



| WOMAN'S INFORMATION PANEL                                                 |                                                                                                     | WM |
|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|----|
| <b>WM1. Cluster number:</b> _____                                         | <b>WM2. Household number:</b> _____                                                                 |    |
| <b>WM3. Woman's name and line number:</b><br>NAME _____ LINE NUMBER _____ | <b>WM4. Supervisor's name and number:</b><br>NAME _____ CODE NO. _____                              |    |
| <b>WM5. Interviewer's name and number:</b><br>NAME _____ CODE NO. _____   | <b>WM6. Day / Month / Year of interview:</b><br>_____ / _____ / <u>2</u> <u>0</u> <u>8</u> <u>1</u> |    |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                  |          |                             |          |
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| <p><i>Check woman's age in HL6 in LIST OF HOUSEHOLD MEMBERS, HOUSEHOLD QUESTIONNAIRE: If age 15-17, verify in HH33 that adult consent for interview is obtained or not necessary (HL20=90). If consent is needed and not obtained, the interview must not commence and '06' should be recorded in WM17.</i></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>WM7. Record the time:</b><br><div style="text-align: center;">           HOURS : MINUTES<br/>           _____ : _____         </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                  |          |                             |          |
| <b>WM8. Check completed questionnaires in this household: Have you or another member of your team interviewed this respondent for another questionnaire?</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-bottom: 1px solid black;">YES, INTERVIEWED ALREADY ..... 1</td> <td style="width: 50%; border-bottom: 1px solid black;">1 ⇨ WM9B</td> </tr> <tr> <td style="width: 50%; border-bottom: 1px solid black;">NO, FIRST INTERVIEW ..... 2</td> <td style="width: 50%; border-bottom: 1px solid black;">2 ⇨ WM9A</td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                     | YES, INTERVIEWED ALREADY ..... 1 | 1 ⇨ WM9B | NO, FIRST INTERVIEW ..... 2 | 2 ⇨ WM9A |
| YES, INTERVIEWED ALREADY ..... 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 1 ⇨ WM9B                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                  |          |                             |          |
| NO, FIRST INTERVIEW ..... 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 2 ⇨ WM9A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                  |          |                             |          |
| <p><b>WM9A.</b> Hello, my name is (<b>your name</b>). We are from National Statistical Office. We are conducting a survey about the situation of children, families, and households. I would like to talk to you about your health and other topics. We are also interviewing mothers about their children.</p> <p>This interview usually takes about 40 minutes.</p> <p>Participation in this survey is voluntary. No payment or incentive will be given to you for answering these questions. However, this survey will help the government and the general public better understand the situation and needs of women.</p> <p>Please know that all the information you share during the interview will remain strictly confidential and anonymous per the Statistics Act, 2022, Article 10. No information about you will be made publicly available. We will only produce information about the general population.</p> <p>Should you feel uncomfortable about any questions and not wish to answer, just let me know and we can skip the question. Also, if you wish to stop the interview at any point just let me know.</p> <p>May I start the interview?</p> | <p><b>WM9B.</b> Now I would like to talk to you about your health and other topics in more detail.</p> <p>This interview will take about 40 minutes.</p> <p>Again, participation in this survey is voluntary. No payment of incentive will be given to you for answering these questions. However, this survey will help the government and the general public better understand the situation and needs of women.</p> <p>Please know that all the information you share during the interview will remain strictly confidential and anonymous per the Statistics Act, 2022, Article 10. No information about you will be made publicly available. We will only produce information about the general population.</p> <p>Again, should you wish not to answer a question or wish to stop the interview at any point, please let me know.</p> <p>May I start the interview?</p> |                                  |          |                             |          |
| YES ..... 1<br>NO / NOT ASKED ..... 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 1 ⇨ WOMAN'S BACKGROUND Module<br>2 ⇨ WM17                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                  |          |                             |          |

| WOMAN'S BACKGROUND                                                                                                                                                                                                                                                                                                                                                      |                                                                                                             | WB                     |
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| <b>WB1.</b> Check the respondent's line number (WM3) in WOMAN'S INFORMATION PANEL and the respondent to the HOUSEHOLD QUESTIONNAIRE (HH47): Is this respondent also the respondent to the HOUSEHOLD QUESTIONNAIRE?                                                                                                                                                      | YES, RESPONDENT IS THE SAME,<br>WM3=HH47 ..... 1<br>NO, RESPONDENT IS NOT THE SAME,<br>WM3≠HH47 ..... 2     | 1 ⇨ WB5                |
| <b>WB3.</b> In what month and year were you born?                                                                                                                                                                                                                                                                                                                       | DATE OF BIRTH<br>MONTH ..... __ __<br>DK MONTH ..... 98<br><br>YEAR ..... __ __ __ __<br>DK YEAR ..... 9998 |                        |
| <b>WB4.</b> How old are you?<br><br><i>Probe: How old were you at your last birthday?</i><br><br><i>If responses to WB3 and WB4 are inconsistent, probe further and correct. Age must be recorded.</i>                                                                                                                                                                  | AGE (IN COMPLETED YEARS) ..... __ __                                                                        |                        |
| <b>WB5.</b> Where were you born? In Nepal or another country?                                                                                                                                                                                                                                                                                                           | THIS COUNTRY ..... 1<br><br>OTHER COUNTRY ..... 2<br><br>DK ..... 8                                         | 2 ⇨ WB6<br><br>8 ⇨ WB7 |
| <b>WB5A.</b> In which province were you born?<br><br><i>Probe to determine the region according to present borders.</i>                                                                                                                                                                                                                                                 | PROVINCE ..... __<br><br>DK ..... 8                                                                         | ⇨ WB7<br><br>8 ⇨ WB7   |
| <b>WB6.</b> In which country were you born?<br><br><i>Probe to determine country according to present borders and record the code of the country.</i><br><br><u>If unable to find or determine the name of the country, write the name of the place below and then temporarily record '976' until you learn the appropriate code.</u><br><br>_____<br>(Name of country) | COUNTRY ..... __ __ __<br><br>UNABLE TO DETERMINE COUNTRY ..... 976                                         |                        |

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| <b>WB7.</b> Do you have the citizenship of Nepal ?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | YES, CITIZEN OF THIS COUNTRY .....1<br><br>NO, ANOTHER COUNTRY .....2<br><br>NO, NO CITIZENSHIP .....3                      | <br><br>2⇒ WB7B<br><br>3⇒ End |
| <b>WB7A.</b> Do you have the citizenship of another country?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | YES .....1<br><br>NO .....2                                                                                                 | <br><br>2⇒ End                |
| <b>WB7B.</b> Which (other) country or countries do you have the citizenship of?<br><br><i>Probe to determine country according to present borders and record the code of the country.</i><br><br><i>If unable to find or determine the name of the country, write the name of the place below and then temporarily record '976' until you learn the appropriate code.</i><br><br><div style="border-bottom: 1px solid black; width: 300px; margin: 0 auto;"></div> <div style="text-align: center; margin-top: 5px;">(Name of country)</div> | INDIA .....__ __ __<br><br>CHINA .....__ __ __<br><br>COUNTRY NAME.....__ __ __<br><br>UNABLE TO DETERMINE COUNTRY .....976 |                               |

| HEALTH INSURANCE                                                                           |                                                                                                                                                                                                                                                           | IN      |
|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|
| IN1. Are you covered by any health insurance?                                              | YES ..... 1<br>NO ..... 2                                                                                                                                                                                                                                 | 2 ⇨ End |
| IN2. What type of health insurance are you covered by?<br><br><i>Record all mentioned.</i> | MUTUAL HEALTH ORGANIZATION /<br>COMMUNITY-BASED HEALTH INSURANCE ..... A<br>HEALTH INSURANCE THROUGH EMPLOYER ..... B<br>SOCIAL SECURITY ..... C<br>OTHER PRIVATELY PURCHASED COMMERCIAL HEALTH INSURANCE ..... D<br><br>OTHER ( <i>specify</i> ) ..... X |         |

| ICT USE                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                              | IC                            |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|-------------------------------|
| <b>IC1.</b> Do you own a mobile phone?                                                                                                                                                                                                                                                                                                                                            | YES ..... 1<br>NO ..... 2                                                                                    | 2 ⇨ IC3                       |
| <b>IC2.</b> Do you own a smartphone?                                                                                                                                                                                                                                                                                                                                              | YES ..... 1<br>NO ..... 2                                                                                    |                               |
| <b>IC3.</b> During the last 3 months, did you use a mobile telephone at least once a week, less than once a week or not at all?<br><br><i>Probe if necessary:</i> I mean have you communicated with someone using a mobile phone.<br><br><i>If 'At least once a week', probe:</i> Would you say this happens almost every day?<br><br><i>If 'Yes' record 3, if 'No' record 2.</i> | NOT AT ALL..... 0<br>LESS THAN ONCE A WEEK ..... 1<br>AT LEAST ONCE A WEEK ..... 2<br>ALMOST EVERYDAY..... 3 |                               |
| <b>IC4.</b> Have you ever used a computer, such as a desktop, laptop, tablet, or similar?                                                                                                                                                                                                                                                                                         | YES ..... 1<br>NO ..... 2                                                                                    | 2 ⇨ IC6                       |
| <b>IC5.</b> During the last 3 months, did you use a computer, laptop, or tablet at least once a week, less than once a week or not at all?<br><br><i>If 'At least once a week', probe:</i> Would you say this happened almost every day?<br><br><i>If 'Yes' record 3, if 'No' record 2.</i>                                                                                       | NOT AT ALL..... 0<br>LESS THAN ONCE A WEEK ..... 1<br>AT LEAST ONCE A WEEK ..... 2<br>ALMOST EVERYDAY..... 3 | 1 ⇨ IC7<br>2 ⇨ IC7<br>3 ⇨ IC7 |
| <b>IC6.</b> Check IC3: Is IC3=0?                                                                                                                                                                                                                                                                                                                                                  | YES, IC3=0 ..... 1<br>NO, IC3=1, 2, OR 3 ..... 2                                                             | 1 ⇨ IC10                      |

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|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|----------|
| <b>IC7.</b> I will now ask you about activities that you may have done on a computer or phone during the last 3 months. Did you:                                                         | <div>YES NO</div>                             |          |
| <b>[B]</b> Use a copy and paste tool to duplicate or move data, information, and content in digital environments, for example within a document, between devices, or on the cloud?       | USE COPY/PASTE ..... 1 2                      |          |
| <b>[C]</b> Send a message, for example by e-mail, messaging service, or SMS, with an attached file, for example a document, picture, or video?                                           | SEND MESSAGE WITH ATTACHMENT .... 1 2         |          |
| <b>[D]</b> Use a basic arithmetic formula in a spreadsheet?                                                                                                                              | USE BASIC SPREADSHEET FORMULA..... 1 2        |          |
| <b>[E]</b> Connect and install a new device, such as a modem, camera, or printer?                                                                                                        | CONNECT DEVICE ..... 1 2                      |          |
| <b>[F]</b> Find, download, install, and configure software?                                                                                                                              | INSTALL SOFTWARE ..... 1 2                    |          |
| <b>[G]</b> Create an electronic presentation with presentation software, including text, images, sound, video, or charts?                                                                | CREATE PRESENTATION ..... 1 2                 |          |
| <b>[H]</b> Transfer a file or application between a computer and other device?                                                                                                           | TRANSFER FILE ..... 1 2                       |          |
| <b>[I]</b> Set up effective security measures, for example strong passwords or log-in attempt notification, to protect devices and online accounts?                                      | SET UP SECURITY MEASURES ..... 1 2            |          |
| <b>[J]</b> Change privacy settings on your device, account, or app to limit the sharing of personal data and information, such as name, contact information, or photos?                  | CHANGE PRIVACY SETTINGS ..... 1 2             |          |
| <b>[K]</b> Verify the reliability of information found online?                                                                                                                           | VERIFY RELIABILITY OF INFO ..... 1 2          |          |
| <b>[L]</b> Write a computer program using a specialised programming language, including programming or coding in digital environments, for example computer software or app development? | PROGRAMMING..... 1 2                          |          |
| <b>IC8.</b> Check IC7[F]: Is 'Yes' recorded?                                                                                                                                             | YES, IC7[F]=1 ..... 1<br>NO, IC7[F]=2 ..... 2 | 1 ⇒ IC11 |
| <b>IC9.</b> Check IC7[K]: Is 'Yes' recorded?                                                                                                                                             | YES, IC7[K]=1 ..... 1<br>NO, IC7[K]=2 ..... 2 | 1 ⇒ IC11 |
| <b>IC10.</b> Have you ever used the internet from any location and any device?                                                                                                           | YES ..... 1<br>NO ..... 2                     | 2 ⇒ End  |

|                                                                                                                                                                                                                                                                                   |                                                                                                                                  |  |
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| <p><b>IC11.</b> During the last 3 months, did you use the internet at least once a week, less than once a week or not at all?</p> <p><i>If 'At least once a week', probe: Would you say this happens almost every day?</i></p> <p><i>If 'Yes' record 3, if 'No' record 2.</i></p> | <p>NOT AT ALL..... 0</p> <p>LESS THAN ONCE A WEEK ..... 1</p> <p>AT LEAST ONCE A WEEK ..... 2</p> <p>ALMOST EVERY DAY..... 3</p> |  |
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| MARRIAGE/UNION                                                                                                                                                                                                                                                                         |                                                                                                               | MA                     |
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| <b>MA1.</b> Are you currently married or living together with someone as if married?                                                                                                                                                                                                   | YES, CURRENTLY MARRIED .....1<br>YES, LIVING WITH A PARTNER.....2<br>NO, NOT IN UNION .....3                  | 3 ⇒ MA5                |
| <b>MA2.</b> How old is your ( <i>husband/partner</i> )?<br><br><i>Probe:</i> How old was your ( <i>husband/partner</i> ) on his last birthday?                                                                                                                                         | AGE IN YEARS.....__ __<br><br>DK .....98                                                                      |                        |
| <b>MA3.</b> Besides yourself, does your ( <i>husband/partner</i> ) have any other wives or does he live with someone else as if married?                                                                                                                                               | YES.....1<br>NO .....2                                                                                        | 2 ⇒ MA7                |
| <b>MA4.</b> How many other wives or live-in partners does he have?                                                                                                                                                                                                                     | NUMBER .....__ __<br><br>DK .....98                                                                           | ⇒ MA7<br>98 ⇒ MA7      |
| <b>MA5.</b> Have you ever been married or lived together with someone as if married?                                                                                                                                                                                                   | YES, FORMERLY MARRIED.....1<br>YES, FORMERLY LIVED WITH A PARTNER..2<br>NO .....3                             | 3 ⇒ UN14               |
| <b>MA6.</b> What is your marital status now: are you widowed, divorced, or separated?                                                                                                                                                                                                  | WIDOWED .....1<br>DIVORCED.....2<br>SEPARATED .....3                                                          |                        |
| <b>MA7.</b> Have you been married or lived with someone only once or more than once?                                                                                                                                                                                                   | ONLY ONCE .....1<br>MORE THAN ONCE.....2                                                                      | 1 ⇒ MA8A<br>2 ⇒ MA8B   |
| <b>MA8A.</b> In what month and year did you start living with your ( <i>husband/partner</i> )?<br><br><i>If respondent says that she is married but not yet living together with her husband, ask: In what month and year did you get married to your husband?</i>                     | DATE OF (FIRST) UNION<br>MONTH.....__ __<br>DK MONTH .....98<br><br>YEAR .....__ __ __ __<br>DK YEAR.....9998 |                        |
| <b>MA8B.</b> In what month and year did you start living with your <u>first</u> husband or partner?<br><br><i>If respondent says that she was married before but never lived with her first husband, ask: In what month and year did you get married to your <u>first</u> husband?</i> |                                                                                                               |                        |
| <b>MA9.</b> Check MA8A/B: Is 'DK YEAR' recorded?                                                                                                                                                                                                                                       | YES, MA8A/B=9998 .....1<br>NO, MA8A/B≠9998 .....2                                                             | 2 ⇒ End                |
| <b>MA10.</b> Check MA7: In union only once?                                                                                                                                                                                                                                            | YES, MA7=1 .....1<br>NO, MA7=2 .....2                                                                         | 1 ⇒ MA11A<br>2 ⇒ MA11B |

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| <p><b>MA11A.</b> How old were you when you started living with your (<i>husband/partner</i>)?</p> <p><i>If respondent says that she is married but not yet living together with her husband, ask: How old were you when you got married to your husband?</i></p> <p><b>MA11B.</b> How old were you when you started living with your <u>first</u> husband or partner?</p> <p><i>If respondent says that she was married before but never lived with her first husband, ask: How old were you when you got married to your <u>first</u> husband?</i></p> | <p>AGE IN YEARS ..... _ _</p> |  |
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| FERTILITY/BIRTH HISTORY                                                                                                                                                                                                                                                                      |                                                                                       | CM       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|----------|
| <b>CM1.</b> Now I would like to ask about all the births you have had during your life. Have you ever given birth?<br><br><i>This module and the birth history should only include children born alive. Any stillbirths should not be included in response to any question.</i>              | YES ..... 1<br>NO ..... 2                                                             | 2 ⇒ CM8  |
| <b>CM2.</b> Do you have any sons or daughters to whom you have given birth who are now living with you?                                                                                                                                                                                      | YES ..... 1<br>NO ..... 2                                                             | 2 ⇒ CM5  |
| <b>CM3.</b> How many sons live with you?<br><br><i>If none, record '00'.</i>                                                                                                                                                                                                                 | SONS AT HOME ..... _ _                                                                |          |
| <b>CM4.</b> How many daughters live with you?<br><br><i>If none, record '00'.</i>                                                                                                                                                                                                            | DAUGHTERS AT HOME..... _ _                                                            |          |
| <b>CM5.</b> Do you have any sons or daughters to whom you have given birth who are alive but do not live with you?                                                                                                                                                                           | YES ..... 1<br>NO ..... 2                                                             | 2 ⇒ CM8  |
| <b>CM6.</b> How many sons are alive but do not live with you?<br><br><i>If none, record '00'.</i>                                                                                                                                                                                            | SONS ELSEWHERE..... _ _                                                               |          |
| <b>CM7.</b> How many daughters are alive but do not live with you?<br><br><i>If none, record '00'.</i>                                                                                                                                                                                       | DAUGHTERS ELSEWHERE ..... _ _                                                         |          |
| <b>CM8.</b> Have you ever given birth to a boy or girl who was born alive but later died?<br><br><i>If 'No' probe by asking:<br/>I mean, to any baby who cried, who made any movement, sound, or effort to breathe, or who showed any other signs of life even if for a very short time?</i> | YES ..... 1<br>NO ..... 2                                                             | 2 ⇒ CM11 |
| <b>CM9.</b> How many boys have died?<br><br><i>If none, record '00'.</i>                                                                                                                                                                                                                     | BOYS DEAD..... _ _                                                                    |          |
| <b>CM10.</b> How many girls have died?<br><br><i>If none, record '00'.</i>                                                                                                                                                                                                                   | GIRLS DEAD ..... _ _                                                                  |          |
| <b>CM11.</b> Sum answers to CM3, CM4, CM6, CM7, CM9 and CM10.                                                                                                                                                                                                                                | SUM..... _ _                                                                          |          |
| <b>CM12.</b> Just to make sure that I have this right, you have had in total ( <b>total number in CM11</b> ) births during your life. Is this correct?                                                                                                                                       | YES ..... 1<br>NO ..... 2                                                             | 1 ⇒ CM14 |
| <b>CM13.</b> Check responses to CM1-CM10 and make corrections as necessary until response in CM12 is 'Yes'.                                                                                                                                                                                  |                                                                                       |          |
| <b>CM14.</b> Check CM11: How many live births?                                                                                                                                                                                                                                               | NO LIVE BIRTHS, CM11=00 ..... 0<br>ONE OR MORE LIVE BIRTH,<br>CM11=01 OR MORE ..... 1 | 0 ⇒ End  |

**BH0.** Now I would like to record the names of all of your births, whether still alive or not, starting with the first one you had.

Record names of all of the births in BH1. Record twins and triplets on separate lines.

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

| BH0.<br>BH<br>Line<br>Number                                                       | BH1. What name<br>was given to<br>your (first/next)<br>baby? | BH2.<br>Were<br>any of<br>these<br>births<br>twins?<br>1 SINGLE<br>2 MULTI | BH3. Is<br>(name<br>of birth)<br>a boy or<br>a girl?<br>1 BOY<br>2 GIRL | BH4. In what month and year was<br>(name of birth) born?<br>Probe: What is (his/her) birthday? | BH5. Is<br>(name of<br>birth) still<br>alive?<br>1 YES<br>2 NO | BH6. How<br>old was<br>(name of<br>birth) at<br>(his/her)<br>last<br>birthday?<br>Record age<br>in<br>completed<br>years. | BH7. Is<br>(name<br>of birth)<br>living<br>with<br>you?<br>1 YES<br>2 NO | BH8.<br>Record<br>household<br>line number<br>of child<br>(from HL1)<br>Record '00'<br>if child is not<br>listed. | BH9. How old was (name<br>of birth) when (he/she)<br>died?<br>If '1 year', probe:<br>How many months old was<br>(name of birth)?<br>Record days if less than 1<br>month; record months if<br>less than 2 years; or years | BH10. Were there<br>any other live births<br>between (name of<br>previous birth) and<br>(name of birth),<br>including any<br>children who died<br>after birth?<br>1 YES<br>2 NO |                                |
|------------------------------------------------------------------------------------|--------------------------------------------------------------|----------------------------------------------------------------------------|-------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|----------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|
|                                                                                    |                                                              | S M                                                                        | B G                                                                     | Day Month Year                                                                                 | Y N                                                            | Age                                                                                                                       | Y N                                                                      | Line No                                                                                                           | Unit                                                                                                                                                                                                                     | Number                                                                                                                                                                          | Y N                            |
| 10                                                                                 |                                                              | 1 2                                                                        | 1 2                                                                     | — — — — —                                                                                      | 1 2                                                            | — — — — —                                                                                                                 | 1 2                                                                      | — BH10<br>⇒                                                                                                       | DAYS .....1<br>MONTHS ..2<br>YEARS .....3                                                                                                                                                                                | — — — — —                                                                                                                                                                       | 1 2<br>Add Next<br>Birth Birth |
| 11                                                                                 |                                                              | 1 2                                                                        | 1 2                                                                     | — — — — —                                                                                      | 1 2                                                            | — — — — —                                                                                                                 | 1 2                                                                      | — BH10<br>⇒                                                                                                       | DAYS .....1<br>MONTHS ..2<br>YEARS .....3                                                                                                                                                                                | — — — — —                                                                                                                                                                       | 1 2<br>Add Next<br>Birth Birth |
| 12                                                                                 |                                                              | 1 2                                                                        | 1 2                                                                     | — — — — —                                                                                      | 1 2                                                            | — — — — —                                                                                                                 | 1 2                                                                      | — BH10<br>⇒                                                                                                       | DAYS .....1<br>MONTHS ..2<br>YEARS .....3                                                                                                                                                                                | — — — — —                                                                                                                                                                       | 1 2<br>Add Next<br>Birth Birth |
| 13                                                                                 |                                                              | 1 2                                                                        | 1 2                                                                     | — — — — —                                                                                      | 1 2                                                            | — — — — —                                                                                                                 | 1 2                                                                      | — BH10<br>⇒                                                                                                       | DAYS .....1<br>MONTHS ..2<br>YEARS .....3                                                                                                                                                                                | — — — — —                                                                                                                                                                       | 1 2<br>Add Next<br>Birth Birth |
| 14                                                                                 |                                                              | 1 2                                                                        | 1 2                                                                     | — — — — —                                                                                      | 1 2                                                            | — — — — —                                                                                                                 | 1 2                                                                      | — BH10<br>⇒                                                                                                       | DAYS .....1<br>MONTHS ..2<br>YEARS .....3                                                                                                                                                                                | — — — — —                                                                                                                                                                       | 1 2<br>Add Next<br>Birth Birth |
| BH11. Have you had any live births since the birth of (name of last birth listed)? |                                                              |                                                                            |                                                                         | YES.....                                                                                       |                                                                | NO.....                                                                                                                   |                                                                          | 1 2<br>Record birth(s)<br>in Birth History                                                                        |                                                                                                                                                                                                                          |                                                                                                                                                                                 |                                |

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

| DESIRE FOR LAST BIRTH                                                                                                                                                                    |                                                    | DB                   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|----------------------|
| <b>DB1.</b> Check CM17: Was there a live birth in the last 2 years?<br><br>Copy name of last birth listed in the birth history (CM18) to here and use where indicated:<br><br>Name _____ | YES, CM17=1 ..... 1<br>NO, CM17=0 OR BLANK ..... 2 | 2 ⇨ End              |
| <b>DB2.</b> When you got pregnant with ( <i>name</i> ), did you want to get pregnant at that time?                                                                                       | YES ..... 1<br>NO ..... 2                          | 1 ⇨ End              |
| <b>DB3.</b> Check CM11: Number of births:                                                                                                                                                | ONLY 1 BIRTH ..... 1<br>2 OR MORE BIRTHS ..... 2   | 1 ⇨ DB4A<br>2 ⇨ DB4B |
| <b>DB4A.</b> Did you want to have a baby later on, or did you not want any children?                                                                                                     | LATER ..... 1<br>NO MORE / NONE ..... 2            |                      |
| <b>DB4B.</b> Did you want to have a baby later on, or did you not want any more children?                                                                                                |                                                    |                      |

| ANTENATAL CARE                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | MN     |     |    |                                  |                        |   |                          |                      |   |                          |                      |   |                                      |                   |   |                                                                      |               |   |                                        |                    |   |                                      |                 |   |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|-----|----|----------------------------------|------------------------|---|--------------------------|----------------------|---|--------------------------|----------------------|---|--------------------------------------|-------------------|---|----------------------------------------------------------------------|---------------|---|----------------------------------------|--------------------|---|--------------------------------------|-----------------|---|--|
| <b>MN1.</b> Check CM17: Was there a live birth in the last 2 years?<br><br>Copy name of last birth listed in the birth history (CM18) to here and use where indicated:<br><br>Name _____                                                    | YES, CM17=1..... 1<br>NO, CM17=0 OR BLANK ..... 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 2⇒ End |     |    |                                  |                        |   |                          |                      |   |                          |                      |   |                                      |                   |   |                                                                      |               |   |                                        |                    |   |                                      |                 |   |  |
| <b>MN2.</b> Did you see anyone for antenatal care during your pregnancy with ( <i>name</i> )?                                                                                                                                               | YES ..... 1<br>NO ..... 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 2⇒ End |     |    |                                  |                        |   |                          |                      |   |                          |                      |   |                                      |                   |   |                                                                      |               |   |                                        |                    |   |                                      |                 |   |  |
| <b>MN3.</b> Whom did you see?<br><br>Probe: Anyone else?<br><br>Probe for the type of person seen and record all answers given.                                                                                                             | <b>HEALTH PROFESSIONAL</b><br>DOCTOR ..... A<br>NURSE ..... B<br>MIDWIFE/AUXILLARY NURSE MIDWIFE.... C<br>HEALTH ASSISTANT ..... D<br>AUXILLARY HEALTH WORKER..... E<br><b>OTHER PERSON</b><br>TRADITIONAL BIRTH HELPER ..... F<br>FEMALE COMMUNITY HEALTH<br>VOLUNTEER..... G<br><br>OTHER ( <i>specify</i> ) ..... X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |        |     |    |                                  |                        |   |                          |                      |   |                          |                      |   |                                      |                   |   |                                                                      |               |   |                                        |                    |   |                                      |                 |   |  |
| <b>MN4.</b> How many weeks or months pregnant were you when you first received antenatal care for this pregnancy?<br><br>Record the answer as stated by respondent. If “9 months” or later, record 9.                                       | WEEKS ..... 1 ____<br><br>MONTHS ..... 2 <u>0</u> ____<br><br>DK ..... 998                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |        |     |    |                                  |                        |   |                          |                      |   |                          |                      |   |                                      |                   |   |                                                                      |               |   |                                        |                    |   |                                      |                 |   |  |
| <b>MN5.</b> How many times did you receive antenatal care during this pregnancy?<br><br>Probe to identify the number of times antenatal care was received. If a range is given, record the minimum number of times antenatal care received. | NUMBER OF TIMES ..... ____<br><br>DK ..... 98                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |        |     |    |                                  |                        |   |                          |                      |   |                          |                      |   |                                      |                   |   |                                                                      |               |   |                                        |                    |   |                                      |                 |   |  |
| <b>MN6.</b> As part of your antenatal care during this pregnancy, did a healthcare provider do any of the following:                                                                                                                        | <table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>[A] Measure your blood pressure?</td> <td>BLOOD PRESSURE ..... 1</td> <td>2</td> </tr> <tr> <td>[B] Take a urine sample?</td> <td>URINE SAMPLE ..... 1</td> <td>2</td> </tr> <tr> <td>[C] Take a blood sample?</td> <td>BLOOD SAMPLE ..... 1</td> <td>2</td> </tr> <tr> <td>[D] Listen to your baby’s heartbeat?</td> <td>HEARTBEAT ..... 1</td> <td>2</td> </tr> <tr> <td>[E] Talk with you about which foods or how much food you should eat?</td> <td>FOODS ..... 1</td> <td>2</td> </tr> <tr> <td>[F] Talk with you about breastfeeding?</td> <td>BREASTFEED ..... 1</td> <td>2</td> </tr> <tr> <td>[G] Ask if you had vaginal bleeding?</td> <td>BLEEDING..... 1</td> <td>2</td> </tr> </tbody> </table> |        | YES | NO | [A] Measure your blood pressure? | BLOOD PRESSURE ..... 1 | 2 | [B] Take a urine sample? | URINE SAMPLE ..... 1 | 2 | [C] Take a blood sample? | BLOOD SAMPLE ..... 1 | 2 | [D] Listen to your baby’s heartbeat? | HEARTBEAT ..... 1 | 2 | [E] Talk with you about which foods or how much food you should eat? | FOODS ..... 1 | 2 | [F] Talk with you about breastfeeding? | BREASTFEED ..... 1 | 2 | [G] Ask if you had vaginal bleeding? | BLEEDING..... 1 | 2 |  |
|                                                                                                                                                                                                                                             | YES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | NO     |     |    |                                  |                        |   |                          |                      |   |                          |                      |   |                                      |                   |   |                                                                      |               |   |                                        |                    |   |                                      |                 |   |  |
| [A] Measure your blood pressure?                                                                                                                                                                                                            | BLOOD PRESSURE ..... 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 2      |     |    |                                  |                        |   |                          |                      |   |                          |                      |   |                                      |                   |   |                                                                      |               |   |                                        |                    |   |                                      |                 |   |  |
| [B] Take a urine sample?                                                                                                                                                                                                                    | URINE SAMPLE ..... 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 2      |     |    |                                  |                        |   |                          |                      |   |                          |                      |   |                                      |                   |   |                                                                      |               |   |                                        |                    |   |                                      |                 |   |  |
| [C] Take a blood sample?                                                                                                                                                                                                                    | BLOOD SAMPLE ..... 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 2      |     |    |                                  |                        |   |                          |                      |   |                          |                      |   |                                      |                   |   |                                                                      |               |   |                                        |                    |   |                                      |                 |   |  |
| [D] Listen to your baby’s heartbeat?                                                                                                                                                                                                        | HEARTBEAT ..... 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 2      |     |    |                                  |                        |   |                          |                      |   |                          |                      |   |                                      |                   |   |                                                                      |               |   |                                        |                    |   |                                      |                 |   |  |
| [E] Talk with you about which foods or how much food you should eat?                                                                                                                                                                        | FOODS ..... 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 2      |     |    |                                  |                        |   |                          |                      |   |                          |                      |   |                                      |                   |   |                                                                      |               |   |                                        |                    |   |                                      |                 |   |  |
| [F] Talk with you about breastfeeding?                                                                                                                                                                                                      | BREASTFEED ..... 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 2      |     |    |                                  |                        |   |                          |                      |   |                          |                      |   |                                      |                   |   |                                                                      |               |   |                                        |                    |   |                                      |                 |   |  |
| [G] Ask if you had vaginal bleeding?                                                                                                                                                                                                        | BLEEDING..... 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 2      |     |    |                                  |                        |   |                          |                      |   |                          |                      |   |                                      |                   |   |                                                                      |               |   |                                        |                    |   |                                      |                 |   |  |

| DELIVERY CARE                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | MN                                              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|
| <p><b>MN1.</b> Check CM17: Was there a live birth in the last 2 years?</p> <p>Copy name of last birth listed in the birth history (CM18) to here and use where indicated:</p> <p>Name _____</p>                                                                                                                                              | <p>YES, CM17=1 ..... 1</p> <p>NO, CM17=0 OR BLANK..... 2</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 2 ⇒ End                                         |
| <p><b>MN19.</b> Who assisted with the delivery of (<i>name</i>)?</p> <p>Probe: Anyone else?</p> <p>Probe for the type of person assisting and record all answers given.</p> <p>If respondent says no one assisted, probe to determine whether any adults were present at the delivery.</p>                                                   | <p><b>HEALTH PROFESSIONAL</b></p> <p>DOCTOR..... A</p> <p>NURSE ..... B</p> <p>MIDWIFE/AUXILLARY NURSE MIDWIFE...C</p> <p>HEALTH ASSISTANT ..... D</p> <p>AUXILLARY HEALTH WORKER.....E</p> <p><b>OTHER PERSON</b></p> <p>TRADITIONAL BIRTH HELPER ..... F</p> <p>FEMALE COMMUNITY HEALTH VOLUNTEER.....G</p> <p>RELATIVE / FRIEND ..... H</p> <p>OTHER (<i>specify</i>) ..... X</p> <p>NO ONE ..... Y</p>                                                                                                                                                                                                                                                                                                                                     |                                                 |
| <p><b>MN20.</b> Where did you give birth to (<i>name</i>)?</p> <p>Probe to identify the type of place.</p> <p><u>If unable to determine whether public, private, or NGO, write the name of the place and then temporarily record '76' until you learn the appropriate category for the response.</u></p> <p>_____</p> <p>(Name of place)</p> | <p><b>HOME</b></p> <p>RESPONDENT'S HOME ..... 11</p> <p>OTHER HOME ..... 12</p> <p><b>PUBLIC MEDICAL SECTOR</b></p> <p>GOVERNMENT HOSPITAL ..... 21</p> <p>GOVERNMENT HEALTH CENTRE.....22</p> <p>GOVERNMENT HEALTH POST..... 23</p> <p>URBAN HEALTH CENTER.....24</p> <p>COMMUNITY HEALTH UNIT.....25</p> <p>OTHER PUBLIC (<i>specify</i>) ..... 26</p> <p><b>PRIVATE MEDICAL SECTOR</b></p> <p>PRIVATE HOSPITAL/ MATERNITY HOME . 31</p> <p>PRIVATE CLINIC ..... 32</p> <p>OTHER PRIVATE (<i>specify</i>) ..... 36</p> <p><b>NGO MEDICAL SECTOR</b></p> <p>NGO HOSPITAL ..... 41</p> <p>NGO CLINIC ..... 42</p> <p>OTHER NGO (<i>specify</i>) ..... 46</p> <p>DK PUBLIC, PRIVATE, OR NGO ..... 76</p> <p>OTHER (<i>specify</i>) ..... 96</p> | <p>11 ⇒ End</p> <p>12 ⇒ End</p> <p>96 ⇒ End</p> |
| <p><b>MN21.</b> Was (<i>name</i>) delivered by caesarean section, that is, did they cut your belly open to take the baby out?</p>                                                                                                                                                                                                            | <p>YES ..... 1</p> <p>NO ..... 2</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 2 ⇒ End                                         |

|                                                                                                                                                            |                                                          |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|--|
| <b>MN22.</b> When was the decision made to have the caesarean section?<br><br><i>Probe if necessary:</i> Was it before or after your labour pains started? | BEFORE LABOUR PAINS ..... 1<br>AFTER LABOUR PAINS..... 2 |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|--|

| PN&NC: THERMAL CARE                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                         | MN                       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| <b>MN1.</b> Check CM17: Was there a live birth in the last 2 years?<br><br>Copy name of last birth listed in the birth history (CM18) to here and use where indicated:<br><br>Name _____                                                                                                                                                                                                              | YES, CM17=1 .....1<br>NO, CM17=0 OR BLANK .....2                                                                                                        | 2 ⇒ End                  |
| <b>MN23.</b> Immediately after the birth, was ( <b>name</b> ) put directly on the bare skin of your chest?<br><br>If necessary, show the picture of skin-to-skin position.<br><br>                                                                                                                                   | YES .....1<br>NO .....2<br><br>DK/ DON'T REMEMBER .....8                                                                                                | 2 ⇒ MN25<br><br>8 ⇒ MN25 |
| <b>MN24.</b> Before being placed on the bare skin of your chest, was the baby wrapped up?                                                                                                                                                                                                                                                                                                             | YES .....1<br>NO .....2<br><br>DK/ DON'T REMEMBER .....8                                                                                                |                          |
| <b>MN25.</b> Was ( <b>name</b> ) dried or wiped soon after birth?                                                                                                                                                                                                                                                                                                                                     | YES .....1<br>NO .....2<br><br>DK/ DON'T REMEMBER .....8                                                                                                |                          |
| <b>MN26.</b> How long after the birth was ( <b>name</b> ) bathed for the first time?<br><br>If "immediately" or less than 1 hour, record '000'.<br>If less than 24 hours, record hours.<br><br>If "1 day" or "next day", probe: About how many hours after the delivery?<br><br>If "24 hours", probe to ensure best estimate of less than 24 hours or 1 day.<br><br>If 24 hours or more, record days. | IMMEDIATELY/LESS THAN 1 HOUR .....000<br><br>HOURS .....1 ____<br><br>DAYS .....2 ____<br><br>NEVER BATHED .....997<br><br>DK / DON'T REMEMBER .....998 |                          |

|                                                                                                                                                                                          |                                                                                                                                                                                                                                       |                      |
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| <b>MN1.</b> Check CM17: Was there a live birth in the last 2 years?<br><br>Copy name of last birth listed in the birth history (CM18) to here and use where indicated:<br><br>Name _____ | YES, CM17=1 .....1<br>NO, CM17=0 OR BLANK .....2                                                                                                                                                                                      | 2⇒ End               |
| <b>MN27.</b> Check MN20: Was the child delivered in a health facility?                                                                                                                   | YES, MN20=21-46 OR 76 .....1<br>NO, MN20=11-12 OR 96.....2                                                                                                                                                                            | 1⇒ MN30              |
| <b>MN28.</b> What was used to cut the cord?                                                                                                                                              | NEW BLADE .....1<br>BLADE USED FOR OTHER PURPOSES.....2<br>SCISSORS .....3<br><br>OTHER (specify) .....6<br><br>DK .....8                                                                                                             |                      |
| <b>MN29.</b> Was the instrument used to cut the cord boiled or sterilised prior to use?                                                                                                  | YES .....1<br>NO .....2<br><br>DK / DON'T REMEMBER .....8                                                                                                                                                                             |                      |
| <b>MN30.</b> After the cord was cut and until it fell off, was anything applied to the cord?                                                                                             | YES .....1<br>NO .....2<br><br>DK / DON'T REMEMBER .....8                                                                                                                                                                             | 2⇒ End<br><br>8⇒ End |
| <b>MN31.</b> What was applied to the cord?<br><br>Probe: Anything else?                                                                                                                  | CHLORHEXIDINE .....A<br>OTHER ANTISEPTIC (ALCOHOL, SPIRIT, GENTIAN VIOLET).....B<br>MUSTARD OIL.....C<br>ASH .....D<br>ANIMAL DUNG .....E<br>TERMERIC.....F<br>GHEE .....G<br><br>OTHER (specify) .....X<br>DK / DON'T REMEMBER.....Z |                      |

| PN&NC: BIRTHWEIGHT                                                                                                                                                                       |                                                                                                                                     | MN                     |
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| <b>MN1.</b> Check CM17: Was there a live birth in the last 2 years?<br><br>Copy name of last birth listed in the birth history (CM18) to here and use where indicated:<br><br>Name _____ | YES, CM17=1 .....1<br>NO, CM17=0 OR BLANK .....2                                                                                    | 2 ⇒ End                |
| <b>MN32.</b> When ( <b>name</b> ) was born, was (he/she) very large, larger than average, average, smaller than average, or very small?                                                  | VERY LARGE.....1<br>LARGER THAN AVERAGE .....2<br>AVERAGE.....3<br>SMALLER THAN AVERAGE .....4<br>VERY SMALL .....5<br><br>DK.....8 |                        |
| <b>MN33.</b> Was ( <b>name</b> ) weighed at birth?                                                                                                                                       | YES .....1<br>NO .....2<br><br>DK.....8                                                                                             | 2 ⇒ End<br><br>8 ⇒ End |
| <b>MN34.</b> How much did ( <b>name</b> ) weigh?<br><br>If a card is available, record weight from card.                                                                                 | FROM CARD ..... <b>1 (KG)</b> __ . __ __ __<br><br>FROM RECALL ..... <b>2 (KG)</b> __ . __ __ __<br><br>DK.....99998                |                        |

| RC: PERIOD RETURN                                                                                                                                                                        |                                                  | MN      |
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| <b>MN1.</b> Check CM17: Was there a live birth in the last 2 years?<br><br>Copy name of last birth listed in the birth history (CM18) to here and use where indicated:<br><br>Name _____ | YES, CM17=1 .....1<br>NO, CM17=0 OR BLANK .....2 | 2 ⇒ End |
| <b>MN35.</b> Has your menstrual period returned since the birth of ( <i>name</i> )?                                                                                                      | YES .....1<br>NO .....2                          |         |

| IYCF: INITIAL BREASTFEEDING                                                                                                                                                                                           |                                                                                                         | MN      |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|---------|
| <b>MN1.</b> Check CM17: Was there a live birth in the last 2 years?<br><br>Copy name of last birth listed in the birth history (CM18) to here and use where indicated:<br><br>Name _____                              | YES, CM17=1 .....1<br>NO, CM17=0 OR BLANK .....2                                                        | 2 ⇒ End |
| <b>MN36.</b> Was ( <b>name</b> ) ever breastfed?                                                                                                                                                                      | YES .....1<br>NO .....2                                                                                 | 2 ⇒ End |
| <b>MN37.</b> How long after birth was ( <b>name</b> ) first put to the breast?<br><br><i>If less than 1 hour, record '00' hours.</i><br><i>If less than 24 hours, record hours.</i><br><i>Otherwise, record days.</i> | IMMEDIATELY .....000<br><br>HOURS .....1 _ _<br><br>DAYS .....2 _ _<br><br>DK / DON'T REMEMBER .....998 |         |
| <b>MN38.</b> In the first three days after delivery, was ( <b>name</b> ) given anything at all other than breast milk to eat or drink, such as water, infant formula, gripe water, or honey ?                         | YES, SOMETHING OTHER THAN BREAST MILK.....1<br>NO, ONLY BREAST MILK.....2                               |         |

| PN&NC: PNC FOR NEWBORNS & MOTHERS                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                   | PN                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|----------------------|
| <b>PN1.</b> Check CM17: Was there a live birth in the last 2 years?<br><br>Copy name of last birth listed in the birth history (CM18) to here and use where indicated:<br><br>Name _____                                                                                                                                                                                                                                                                             | YES, CM17=1 ..... 1<br>NO, CM17=0 OR BLANK ..... 2                                                                | 2 ⇒ End              |
| <b>PN2.</b> Check MN20: Was the child delivered in a health facility?                                                                                                                                                                                                                                                                                                                                                                                                | YES, MN20=21-46 OR 76 ..... 1<br>NO, MN20=11-12 OR 96 ..... 2                                                     | 2 ⇒ PN7              |
| <b>PN3.</b> Now I would like to ask you some questions about what happened in the hours and days after the birth of ( <i>name</i> ).<br><br>You have said that you gave birth in ( <i>name or type of facility in MN20</i> ). How long did you stay there after the delivery?<br><br>If less than one day, record hours.<br>If less than one week, record days.<br>Otherwise, record weeks.                                                                          | HOURS ..... 1 ____<br><br>DAYS ..... 2 ____<br><br>WEEKS ..... 3 ____<br><br>DK / DON'T REMEMBER ..... 998        |                      |
| <b>PN4.</b> I would like to talk to you about checks on ( <i>name</i> )'s health after delivery – for example, someone examining ( <i>name</i> ), checking the cord, or seeing if ( <i>name</i> ) is ok.<br><br>Before you left the ( <i>name or type of facility in MN20</i> ), did anyone check on ( <i>name</i> )'s health?                                                                                                                                       | YES ..... 1<br><br>NO ..... 2                                                                                     |                      |
| <b>PN5.</b> And what about checks on <u>your</u> health – I mean, someone assessing your health, for example asking questions about your health or examining you?<br><br>Did anyone check on <u>your</u> health before you left ( <i>name or type of facility in MN20</i> )?                                                                                                                                                                                         | YES ..... 1<br><br>NO ..... 2                                                                                     |                      |
| <b>PN6.</b> Now I would like to talk to you about what happened after you left ( <i>name or type of facility in MN20</i> ).<br><br>Did anyone check on ( <i>name</i> )'s health after you left ( <i>name or type of facility in MN20</i> )?                                                                                                                                                                                                                          | YES ..... 1<br><br>NO ..... 2                                                                                     | 1 ⇒ PN12<br>2 ⇒ PN17 |
| <b>PN7.</b> Check MN19: Did a health professional, traditional birth attendant, or community health worker assist with the delivery?                                                                                                                                                                                                                                                                                                                                 | YES, AT LEAST ONE OF THE CATEGORIES A TO G RECORDED ..... 1<br>NO, NONE OF THE CATEGORIES A TO G RECORDED ..... 2 | 2 ⇒ PN11             |
| <b>PN8.</b> You have already said that ( <i>person or persons in MN19</i> ) assisted with the birth. Now I would like to talk to you about checks on ( <i>name</i> )'s health after delivery, for example examining ( <i>name</i> ), checking the cord, or seeing if ( <i>name</i> ) is ok.<br><br>After the delivery was over and before ( <i>person or persons in MN19</i> ) left you, did ( <i>person or persons in MN19</i> ) check on ( <i>name</i> )'s health? | YES ..... 1<br><br>NO ..... 2                                                                                     |                      |

|                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                  |                        |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|
| <b>PN9.</b> And did ( <i>person or persons in MN19</i> ) check on <u>your</u> health before leaving, for example asking questions about your health or examining you?                                                                                                                | YES..... 1<br>NO ..... 2                                                                                                                                                                                                                                                                                                                         |                        |
| <b>PN10.</b> After the ( <i>person or persons in MN19</i> ) left you, did anyone check on the health of ( <i>name</i> )?                                                                                                                                                             | YES..... 1<br>NO ..... 2                                                                                                                                                                                                                                                                                                                         | 1 ⇨ PN12<br>2 ⇨ PN19   |
| <b>PN11.</b> I would like to talk to you about checks on ( <i>name</i> )'s health after delivery – for example, someone examining ( <i>name</i> ), checking the cord, or seeing if the baby is ok.<br><br>After ( <i>name</i> ) was delivered, did anyone check on (his/her) health? | YES..... 1<br>NO ..... 2                                                                                                                                                                                                                                                                                                                         | 2 ⇨ PN20               |
| <b>PN12.</b> Did such a check happen only once, or more than once?                                                                                                                                                                                                                   | ONCE ..... 1<br>MORE THAN ONCE ..... 2                                                                                                                                                                                                                                                                                                           | 1 ⇨ PN13A<br>2 ⇨ PN13B |
| <b>PN13A.</b> How long after delivery did that check happen?<br><br><b>PN13B.</b> How long after delivery did the first of these checks happen?<br><br><i>If less than one day, record hours.</i><br><i>If less than one week, record days.</i><br><i>Otherwise, record weeks.</i>   | HOURS..... 1 __ __<br>DAYS ..... 2 __ __<br>WEEKS ..... 3 __ __<br>DK / DON'T REMEMBER..... 998                                                                                                                                                                                                                                                  |                        |
| <b>PN14.</b> Who checked on ( <i>name</i> )'s health at that time?                                                                                                                                                                                                                   | <b>HEALTH PROFESSIONAL</b><br>DOCTOR..... A<br>NURSE ..... B<br>MIDWIFE/AUXILLARY NURSE MIDWIFE. .. C<br>HEALTH ASSISTANT ..... D<br>AUXILLARY HEALTH WORKER.....E<br><b>OTHER PERSON</b><br>TRADITIONAL BIRTH HELPER ..... F<br>FEMALE COMMUNITY HEALTH<br>VOLUNTEER.....G<br>RELATIVE / FRIEND ..... H<br><br>OTHER ( <i>specify</i> ) _____ X |                        |

|                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| <p><b>PN15.</b> Where did this check take place?</p> <p><i>Probe to identify the type of place.</i></p> <p><i>If unable to determine whether public, private, or NGO, write the name of the place and then temporarily record '76' until you learn the appropriate category for the response.</i></p> <p>_____</p> <p>(Name of place)</p> | <p><b>HOME</b></p> <p>RESPONDENT'S HOME ..... 11</p> <p>OTHER HOME ..... 12</p> <p><b>PUBLIC MEDICAL SECTOR</b></p> <p>GOVERNMENT HOSPITAL ..... 21</p> <p>GOVERNMENT HEALTH CENTRE.... 22</p> <p>GOVERNMENT HEALTH POST ..... 23</p> <p>URBAN HEALTH CENTER..... 24</p> <p>COMMUNITY HEALTH UNIT..... 25</p> <p>OTHER PUBLIC (<i>specify</i>) ..... 26</p> <p><b>PRIVATE MEDICAL SECTOR</b></p> <p>PRIVATE HOSPITAL/ MATERNITY HOME . 31</p> <p>PRIVATE CLINIC ..... 32</p> <p>OTHER PRIVATE (<i>specify</i>) ..... 36</p> <p><b>NGO MEDICAL SECTOR</b></p> <p>NGO HOSPITAL ..... 41</p> <p>NGO CLINIC ..... 42</p> <p>OTHER NGO (<i>specify</i>) ..... 46</p> <p>DK PUBLIC, PRIVATE, OR NGO ..... 76</p> <p>OTHER (<i>specify</i>) ..... 96</p> |                                   |
| <p><b>PN16.</b> Check MN20: Was the child delivered in a health facility?</p>                                                                                                                                                                                                                                                             | <p>YES, MN20=21-46 OR 76 ..... 1</p> <p>NO, MN20=11-12 OR 96 ..... 2</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <p>2 ⇒ PN18</p>                   |
| <p><b>PN17.</b> After you left (<i>name or type of facility in MN20</i>), did anyone check on <u>your</u> health?</p>                                                                                                                                                                                                                     | <p>YES..... 1</p> <p>NO ..... 2</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <p>1 ⇒ PN21</p> <p>2 ⇒ End</p>    |
| <p><b>PN18.</b> Check MN19: Did a health professional, traditional birth attendant, or community health worker assist with the delivery?</p>                                                                                                                                                                                              | <p>YES, AT LEAST ONE OF THE CATEGORIES A TO G RECORDED..... 1</p> <p>NO, NONE OF THE CATEGORIES A TO G RECORDED ..... 2</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <p>2 ⇒ PN20</p>                   |
| <p><b>PN19.</b> After the delivery was over and (<i>person or persons in MN19</i>) left, did anyone check on <u>your</u> health?</p>                                                                                                                                                                                                      | <p>YES..... 1</p> <p>NO ..... 2</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <p>1 ⇒ PN21</p> <p>2 ⇒ End</p>    |
| <p><b>PN20.</b> After the birth of (<i>name</i>), did anyone check on <u>your</u> health, for example asking questions about your health or examining you?</p>                                                                                                                                                                            | <p>YES..... 1</p> <p>NO ..... 2</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <p>2 ⇒ End</p>                    |
| <p><b>PN21.</b> Did such a check happen only once, or more than once?</p>                                                                                                                                                                                                                                                                 | <p>ONCE ..... 1</p> <p>MORE THAN ONCE ..... 2</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <p>1 ⇒ PN22A</p> <p>2 ⇒ PN22B</p> |
| <p><b>PN22A.</b> How long after delivery did that check happen?</p> <p><b>PN22B.</b> How long after delivery did the first of these checks happen?</p> <p><i>If less than one day, record hours.</i></p> <p><i>If less than one week, record days.</i></p> <p><i>Otherwise, record weeks.</i></p>                                         | <p>HOURS..... <b>1</b> ____</p> <p>DAYS ..... <b>2</b> ____</p> <p>WEEKS ..... <b>3</b> ____</p> <p>DK / DON'T REMEMBER..... 998</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                   |

|                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <p><b>PN23.</b> Who checked on <u>your</u> health at that time?</p>                                                                                                                                                                                                                                                                                     | <p><b>HEALTH PROFESSIONAL</b></p> <p>DOCTOR..... A</p> <p>NURSE ..... B</p> <p>MIDWIFE/AUXILLARY NURSE MIDWIFE. .. C</p> <p>HEALTH ASSISTANT ..... D</p> <p>AUXILLARY HEALTH WORKER.....E</p> <p><b>OTHER PERSON</b></p> <p>TRADITIONAL BIRTH HELPER ..... F</p> <p>FEMALE COMMUNITY HEALTH</p> <p>VOLUNTEER.....G</p> <p>RELATIVE / FRIEND ..... H</p> <p>OTHER (<i>specify</i>) _____ X</p>                                                                                                                                                                                                                                                                                                                                                   |  |
| <p><b>PN24.</b> Where did this check take place?</p> <p><i>Probe to identify the type of place.</i></p> <p><u><i>If unable to determine whether public, private, or NGO, write the name of the place and then temporarily record '76' until you learn the appropriate category for the response.</i></u></p> <p>_____</p> <p>(<i>Name of place</i>)</p> | <p><b>HOME</b></p> <p>RESPONDENT'S HOME ..... 11</p> <p>OTHER HOME ..... 12</p> <p><b>PUBLIC MEDICAL SECTOR</b></p> <p>GOVERNMENT HOSPITAL ..... 21</p> <p>GOVERNMENT HEALTH CENTRE.... 22</p> <p>GOVERNMENT HEALTH POST ..... 23</p> <p>URBAN HEALTH CENTER.....24</p> <p>COMMUNITY HEALTH UNIT.....25</p> <p>OTHER PUBLIC (<i>specify</i>) _____ 26</p> <p><b>PRIVATE MEDICAL SECTOR</b></p> <p>PRIVATE HOSPITAL/ MATERNITY HOME . 31</p> <p>PRIVATE CLINIC ..... 32</p> <p>OTHER PRIVATE (<i>specify</i>) _____ 36</p> <p><b>NGO MEDICAL SECTOR</b></p> <p>NGO HOSPITAL ..... 41</p> <p>NGO CLINIC ..... 42</p> <p>OTHER NGO (<i>specify</i>) _____ 46</p> <p>DK PUBLIC, PRIVATE, OR NGO ..... 76</p> <p>OTHER (<i>specify</i>) _____ 96</p> |  |

| PN&NC: SIGNAL CARE FUNCTIONS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                | PN                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|
| <b>PN1.</b> Check CM17: Was there a live birth in the last 2 years?<br><br>Copy name of last birth listed in the birth history (CM18) to here and use where indicated:<br><br>Name _____                                                                                                                                                                                                                                                                                                                                               | YES, CM17=1.....1<br>NO, CM17=0 OR BLANK .....2                                                                                                | 2 ⇒ End                             |
| <b>PN25.</b> During the first two days after birth, did any health care provider do any of the following either at home or at a facility:<br><br>[A] Examine ( <i>name</i> )’s cord?<br><br>[B] Take the temperature of ( <i>name</i> )?<br><br>[C] Counsel you on breastfeeding?                                                                                                                                                                                                                                                      | <p style="text-align: right;">YES NO DK</p> EXAMINE THE CORD..... 1 2 8<br>TAKE TEMPERATURE ..... 1 2 8<br>COUNSEL ON BREASTFEEDING..... 1 2 8 |                                     |
| <b>PN26.</b> Check MN36: Was child ever breastfed?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | YES, MN36=1..... 1<br>NO, MN36=2 ..... 2                                                                                                       | 2 ⇒ PN28                            |
| <b>PN27.</b> Observe ( <i>name</i> )’s breastfeeding?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <p style="text-align: right;">YES NO DK</p> OBSERVE BREASTFEEDING ..... 1 2 8                                                                  |                                     |
| <b>PN28.</b> Check MN33: Was child weighed at birth?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | YES, MN33=1.....1<br>NO, MN33=2 .....2<br>DK, MN33=8 .....3                                                                                    | 1 ⇒ PN29A<br>2 ⇒ PN29B<br>3 ⇒ PN29C |
| <b>PN29A.</b> You mentioned that ( <i>name</i> ) was weighed at birth. After that, was ( <i>name</i> ) weighed again by a health care provider within two days?<br><br><b>PN29B.</b> You mentioned that ( <i>name</i> ) was not weighed at birth. Was ( <i>name</i> ) weighed at all by a health care provider within two days after birth?<br><br><b>PN29C.</b> You mentioned that you do not know if ( <i>name</i> ) was weighed at birth. Was ( <i>name</i> ) weighed at all by a health care provider within two days after birth? | YES .....1<br>NO .....2                                                                                                                        |                                     |
| <b>PN30.</b> During the first two days after ( <i>name</i> )’s birth, did any health care provider give you information on the symptoms that require you to take your sick child to a health facility for care?                                                                                                                                                                                                                                                                                                                        | YES .....1<br>NO .....2                                                                                                                        |                                     |

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

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

|                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                              |         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|
| <b>UN12.</b> Why do you think you are not physically able to get pregnant?                                                                                                                      | INFREQUENT SEX / NO SEX ..... A<br>MENOPAUSAL ..... B<br>NEVER MENSTRUATED ..... C<br>HYSTERECTOMY (SURGICAL<br>REMOVAL OF UTERUS) ..... D<br>HAS BEEN TRYING TO GET<br>PREGNANT FOR 2 YEARS<br>OR MORE WITHOUT RESULT ..... E<br>POSTPARTUM AMENORRHEIC ..... F<br>BREASTFEEDING ..... G<br>TOO OLD ..... H<br>FATALISTIC ..... I<br><br>OTHER ( <i>specify</i> ) ..... X<br><br>DK ..... Z |         |
| <b>UN13.</b> Check UN12: 'Never menstruated' mentioned?                                                                                                                                         | MENTIONED, UN12=C ..... 1<br>NOT MENTIONED, UN12≠C ..... 2                                                                                                                                                                                                                                                                                                                                   | 1 ⇌ End |
| <b>UN14.</b> When did your last menstrual period start?<br><br><i>Record the answer using the same unit stated by the respondent.</i><br><br><i>If '1 year', probe:</i><br>How many months ago? | DAYS AGO ..... 1 __ __<br><br>WEEKS AGO ..... 2 __ __<br><br>MONTHS AGO ..... 3 __ __<br><br>YEARS AGO ..... 4 __ __<br><br>IN MENOPAUSE / HAS HAD HYSTERECTOMY<br>..... 993<br>BEFORE LAST BIRTH ..... 994<br>NEVER MENSTRUATED ..... 995                                                                                                                                                   |         |

| MENSTRUAL HEALTH AND HYGIENE                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                         |    |                  | UN          |                  |             |            |   |   |   |   |                           |   |   |   |   |                        |   |   |   |   |  |  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|------------------|-------------|------------------|-------------|------------|---|---|---|---|---------------------------|---|---|---|---|------------------------|---|---|---|---|--|--|--|
| <b>UN15A.</b> Check UN12: 'Never menstruated' mentioned?                                                                                                                                                                                                                                                                                                                                                 | MENTIONED, UN12=C ..... 1<br>NOT MENTIONED, UN12≠C ..... 2                                                                                                                                                                                                                                                                                                                              |    |                  | 1 ⇌ End     |                  |             |            |   |   |   |   |                           |   |   |   |   |                        |   |   |   |   |  |  |  |
| <b>UN15B.</b> Check UN14: Was the last menstrual period within last year?                                                                                                                                                                                                                                                                                                                                | YES, WITHIN LAST YEAR..... 1<br>NO, ONE YEAR OR MORE ..... 2                                                                                                                                                                                                                                                                                                                            |    |                  | 2 ⇌ End     |                  |             |            |   |   |   |   |                           |   |   |   |   |                        |   |   |   |   |  |  |  |
| <b>UN16.</b> During your last menstrual period, did you have trouble participating in the following activities due to your period.<br><br>[A] Work?<br>[B] Education and training?<br><br>[C] Social activities outside school or work?<br><br><i>If the respondent would not normally attend such activity, record '7'</i>                                                                              | <table> <thead> <tr> <th></th><th>YES</th><th>NO</th><th>NO SUCH ACTIVITY</th><th>DK/NOT SURE</th></tr> </thead> <tbody> <tr> <td>WORK .....</td><td>1</td><td>2</td><td>7</td><td>8</td></tr> <tr> <td>EDUCATION/ TRAINING .....</td><td>1</td><td>2</td><td>7</td><td>8</td></tr> <tr> <td>SOCIAL ACTIVITIES.....</td><td>1</td><td>2</td><td>7</td><td>8</td></tr> </tbody> </table> |    | YES              | NO          | NO SUCH ACTIVITY | DK/NOT SURE | WORK ..... | 1 | 2 | 7 | 8 | EDUCATION/ TRAINING ..... | 1 | 2 | 7 | 8 | SOCIAL ACTIVITIES..... | 1 | 2 | 7 | 8 |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                          | YES                                                                                                                                                                                                                                                                                                                                                                                     | NO | NO SUCH ACTIVITY | DK/NOT SURE |                  |             |            |   |   |   |   |                           |   |   |   |   |                        |   |   |   |   |  |  |  |
| WORK .....                                                                                                                                                                                                                                                                                                                                                                                               | 1                                                                                                                                                                                                                                                                                                                                                                                       | 2  | 7                | 8           |                  |             |            |   |   |   |   |                           |   |   |   |   |                        |   |   |   |   |  |  |  |
| EDUCATION/ TRAINING .....                                                                                                                                                                                                                                                                                                                                                                                | 1                                                                                                                                                                                                                                                                                                                                                                                       | 2  | 7                | 8           |                  |             |            |   |   |   |   |                           |   |   |   |   |                        |   |   |   |   |  |  |  |
| SOCIAL ACTIVITIES.....                                                                                                                                                                                                                                                                                                                                                                                   | 1                                                                                                                                                                                                                                                                                                                                                                                       | 2  | 7                | 8           |                  |             |            |   |   |   |   |                           |   |   |   |   |                        |   |   |   |   |  |  |  |
| <b>UN17.</b> During your last menstrual period, did you worry that someone would see you while you were changing menstrual materials <u>at home</u> ?<br><br>DID NOT CHANGE ANY MENSTRUAL MATERIALS AT HOME..... 7<br>DK / DON'T REMEMBER..... 8                                                                                                                                                         | YES, WORRIED ..... 1<br>NO, DID NOT WORRY..... 2                                                                                                                                                                                                                                                                                                                                        |    |                  |             |                  |             |            |   |   |   |   |                           |   |   |   |   |                        |   |   |   |   |  |  |  |
| <b>UN18.</b> During your last menstrual period, did you have enough menstrual materials to change them as often as you wanted to throughout your menstrual period?<br><br><i>Regular (non-absorbent) underwear are not considered menstrual materials. If the woman did not use any menstrual materials, probe to learn if wanted to use them. If she did not want to use any, record "Yes, enough".</i> | YES, ENOUGH ..... 1<br>NO, NOT ENOUGH..... 2<br><br>DK / DON'T REMEMBER..... 8                                                                                                                                                                                                                                                                                                          |    |                  |             |                  |             |            |   |   |   |   |                           |   |   |   |   |                        |   |   |   |   |  |  |  |
| <b>UN19.</b> During your last menstrual period, were you able to reduce your menstruation-related pain when you needed to?                                                                                                                                                                                                                                                                               | YES..... 1<br>NO..... 2<br><br>DIDN'T NEED TO..... 3                                                                                                                                                                                                                                                                                                                                    |    |                  |             |                  |             |            |   |   |   |   |                           |   |   |   |   |                        |   |   |   |   |  |  |  |
| <b>UN20.</b> If you were to have a concern about your menstrual period, would you feel comfortable seeking help from a health care provider such as a school nurse, community health worker, or doctor?                                                                                                                                                                                                  | YES..... 1<br>NO..... 2<br><br>DK / NOT SURE ..... 8                                                                                                                                                                                                                                                                                                                                    |    |                  |             |                  |             |            |   |   |   |   |                           |   |   |   |   |                        |   |   |   |   |  |  |  |
| <b>UN21.</b> Before you had your first menstrual period, did you know about menstruation?                                                                                                                                                                                                                                                                                                                | YES..... 1<br>NO..... 2<br><br>DK / DON'T REMEMBER..... 8                                                                                                                                                                                                                                                                                                                               |    |                  |             |                  |             |            |   |   |   |   |                           |   |   |   |   |                        |   |   |   |   |  |  |  |

| SDG16: SAFETY                                                                                                                                                   |                                  | VT |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|----|
| <b>VT20.</b> Now I would like to ask you about how safe you feel in certain situations.<br>How safe do you feel walking alone in your neighbourhood after dark? | VERY SAFE .....                  | 1  |
|                                                                                                                                                                 | SAFE .....                       | 2  |
|                                                                                                                                                                 | UNSAFE .....                     | 3  |
|                                                                                                                                                                 | VERY UNSAFE.....                 | 4  |
|                                                                                                                                                                 | NEVER WALK ALONE AFTER DARK..... | 7  |
| <b>VT21.</b> How safe do you feel when you are at home alone after dark?                                                                                        | VERY SAFE .....                  | 1  |
|                                                                                                                                                                 | SAFE .....                       | 2  |
|                                                                                                                                                                 | UNSAFE .....                     | 3  |
|                                                                                                                                                                 | VERY UNSAFE.....                 | 4  |
|                                                                                                                                                                 | NEVER ALONE AFTER DARK .....     | 7  |

**DISCRIMINATION**
**VT**

**VT23.** I will now ask you about discrimination. Discrimination happens when you are treated less favourably compared to others or harassed because of the way you look, where you come from, what you believe, or for other reasons.

In Nepal, do you feel that you personally experienced any form of discrimination or harassment during the last 3 years, that is, since *(year of interview minus 3)*, based on any of the following grounds?

*Questions refer to the last 3 years. If yes, an additional question referring to the last 1 year will be asked and the CAPI application will add a sentence to the beginning of the next item to remind the respondent of the return to the 3-year reference period.*

|                                                                                                                                                                                                                                                                                                                                            |                                      | YES | NO         | DK         |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|-----|------------|------------|
| [A] Your sex, such as you are a man or a woman?                                                                                                                                                                                                                                                                                            | SEX .....                            | 1   | 2  VT23[B] | 8  VT23[B] |
| [A1] How about since <i>(month of interview)</i> <i>(year of interview minus 1)</i> ?                                                                                                                                                                                                                                                      | SEX .....                            | 1   | 2          | 8          |
| [B] <i>(Coming back to your experience since (year of interview minus 3), how about on grounds of)</i> Your age, such as you are perceived to be too young or too old?                                                                                                                                                                     | AGE.....                             | 1   | 2  VT23[C] | 8  VT23[C] |
| [B1] How about since <i>(month of interview)</i> <i>(year of interview minus 1)</i> ?                                                                                                                                                                                                                                                      | AGE .....                            | 1   | 2          | 8          |
| [C] <i>(Coming back to your experience since (year of interview minus 3), how about on grounds of)</i> Your disability or health status, such as having difficulty in seeing, hearing, walking or moving, concentrating, or communicating, or having a disease or other health conditions and no reasonable accommodation provided for it? | DISABILITY OR HEALTH STATUS .....    | 1   | 2  VT23[D] | 8  VT23[D] |
| [C1] How about since <i>(month of interview)</i> <i>(year of interview minus 1)</i> ?                                                                                                                                                                                                                                                      | DISABILITY OR HEALTH STATUS .....    | 1   | 2          | 8          |
| [D] <i>(Coming back to your experience since (year of interview minus 3), how about on grounds of)</i> Your ethnicity, colour, or language, such as skin colour or physical appearance, ethnic origin or way of dressing, culture, traditions, native language or accent, indigenous status, or being of African descent?                  | ETHNICITY, COLOUR, OR LANGUAGE ..... | 1   | 2  VT23[E] | 8  VT23[E] |
| [D1] How about since <i>(month of interview)</i> <i>(year of interview minus 1)</i> ?                                                                                                                                                                                                                                                      | ETHNICITY, COLOUR, OR LANGUAGE ..... | 1   | 2          | 8          |

|                                                                                                                                                                                                                                                                                                                  |                                             |   |                       |                       |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|---|-----------------------|-----------------------|--|
| [E] <i>(Coming back to your experience since (year of interview minus 3), how about on grounds of)</i> Your migration status, such as nationality or national origin, country of birth, migrant status, being an undocumented migrant, or stateless person?                                                      | MIGRATION STATUS .....                      | 1 | 2 $\simeq$<br>VT23[F] | 8 $\simeq$<br>VT23[F] |  |
| [E1] How about since <i>(month of interview) (year of interview minus 1)</i> ?                                                                                                                                                                                                                                   | MIGRATION STATUS .....                      | 1 | 2                     | 8                     |  |
| [F] <i>(Coming back to your experience since (year of interview minus 3), how about on grounds of)</i> Your socio-economic status, such as wealth or education level, being perceived to be from a lower or different social or economic group or class, or owning land or home or not?                          | SOCIO-ECONOMIC STATUS .....                 | 1 | 2 $\simeq$<br>VT23[G] | 8 $\simeq$<br>VT23[G] |  |
| [F1] How about since <i>(month of interview) (year of interview minus 1)</i> ?                                                                                                                                                                                                                                   | SOCIO-ECONOMIC STATUS .....                 | 1 | 2                     | 8                     |  |
| [G] <i>(Coming back to your experience since (year of interview minus 3), how about on grounds of)</i> Your geographic location or place of residence, such as living in urban or rural areas, and formal or informal settlements?                                                                               | LOCATION OR RESIDENCE .....                 | 1 | 2 $\simeq$<br>VT23[H] | 8 $\simeq$<br>VT23[H] |  |
| [G1] How about since <i>(month of interview) (year of interview minus 1)</i> ?                                                                                                                                                                                                                                   | LOCATION OR RESIDENCE .....                 | 1 | 2                     | 8                     |  |
| [H] <i>(Coming back to your experience since (year of interview minus 3), how about on grounds of)</i> Your religion, such as having or not having a religion or religious beliefs?                                                                                                                              | RELIGION .....                              | 1 | 2 $\simeq$<br>VT23[I] | 8 $\simeq$<br>VT23[I] |  |
| [H1] How about since <i>(month of interview) (year of interview minus 1)</i> ?                                                                                                                                                                                                                                   | RELIGION .....                              | 1 | 2                     | 8                     |  |
| [I] <i>(Coming back to your experience since (year of interview minus 3), how about on grounds of)</i> Your marital and family status, such as being single, married, divorced, widowed, pregnant, with or without children, orphan or born from unmarried parents, or having children outside a wedlock?        | MARITAL AND FAMILY STATUS .....             | 1 | 2 $\simeq$<br>VT23[J] | 8 $\simeq$<br>VT23[J] |  |
| [I1] How about since <i>(month of interview) (year of interview minus 1)</i> ?                                                                                                                                                                                                                                   | MARITAL AND FAMILY STATUS .....             | 1 | 2                     | 8                     |  |
| [J] <i>(Coming back to your experience since (year of interview minus 3), how about on grounds of)</i> Your sexual orientation or gender identity, such as being attracted to a person of the same sex, self-identifying differently from sex assigned at birth or as being sexually, bodily, or gender diverse? | SEXUAL ORIENTATION OR GENDER IDENTITY ..... | 1 | 2 $\simeq$<br>VT23[K] | 8 $\simeq$<br>VT23[K] |  |

|                                                                                                                                                                                                                                                                 |                                             |   |            |            |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|---|------------|------------|--|
| [J1] How about since ( <i>month of interview</i> ) ( <i>year of interview minus 1</i> )?                                                                                                                                                                        | SEXUAL ORIENTATION OR GENDER IDENTITY ..... | 1 | 2          | 8          |  |
| [K] ( <i>Coming back to your experience since (year of interview minus 3), how about on grounds of</i> ) Your political opinion, such as expressing political views, defending the rights of others, being a member or not of a political party or trade union? | POLITICAL OPINION .....                     | 1 | 2  VT23[X] | 8  VT23[X] |  |
| [K1] How about since ( <i>month of interview</i> ) ( <i>year of interview minus 1</i> )?                                                                                                                                                                        | POLITICAL OPINION .....                     | 1 | 2          | 8          |  |
| [X] Since ( <i>year of interview minus 3</i> ) do you feel that you personally experienced any other form of discrimination or harassment in Nepal ?                                                                                                            | OTHER REASON.....                           | 1 | 2  End     | 8  End     |  |
| [X1] On what ground?<br>Recode if possible.                                                                                                                                                                                                                     | (Specify) _____                             |   |            |            |  |
| [X2] Based on the ground(s) that you just specified, have you experienced this since ( <i>month of interview</i> ) ( <i>year of interview minus 1</i> )?                                                                                                        | OTHER REASON.....                           | 1 | 2          | 8          |  |

| DECISION-MAKING ON REPRODUCTIVE HEALTH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                   | DM                  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|
| <b>DM1.</b> Check MA1: Is woman currently married or living together with someone as if married?                                                                                                                                                                                                                                                                                                                                                                                                                                                        | YES, MA1=1 OR 2 ..... 1<br>NO, MA1=3 OR BLANK ..... 2                                                                                                                                             | 2 ⇒ End             |
| <b>DM2.</b> Can you say no to your ( <i>husband/partner</i> ) if you do not want to have sexual intercourse?                                                                                                                                                                                                                                                                                                                                                                                                                                            | YES ..... 1<br>NO ..... 2<br><br>NOT SURE / DEPENDS ..... 8                                                                                                                                       |                     |
| <b>DM3.</b> Now, I would like to ask you some questions about health care.<br>Who usually makes decisions about health care for yourself: you, your ( <i>husband / partner</i> ), you and your ( <i>husband/partner</i> ) jointly, or someone else?<br><br><i>If someone else or together, probe:</i><br>Could you tell me (with) who(m)?                                                                                                                                                                                                               | RESPONDENT ..... 1<br>HUSBAND / PARTNER ..... 2<br>JOINT DECISION ..... 3<br><br>OTHER ( <i>specify</i> ) ..... 6                                                                                 |                     |
| <b>DM4.</b> Can you also please tell me, who takes the decision on when you can go to seek reproductive health care; for example, if you experience a painful or burning sensation when urinating?<br><br><i>If someone else or together, probe:</i><br>Could you tell me (with) who(m)?                                                                                                                                                                                                                                                                | MAINLY RESPONDENT ..... 1<br>MAINLY HUSBAND / PARTNER ..... 2<br>JOINT DECISION OF RESPONDENT AND HUSBAND / PARTNER ..... 3<br><br>OTHER ( <i>specify</i> ) ..... 6                               |                     |
| <b>DM5A.</b> Check CP1: Currently pregnant?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | YES, CP1=1 ..... 1<br>NO, NOT SURE, CP1=2 OR 8 ..... 2                                                                                                                                            | 1 ⇒ End             |
| <b>DM5B.</b> Check CP2: Is woman currently doing something or using any method to delay or avoid getting pregnant?                                                                                                                                                                                                                                                                                                                                                                                                                                      | YES, CP2=1 ..... 1<br>NO, CP2=2 ..... 2                                                                                                                                                           | 1 ⇒ DM6A            |
| <b>DM5C.</b> Check UN12: Is there at least one answer category (A to Z) recorded?                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | YES, AT LEAST ONE ..... 1<br>NO, NONE RECORDED ..... 2                                                                                                                                            | 1 ⇒ End<br>2 ⇒ DM6B |
| <b>DM6A.</b> You mentioned that you currently use contraception.<br><br>Would you say that using contraception is mainly your decision, mainly your husband's/partner's decision, did you both decide together, or it is the decision of a health care worker?<br><br><b>DM6B.</b> You have mentioned that you currently do not use contraception.<br><br>Would you say that not using contraception is mainly your decision, mainly your husband's/partner's decision, or did you both decide together, or it is the decision of a health care worker? | MAINLY RESPONDENT ..... 1<br>MAINLY HUSBAND / PARTNER ..... 2<br>JOINT DECISION OF RESPONDENT AND HUSBAND / PARTNER ..... 3<br>HEALTH CARE WORKER ..... 4<br><br>OTHER ( <i>specify</i> ) ..... 6 |                     |

| TOBACCO USE                                                                                                                                                                                                                                                                                                                                               |                                                                    | TO                  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|---------------------|
| <b>TO1.</b> The following questions are about the use of different types of tobacco products. I would first like to ask you some questions about cigarettes, both manufactured and hand rolled.<br><br>Have you ever tried cigarette smoking, even one or two puffs?                                                                                      | YES ..... 1<br>NO ..... 2                                          | 2 ⇒ TO6             |
| <b>TO2.</b> How old were you when you smoked a whole cigarette for the first time?                                                                                                                                                                                                                                                                        | NEVER SMOKED A WHOLE CIGARETTE ..... 00<br><br>AGE ..... ____ ____ | 00 ⇒ TO6            |
| <b>TO3.</b> Do you currently smoke cigarettes every day, some days, or not at all?                                                                                                                                                                                                                                                                        | EVERY DAY ..... 1<br>SOME DAYS ..... 2<br>NOT AT ALL ..... 3       | 2 ⇒ TO5<br>3 ⇒ TO6  |
| <b>TO4.</b> On average, how many cigarettes do you smoke each day?                                                                                                                                                                                                                                                                                        | NUMBER OF CIGARETTES ..... ____ ____                               | ⇒ End               |
| <b>TO5.</b> Have you smoked at least one cigarette in the last month, that is, since ( <i>date of survey minus one month</i> )?                                                                                                                                                                                                                           | YES ..... 1<br>NO ..... 2                                          |                     |
| <b>TO6.</b> Now I would like to ask about electronic cigarettes, which are also called e-cigarettes or vaping devices. These devices are battery powered and heat a liquid to produce vapor or aerosol instead of smoke. Examples of these products include insert leading brands.<br><br>Have you ever heard of electronic cigarettes or vaping devices? | YES ..... 1<br>NO ..... 2                                          | 2 ⇒ TO9             |
| <b>TO7.</b> Do you currently use electronic cigarettes or any other vaping device every day, some days, or not at all?                                                                                                                                                                                                                                    | EVERY DAY ..... 1<br>SOME DAYS ..... 2<br>NOT AT ALL ..... 3       | 1 ⇒ End<br>3 ⇒ TO9  |
| <b>TO8.</b> Have you used electronic cigarettes or any other vaping device at least once in the last month, that is, since ( <i>date of survey minus one month</i> )?                                                                                                                                                                                     | YES ..... 1<br>NO ..... 2                                          |                     |
| <b>TO9.</b> Now I would like to ask about use of tobacco-smoking other than cigarettes and electronic cigarettes.<br><br>By other smoked tobacco I mean cigars, pipes, water pipe with tobacco, or any other form of tobacco that is burned as you smoke it.<br><br>Do you currently smoke other smoked tobacco every day, some days, or not at all?      | EVERY DAY ..... 1<br>SOME DAYS ..... 2<br>NOT AT ALL ..... 3       | 1 ⇒ End<br>3 ⇒ TO11 |
| <b>TO10.</b> Have you smoked other tobacco at least once in the last month, that is, since ( <i>date of survey minus one month</i> )?                                                                                                                                                                                                                     | YES ..... 1<br>NO ..... 2                                          | 1 ⇒ End             |

|                                                                                                                                                                                                                                                                                                                                        |                                                                           |                                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|---------------------------------------------|
| <p><b>TO11.</b> Now I would like to ask about use of smokeless tobacco.</p> <p>By smokeless tobacco I mean snuff, chewing tobacco, dip, or any other tobacco that is not smoked, but is sniffed through the nose, held in the mouth, or chewed.</p> <p>Do you currently use smokeless tobacco 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> | <p>1 ⇒ <i>End</i></p> <p>3 ⇒ <i>End</i></p> |
| <p><b>TO12.</b> Have you used smokeless tobacco at least once in the last month, that is, since (<i>date of survey minus one month</i>)?</p>                                                                                                                                                                                           | <p>YES..... 1</p> <p>NO..... 2</p>                                        |                                             |

| Mental Health                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                 | MH    |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|-------|
| <b>MH0.</b> In MWB4 check the age of the respondent.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Age 15-24 Years ..... 1<br>Age 25-49 Years..... 2               | 2⇒End |
| <b>MH1.</b> Check the availability of the other people and Make sure that no one is available nearby and hear the conversation. Do not start the interview until privacy is assured.<br><br>If confidentiality for the interview cannot be ensured, kindly request the respondent to suggest an alternate time when confidentiality can be maintained. Based on their availability, reschedule the interview accordingly.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Privacy maintained..... 1<br>Privacy is not possible..... 2     | 2⇒End |
| <b>MH2.</b> I will now ask you a few questions to gain a better understanding of the emotions typically experienced by individuals in your age group. There are no right or wrong answers, and many people in your age group share similar feelings to those we will discuss.<br><br>Please be assured that your responses will remain confidential. This means I will not disclose the information you provide to anyone or mention your name. However, if an emergency arises concerning your safety or well-being, I may need to breach this confidentiality to assist you.<br><br>If at any point you feel uncomfortable answering a question, simply let me know, and we will move on to the next one.<br><br>As we proceed, please reflect on the past two weeks. I will be asking how often you have experienced various issues and faced difficulty during that time.<br><br>For each question I ask you about, there are four possible responses: "Never," "Sometimes," "Often," or "Always." Please choose one answer that best describes your experience.<br><br><i>If the respondent does not select from the provided options, kindly repeat all four possible responses: "None," "Sometimes happened," "Mostly happened," or "Always happened."</i><br><br><i>Please note: when answering the following questions, remind the respondent to focus only on the past two weeks. Always refer to the picture of glass when asking each question. If the same response is given repeatedly for multiple questions, kindly clarify that they fully understand the question being asked.</i> |                                                                 |       |
| <b>MH3.</b> In the past 2 weeks, how much did you feel down, sad or depressed?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Never .....0<br>Sometimes .....1<br>Often.....2<br>Always.....3 |       |
| <b>MH4.</b> In the past 2 weeks, how often do you feel irritated by small things?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Never .....0<br>Sometimes .....1<br>Often.....2<br>Always.....3 |       |
| <b>MH5.</b> Over the past two weeks, how much have you found yourself no longer enjoying activities that you used to take pleasure in? These activities could include things like playing, singing, dancing, spending time with friends, socializing, or watching videos.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Never .....0<br>Sometimes .....1<br>Often.....2<br>Always.....3 |       |
| <b>MH6.</b> In the last two weeks, to what extent have you felt that your hope for the future was gone, that the future seemed bleak, or that you wouldn't be able to accomplish anything moving forward?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Never .....0<br>Sometimes .....1<br>Often.....2<br>Always.....3 |       |
| <b>MH7.</b> In the past 2 weeks, how much have you been feeling nervous or anxious?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Never .....0<br>Sometimes .....1<br>Often.....2<br>Always.....3 |       |

|                                                                                                                                                                                                                                                                       |                                                                                     |                    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|--------------------|
| <b>MH8.</b> In the past 2 weeks, how often have you felt that you were unable to perform tasks properly or that your efforts were wasted?                                                                                                                             | Never .....0<br>Sometimes.....1<br>Often.....2<br>Always.....3                      |                    |
| <b>MH9.</b> In the last two weeks, how concerned have you been about what others think of you?                                                                                                                                                                        | Never .....0<br>Sometimes.....1<br>Often.....2<br>Always.....3                      |                    |
| <b>MH10.</b> In the past 2 weeks, how much have you felt anxious or worried that something bad would happen to you or your family? (E.g. you or family members get into an accident, get sick)                                                                        | Never .....0<br>Sometimes.....1<br>Often.....2<br>Always.....3                      |                    |
| <b>MH11.</b> In the past 2 weeks, how much have you been worried about several things?                                                                                                                                                                                | Never .....0<br>Sometimes.....1<br>Often.....2<br>Always.....3                      |                    |
| <b>MH12.</b> In the past 2 weeks, how much have you felt like you are unable to control or manage your anxiety?                                                                                                                                                       | Never .....0<br>Sometimes.....1<br>Often.....2<br>Always.....3                      |                    |
| <b>MH13.</b> Review from MH3 to MH6: Did the score fall in the range of 2 or 3 for any of these items?                                                                                                                                                                | Yes, at least one MH3 to MH6 =2 or 3 ..... 1<br>No, MH3 to MH6=2 or 3 none .....2   | 1 ⇒MH15            |
| <b>MH14.</b> Review from MH7 to MH12: Did the score fall in the range of 2 or 3 for any of these items?                                                                                                                                                               | Yes, at least one MH7 to MH12 =2 or 3 ..... 1<br>No, MH7 to MH12=2 or 3 none .....2 | 1 ⇒MH23<br>2 ⇒MH36 |
| <b>MH15.</b> In the past 2 weeks, how much have you felt like poor appetite or overeating than before?                                                                                                                                                                | Never .....0<br>Sometimes.....1<br>Often.....2<br>Always.....3                      |                    |
| <b>MH16.</b> In the past 2 weeks, how much have you been unable to sleep or have difficulty in staying asleep or sleeping too much?                                                                                                                                   | Never .....0<br>Sometimes.....1<br>Often.....2<br>Always.....3                      |                    |
| <b>MH17.</b> In the past two weeks, how often have you felt fatigued or lacked the energy and strength to carry out your daily activities?                                                                                                                            | Never .....0<br>Sometimes.....1<br>Often.....2<br>Always.....3                      |                    |
| <b>MH18.</b> Over the past two weeks, how frequently have you felt tired or lacked the energy to carry out your daily activities? This could include things like homework, household chores, or spending time on YouTube, Facebook, WhatsApp, Instagram, TikTok, etc. | Never .....0<br>Sometimes.....1<br>Often.....2<br>Always.....3                      |                    |
| <b>MH19.</b> In the past 2 weeks, how much did you feel lonely?                                                                                                                                                                                                       | Never .....0<br>Sometimes.....1<br>Often.....2<br>Always.....3                      |                    |
| <b>MH20.</b> In the past 2 weeks, how often did you feel like you are a failure, or feel like you have let yourself or your family down?                                                                                                                              | Never .....0<br>Sometimes.....1<br>Often.....2<br>Always.....3                      |                    |
| <b>MH21.</b> In the past 2 weeks, how many times did you think or have idea like you would be better off dead or of hurting yourself in some way? (e.g. cut own hand, jumping somewhere, bang own head on the wall etc.)                                              | Never .....0<br>Sometimes.....1<br>Often.....2<br>Always.....3                      |                    |
| <b>MH22.</b> In the last two weeks, how often have others mentioned that you seem lazier than before?                                                                                                                                                                 | Never .....0<br>Sometimes.....1<br>Often.....2<br>Always.....3                      |                    |

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| <b>MH23.</b> In the last two weeks, how often have others commented that you seemed nervous or unable to sit still in one place?                                                                                                                                                                                                                                                                              | Never .....0<br>Sometimes .....1<br>Often.....2<br>Always.....3                               |         |
| <b>MH24.</b> How difficult have you been facing while breathing in the last two weeks?                                                                                                                                                                                                                                                                                                                        | Never .....0<br>Sometimes .....1<br>Often.....2<br>Always.....3                               |         |
| <b>MH25.</b> Over the past two weeks, how frequently have you felt dizzy or as if you were about to faint?                                                                                                                                                                                                                                                                                                    | Never .....0<br>Sometimes .....1<br>Often.....2<br>Always.....3                               |         |
| <b>MH26.</b> Review from MH7 to MH12: Are there any scores of 2 or 3 for these items?                                                                                                                                                                                                                                                                                                                         | Yes, at least one MH7 to MH12 =2 or 3 .....1<br>No, MH7 to MH12=2 or 3 none .....2            | 2 ⇒MH31 |
| <b>MH27.</b> In the past 2 weeks, how much have you been felt of suddenly scared, frightened or panicked/shocked for no reason?                                                                                                                                                                                                                                                                               | Never .....0<br>Sometimes .....1<br>Often.....2<br>Always.....3                               |         |
| <b>MH28.</b> In past 2 weeks, how much have you been unable to sit relaxing because of fidgety in your mind?                                                                                                                                                                                                                                                                                                  | Never .....0<br>Sometimes .....1<br>Often.....2<br>Always.....3                               |         |
| <b>MH29.</b> In the last two weeks, how often have you experienced an increased heart rate or felt your heart beating faster?                                                                                                                                                                                                                                                                                 | Never .....0<br>Sometimes .....1<br>Often.....2<br>Always.....3                               |         |
| <b>MH30.</b> In the past 2 weeks, how often have you felt headaches or body aches?                                                                                                                                                                                                                                                                                                                            | Never .....0<br>Sometimes .....1<br>Often.....2<br>Always.....3                               |         |
| <b>MH31.</b> Review from MH3 to MH12: Are there any scores of 2 or 3 for these items?                                                                                                                                                                                                                                                                                                                         | Yes, at least one MH3 to MH12 =2 or 3 .....1<br>No, MH7 to MH12=2 or 3 none .....2            | 2 ⇒MH36 |
| <b>MH32.</b> When we talked recently, you told us about the various problems you experienced (.....). Now, let's talk about how these issues have affected you over the past two weeks. Please choose the most suitable answer from the following options: never, sometimes, often, or always.<br><br>If the respondent does not select from the provided answers, kindly repeat all four possible responses. |                                                                                               |         |
| <b>MH33.</b> In the past 2 weeks, how much have these problems affected your daily functional activities and family relationships?                                                                                                                                                                                                                                                                            | Never .....0<br>Sometimes .....1<br>Often.....2<br>Always.....3                               |         |
| <b>MH34.</b> In the past 2 weeks, how much have these problems affected your reading and other functional activities at school/college?<br><br>For not attending school/college:<br>In the past past 2 weeks, how much have these problems affected your work?<br><br><i>If the respondent does not attend school, college, or have a job, please mark '5'.</i>                                               | Never .....0<br>Sometimes .....1<br>Often.....2<br>Always.....3<br><br>Not applicable ..... 5 |         |
| <b>MH35.</b> In the past 2 weeks, how much these problems have deteriorated your relationships with your friends or put you on bad terms? (e.g. not talking to friends, arguing, etc.)                                                                                                                                                                                                                        | Never .....0<br>Sometimes .....1<br>Often.....2<br>Always.....3                               |         |

|                                                                                                                                                                                                                                                                                                                                                                                   |                                                                          |                                           |
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| <p><b>MH36.</b> From the very beginning of this interview, we have been talking about various emotions, worries, experiences and mental problems that can come to in the same age group as you.</p> <p>How often do you talk to other people when you have these types of mental problems and worries?</p> <p>Which one do you say among Never, Sometimes, Often and Always ?</p> | <p>Never .....0<br/>Sometimes.....1<br/>Often.....2<br/>Always.....3</p> | <p>1 ⇨ MH37<br/>2 ⇨ MH37<br/>3 ⇨ MH37</p> |
| <p><b>MH36A.</b> Have you ever talked to anyone when you have such problems and worries? for example, someone in your family, a friend, a teacher, a counsellor, or a health care professional?</p> <p>If yes, which one do you say among Never, Sometimes, Often and Always ?</p>                                                                                                | <p>Never .....0<br/>Sometimes.....1<br/>Often.....2<br/>Always.....3</p> | <p>0 ⇨ MH40</p>                           |
| <p><b>MH37.</b> Have you talked to anyone in the past 1 month about such problems and worries?</p>                                                                                                                                                                                                                                                                                | <p>Yes.....1<br/>No.....2</p>                                            | <p>1 ⇨ MH38</p>                           |
| <p><b>MH37A.</b> I just want to confirm: During the past month, have you met or contacted anyone about these sorts of problems or worries, for example, someone in your family, a friend, a teacher, a counsellor, or a health care professional?</p>                                                                                                                             | <p>YES.....1<br/>NO .....2</p>                                           | <p>2 ⇨ MH40</p>                           |

|                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                 |                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|
| <p><b>MH38.</b> Who did you talk to?</p> <p>Ask more: with anyone else?</p> <p>Don't readout the options. Note down all the individuals that respondent have mentioned.</p>                        | <p><b>Health personnel</b><br/>Counselor.....A<br/>Doctor/nurse.....B<br/>Other heal'th personnel .....C<br/><b>Family memebrs</b><br/>Parents.....F<br/>Other relative (Adult).....G<br/>Other relative (&lt;18).....H<br/><b>Other People</b><br/>Teacher.....I<br/>Friends.....J<br/>Traditional healers.....K<br/>Other (specify).....X</p> |                                |
| <p><b>MH40.</b> The following questions are particularly sensitive. Please ensure once again that no one else is within listening distance.<br/>Do not proceed until privacy is fully assured.</p> | <p>Privacy maintained.....1<br/>Privacy is not possible.....2</p>                                                                                                                                                                                                                                                                               | <p>2 ⇨ MHPN10</p>              |
| <p><b>MH42.</b> In the past 1 year, have you tried to commit suicide? (e.g. by eating poison, hanging, jumping somewhere or by any other means)</p>                                                | <p>Yes .....1<br/>No .....2</p>                                                                                                                                                                                                                                                                                                                 |                                |
| <p><b>MH43.</b> In the past 2 weeks, have you had any thoughts of committing suicide? (e.g. by eating poison, hanging, jumping somewhere or by any other means)</p>                                | <p>Yes .....1<br/>No .....2</p>                                                                                                                                                                                                                                                                                                                 | <p>2 ⇨ MH46</p>                |
| <p><b>MH44.</b> MH42 = 1? (Please check.)</p>                                                                                                                                                      | <p>Yes, MH42=1.....1<br/>No, MH42≠1.....2</p>                                                                                                                                                                                                                                                                                                   | <p>1 ⇨ MHPN1<br/>2 ⇨ MHPN9</p> |
| <p><b>MHPN1.</b> In MWB4 check the age of the respondent. Is the age of the respondent less than 18? years?</p>                                                                                    | <p>Age 15-17 Years.....1<br/>Age 18-24 Years.....2</p>                                                                                                                                                                                                                                                                                          | <p>2 ⇨ MHPN5</p>               |

**MHPN2. Conversation with respondent:**

I understand the difficult and challenging situation you are going through. I want to provide you with information about available counseling services, which you can access free of charge if needed. If at any time you feel like seeking services from a counselor, you can call the number provided here for support. They will assist you in easing the difficulties and challenges in your heart-mind, helping you feel lighter. Additionally, you can visit a nearby hospital or healthcare facility to access services that can help address the heart-mind problems you are currently facing.

Now, at the beginning of our interview, since you are having difficulties in your heart-mind, I mentioned that I might need to speak with your parents for your safety and well-being. If you feel uncomfortable with that, I can talk to your parents privately. If you're okay with it, we can all sit down together and discuss your feelings. Remember, sharing your feelings with your parents can help lighten your heart.

**MHPN2A. Conversation with parents:**

Hello, my name is [enumerator's name]. Today, I spoke with [NAME] about heart-mind problems. Just like physical health, mental health is also crucial for overall well-being. Many individuals in [NAME]'s age group unknowingly struggle with heart-mind problems, often without their family members being aware. During my conversation with [NAME], I sensed that they were experiencing emotional difficulties. I felt it was important to inform you as [NAME]'s guardian for their safety and well-being.

During our discussion, I learned that [NAME] been having negative thoughts and has expressed thoughts of self-harm. Listen to them, show them love, and continue encouraging them even for small achievements. Therefore, it is essential not to leave [NAME] alone for extended periods. Please try to foster an environment at home where [NAME] feel comfortable expressing emotions and help [NAME] address in resolving the issues s/he is facing.

I suggest you to connect [NAME] with a counselor who can help him/her work through these problems. I can request a counselor to contact [NAME]. The counselor will contact [NAME] within 24 hours. This counsellor can help [NAME] navigate his/her feelings, anxieties, and any heart-mind concerns s/he is experiencing. Please be assured that everything shared with the counsellor will remain confidential. Additionally, there is no cost for seeking this counseling support.

**MHPN3.** Do you give your permission for the counselor to contact [NAME...]?

Yes.....1  
No.....2

2⇒MHPN8  
A

**MHPN4.** Thank you. I will also have to ask [NAME] for his/her permission to talk to a counselor, if [NAME] will give permission to contact him/her by a counselor.

In case [NAME] does not agree to be contacted by a counselor now and you would like to seek services for [NAME] later on; I would also like to share information about available counseling services. You can access them free of charge whenever needed. You can call the number provided here to access the support. They will assist him/her in easing the difficulties and challenges in his/her heart-mind, helping him/her feel lighter. Additionally, you can take [Name] him/her to a nearby hospital or healthcare facility to access services that can help address the heart-mind problems s/he is currently facing.

⇒MHPN5A

*Please provide the parents with the pamphlet about the available mental health services given to you by your supervisor, and proceed to speak with the adolescent.*

**MHPN5.** I understand that things might be difficult for you right now, and I can suggest connecting you with a counselor who can help you work through these problems. With the counselor, you can openly share everything on your mind. This counsellor can help you navigate your feelings, anxieties, and any

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| <p>mental health concerns you're experiencing. Please be assured that everything shared with the counsellor will remain confidential, so you can speak freely without hesitation. Additionally, there is no cost for seeking this counseling support.</p> <p>Would you like to speak with the counselor?</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <p>Yes.....1<br/>No.....2</p>                                                                                                                                                                                                                                                                                                                                                                                                                           | <p>1 ⇒ MHPN6<br/>2 ⇒ MHPN8<br/>B</p>         |  |  |  |             |       |                                  |        |      |       |        |  |      |         |        |         |     |       |                |
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| <p><b><u>ASK TO RESPONDENT</u></b></p> <p><b>MHPN5A.</b> I understand that things might be difficult for you right now, and I can suggest connecting you with a counselor who can help you work through these problems. With the counselor, you can openly share everything on your mind. This counsellor can help you navigate your feelings, anxieties, and any mental health concerns you're experiencing. Please be assured that everything shared with the counsellor will remain confidential, so you can speak freely without hesitation. Additionally, there is no cost for seeking this counseling support. Your parents have also agreed to having a counselor contact you to help you out.</p> <p>Would you like to speak with the counselor?</p>                     | <p>Yes.....1<br/>No.....2</p>                                                                                                                                                                                                                                                                                                                                                                                                                           | <p>2 ⇒ MHPN10</p>                            |  |  |  |             |       |                                  |        |      |       |        |  |      |         |        |         |     |       |                |
| <p><b>MHPN5B.</b> Thank you. I will talk to your parents to get contact information so that a counselor can reach you. Until the counselor reaches out, I encourage you to talk to someone older whom you trust about your feelings and concerns. This could be your father, mother, a relative (like a babysitter, sibling, uncle, aunt, or cousin), or a teacher. Talking about your emotions with people you trust, especially those who are older, is very important. It helps lighten your heart-mind. Therefore, I encourage you to speak up and share your thoughts with trusted individuals who can support you during this time.</p> <p><i>Provide the respondent with the pamphlet about the available mental health services given to you by your supervisor.</i></p> |                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <p>⇒ MHPN6A</p>                              |  |  |  |             |       |                                  |        |      |       |        |  |      |         |        |         |     |       |                |
| <p><b>MHPN6.</b> Please provide me with your phone number and contact details. I will request a counselor to contact you. Rest assured that we will not share anything you've shared during this interview with the counsellor. The counselor will contact you within 24 hours.</p> <p>Until the counselor reaches out, I encourage you to talk to someone older whom you trust about your feelings and concerns. This could be your father, mother, a relative (like a babysitter, sibling, uncle, aunt, or cousin), or a teacher. Talking about your</p>                                                                                                                                                                                                                       | <table border="1"> <tr> <th colspan="2">Information to be provided to the Supervisor</th></tr> <tr> <td colspan="2"></td></tr> <tr> <td>Case Number</td><td>_____</td></tr> <tr> <td>High Risk (if MH42=1 and MH43=1)</td><td>.....1</td></tr> <tr> <td>Name</td><td>_____</td></tr> <tr> <td>Gender</td><td></td></tr> <tr> <td>Male</td><td>..... 1</td></tr> <tr> <td>Female</td><td>..... 2</td></tr> <tr> <td>Age</td><td>_____</td></tr> </table> | Information to be provided to the Supervisor |  |  |  | Case Number | _____ | High Risk (if MH42=1 and MH43=1) | .....1 | Name | _____ | Gender |  | Male | ..... 1 | Female | ..... 2 | Age | _____ | <p>⇒ MHPN7</p> |
| Information to be provided to the Supervisor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                              |  |  |  |             |       |                                  |        |      |       |        |  |      |         |        |         |     |       |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                              |  |  |  |             |       |                                  |        |      |       |        |  |      |         |        |         |     |       |                |
| Case Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | _____                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                              |  |  |  |             |       |                                  |        |      |       |        |  |      |         |        |         |     |       |                |
| High Risk (if MH42=1 and MH43=1)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | .....1                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                              |  |  |  |             |       |                                  |        |      |       |        |  |      |         |        |         |     |       |                |
| Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | _____                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                              |  |  |  |             |       |                                  |        |      |       |        |  |      |         |        |         |     |       |                |
| Gender                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                              |  |  |  |             |       |                                  |        |      |       |        |  |      |         |        |         |     |       |                |
| Male                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ..... 1                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                              |  |  |  |             |       |                                  |        |      |       |        |  |      |         |        |         |     |       |                |
| Female                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ..... 2                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                              |  |  |  |             |       |                                  |        |      |       |        |  |      |         |        |         |     |       |                |
| Age                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | _____                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                              |  |  |  |             |       |                                  |        |      |       |        |  |      |         |        |         |     |       |                |

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| <p>emotions with people you trust, especially those who are older, is very important. It helps lighten your heart-mind. Therefore, I encourage you to speak up and share your thoughts with trusted individuals who can support you during this time.</p> <p>Additionally, I want to provide you with information about available counseling services, which you can access free of charge if needed.</p> <p><i>Provide the respondent with the pamphlet about the available mental health services given to you by your supervisor.</i></p> <p><b><u>ASK PARENTS</u></b></p> <p><b>MHPN6A.</b> (name) has agreed to talk to a counsellor. Please provide me with your phone number and contact details. I will request a counselor to contact you. Rest assured that we will not share anything you and your child have shared during this interview with the counsellor. The counselor will contact you within 24 hours.</p> <p><i>Record the information provided by the respondent and reassure them that the information they shared will remain confidential and will only be used to connect them with a counselor.</i></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <p>Your Phone no: (if available):.....<br/> Parent's phone no: (in case of minor) .....<br/> Parent's Name (in case of minor) .....</p> |  |
| <p><b>MHPN7.</b> After completing the interview, contact your supervisor <i>immediately</i> and inform him/her that the respondent need support from a counselor. Also, provide your supervisor with the contact information recorded from the respondent/or parents.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ⇒MHPN10                                                                                                                                 |  |
| <p><b>MHPN8A.</b> It's okay. In case you would like to seek counseling services later for [NAME], I would like to provide you with information about available counseling services, which you can access free of charge if needed. You can call the number provided here to access the support. They will assist [NAME] in easing the difficulties and challenges in [NAME'S] heart-mind, helping to feel lighter. Additionally, you can visit a nearby hospital or healthcare facility to access services that can help address the heart-mind problems.</p> <p><i>Provide the respondent with the pamphlet about the available mental health services given to you by your supervisor</i></p> <p><b>MHPN8B.</b> It's okay. I understand the difficult and challenging situation you are going through. I want to provide you with information about available counseling services, which you can access free of charge if needed. If at any time you feel like seeking services from a counselor, you can call the number provided here to access the support. They will assist you in easing the difficulties and challenges in your heart-mind, helping you feel lighter. Additionally, you can visit a nearby hospital or healthcare facility to access services that can help address the heart-mind problems you are currently facing.</p> <p>Additionally, I encourage you to talk to someone older whom you trust about your feelings and concerns. This could include your parents, relatives (such as a babysitter, sibling, uncle, aunt, or cousin), or a teacher. They will also help you address the difficulties and challenges in your heart-mind.</p> <p><i>Provide the respondent with the pamphlet about the available mental health services given to you by your supervisor.</i></p> | ⇒MHPN10                                                                                                                                 |  |

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| <b>MH46.</b> ADD THE SCORES (0, 1, 2, OR 3) FROM ANSWERS TO MH3 TO MH6 AND MH15 TO MH25: IS THE TOTAL SCORE GREATER THAN 17?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Yes, the score of answers from MH3 to MH6 and MH15 to MH25 is higher than 17..... 1<br><br>NO, THE SCORE OF ANSWERS FROM MH3 TO MH6 AND MH15 TO MH25 IS 17 OR LESS THAN 17..... 2                                 | 1 ⇒ MHPN9<br><br><br>2 ⇒ MHPN10 |
| <b>MH47.</b> Add the scores (0, 1, 2, or 3) from answers to MH7 to MH12, MH23 to MH25, and MH27 to MH30: Is the total score greater than 19?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Yes, the score of answers from MH7 to MH12, MH23 to MH25 and MH27 to MH30 is higher than 19..... 1<br><br>No, the scores of answers from MH7 to MH12, MH23 to MH25 and MH27 to MH30 are 19 or less than 19..... 2 | 1 ⇒ MHPN9<br><br><br>2 ⇒ MHPN10 |
| <p><b>MHPN9.</b> I understand the difficult and challenging situation you are going through. I want to provide you with information about available counseling services, which you can access free of charge if needed. If at any time you feel like seeking services from a counselor, you can call the number provided here to access the support. They will assist you in easing the difficulties and challenges in your heart-mind, helping you feel lighter. Additionally, you can visit a nearby hospital or healthcare facility to access services that can help address the heart-mind problems you are currently facing.</p> <p>Additionally, I encourage you to talk to someone older whom you trust about your feelings and concerns. This could include your parents, relatives (such as a babysitter, sibling, uncle, aunt, or cousin), or a teacher. They will also help you address the difficulties and challenges in your heart-mind.</p> <p><i>Provide the respondent with the pamphlet about the available mental health services given to you by your supervisor.</i></p> |                                                                                                                                                                                                                   |                                 |
| <b>MHPN10.</b> Thank you for your time and cooperation.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                   |                                 |
| <p><b>MHPN11.</b> Please ensure that the confidentiality of the respondent's answers will be maintained. Thank respondent for their cooperation.</p> <p><i>Now, please complete the question in MHPN11 based solely on the mental health module.</i></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                   |                                 |
| <b>MHPN12.</b> Things the enumerator observed when using the mental health module. Such as the respondent's emotional responses that make it difficult to ask questions from the mental health module or impossible for the respondent to answer any questions, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <hr/> <hr/> <hr/>                                                                                                                                                                                                 |                                 |

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| <b>WM10.</b> <i>Record the time.</i>                                                                                                                                                                                                  | HOURS AND MINUTES ..... _ _ : _ _                                                                                                                                                                                     |               |
| <b>WM11.</b> <i>Was the entire interview completed in private or was there anyone else during the entire interview or part of it?</i>                                                                                                 | YES, THE ENTIRE INTERVIEW WAS COMPLETED IN PRIVATE ..... 1<br><br>NO, OTHERS WERE PRESENT DURING THE ENTIRE INTERVIEW (specify) ..... 2<br><br>NO, OTHERS WERE PRESENT DURING PART OF THE INTERVIEW (specify) ..... 3 |               |
| <b>WM12.</b> <i>Language of the Questionnaire.</i>                                                                                                                                                                                    | NEPALI ..... 2                                                                                                                                                                                                        |               |
| <b>WM13.</b> <i>Language of the Interview.</i>                                                                                                                                                                                        | NEPALI ..... 2<br><br>OTHER LANGUAGE (specify) ..... 6                                                                                                                                                                |               |
| <b>WM14.</b> <i>Mother tongue of the Respondent.</i><br><br><i>Check language name and code by referring to appendix...and record accordingly</i>                                                                                     | MOTHER TONGUE ..... — — —<br><br>OTHER LANGUAGE (specify) ..... 6                                                                                                                                                     |               |
| <b>WM15.</b> <i>Was a translator used for any parts of this questionnaire?</i>                                                                                                                                                        | YES, THE ENTIRE QUESTIONNAIRE ..... 1<br>YES, PARTS OF THE QUESTIONNAIRE ..... 2<br>NO, NOT USED ..... 3                                                                                                              |               |
| <b>WM15A.</b> <i>Check WB4: Respondent's age?</i>                                                                                                                                                                                     | AGE 15-17 ..... 1<br>AGE 18 OR ABOVE ..... 2                                                                                                                                                                          | 1 ⇒ WM16      |
| <b>WB15B.</b> <i>Check the respondent's line number (WM3) in WOMAN'S INFORMATION PANEL and the respondent to the HOUSEHOLD QUESTIONNAIRE (HH47): Is this respondent also the respondent to the HOUSEHOLD QUESTIONNAIRE?</i>           | YES, RESPONDENT IS THE SAME,<br>WM3=HH47 ..... 1<br>NO, RESPONDENT IS NOT THE SAME,<br>WM3≠HH47 ..... 2                                                                                                               | 1 ⇒ WM16      |
| <b>WM15C.</b> <i>Has this respondent already been interviewed with any individual questionnaires?</i>                                                                                                                                 | YES, ALREADY INTERVIEWED ..... 1<br>NO, NOT ALREADY INTERVIEWED ..... 2                                                                                                                                               | 1 ⇒ WM16      |
| <b>WM15D.</b> <i>Check IC1, and check HC7[A] and HC12 in HOUSEHOLD QUESTIONNAIRE: Does this respondent have a mobile phone, or does the household have a fixed telephone line or any member of the household have a mobile phone?</i> | YES, IC1 = 1 OR HC7[A]=1 OR HC12=1 ..... 1<br>NO, IC1 = 2 AND HC7[A]=2 AND HC12=2 ..... 2                                                                                                                             | 2 ⇒ WM15<br>F |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                           |                           |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|---------------------------|
| <b>WM15E.</b> Thank you for your participation.<br>The National Statistical Office will be conducting a phone survey about the situation of children, families, and households in the future. We may call a few times over a period of a few months, for about 15 minutes at a time.<br>Participation is voluntary. If you agree to participate now, you can still withdraw later. It will not cost you anything to participate. Your phone number and all the information you share during these phone interviews will not be shared with anyone outside our team.<br>Would you like to participate? | YES ..... 1<br>NO ..... 2 | 1 ⇒ WM15<br>H<br>2 ⇒ WM16 |
| <b>WM15F.</b> Thank you for your participation.<br>The National Statistical Office will be conducting a follow-up survey about the situation of children, families, and households in the future. We may contact you a few times over a period of a few months, for about 15 minutes at a time.<br>Participation is voluntary. If you agree to participate now, you can still withdraw later. It will not cost you anything to participate. All the information you share during these interviews will not be shared with anyone outside our team.<br>Would you like to participate?                  | YES ..... 1<br>NO ..... 2 | 2 ⇒ WM16                  |
| <b>WM15G.</b> I have previously recorded that there are no phones in your household. Just to confirm, do you have a personal telephone number or is there a phone number for the household?                                                                                                                                                                                                                                                                                                                                                                                                           | YES ..... 1<br>NO ..... 2 | 1 ⇒ WM15<br>I<br>2 ⇒ WM16 |
| <b>WM15H.</b> Do you have a personal phone number or is there a phone number for the household?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | YES ..... 1<br>NO ..... 2 | 2 ⇒ WM16                  |

**WM15I.** You may share your household's number, but please, do not share any personal phone numbers that belong to other members of your household or to people outside your household. Please, tell me which phone number to call.

|                                                                                                                                                                                                                                                                                      | [P1]<br>BEST NUMBER                           | [P2]<br>2 <sup>ND</sup> NUMBER                | [P3]<br>3 <sup>RD</sup> NUMBER                |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|-----------------------------------------------|-----------------------------------------------|
| <b>WM15J.</b> Ask for and record phone number.                                                                                                                                                                                                                                       | -----                                         | -----                                         | -----                                         |
| <b>WM15K.</b> Just to confirm, the number is<br><i>(number recorded in WM15J)?</i><br><br>If no, return to WM15J and correct entry.                                                                                                                                                  | YES ..... 1<br>NO ..... 2 ⇨<br>WM15J          | YES ..... 1<br>NO ..... 2 ⇨<br>WM15J          | YES ..... 1<br>NO ..... 2 ⇨<br>WM15J          |
| <b>WM15L.</b> Remember, you may share your household's number, but please, do not share any personal phone numbers that belong to other members of your household or to people outside your household. Do you have another personal or shared phone number where you can be reached? | YES ..... 1 ⇨<br>[P2]<br>NO ..... 2 ⇨<br>WM16 | YES ..... 1 ⇨<br>[P3]<br>NO ..... 2 ⇨<br>WM16 | YES ..... 1 ⇨<br>[P4]<br>NO ..... 2 ⇨<br>WM16 |
| Tick here if additional questionnaire used: ..... <input type="checkbox"/>                                                                                                                                                                                                           |                                               |                                               |                                               |

MICS7.WM.48

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

☐ Yes ⇒ Proceed to WM17 and record '01'. Then go to the QUESTIONNAIRE FOR CHILDREN UNDER FIVE for that child and start the interview with this respondent.

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

☐ Yes ⇒ Check column HL20 in LIST OF HOUSEHOLD MEMBERS, HOUSEHOLD QUESTIONNAIRE:

Is the respondent the mother or caregiver of the child selected for QUESTIONNAIRE FOR CHILDREN AND ADOLESCENTS AGE 5-17 in this household?

☐ Yes ⇒ Proceed to WM17 and record '01'. Then go to the QUESTIONNAIRE FOR CHILDREN AND ADOLESCENTS AGE 5-17 for that child and start the interview with this respondent.

☐ No ⇒ Proceed to WM17 and record '01'. Then end the interview with this respondent by thanking her for her cooperation. Check to see if there are other questionnaires to be administered in this household.

☐ No ⇒ Proceed to WM17 and record '01'. Then end the interview with this respondent by thanking her for her cooperation. Check to see if there are other questionnaires to be administered in this household.

**WM17.** Result of woman's interview.

Discuss any result not completed with Supervisor.

|                                 |    |
|---------------------------------|----|
| COMPLETED.....                  | 01 |
| NOT AT HOME .....               | 02 |
| REFUSED .....                   | 03 |
| PARTLY COMPLETED .....          | 04 |
| INCAPACITATED (specify) .....   | 05 |
| NO ADULT CONSENT FOR RESPONDENT |    |
| AGE 15-17 .....                 | 06 |
| OTHER (specify) .....           | 96 |

**INTERVIEWER'S OBSERVATIONS****SUPERVISOR'S OBSERVATIONS**