (SIGNED) ... 1 _____ (SIGN) ← REFUSED 2 GRANTED 3 (NO SIGNATURE) NOT PRESENT/OTHER 4 (SKIP TO 213) ← | GRANTED (SIGNED) ... 1 _____ (SIGN) ← REFUSED 2 GRANTED 3 (NO SIGNATURE) NOT PRESENT/OTHER 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 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"/> | 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 _____ (SIGN) ← REFUSED 2 GRANTED 3 (NO SIGNATURE) NOT PRESENT/OTHER 4 (SKIP TO 213) ← | GRANTED (SIGNED) .. 1 _____ (SIGN) ← REFUSED 2 GRANTED 3 (NO SIGNATURE) NOT 4 (SKIP TO 213) ← | GRANTED (SIGNED) .. 1 _____ (SIGN) ← REFUSED 2 GRANTED 3 (NO SIGNATURE) 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, HAE MOGLOBIN 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). | | | |
| | | WOMAN 1 | WOMAN 2 | WOMAN 3 |
| 302 | NAME LINE NUMBER AGE MARITAL STATUS | NAME LINE NUMBER AGE NEVER MARRIED 1 OTHER 2 | NAME LINE NUMBER AGE NEVER MARRIED 1 OTHER 2 | NAME LINE NUMBER AGE NEVER MARRIED 1 OTHER 2 |
| | | IF AGE 50 AND ABOVE GO TO 312 | IF AGE 50 AND ABOVE GO TO 312 | IF AGE 50 AND ABOVE GO TO 312 |
| 303 | WEIGHT IN KILOGRAMS | KG. <input type="text"/> . <input type="text"/> NOT PRESENT 99994 (SKIP TO 382) ← REFUSED 99995 OTHER 99996 | KG. <input type="text"/> . <input type="text"/> NOT PRESENT 99994 (SKIP TO 382) ← REFUSED 99995 OTHER 99996 | KG. <input type="text"/> . <input type="text"/> NOT PRESENT 99994 (SKIP TO 382) ← REFUSED 99995 OTHER 99996 |
| 304 | HEIGHT IN CENTIMETRES | CM. <input type="text"/> . <input type="text"/> REFUSED 9995 OTHER 9996 | CM. <input type="text"/> . <input type="text"/> REFUSED 9995 OTHER 9996 | CM. <input type="text"/> . <input type="text"/> REFUSED 9995 OTHER 9996 |
| 305 | WAIST CIRCUMFERENCE IN CENTIMETRES | CM. <input type="text"/> . <input type="text"/> REFUSED 9995 OTHER 9996 | CM. <input type="text"/> . <input type="text"/> REFUSED 9995 OTHER 9996 | CM. <input type="text"/> . <input type="text"/> REFUSED 9995 OTHER 9996 |
| 306 | HIP CIRCUMFERENCE IN CENTIMETRES | CM. <input type="text"/> . <input type="text"/> REFUSED 9995 OTHER 9996 | CM. <input type="text"/> . <input type="text"/> REFUSED 9995 OTHER 9996 | CM. <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 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 GRANTED (NO SIGNATURE) 3 (SIGN) NOT PRESENT 4 (SKIP TO 382) ← (IF REFUSED, GO TO 342) | GRANTED (SIGNED) 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 GRANTED (NO SIGNATURE) 3 (SIGN) NOT PRESENT 4 (SKIP TO 382) ← (IF REFUSED, GO TO 342) | GRANTED (SIGNED) 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 GRANTED (NO SIGNATURE) 3 (SIGN) NOT PRESENT 4 (SKIP TO 382) ← (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) ← | GRANTED (SIGNED) 1 <input type="checkbox"/> RESPONDENT REFUSED ... 2 <input type="checkbox"/> GRANTED (NO SIGNATURE) 3 <input type="checkbox"/> (SIGN) ← | GRANTED (SIGNED) 1 <input type="checkbox"/> RESPONDENT REFUSED ... 2 <input type="checkbox"/> GRANTED (NO SIGNATURE) 3 <input type="checkbox"/> (SIGN) ← |
| 314 | <p>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:</p> <p>a) Eaten anything? b) Had coffee, tea, cola or other drink that has caffeine? c) Smoked any tobacco product? d) Used any other type of tobacco such as gutka, paan masala with tobacco, other chewing tobacco, or snuff?</p> | YES NO EATEN 1 2 | YES NO EATEN 1 2 | YES NO EATEN 1 2 |
| | | HAD CAFFEINATED DRINK 1 2 | HAD CAFFEINATED DRINK 1 2 | HAD CAFFEINATED DRINK 1 2 |
| | | SMOKED 1 2 | SMOKED 1 2 | SMOKED 1 2 |
| | | OTHER TOBACCO ... 1 2 | OTHER TOBACCO ... 1 2 | 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="checkbox"/> <input type="checkbox"/> | ARM CIRCUMFERENCE (IN CENTIMETRES) . <input type="checkbox"/> <input type="checkbox"/> | ARM CIRCUMFERENCE (IN CENTIMETRES) . <input type="checkbox"/> <input type="checkbox"/> |
| | | MEASURE THE CIRCUMFERENCE OF THE RESPONDENT'S ARM MIDWAY BETWEEN THE ELBOW AND THE SHOULDER. RECORD THE MEASUREMENT IN CENTIMETRES. | MEASURE THE CIRCUMFERENCE OF THE RESPONDENT'S ARM MIDWAY BETWEEN THE ELBOW AND THE SHOULDER. RECORD THE MEASUREMENT IN CENTIMETRES. | 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. | FIRST BP MEASURE SYSTOLIC DIASTOLIC REFUSED 994 TECHNICAL PROBLEMS ... 995 OTHER 996 (IF NOT MEASURED, GO TO 340) ← | FIRST BP MEASURE SYSTOLIC DIASTOLIC REFUSED 994 TECHNICAL PROBLEMS ... 995 OTHER 996 (IF NOT MEASURED, GO TO 340) ← | FIRST BP MEASURE 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 | CHECK THAT IT HAS BEEN AT LEAST 5 MINUTES BEFORE TAKING THE SECOND BLOOD PRESSURE MEASUREMENT | | | |
| 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. | SECOND BP MEASURE SYSTOLIC DIASTOLIC REFUSED 994 TECHNICAL PROBLEMS ... 995 OTHER 996 (IF NOT MEASURED, GO TO 334) ← | SECOND BP MEASURE SYSTOLIC DIASTOLIC REFUSED 994 TECHNICAL PROBLEMS ... 995 OTHER 996 (IF NOT MEASURED, GO TO 334) ← | SECOND BP MEASURE SYSTOLIC DIASTOLIC REFUSED 994 TECHNICAL PROBLEMS ... 995 OTHER 996 (IF NOT MEASURED, GO TO 334) ← |

| | | WOMAN 1 | WOMAN 2 | WOMAN 3 | | | | | | | | | | | | | | | | | | |
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| | NAME | NAME _____ | NAME _____ | NAME _____ | | | | | | | | | | | | | | | | | | |
| 326 | CHECK THAT IT HAS BEEN AT LEAST 5 MINUTES BEFORE TAKING THE THIRD BLOOD PRESSURE MEASUREMENT | | | | | | | | | | | | | | | | | | | | | |
| 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 <table border="1"><tr><td> </td><td> </td><td>:</td><td> </td><td> </td></tr></table> | | | : | | | HOURS MINUTES <table border="1"><tr><td> </td><td> </td><td>:</td><td> </td><td> </td></tr></table> | | | : | | | HOURS MINUTES <table border="1"><tr><td> </td><td> </td><td>:</td><td> </td><td> </td></tr></table> | | | : | | | | | |
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| 329 | TAKE THE THIRD BLOOD PRESSURE READING. RECORD THE SYSTOLIC AND DIASTOLIC PRESSURE. | THIRD BP MEASURE SYSTOLIC <table border="1"><tr><td> </td><td> </td><td> </td></tr></table> DIASTOLIC <table border="1"><tr><td> </td><td> </td><td> </td></tr></table> REFUSED 994 TECHNICAL PROBLEMS ... 995 OTHER 996 (IF NOT MEASURED, GO TO 336) ← | | | | | | | THIRD BP MEASURE SYSTOLIC <table border="1"><tr><td> </td><td> </td><td> </td></tr></table> DIASTOLIC <table border="1"><tr><td> </td><td> </td><td> </td></tr></table> REFUSED 994 TECHNICAL PROBLEMS ... 995 OTHER 996 (IF NOT MEASURED, GO TO 336) ← | | | | | | | THIRD BP MEASURE SYSTOLIC <table border="1"><tr><td> </td><td> </td><td> </td></tr></table> DIASTOLIC <table border="1"><tr><td> </td><td> </td><td> </td></tr></table> REFUSED 994 TECHNICAL PROBLEMS ... 995 OTHER 996 (IF NOT MEASURED, GO TO 336) ← | | | | | | |
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| 330 | RECORD THE SUM OF THE SYSTOLIC MEASURES FROM 325 AND 329. | SUM SYSTOLIC <table border="1"><tr><td> </td><td> </td><td> </td></tr></table> | | | | SUM SYSTOLIC <table border="1"><tr><td> </td><td> </td><td> </td></tr></table> | | | | SUM SYSTOLIC <table border="1"><tr><td> </td><td> </td><td> </td></tr></table> | | | | | | | | | | | | |
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| 331 | CALCULATE THE AVERAGE SYSTOLIC PRESSURES BY DIVIDING THE SUM IN 330 BY 2. | AVERAGE SYSTOLIC <table border="1"><tr><td> </td><td> </td></tr></table> CIRCLE IN 338 | | | AVERAGE SYSTOLIC <table border="1"><tr><td> </td><td> </td><td> </td></tr></table> CIRCLE IN 338 | | | | AVERAGE SYSTOLIC <table border="1"><tr><td> </td><td> </td><td> </td></tr></table> CIRCLE IN 338 | | | | | | | | | | | | | |
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| 332 | RECORD THE SUM OF THE DIASTOLIC MEASURES FROM 325 AND 329. | SUM DIASTOLIC <table border="1"><tr><td> </td><td> </td><td> </td></tr></table> | | | | SUM DIASTOLIC <table border="1"><tr><td> </td><td> </td><td> </td></tr></table> | | | | SUM DIASTOLIC <table border="1"><tr><td> </td><td> </td><td> </td></tr></table> | | | | | | | | | | | | |
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| 333 | CALCULATE THE AVERAGE DIASTOLIC PRESSURES BY DIVIDING THE SUM IN 332 BY 2. | AVERAGE DIASTOLIC <table border="1"><tr><td> </td><td> </td><td> </td></tr></table> CIRCLE IN 338 AND SKIP TO 338 | | | | AVERAGE DIASTOLIC <table border="1"><tr><td> </td><td> </td><td> </td></tr></table> CIRCLE IN 338 AND SKIP TO 338 | | | | AVERAGE DIASTOLIC <table border="1"><tr><td> </td><td> </td><td> </td></tr></table> CIRCLE IN 338 AND SKIP TO 338 | | | | | | | | | | | | |
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| 333A | IF ONLY ONE MEASUREMENT WAS TAKEN, RECORD THE FIRST SYSTOLIC AND DIASTOLIC NUMBERS HERE. | | | | | | | | | | | | | | | | | | | | | |
| 334 | RECORD THE SYSTOLIC MEASURE FROM 318. | SYSTOLIC <table border="1"><tr><td> </td><td> </td><td> </td></tr></table> CIRCLE IN 338 | | | | SYSTOLIC <table border="1"><tr><td> </td><td> </td><td> </td></tr></table> CIRCLE IN 338 | | | | SYSTOLIC <table border="1"><tr><td> </td><td> </td><td> </td></tr></table> CIRCLE IN 338 | | | | | | | | | | | | |
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| 335 | RECORD THE DIASTOLIC MEASURE FROM 318. | DIASTOLIC <table border="1"><tr><td> </td><td> </td><td> </td></tr></table> CIRCLE IN 338 AND SKIP TO 338 | | | | DIASTOLIC <table border="1"><tr><td> </td><td> </td><td> </td></tr></table> CIRCLE IN 338 AND SKIP TO 338 | | | | DIASTOLIC <table border="1"><tr><td> </td><td> </td><td> </td></tr></table> CIRCLE IN 338 AND SKIP TO 338 | | | | | | | | | | | | |
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| 335A | IF ONLY TWO MEASUREMENTS WERE TAKEN, RECORD THE SECOND SYSTOLIC AND DIASTOLIC NUMBERS HERE. | | | | | | | | | | | | | | | | | | | | | |
| 336 | RECORD THE SYSTOLIC MEASURE FROM 325. | SYSTOLIC <table border="1"><tr><td> </td><td> </td><td> </td></tr></table> CIRCLE IN 338 | | | | SYSTOLIC <table border="1"><tr><td> </td><td> </td><td> </td></tr></table> CIRCLE IN 338 | | | | SYSTOLIC <table border="1"><tr><td> </td><td> </td><td> </td></tr></table> CIRCLE IN 338 | | | | | | | | | | | | |
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| 337 | RECORD THE DIASTOLIC MEASURE FROM 325. | DIASTOLIC <table border="1"><tr><td> </td><td> </td><td> </td></tr></table> CIRCLE IN 338 | | | | DIASTOLIC <table border="1"><tr><td> </td><td> </td><td> </td></tr></table> CIRCLE IN 338 | | | | DIASTOLIC <table border="1"><tr><td> </td><td> </td><td> </td></tr></table> CIRCLE IN 338 | | | | | | | | | | | | |
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| | NAME | NAME _____ | NAME _____ | NAME _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 338 | CIRCLE THE SINGLE NUMBER WHERE THE AVERAGE DIASTOLIC AND SYSTOLIC MEASURES MEET. | <table style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th colspan="6">AVERAGE DIASTOLIC</th> </tr> <tr> <th>AVERAGE SYSTOLIC</th> <th><80</th> <th>80-84</th> <th>85-89</th> <th>90-99</th> <th>100-109</th> <th>≥ 110</th> </tr> </thead> <tbody> <tr> <td><120</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> <td>6</td> </tr> <tr> <td>120-129</td> <td>2</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> <td>6</td> </tr> <tr> <td>130-139</td> <td>3</td> <td>3</td> <td>3</td> <td>4</td> <td>5</td> <td>6</td> </tr> <tr> <td>140-159</td> <td>4</td> <td>4</td> <td>4</td> <td>5</td> <td>6</td> <td></td> </tr> <tr> <td>160-179</td> <td>5</td> <td>5</td> <td>5</td> <td>5</td> <td>6</td> <td></td> </tr> <tr> <td>≥ 180</td> <td>6</td> <td>6</td> <td>6</td> <td>6</td> <td>6</td> <td></td> </tr> </tbody> </table> <table style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th colspan="6">AVERAGE DIASTOLIC</th> </tr> <tr> <th>AVERAGE SYSTOLIC</th> <th><80</th> <th>80-84</th> <th>85-89</th> <th>90-99</th> <th>100-109</th> <th>≥ 110</th> </tr> </thead> <tbody> <tr> <td><120</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> <td>6</td> </tr> <tr> <td>120-129</td> <td>2</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> <td>6</td> </tr> <tr> <td>130-139</td> <td>3</td> <td>3</td> <td>3</td> <td>4</td> <td>5</td> <td>6</td> </tr> <tr> <td>140-159</td> <td>4</td> <td>4</td> <td>4</td> <td>4</td> <td>5</td> <td>6</td> </tr> <tr> <td>160-179</td> <td>5</td> <td>5</td> <td>5</td> <td>5</td> <td>6</td> <td></td> </tr> <tr> <td>≥ 180</td> <td>6</td> <td>6</td> <td>6</td> <td>6</td> <td>6</td> <td></td> </tr> </tbody> </table> | AVERAGE DIASTOLIC | | | | | | AVERAGE SYSTOLIC | <80 | 80-84 | 85-89 | 90-99 | 100-109 | ≥ 110 | <120 | 1 | 2 | 3 | 4 | 5 | 6 | 120-129 | 2 | 2 | 3 | 4 | 5 | 6 | 130-139 | 3 | 3 | 3 | 4 | 5 | 6 | 140-159 | 4 | 4 | 4 | 5 | 6 | | 160-179 | 5 | 5 | 5 | 5 | 6 | | ≥ 180 | 6 | 6 | 6 | 6 | 6 | | AVERAGE DIASTOLIC | | | | | | AVERAGE SYSTOLIC | <80 | 80-84 | 85-89 | 90-99 | 100-109 | ≥ 110 | <120 | 1 | 2 | 3 | 4 | 5 | 6 | 120-129 | 2 | 2 | 3 | 4 | 5 | 6 | 130-139 | 3 | 3 | 3 | 4 | 5 | 6 | 140-159 | 4 | 4 | 4 | 4 | 5 | 6 | 160-179 | 5 | 5 | 5 | 5 | 6 | | ≥ 180 | 6 | 6 | 6 | 6 | 6 | | <table style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th colspan="6">AVERAGE DIASTOLIC</th> </tr> <tr> <th>AVERAGE SYSTOLIC</th> <th><80</th> <th>80-84</th> <th>85-89</th> <th>90-99</th> <th>100-109</th> <th>≥ 110</th> </tr> </thead> <tbody> <tr> <td><120</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> <td>6</td> </tr> <tr> <td>120-129</td> <td>2</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> <td>6</td> </tr> <tr> <td>130-139</td> <td>3</td> <td>3</td> <td>3</td> <td>4</td> <td>5</td> <td>6</td> </tr> <tr> <td>140-159</td> <td>4</td> <td>4</td> <td>4</td> <td>4</td> <td>5</td> <td>6</td> </tr> <tr> <td>160-179</td> <td>5</td> <td>5</td> <td>5</td> <td>5</td> <td>6</td> <td></td> </tr> <tr> <td>≥ 180</td> <td>6</td> <td>6</td> <td>6</td> <td>6</td> <td>6</td> <td></td> </tr> </tbody> </table> | AVERAGE DIASTOLIC | | | | | | AVERAGE SYSTOLIC | <80 | 80-84 | 85-89 | 90-99 | 100-109 | ≥ 110 | <120 | 1 | 2 | 3 | 4 | 5 | 6 | 120-129 | 2 | 2 | 3 | 4 | 5 | 6 | 130-139 | 3 | 3 | 3 | 4 | 5 | 6 | 140-159 | 4 | 4 | 4 | 4 | 5 | 6 | 160-179 | 5 | 5 | 5 | 5 | 6 | | ≥ 180 | 6 | 6 | 6 | 6 | 6 | |
| AVERAGE DIASTOLIC | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| AVERAGE SYSTOLIC | <80 | 80-84 | 85-89 | 90-99 | 100-109 | ≥ 110 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 120-129 | 2 | 2 | 3 | 4 | 5 | 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 130-139 | 3 | 3 | 3 | 4 | 5 | 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| ≥ 180 | 6 | 6 | 6 | 6 | 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| AVERAGE SYSTOLIC | <80 | 80-84 | 85-89 | 90-99 | 100-109 | ≥ 110 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 120-129 | 2 | 2 | 3 | 4 | 5 | 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 130-139 | 3 | 3 | 3 | 4 | 5 | 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 140-159 | 4 | 4 | 4 | 4 | 5 | 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 160-179 | 5 | 5 | 5 | 5 | 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ≥ 180 | 6 | 6 | 6 | 6 | 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| AVERAGE SYSTOLIC | <80 | 80-84 | 85-89 | 90-99 | 100-109 | ≥ 110 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <120 | 1 | 2 | 3 | 4 | 5 | 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 120-129 | 2 | 2 | 3 | 4 | 5 | 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 130-139 | 3 | 3 | 3 | 4 | 5 | 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 140-159 | 4 | 4 | 4 | 4 | 5 | 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 160-179 | 5 | 5 | 5 | 5 | 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ≥ 180 | 6 | 6 | 6 | 6 | 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 339 | RECORD THE NUMBER YOU CIRCLED IN 338 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. | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">NUMBER CIRCLED IN 338</th> <th style="text-align: center;">RESPONDENT'S BLOOD PRESSURE CATEGORY</th> <th style="text-align: center;">CONSULT HEALTH PROVIDER TO CHECK BLOOD PRESSURE WITHIN:</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">NORMAL (OPTIMAL)</td> <td style="text-align: center;">1 YEAR</td> </tr> <tr> <td style="text-align: center;">2</td> <td style="text-align: center;">NORMAL (MILDLY HIGH)</td> <td style="text-align: center;">1 YEAR</td> </tr> <tr> <td style="text-align: center;">3</td> <td style="text-align: center;">NORMAL (MODERATELY HIGH)</td> <td style="text-align: center;">2 MONTHS</td> </tr> <tr> <td style="text-align: center;">4</td> <td style="text-align: center;">ABNORMAL (MILDLY ELEVATED)</td> <td style="text-align: center;">1 MONTH</td> </tr> <tr> <td style="text-align: center;">5</td> <td style="text-align: center;">ABNORMAL (MODERATELY ELEVATED)</td> <td style="text-align: center;">1 WEEK</td> </tr> <tr> <td style="text-align: center;">6</td> <td style="text-align: center;">ABNORMAL (SEVERELY ELEVATED)</td> <td style="text-align: center;">IMMEDIATELY</td> </tr> </tbody> </table> | | | NUMBER CIRCLED IN 338 | 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 338 | 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 339A | | IF 338=6 OTHER _____ → GO TO 378A ↓ | IF 338=6 OTHER _____ → GO TO 378A ↓ | IF 338=6 OTHER _____ → GO TO 378A ↓ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 340 | AGE: CHECK 302. | 15-17 YEARS 1 18-49 YEARS 2 (GO TO 344) ← 50 YEARS AND ABOVE 3 (GO TO 351) ← | 15-17 YEARS 1 18-49 YEARS 2 (GO TO 344) ← 50 YEARS AND ABOVE 3 (GO TO 351) ← | 15-17 YEARS 1 18-49 YEARS 2 (GO TO 344) ← 50 YEARS AND ABOVE 3 (GO TO 351) ← | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 341 | MARITAL STATUS: CHECK 302. | NEVER MARRIED 1 OTHER 2 (GO TO 344) ← | NEVER MARRIED 1 OTHER 2 (GO TO 344) ← | NEVER MARRIED 1 OTHER 2 (GO TO 344) ← | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 342 | ASK CONSENT FOR ANAEMIA TEST FROM PARENT/ OTHER ADULT IDENTIFIED IN 309 AS RESPONSIBLE FOR NEVER MARRIED WOMEN AGE 15-17. | <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.</p> <p>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?</p> <p>You can say yes to the test for (NAME OF ADOLESCENT), or you can say no. It is up to you to decide.</p> <p>Will you allow (NAME OF ADOLESCENT) to take the anaemia test?</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 343 | 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 382) ← | GRANTED (SIGNED) 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 GRANTED (NO SIGNATURE) 3 (SIGN) NOT PRESENT 4 (SKIP TO 382) ← | GRANTED (SIGNED) 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 GRANTED (NO SIGNATURE) 3 (SIGN) NOT PRESENT 4 (SKIP TO 382) ← | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| | | 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. | <p>GRANTED (SIGNED) 1 <input type="checkbox"/> RESPONDENT REFUSED 2 <input type="checkbox"/> GRANTED (NO SIGNATURE) 3 <input type="checkbox"/></p> <p>(SIGN) NOT PRESENT 4 <input type="checkbox"/> (SKIP TO 382) ←</p> <p>(IF REFUSED, GO TO 347)</p> | <p>GRANTED (SIGNED) 1 <input type="checkbox"/> RESPONDENT REFUSED 2 <input type="checkbox"/> GRANTED (NO SIGNATURE) 3 <input type="checkbox"/></p> <p>(SIGN) NOT PRESENT 4 <input type="checkbox"/> (SKIP TO 382) ←</p> <p>(IF REFUSED, GO TO 347)</p> | <p>GRANTED (SIGNED) 1 <input type="checkbox"/> RESPONDENT REFUSED 2 <input type="checkbox"/> GRANTED (NO SIGNATURE) 3 <input type="checkbox"/></p> <p>(SIGN) NOT PRESENT 4 <input type="checkbox"/> (SKIP TO 382) ←</p> <p>(IF REFUSED, GO TO 347)</p> |
| 346 | Are you pregnant now? | <p>YES 1 <input type="checkbox"/> NO 2 <input type="checkbox"/> DK 8 <input type="checkbox"/></p> | <p>YES 1 <input type="checkbox"/> NO 2 <input type="checkbox"/> DK 8 <input type="checkbox"/></p> | <p>YES 1 <input type="checkbox"/> NO 2 <input type="checkbox"/> DK 8 <input type="checkbox"/></p> |
| 347 | AGE: CHECK 302. | <p>15-17 YEARS 1 <input type="checkbox"/> 18-49 YEARS 2 <input type="checkbox"/> (GO TO 351) ←</p> | <p>15-17 YEARS 1 <input type="checkbox"/> 18-49 YEARS 2 <input type="checkbox"/> (GO TO 351) ←</p> | <p>15-17 YEARS 1 <input type="checkbox"/> 18-49 YEARS 2 <input type="checkbox"/> (GO TO 351) ←</p> |
| 348 | MARITAL STATUS: CHECK 302. | <p>NEVER MARRIED 1 <input type="checkbox"/> OTHER 2 <input type="checkbox"/> (GO TO 351) ←</p> | <p>NEVER MARRIED 1 <input type="checkbox"/> OTHER 2 <input type="checkbox"/> (GO TO 351) ←</p> | <p>NEVER MARRIED 1 <input type="checkbox"/> OTHER 2 <input type="checkbox"/> (GO TO 351) ←</p> |
| 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. | <p>GRANTED (SIGNED) 1 <input type="checkbox"/> PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 <input type="checkbox"/> GRANTED (NO SIGNATURE) 3 <input type="checkbox"/></p> <p>(SIGN) NOT PRESENT 4 <input type="checkbox"/> (SKIP TO 382) ←</p> <p>(IF REFUSED, GO TO 358)</p> | <p>GRANTED (SIGNED) 1 <input type="checkbox"/> PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 <input type="checkbox"/> GRANTED (NO SIGNATURE) 3 <input type="checkbox"/></p> <p>(SIGN) NOT PRESENT 4 <input type="checkbox"/> (SKIP TO 382) ←</p> <p>(IF REFUSED, GO TO 358)</p> | <p>GRANTED (SIGNED) 1 <input type="checkbox"/> PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 <input type="checkbox"/> GRANTED (NO SIGNATURE) 3 <input type="checkbox"/></p> <p>(SIGN) NOT PRESENT 4 <input type="checkbox"/> (SKIP TO 382) ←</p> <p>(IF REFUSED, GO TO 358)</p> |

| | | 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. | <p>GRANTED (SIGNED) 1 <input type="checkbox"/> RESPONDENT REFUSED ... 2 <input type="checkbox"/> GRANTED (NO SIGNATURE) 3 <input type="checkbox"/></p> <p>_____ ← (SIGN) NOT PRESENT 4 <input type="checkbox"/> (SKIP TO 382) ← (IF REFUSED, GO TO 358)</p> | <p>GRANTED (SIGNED) 1 <input type="checkbox"/> RESPONDENT REFUSED ... 2 <input type="checkbox"/> GRANTED (NO SIGNATURE) 3 <input type="checkbox"/></p> <p>_____ ← (SIGN) NOT PRESENT 4 <input type="checkbox"/> (SKIP TO 382) ← (IF REFUSED, GO TO 358)</p> | <p>GRANTED (SIGNED) 1 <input type="checkbox"/> RESPONDENT REFUSED ... 2 <input type="checkbox"/> GRANTED (NO SIGNATURE) 3 <input type="checkbox"/></p> <p>_____ ← (SIGN) NOT PRESENT 4 <input type="checkbox"/> (SKIP TO 382) ← (IF REFUSED, GO TO 358)</p> |
| 353 | When was the last time you had something to eat? | HOURS AGO <input type="checkbox"/> <input type="checkbox"/> IF LESS THAN 1 HOUR, RECORD '00' | HOURS AGO <input type="checkbox"/> <input type="checkbox"/> IF LESS THAN 1 HOUR, RECORD '00' | HOURS AGO <input type="checkbox"/> <input type="checkbox"/> 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="checkbox"/> <input type="checkbox"/> IF LESS THAN 1 HOUR, RECORD '00' | HOURS AGO <input type="checkbox"/> <input type="checkbox"/> IF LESS THAN 1 HOUR, RECORD '00' | HOURS AGO <input type="checkbox"/> <input type="checkbox"/> IF LESS THAN 1 HOUR, RECORD '00' |
| 355 | Before this survey, has your blood glucose ever been checked? | YES 1 <input type="checkbox"/> NO 2 <input type="checkbox"/> | YES 1 <input type="checkbox"/> NO 2 <input type="checkbox"/> | YES 1 <input type="checkbox"/> NO 2 <input type="checkbox"/> |
| 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 <input type="checkbox"/> NO 2 <input type="checkbox"/> | YES 1 <input type="checkbox"/> NO 2 <input type="checkbox"/> | YES 1 <input type="checkbox"/> NO 2 <input type="checkbox"/> |
| 357 | To lower your blood glucose level, are you now taking a prescribed medicine? | YES 1 <input type="checkbox"/> NO 2 <input type="checkbox"/> | YES 1 <input type="checkbox"/> NO 2 <input type="checkbox"/> | YES 1 <input type="checkbox"/> NO 2 <input type="checkbox"/> |

| | | WOMAN 1 | WOMAN 2 | WOMAN 3 |
|-----|---|--|--|--|
| | NAME | NAME _____ | NAME _____ | NAME _____ |
| 358 | CHECK THE COVER PAGE: IS THE HOUSEHOLD SELECTED FOR DBS COLLECTION? | <input type="checkbox"/> YES <input type="checkbox"/> NO ↓ (GO TO 372) | <input type="checkbox"/> YES <input type="checkbox"/> NO ↓ (GO TO 372) | <input type="checkbox"/> YES <input type="checkbox"/> NO ↓ (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 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 GRANTED (NO SIGNATURE) 3 ↓ (SIGN) NOT PRESENT 4 ↓ (SKIP TO 382) ← (IF REFUSED, GO TO 372) | GRANTED (SIGNED) 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 GRANTED (NO SIGNATURE) 3 ↓ (SIGN) NOT PRESENT 4 ↓ (SKIP TO 382) ← (IF REFUSED, GO TO 372) | GRANTED (SIGNED) 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 GRANTED (NO SIGNATURE) 3 ↓ (SIGN) NOT PRESENT 4 ↓ (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 RESPONDENT REFUSED 2 GRANTED (NO SIGNATURE) 3 ↓ (SIGN) NOT PRESENT 4 ↓ (SKIP TO 382) ← (IF REFUSED, GO TO 372) | GRANTED (SIGNED) 1 RESPONDENT REFUSED 2 GRANTED (NO SIGNATURE) 3 ↓ (SIGN) NOT PRESENT 4 ↓ (SKIP TO 382) ← (IF REFUSED, GO TO 372) | GRANTED (SIGNED) 1 RESPONDENT REFUSED 2 GRANTED (NO SIGNATURE) 3 ↓ (SIGN) NOT PRESENT 4 ↓ (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. | <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> | | |
| 368 | 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 382) ← (IF REFUSED, GO TO 372) | GRANTED (SIGNED) 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 GRANTED (NO SIGNATURE) 3 (SIGN) NOT PRESENT 4 (SKIP TO 382) ← (IF REFUSED, GO TO 372) | GRANTED (SIGNED) 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 GRANTED (NO SIGNATURE) 3 (SIGN) NOT PRESENT 4 (SKIP TO 382) ← (IF REFUSED, GO TO 372) |
| 369 | 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 your blood sample stored for additional testing?</p> | | |
| 370 | CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME. | GRANTED (SIGNED) 1 RESPONDENT REFUSED 2 GRANTED (NO SIGNATURE) 3 (SIGN) NOT PRESENT 4 (SKIP TO 382) ← (IF REFUSED, GO TO 372) | GRANTED (SIGNED) 1 RESPONDENT REFUSED 2 GRANTED (NO SIGNATURE) 3 (SIGN) NOT PRESENT 4 (SKIP TO 382) ← (IF REFUSED, GO TO 372) | GRANTED (SIGNED) 1 RESPONDENT REFUSED 2 GRANTED (NO SIGNATURE) 3 (SIGN) NOT PRESENT 4 (SKIP TO 382) ← (IF REFUSED, GO TO 372) |
| 372 | PREPARE EQUIPMENT AND SUPPLIES ONLY FOR THE TEST(S) FOR WHICH CONSENT HAS BEEN OBTAINED AND PROCEED WITH THE TEST(S) | | | |
| 373 | RECORD THE TIME OF THE BLOOD GLUCOSE TEST | HOURS : MINUTES <input type="text"/> : <input type="text"/> NOT TESTED 9996 | HOURS : MINUTES <input type="text"/> : <input type="text"/> NOT TESTED 9996 | HOURS : MINUTES <input type="text"/> : <input type="text"/> NOT TESTED 9996 |
| 374 | RECORD BLOOD GLUCOSE IN MG/DL | MG/DL <input type="text"/> <input type="text"/> REFUSED 995 OTHER 996 NOT TESTED 998 | MG/DL <input type="text"/> <input type="text"/> REFUSED 995 OTHER 996 NOT TESTED 998 | MG/DL <input type="text"/> <input type="text"/> REFUSED 995 OTHER 996 NOT TESTED 998 |
| 374A | AGE: CHECK 302. | IF AGE 50 AND ABOVE <input type="checkbox"/> OTHER <input type="checkbox"/> → (GO TO 382) ↓ | IF AGE 50 AND ABOVE <input type="checkbox"/> OTHER <input type="checkbox"/> → (GO TO 382) ↓ | IF AGE 50 AND ABOVE <input type="checkbox"/> OTHER <input type="checkbox"/> → (GO TO 382) ↓ |
| 375 | RECORD HAEMOGLOBIN LEVEL HERE AND IN ANAEMIA PAMPHLET. | G/DL <input type="text"/> . <input type="text"/> REFUSED 995 OTHER 996 NOT TESTED 998 | G/DL <input type="text"/> . <input type="text"/> REFUSED 995 OTHER 996 NOT TESTED 998 | G/DL <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 <input type="checkbox"/> NO <input type="checkbox"/> → GO TO 378A | YES <input type="checkbox"/> NO <input type="checkbox"/> → GO TO 378A | YES <input type="checkbox"/> NO <input type="checkbox"/> → GO TO 378A |
| 376 | BAR CODE LABEL | PUT THE 1ST BAR CODE LABEL HERE. REFUSED 99994 NOT SELECTED 99995 OTHER 99996 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 99994 NOT SELECTED 99995 OTHER 99996 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 99994 NOT SELECTED 99995 OTHER 99996 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 <input type="checkbox"/> OTHER <input type="checkbox"/> → GO TO 382 | IF AGE 50 AND ABOVE <input type="checkbox"/> OTHER <input type="checkbox"/> → GO TO 382 | IF AGE 50 AND ABOVE <input type="checkbox"/> OTHER <input type="checkbox"/> → GO TO 382 |
| 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, HAE MOGLOBIN MEASUREMENT, AND
COLLECTION OF DRIED BLOOD SPOTS FOR MEN

| | | MAN 1 | MAN 2 | MAN 3 |
|------|---|---|--|--|
| 401 | NAME LINE NUMBER AGE MARRITAL STATUS | NAME _____ LINE NUMBER AGE IF AGE 55 AND ABOVE, GO TO 412 ← NEVER MARRIED 1 OTHER 2 | NAME _____ LINE NUMBER AGE IF AGE 55 AND ABOVE, GO TO 412 ← NEVER MARRIED 1 OTHER 2 | NAME _____ LINE NUMBER AGE 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 NO → GO TO 407 | YES NO → GO TO 407 | YES NO → GO TO 407 |
| 403 | WEIGHT IN KILOGRAMS | KG. . NOT PRESENT 9994 (SKIP TO 479) ← REFUSED 9995 OTHER 9996 | KG. . NOT PRESENT 9994 (SKIP TO 479) ← REFUSED 9995 OTHER 9996 | KG. . NOT PRESENT 9994 (SKIP TO 479) ← REFUSED 9995 OTHER 9996 |
| 404 | HEIGHT IN CENTIMETRES | CM. . REFUSED 9995 OTHER 9996 | CM. . REFUSED 9995 OTHER 9996 | CM. . REFUSED 9995 OTHER 9996 |
| 405 | WAIST CIRCUMFERENCE IN CENTIMETRES | CM. . REFUSED 9995 OTHER 9996 | CM. . REFUSED 9995 OTHER 9996 | CM. . REFUSED 9995 OTHER 9996 |
| 406 | HIP CIRCUMFERENCE IN CENTIMETRES | CM. . REFUSED 9995 OTHER 9996 | CM. . REFUSED 9995 OTHER 9996 | CM. . 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 NO → GO TO 440 | YES NO → GO TO 446 | YES NO → 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 <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 |
| 414 | <p>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:</p> <p>a) Eaten anything? b) Had coffee, tea, cola or other drink that has caffeine? c) Smoked any tobacco product? d) Used any other type of tobacco such as gutkha, paan masala, with tobacco, other chewing tobacco, or snuff?</p> | YES <input type="checkbox"/> NO <input type="checkbox"/> EATEN 1 2 | YES <input type="checkbox"/> NO <input type="checkbox"/> EATEN 1 2 | YES <input type="checkbox"/> NO <input type="checkbox"/> EATEN 1 2 |
| | | HAD CAFFEINATED DRINK 1 2 | HAD CAFFEINATED DRINK 1 2 | HAD CAFFEINATED DRINK 1 2 |
| | | SMOKED 1 2 | SMOKED 1 2 | SMOKED 1 2 |
| | | OTHER TOBACCO ... 1 2 | OTHER TOBACCO ... 1 2 | 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. | FIRST BP MEASURE SYSTOLIC ____ ____ DIASTOLIC ____ ____ | FIRST BP MEASURE SYSTOLIC ____ ____ DIASTOLIC ____ ____ | FIRST BP MEASURE SYSTOLIC ____ ____ DIASTOLIC ____ ____ |
| | | REFUSED 994 TECHNICAL PROBLEMS ... 995 OTHER 996 (IF NOT MEASURED, GO TO 440) ← | REFUSED 994 TECHNICAL PROBLEMS ... 995 OTHER 996 (IF NOT MEASURED, GO TO 440) ← | 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 | CHECK THAT IT HAS BEEN AT LEAST 5 MINUTES BEFORE TAKING THE SECOND BLOOD PRESSURE MEASUREMENT | | | |
| 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. | SECOND BP MEASURE SYSTOLIC ____ ____ DIASTOLIC ____ ____ | SECOND BP MEASURE SYSTOLIC ____ ____ DIASTOLIC ____ ____ | SECOND BP MEASURE SYSTOLIC ____ ____ DIASTOLIC ____ ____ |
| | | REFUSED 994 TECHNICAL PROBLEMS ... 995 OTHER 996 (IF NOT MEASURED, GO TO 434) ← | REFUSED 994 TECHNICAL PROBLEMS ... 995 OTHER 996 (IF NOT MEASURED, GO TO 434) ← | REFUSED 994 TECHNICAL PROBLEMS ... 995 OTHER 996 (IF NOT MEASURED, GO TO 434) ← |

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| | | MAN 1 | MAN 2 | MAN 3 | | | | | | | | | | | | | | | |
| | NAME | NAME _____ | NAME _____ | NAME _____ | | | | | | | | | | | | | | | |
| 426 | CHECK THAT IT HAS BEEN AT LEAST 5 MINUTES BEFORE TAKING THE THIRD BLOOD PRESSURE MEASUREMENT | | | | | | | | | | | | | | | | | | |
| 427 | May I take your blood pressure at this time? | YES 1 NO 2 | YES NO 1 | YES 1 NO 2 | | | | | | | | | | | | | | | |
| | | (GO TO 436) ← | (GO TO 436) ← | (GO TO 436) ← | | | | | | | | | | | | | | | |
| 428 | RECORD TIME OF THIRD BP READING | HOURS MINUTES <table border="1"><tr><td> </td><td> </td><td>:</td><td> </td><td> </td></tr></table> | | | : | | | HOURS MINUTES <table border="1"><tr><td> </td><td> </td><td>:</td><td> </td><td> </td></tr></table> | | | : | | | HOURS MINUTES <table border="1"><tr><td> </td><td> </td><td>:</td><td> </td><td> </td></tr></table> | | | : | | |
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| 429 | TAKE THE THIRD BLOOD PRESSURE READING. RECORD THE SYSTOLIC AND DIASTOLIC PRESSURE. | THIRD BP MEASURE SYSTOLIC DIASTOLIC | THIRD BP MEASURE SYSTOLIC DIASTOLIC | THIRD BP MEASURE SYSTOLIC DIASTOLIC | | | | | | | | | | | | | | | |
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| | | REFUSED 994 .TECHNICAL PROBLEMS 995 OTHER 996 | REFUSED 994 .TECHNICAL PROBLEMS. 995 OTHER 996 | REFUSED 994 .TECHNICAL PROBLEMS. 995 OTHER 996 | | | | | | | | | | | | | | | |
| | | (IF NOT MEASURED, GO TO 436) ← | (IF NOT MEASURED, GO TO 436) ← | (IF NOT MEASURED, GO TO 436) ← | | | | | | | | | | | | | | | |
| 430 | RECORD THE SUM OF THE SYSTOLIC MEASURES FROM 425 AND 429. | SUM SYSTOLIC <table border="1"><tr><td> </td><td> </td><td> </td></tr></table> | | | | SUM SYSTOLIC <table border="1"><tr><td> </td><td> </td><td> </td></tr></table> | | | | SUM SYSTOLIC <table border="1"><tr><td> </td><td> </td><td> </td></tr></table> | | | | | | | | | |
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| 431 | CALCULATE THE AVERAGE SYSTOLIC PRESSURES BY DIVIDING THE SUM IN 430 BY 2. | AVERAGE SYSTOLIC <table border="1"><tr><td> </td><td> </td><td> </td></tr></table> CIRCLE IN 438 | | | | AVERAGE SYSTOLIC <table border="1"><tr><td> </td><td> </td><td> </td></tr></table> CIRCLE IN 438 | | | | AVERAGE SYSTOLIC <table border="1"><tr><td> </td><td> </td><td> </td></tr></table> CIRCLE IN 438 | | | | | | | | | |
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| 432 | RECORD THE SUM OF THE DIASTOLIC MEASURES FROM 425 AND 429. | SUM DIASTOLIC <table border="1"><tr><td> </td><td> </td><td> </td></tr></table> | | | | SUM DIASTOLIC <table border="1"><tr><td> </td><td> </td><td> </td></tr></table> | | | | SUM DIASTOLIC <table border="1"><tr><td> </td><td> </td><td> </td></tr></table> | | | | | | | | | |
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| 433 | CALCULATE THE AVERAGE DIASTOLIC PRESSURES BY DIVIDING THE SUM IN 432 BY 2. | AVERAGE DIASTOLIC <table border="1"><tr><td> </td><td> </td><td> </td></tr></table> CIRCLE IN 438 AND SKIP TO 438 | | | | AVERAGE DIASTOLIC <table border="1"><tr><td> </td><td> </td><td> </td></tr></table> CIRCLE IN 438 AND SKIP TO 438 | | | | AVERAGE DIASTOLIC <table border="1"><tr><td> </td><td> </td><td> </td></tr></table> CIRCLE IN 438 AND SKIP TO 438 | | | | | | | | | |
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| 433A | IF ONLY ONE MEASUREMENT WAS TAKEN, RECORD THE FIRST SYSTOLIC AND DIASTOLIC NUMBERS HERE. | | | | | | | | | | | | | | | | | | |
| 434 | RECORD THE SYSTOLIC MEASURE FROM 418. | SYSTOLIC <table border="1"><tr><td> </td><td> </td><td> </td></tr></table> CIRCLE IN 438 | | | | SYSTOLIC <table border="1"><tr><td> </td><td> </td><td> </td></tr></table> CIRCLE IN 438 | | | | SYSTOLIC <table border="1"><tr><td> </td><td> </td><td> </td></tr></table> CIRCLE IN 438 | | | | | | | | | |
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| 435 | RECORD THE DIASTOLIC MEASURE FROM 418. | DIASTOLIC <table border="1"><tr><td> </td><td> </td><td> </td></tr></table> CIRCLE IN 438 AND SKIP TO 438 | | | | DIASTOLIC <table border="1"><tr><td> </td><td> </td><td> </td></tr></table> CIRCLE IN 438 AND SKIP TO 438 | | | | DIASTOLIC <table border="1"><tr><td> </td><td> </td><td> </td></tr></table> CIRCLE IN 438 AND SKIP TO 438 | | | | | | | | | |
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| 435A | IF ONLY TWO MEASUREMENTS WERE TAKEN, RECORD THE SECOND SYSTOLIC AND DIASTOLIC NUMBERS HERE. | | | | | | | | | | | | | | | | | | |
| 436 | RECORD THE SYSTOLIC MEASURE FROM 425. | SYSTOLIC <table border="1"><tr><td> </td><td> </td><td> </td></tr></table> CIRCLE IN 438 | | | | SYSTOLIC <table border="1"><tr><td> </td><td> </td><td> </td></tr></table> CIRCLE IN 438 | | | | SYSTOLIC <table border="1"><tr><td> </td><td> </td><td> </td></tr></table> CIRCLE IN 438 | | | | | | | | | |
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| 437 | RECORD THE DIASTOLIC MEASURE FROM 425. | DIASTOLIC <table border="1"><tr><td> </td><td> </td><td> </td></tr></table> CIRCLE IN 438 | | | | DIASTOLIC <table border="1"><tr><td> </td><td> </td><td> </td></tr></table> CIRCLE IN 438 | | | | DIASTOLIC <table border="1"><tr><td> </td><td> </td><td> </td></tr></table> CIRCLE IN 438 | | | | | | | | | |
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| | | MAN 1 | MAN 2 | MAN 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | NAME | NAME _____ | NAME _____ | NAME _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 438 | CIRCLE THE SINGLE NUMBER WHERE THE AVERAGE DIASTOLIC AND SYSTOLIC MEASURES MEET. | <table border="1"> <thead> <tr> <th rowspan="2">AVERAGE SYSTOLIC</th> <th colspan="6">AVERAGE DIASTOLIC</th> <th colspan="6">AVERAGE DIASTOLIC</th> <th colspan="6">AVERAGE DIASTOLIC</th> </tr> <tr> <th><80</th><th>80-84</th><th>85-89</th><th>90-99</th><th>100-109</th><th>≥110</th> <th><80</th><th>80-84</th><th>85-89</th><th>90-99</th><th>100-109</th><th>≥110</th> <th><80</th><th>80-84</th><th>85-89</th><th>90-99</th><th>100-109</th><th>≥110</th> </tr> </thead> <tbody> <tr> <td><120</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td> </tr> <tr> <td>120-129</td><td>2</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td> <td>2</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td> <td>2</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td> </tr> <tr> <td>130-139</td><td>3</td><td>3</td><td>3</td><td>4</td><td>5</td><td>6</td> <td>3</td><td>3</td><td>3</td><td>4</td><td>5</td><td>6</td> <td>3</td><td>3</td><td>3</td><td>4</td><td>5</td><td>6</td> </tr> <tr> <td>140-159</td><td>4</td><td>4</td><td>4</td><td>4</td><td>5</td><td>6</td> <td>4</td><td>4</td><td>4</td><td>4</td><td>5</td><td>6</td> <td>4</td><td>4</td><td>4</td><td>4</td><td>5</td><td>6</td> </tr> <tr> <td>160-179</td><td>5</td><td>5</td><td>5</td><td>5</td><td>5</td><td>6</td> <td>5</td><td>5</td><td>5</td><td>5</td><td>5</td><td>6</td> <td>5</td><td>5</td><td>5</td><td>5</td><td>5</td><td>6</td> </tr> <tr> <td>≥180</td><td>6</td><td>6</td><td>6</td><td>6</td><td>6</td><td>6</td> <td>6</td><td>6</td><td>6</td><td>6</td><td>6</td><td>6</td> <td>6</td><td>6</td><td>6</td><td>6</td><td>6</td><td>6</td> </tr> </tbody> </table> | AVERAGE SYSTOLIC | AVERAGE DIASTOLIC | | | | | | AVERAGE DIASTOLIC | | | | | | AVERAGE DIASTOLIC | | | | | | <80 | 80-84 | 85-89 | 90-99 | 100-109 | ≥110 | <80 | 80-84 | 85-89 | 90-99 | 100-109 | ≥110 | <80 | 80-84 | 85-89 | 90-99 | 100-109 | ≥110 | <120 | 1 | 2 | 3 | 4 | 5 | 6 | 1 | 2 | 3 | 4 | 5 | 6 | 1 | 2 | 3 | 4 | 5 | 6 | 120-129 | 2 | 2 | 3 | 4 | 5 | 6 | 2 | 2 | 3 | 4 | 5 | 6 | 2 | 2 | 3 | 4 | 5 | 6 | 130-139 | 3 | 3 | 3 | 4 | 5 | 6 | 3 | 3 | 3 | 4 | 5 | 6 | 3 | 3 | 3 | 4 | 5 | 6 | 140-159 | 4 | 4 | 4 | 4 | 5 | 6 | 4 | 4 | 4 | 4 | 5 | 6 | 4 | 4 | 4 | 4 | 5 | 6 | 160-179 | 5 | 5 | 5 | 5 | 5 | 6 | 5 | 5 | 5 | 5 | 5 | 6 | 5 | 5 | 5 | 5 | 5 | 6 | ≥180 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | | |
| AVERAGE SYSTOLIC | AVERAGE DIASTOLIC | | | | | | AVERAGE DIASTOLIC | | | | | | AVERAGE DIASTOLIC | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <80 | 80-84 | 85-89 | 90-99 | 100-109 | ≥110 | <80 | 80-84 | 85-89 | 90-99 | 100-109 | ≥110 | <80 | 80-84 | 85-89 | 90-99 | 100-109 | ≥110 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <120 | 1 | 2 | 3 | 4 | 5 | 6 | 1 | 2 | 3 | 4 | 5 | 6 | 1 | 2 | 3 | 4 | 5 | 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 120-129 | 2 | 2 | 3 | 4 | 5 | 6 | 2 | 2 | 3 | 4 | 5 | 6 | 2 | 2 | 3 | 4 | 5 | 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 130-139 | 3 | 3 | 3 | 4 | 5 | 6 | 3 | 3 | 3 | 4 | 5 | 6 | 3 | 3 | 3 | 4 | 5 | 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 140-159 | 4 | 4 | 4 | 4 | 5 | 6 | 4 | 4 | 4 | 4 | 5 | 6 | 4 | 4 | 4 | 4 | 5 | 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 160-179 | 5 | 5 | 5 | 5 | 5 | 6 | 5 | 5 | 5 | 5 | 5 | 6 | 5 | 5 | 5 | 5 | 5 | 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ≥180 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 439 | 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. | <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 | | IF 438=6 OTHER _____ → GO TO 477A _____ ↓ | IF 438=6 OTHER _____ → GO TO 477A _____ ↓ | IF 438=6 OTHER _____ → GO TO 477A _____ ↓ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 439B | CHECK THE COVER PAGE: IS THE HOUSEHOLD SELECTED FOR STATE MODULE? | YES NO _____ ↓ _____ → GO TO 446 | YES NO _____ ↓ _____ → GO TO 446 | YES NO _____ ↓ _____ → GO TO 446 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 440 | AGE: CHECK 401. | 15-17 YEARS 1 18-54 YEARS 2 (GO TO 444) ← 55 YEARS AND ABOVE 3 (GO TO 450) ← | 15-17 YEARS 1 18-54 YEARS 2 (GO TO 444) ← 55 YEARS AND ABOVE 3 (GO TO 450) ← | 15-17 YEARS 1 18-54 YEARS 2 (GO TO 444) ← 55 YEARS AND ABOVE 3 (GO TO 450) ← | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 441 | MARITAL STATUS: CHECK 401. | NEVER MARRIED 1 OTHER 2 (GO TO 444) ← | NEVER MARRIED 1 OTHER 2 (GO TO 444) ← | NEVER MARRIED 1 OTHER 2 (GO TO 444) ← | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 442 | ASK CONSENT FOR ANAEMIA TEST FROM PARENT/ OTHER ADULT IDENTIFIED IN 409 AS RESPONSIBLE FOR NEVER MARRIED MEN AGE 15-17. | <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 | 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 448) | GRANTED (SIGNED) 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 GRANTED (NO SIGNATURE) . 3 _____ (SIGN) NOT PRESENT 4 (SKIP TO 479) ← (IF REFUSED, GO TO 448) | GRANTED (SIGNED) 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 GRANTED (NO SIGNATURE) . 3 _____ (SIGN) NOT PRESENT 4 (SKIP TO 479) ← (IF REFUSED, GO TO 448) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| | | 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?</p> <p>You can say yes to the test, or you can say no. It is up to you to decide.</p> <p>Will you take the anaemia test?</p> | | |
| 445 | CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME. | <p>GRANTED (SIGNED) 1 RESPONDENT REFUSED ... 2 GRANTED (NO SIGNATURE) 3 _____ ← (SIGN) NOT PRESENT 4 (SKIP TO 479) ←</p> | <p>GRANTED (SIGNED) 1 RESPONDENT REFUSED ... 2 GRANTED (NO SIGNATURE) 3 _____ ← (SIGN) NOT PRESENT 4 (SKIP TO 479) ←</p> | <p>GRANTED (SIGNED) 1 RESPONDENT REFUSED ... 2 GRANTED (NO SIGNATURE) 3 _____ ← (SIGN) NOT PRESENT 4 (SKIP TO 479) ←</p> |
| 446 | AGE: CHECK 401. | <p>15-17 YEARS 1 18-54 YEARS 2 (GO TO 450) ← 55 YEARS AND ABOVE 3 (GO TO 450) ←</p> | <p>15-17 YEARS 1 18-54 YEARS 2 (GO TO 450) ← 55 YEARS AND ABOVE 3 (GO TO 450) ←</p> | <p>15-17 YEARS 1 18-54 YEARS 2 (GO TO 450) ← 55 YEARS AND ABOVE 3 (GO TO 450) ←</p> |
| 447 | MARITAL STATUS: CHECK 401. | <p>NEVER MARRIED 1 OTHER 2 (GO TO 450) ←</p> | <p>NEVER MARRIED 1 OTHER 2 (GO TO 450) ←</p> | <p>NEVER MARRIED 1 OTHER 2 (GO TO 450) ←</p> |
| 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.</p> <p>You can say yes or no to having (NAME OF ADOLESCENT)'s blood sugar measured now.</p> <p>Will you allow me to proceed to take (NAME OF ADOLESCENT)'s measurement?</p> | | |
| 449 | CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME. | <p>GRANTED (SIGNED) 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 GRANTED (NO SIGNATURE) . 3 _____ ← (SIGN) NOT PRESENT 4 (SKIP TO 479) ← (IF REFUSED, GO TO 457)</p> | <p>GRANTED (SIGNED) 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 GRANTED (NO SIGNATURE) . 3 _____ ← (SIGN) NOT PRESENT 4 (SKIP TO 479) ← (IF REFUSED, GO TO 457)</p> | <p>GRANTED (SIGNED) 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 GRANTED (NO SIGNATURE) . 3 _____ ← (SIGN) NOT PRESENT 4 (SKIP TO 479) ← (IF REFUSED, GO TO 457)</p> |

| | | 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 RESPONDENT REFUSED ... 2 GRANTED (NO SIGNATURE) . 3 (SIGN) NOT PRESENT 4 (SKIP TO 479) ← (IF REFUSED, GO TO 457) | GRANTED (SIGNED) 1 RESPONDENT REFUSED ... 2 GRANTED (NO SIGNATURE) . 3 (SIGN) NOT PRESENT 4 (SKIP TO 479) ← (IF REFUSED, GO TO 457) | GRANTED (SIGNED) 1 RESPONDENT REFUSED ... 2 GRANTED (NO SIGNATURE) . 3 (SIGN) NOT PRESENT 4 (SKIP TO 479) ← (IF REFUSED, GO TO 457) | | | | | | |
| 452 | When was the last time you had something to eat? | HOURS AGO <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> IF LESS THAN 1 HOUR, RECORD '00' | | | HOURS AGO <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> IF LESS THAN 1 HOUR, RECORD '00' | | | HOURS AGO <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> IF LESS THAN 1 HOUR, RECORD '00' | | |
| | | | | | | | | | | |
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| | | | | | | | | | | |
| 453 | When was the last time you had something to drink other than plain water? | HOURS AGO <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> IF LESS THAN 1 HOUR, RECORD '00' | | | HOURS AGO <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> IF LESS THAN 1 HOUR, RECORD '00' | | | HOURS AGO <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> 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) | | | | | |

| | | 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 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) | |
| 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 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) | |
| 471 | PREPARE EQUIPMENT AND SUPPLIES ONLY FOR THE TEST(S) FOR WHICH CONSENT HAS BEEN OBTAINED AND PROCEED WITH THE TEST(S) | | | | |
| 472 | RECORD THE TIME OF THE BLOOD GLUCOSE TEST | HOURS □ □ : MINUTES □ □ | HOURS □ □ : MINUTES □ □ | HOURS □ □ : MINUTES □ □ | |
| | NOT TESTED 9996 | NOT TESTED 9996 | NOT TESTED 9996 | | |
| 473 | RECORD BLOOD GLUCOSE IN MG/DL | MG/DL □ □ □ REFUSED 995 OTHER 996 NOT TESTED 998 | MG/DL □ □ □ REFUSED 995 OTHER 996 NOT TESTED 998 | MG/DL □ □ □ REFUSED 995 OTHER 996 NOT TESTED 998 | |
| 473A | CHECK THE COVER PAGE: IS THE HOUSEHOLD SELECTED FOR STATE MODULE? | YES NO □ □ → GO TO 479 | YES NO □ □ → GO TO 479 | YES NO □ □ → GO TO 479 | |
| 473B | AGE: CHECK 401. | IF AGE 55 AND ABOVE □ → GO TO 479 | OTHER □ | IF AGE 55 AND ABOVE □ → GO TO 479 | OTHER □ |
| 474 | RECORD HAEMOGLOBIN LEVEL HERE AND IN ANAEMIA PAMPHLET. | G/DL □ □ . □ REFUSED 995 OTHER 996 NOT TESTED 998 | G/DL □ □ . □ REFUSED 995 OTHER 996 NOT TESTED 998 | G/DL □ □ . □ REFUSED 995 OTHER 996 NOT TESTED 998 | |
| 475 | BAR CODE LABEL | <div style="border: 1px 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: 1px 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: 1px 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 | <p>CHECK 456: IF YES, TICK THE "YES" ON MEDICATION BOX. IF NO, TICK THE "NO" ON MEDICATION BOX.</p> | | | |
| | | <p>CHECK 456: IF YES, TICK THE "YES" ON MEDICATION BOX. IF NO, TICK THE "NO" ON MEDICATION BOX.</p> | | | |
| 477 | MARK FILTER PAPER CARD FOR ADDITIONAL TEST | <p>ADULT RESPONDENT CHECK 469; MINOR RESPONDENT CHECK 467 AND 469. IF GRANTED, TICK "YES" BOX. IF REFUSED TICK "NO" BOX.</p> | | | |
| | | <p>ADULT RESPONDENT CHECK 469; MINOR RESPONDENT CHECK 467 AND 469. IF GRANTED, TICK "YES" BOX. IF REFUSED TICK "NO" BOX.</p> | | | |
| 477A | AGE: CHECK 401 | IF AGE 55 AND ABOVE □ → GO TO 479 | OTHER □ | IF AGE 55 AND ABOVE □ → GO TO 479 | OTHER □ |
| 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: _____

1 NO POVERTY**2 ZERO HUNGER****3 GOOD HEALTH AND WELL-BEING****4 QUALITY EDUCATION****5 GENDER EQUALITY****6 CLEAN WATER AND SANITATION****7 AFFORDABLE AND CLEAN ENERGY**

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For additional information on NFHS-5, visit <https://www.iipsindia.ac.in> or <https://main.mohfw.gov.in>