THE JAUNPUR SOCIAL NETWORKS STUDY (JSNS)

WAVE 1 BASELINE SURVEY – 2018

Survey ID Generation

1. Field Manager ID Number ☐
   1. Field Manager 1
   2. Field Manager 2

2. Enumerator Identification Number (Enter 01-10): ☐☐

3. Survey Wave (Enter 1-2): ☐

4. District Code (1 digit): ☐

5. Village Code (3 digits): ☐☐☐

6. Cluster Number (2 digits): ☐☐

7. Household ID Number - 2 digits describing the number of the household that the enumerator is completing for that particular day. For example, if the household is the fifth being interviewed by that particular enumerator that day, the household ID number is '05'. ☐☐

The **survey ID number** is a 12-digit number that is created by joining the 8 numerical responses recorded above in order, from response 1 to response 8. An example of a complete respondent ID number is given below.

Example: For the 13th household that is interviewed by Enumerator 04 in Field Manager 1's team for the baseline survey (Wave 1) in Jaunpur (District 1) Village Code 347, Sub-Location 6 (code 06), Cluster 12, the **survey ID number** will be created as:

1	0	4	1	1	3	4	7	1	2	1	3

SURVEY ID NUMBER: ☐☐☐☐☐☐☐☐☐☐☐☐

Enter assigned number above and in the Interviewer Log Book.

PROCEED TO HOUSEHOLD LISTING – PAGE 2

Household Listing

INTRODUCTION

Hello. My name is _____ and I am from the Delhi School of Economics based in New Delhi. I am conducting a brief survey of households in your village to learn more about families in Jaunpur district. With your permission, I would like to ask you a few questions about your household. This survey will take no more than 10 minutes to complete. There is no risk to participating, and you may stop participating at any time. All of your responses are confidential.

DETERMINING PARTICIPATION

No.	Question	Response	Skip Rules
PART	Are you able to participate in this brief survey now?	YES NO	IF NO, GO TO **END** IF YES, GO TO **LISTING**
END	Thank you for your time. I hope that you have a good day.		END VISIT.

HOUSEHOLD LISTING

Thank you. I will now ask you about people who live in this household.

No.	Question	Response	Skip Rules
HL1	How many people usually live in your household (excluding guests)?		
HL2	How many men over the age of 18 live in this household (excluding guests)?		
HL3	How many women over the age of 18 live in this household (excluding guests)?		IF NONE, GO TO HL9.
HL4	Of these women who are over the age of 18, how many are under the age of 30?		IF NONE, GO TO HL6.
HL5	Of these women who are between the age of 18 to 30, how many are married?		
HL6	REFER TO HL4: CONFIRM: There are _____ women who live in this household, are married, and are between the ages of 18 to 30. Is that correct?	YES NO	IF NO, GO BACK AND CORRECT HL3 – HL5.
HL7	How many women over the age of 18 in this household have completed primary education (at least Standard 6)?		
HL8	Do women in this household typically cover their head using a ghunghat, purdah, pallu, hijab, etc.?	YES NO	

HL9	How many children under the age of 5 live in this household? How many boys under 5? How many girls under 5?	BOYS: _____ GIRLS:_____	
HL10	Does anyone in your household have a Below Poverty Line (BPL) card?	YES NO DK REF	
HL11	What is the subcaste (jati) of this household?	JATI: _____	GO TO **HH ADDRESS INFORMATION**

HOUSEHOLD ADDRESS INFORMATION

Thank you for your responses. With your permission, I would like to collect some more information about your household that will help us to contact you in the future.

Household Address: _____

_____

Village: _____

Sub-Location (Mohalla): _____

Household Description: _____

Household GPS: Latitude: _____

Longitude: _____

END VISIT

Thank you for your time. I hope that you have a great day.

PROCEED TO WOMAN RECRUITMENT SCRIPT – PAGE 4

WOMAN Recruitment Script – FIRST VISIT (Verbal, In Person)

INTRODUCTION

Hello. My name is _____ and I am from the University of Delhi in New Delhi. I would like to invite you to participate in a study in which we are trying to understand the use of family planning and reproductive health services in Jaunpur, Uttar Pradesh. We are interested in understanding some of the issues that married women face concerning family planning, maternal and child health, and childbearing. We are also collecting information about households. You may participate if:

- you are a married woman;
- you are between the ages of 18 and 30;
- you have at least one child;
- you are a resident of this village;
- you are not currently pregnant, are not more than six months postpartum, and are not sterilized

If you do not meet all of the requirements that I mentioned, please tell me now. (GO TO QUESTION 1)

DETERMINING ELIGIBILITY

No.	Question	Response	Skip Rules
1	Do you meet all of these requirements?	YES NO	IF NO, GO TO 2A IF YES, GO TO 2B
2A	Thank you. Are there any other women who live in this household?	YES NO	IF NO, GO TO **END** IF YES, GO TO 3
2B	Thank you. Are there any other women who live in this household?	YES NO	IF NO, GO TO **PURPOSE**. IF YES, GO TO 3.
3	With your permission, I would like to meet them to see if they are eligible for this study. MEET OTHER WOMEN IN THE HOUSEHOLD. REPEAT INTRODUCTION TO EACH WOMAN. IDENTIFY THE **YOUNGEST** ELIGIBLE WOMAN IN THE HOUSEHOLD. *Script for why we are only interviewing the youngest woman:* _____	YES NO	IF **YOUNGEST** ELIGIBLE WOMAN IS IDENTIFIED, GO TO **PURPOSE**. IF **NO** ELIGIBLE WOMAN IS IDENTIFIED, GO TO **END**
END	Thank you for your time. I hope that you have a good day.		END VISIT.

PURPOSE

(TALK TO THE YOUNGEST ELIGIBLE WOMAN IN THE HOUSEHOLD)

NAME OF YOUNGEST ELIGIBLE WOMAN: _____

We want to talk to women like you who live in Jaunpur so that we can identify the best ways to help your community access family planning, particularly for women who are thinking about having more children in the future. We feel that perspectives from people like you can help to inform policy makers and health service providers in identifying potential barriers to accessing family planning services so that these services may be improved.

If you decide to participate, you will be asked to participate in two individual surveys over a 10-month period. In each survey, you will be asked several questions. Some of them will be about marriage, family planning, pregnancy, and your children. Others will be about education, your friends, and your relationships. If you agree, you will participate in the first survey today, and we will return after 10 months to conduct the second survey with you.

I do not anticipate any physical risks to participating. Your responses to survey questions will be kept confidential, and at no time will your actual identity be revealed. The data you give me will be used for academic publications and may be used as the basis for articles or presentations in the future. That said, we will not use your name or information that would identify you in any publications or presentations. (GO TO QUESTION 5)

No.	Question	Response	Skip Rules
5	If you are willing to participate in this study, please let me know now.	YES NO	IF NO, GO TO **END** IF YES, GO TO 6
6	Thank you for your participation.		GO TO **CONTACT**
END	Thank you for your time. I hope that you have a good day.		IF MORE THAN ONE ELIGIBLE WOMAN IN HOUSEHOLD: GO TO NEXT ELIGIBLE WOMAN. OTHERWISE, END VISIT.

CONTACT

Thank you. I will begin the survey shortly. Do you have any questions now? If you have questions later, you can contact **Dr. Praveen Kumar Pathak**, who is locally in charge of this study.

Dr. Praveen Kumar Pathak
Delhi School of Economics, University of Delhi
Phone: +91-1127666491/27667725, Ext.1563; +91-8826048740
E-mail: pkpathak@geography.du.ac.in

Thank you for your time. DATE: _____

PROCEED TO WOMAN CONSENT FORM – APPENDIX G1, PAGE 6

Jaunpur Social Networks Study (JSNS) 2018
Field Research Informed Consent Form – Wave I, Baseline Survey

Please consider this information carefully before deciding whether to continue to participate in this research study.

Objectives:
The purpose of this research is:
- To understand the use of family planning and reproductive health services among married women in Jaunpur, Uttar Pradesh
- To inform the local health sector institutions on how to improve the delivery of family planning and reproductive health services in the community.
- To learn about issues concerning family planning, maternal and child health, and childbearing.
- To collect household-level health, demographic, and socioeconomic information over time.

What you will do in this study:
Your participation is voluntary. If you decide to participate, you will be asked to take part in 2 individual surveys over a 15 month period. Each of these surveys will take approximately 75 minutes. In each survey, you will be asked several questions. Some of them will be about marriage, family planning, pregnancy, and your children. Others will be about education and your relationships. As part of the survey, we will also ask you about your friends and relatives, particularly those with whom you discuss topics around health, family planning, and childbearing. Finally, we will also collect information that will help us to contact you for future interviews. This information includes: your household address and location, your mobile phone number, and the contact information of two people whom you know and who do not live in your household, but would know how to reach you. With your permission, we would also like to take your photo, which will help us to identify and contact you in the future.

If you agree, you will participate in the first survey today, and we will return after 10 months to conduct the second survey with you. By returning after some time, we can learn more about how life changes for families in Jaunpur. The information that we gather from you and from other community members will help us better understand key issues in women and children's health in Uttar Pradesh. You may choose, without any penalty, to skip any questions, to discontinue the survey at any time, or to exclude use of your responses.

Time required:
Administration of the individual survey will take approximately 75 minutes.

Risks:
We do not anticipate any major physical risks to participating. However, some of the questions may cause discomfort or embarrassment. If you do experience any distress, counseling services will be available to you.

Benefits:
This is a chance for you to share your thoughts and experiences regarding marriage, children, fertility, and family planning. It is hoped that your participation will help to inform the community of the local family planning environment and may also help to improve access to family planning services in Jaunpur.

Is there anything else that I need to know?

You may also be eligible to receive additional health information and/or services that are available in Jaunpur.

Confidentiality
Your responses to survey questions will be kept confidential. At no time will your actual identity be revealed. You will be assigned a random numerical code. Anyone who helps me with this research will only know you by this code. The key code linking your name with your number will be kept on a secure computer (for electronic data) or in a locked file cabinet in a locked office in the United States (for paper data), and no one else will have access to it. It will be destroyed as soon as I have finished analyzing your responses to my questions. The data you give me will be used for academic articles that are currently being written and may be used as the basis for articles or presentations in the future. We won't use your name or information that would identify you in any publications or presentations. Your name and other identifying information will always be kept anonymous. Data collected, including your identifiable information, may be seen by the Northeastern University Institutional Review Board (IRB) and the Delhi School of Economics Research Council, both of whom oversees the research.

Participation and withdrawal:
Again, your participation in this study is completely voluntary, and you may refuse to participate or withdraw from the study without penalty. You may withdraw by informing the interviewer that you no longer wish to participate (no questions will be asked). You may skip any question during the survey, but continue to participate in the rest of the study.

To contact the researchers:
If you have questions or concerns about this research, please contact **Dr. Praveen Kumar Pathak**, who is locally in charge of this study.

Dr. Praveen Kumar Pathak
Delhi School of Economics
Phone: +91-1127666491/27667725, Ext.1563; +91-8826048740
E-mail: pkpathak@geography.du.ac.in

The Field Managers for this study are:

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Ms. Sonam Bhadouria
Delhi School of Economics
E-mail: sonam17gwalior@gmail.com
Telephone: +91 95603 90380

Please contact **Ms. Tomar and/or Ms. Bhadouria**:

- If you have questions, concerns, or complaints,
- If you would like to talk to the research team,
- If you think the research has hurt you, or
- If you wish to withdraw from the study.

Whom to contact about your rights in this study:
For questions, concerns, suggestions, or complaints that are not being addressed by the researcher, or research-related harm, please contact the Northeastern University Institutional Review Board (IRB). If you wish to speak with someone from the Northeastern IRB, please contact the Nan C. Regina, Director,

Human Subject Research Protection, Mail Stop: 560-177, 360 Huntington Avenue, Northeastern University, Boston, MA 02115. Tel: +1-617-373-4588, Email: n.regina@neu.edu.

Statement of Consent

I have read the information in this consent form including risks and possible benefits. All my questions about the research have been answered to my satisfaction. I understand that I am free to withdraw at any time without penalty or loss of benefits to which I am otherwise entitled.

I consent to participate in the study.

WRITTEN SIGNATURE

Your signature below indicates your permission to take part in this research

Name of participant	
Signature of participant	Date
Signature of person obtaining consent	Date
Printed name of person obtaining consent	

ORAL CONSENT

TO ENUMERATOR: Has the participant consented to participate in the study? CIRCLE RESPONSE.

YES **NO**

Signature of person obtaining consent	Date
Printed name of person obtaining consent	

PROCEED TO JSNS BASELINE QUESTIONNAIRE, PAGE 9

CONFIDENTIAL
For Research Purpose Only

THE JAUNPUR SOCIAL NETWORKS STUDY (JSNS)
WAVE 1 BASELINE SURVEY - 2018

RESPONDENT'S IDENTIFICATION

Interview schedule number: | | | |
Household number: | | | |
Village/Clan: | | | |
| | | |

Sub location/Mohalla:
Name of Household Head: _____
Respondent's name: _____
Respondent's birthplace (Village/District/State): _____
Husband's name: _____
Husband's birthplace (Village/District/State): _____

Interview Date (DD/MM/YY):			:		
Time begun (HH:MM):			:		
Time finished (HH:MM):					

Interview Outcome:

	Date (DD/MM/YY)	Interviewer Name	Result*	Next Visit Date
First Visit				
Second Visit				
Third Visit				

*Result Codes:

1: Completed 2: Not at home	3: Postponed 4: Refused	5: Incapacitated 96: Other: _____

Respondent's Native Language: [ ]
1: Hindi
2: Bhojpuri
96: Other: _____

SECTION 1: HOUSEHOLD ROSTER

Now I would like some information about the people who usually live in your household or who are staying with you now.

Line No.	1. **Name** Please give me the names of the persons who usually live in your household, starting with the head of the household. CIRCLE THE LINE NUMBER OF THE WOMAN RESPONDENT.	2. **Relationship to head of household** What is the relationship of (NAME) to the head of the household? USE CODES BELOW.	3. **Residence** Does (NAME) usually live here?	4. **Sex** Is (NAME) male or female?	5. **Age** How old was (NAME) at his/her last birthday? IF LESS THAN 1, RECORD '00'. IF 95 OR MORE, RECORD '95'.	6. **Marital Status** What is (NAME)'s current marital status? USE CODES BELOW.	7A. **Education** Has (NAME) ever attended school?	7B. **Education** What is the highest standard (NAME) has completed?
1. HHH		☐	Y N	M F	☐☐	☐	Y N (NEXT LINE)	☐☐
2. EW		☐	Y N (END SURVEY)	M F	☐☐	☐	Y N (NEXT LINE)	☐☐
3.		☐	Y N	M F	☐☐	☐	Y N (NEXT LINE)	☐☐
4.		☐	Y N	M F	☐☐	☐	Y N (NEXT LINE)	☐☐
5.		☐	Y N	M F	☐☐	☐	Y N (NEXT LINE)	☐☐
6.		☐	Y N	M F	☐☐	☐	Y N (NEXT LINE)	☐☐

7.			Y N	M F			Y N (NEXT LINE)	
8.			Y N	M F			Y N (NEXT LINE)	
9.			Y N	M F			Y N (NEXT LINE)	
10.			Y N	M F			Y N (NEXT LINE)	

Q2: Codes for Relationship to the Head:

01 = HEAD
02 = WIFE OR HUSBAND
03 = SON OR DAUGHTER
04 = SON-IN-LAW OR DAUGHTER-IN-LAW
05 = GRANDCHILD
06 = PARENT
07 = PARENT-IN-LAW
08 = BROTHER OR SISTER
09 = BROTHER-IN-LAW OR SISTER-IN-LAW
10 = NIECE/NEPHEW
11 = OTHER RELATIVE
12 = ADOPTED/FOSTER/STEPCHILD
13 = LIVE-IN DOMESTIC WORKER
96 = OTHER

Q6: Codes for Marital Status:

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

Q7B: Codes for Highest Standard Completed:

00 = LESS THAN 1 YEAR COMPLETED OR PRE-PRIMARY
88 = DON'T KNOW

HOUSEHOLD CHARACTERISTICS

NO.	QUESTION	RESPONSE	SKIP
"Now, I am going to ask some questions about things your household may have, and about what your household spends money on."			
101	What is the main source of drinking water for members of your household?	Piped into dwelling……...11 Piped to yard/plot..……...12 Public tap / standpipe……...13 Tube Well or Borehole...…….……..21 Dug Well - Protected...……...31 Dug Well – Unprotected……..32 Water from Protected Spring……41 Water from Unprotected Spring……..42 Rainwater…….51 Tanker Truck……...61 Cart with Small Tank…….71 Surface Water (River/Dam/Lake/Canal/Irrigation Channel)……...81 Bottled Water……..91 Community RO Plant……....92 Other (specify)_____96	
102	What kind of toilet facility do members of your household usually use?	Own flush toilet……...…….1 Own pit latrine……...……..2 Twin pit / composting toilet……..3 Dry toilet……4 Shared toilet (Any type)……..……5 Public/Community toilet (any type)……..……6 No toilet facility…….....7 Other (specify)_____96	
103A	**Record observation**: MAIN MATERIAL OF FLOOR	**Natural Floor** Mud/Clay/Earth……..11 Sand……..……..12 Dung……..……..13 **Rudimentary Floor** Raw Wood Planks…….....21 Palm / Bamboo……..22 Brick…….23 Stone……24 **Finished Floor** Parquet or Polished Wood……...31 Vinyl or Asphalt……32 Ceramic Tiles……..33 Cement……34 Carpet……..35 Polished Stone/Marble/Granite…….36 Other……96	
103B	**Record observation**: MAIN MATERIAL OF ROOF	**Natural Roofing** No roof……..……..11 Thatch/Palm Leaf/Reed/Grass...……..12 Mud..…….……..13 Sod/Mud and Grass Mixture……..14 **Rudimentary Roofing** Rustic Mat……..…….....21 Palm / Bamboo……..22 Raw Wood Planks / Timber……...…….23 Unburnt Brick……24	

		Loosely Packed Stone..……25 **Finished Roofing** Metal / GI……...31 Wood……...……32 Calamine / Cement Fiber..……..33 Asbestos Sheets..……34 RCC/RBC/Cement/Concrete..……..35 Roofing Shingles……...……36 Tiles……...……...37 Slate……...……...38 Burnt Brick…….……...……39 Other……96	
103C	**Record observation**: MAIN MATERIAL OF EXTERIOR WALLS.	**Natural Walls** No walls……..11 Cane/Palm/Trunks/Bamboo..……..12 Mud..……...13 Grass/Reeds/Thatch..……..14 **Rudimentary Walls** Bamboo with Mud……....21 Stone with Mud..……..22 Plywood……23 Cardboard..……24 Unburnt Brick……25 Raw wood / Reused wood……..26 **Finished Walls** Cement/Concrete……...……...31 Stone with Lime/Cement……32 Burnt Brick…….……...……33 Cement Blocks……34 Wood planks / Shingles..……..35 GI/Metal/Asbestos Sheets…….……36 Other……96	
104	What type of fuel does your household mainly use for cooking?	Electricity……..…1 LPG/Natural gas……2 Kerosene/coal/charcoal.……3 Wood/grass/crop waste...……....4 Dung cakes……..5 Other……96	
105	What is main source of lighting for your household?	Electricity……....1 Kerosene……..…2 No lighting source……..3 Other……96	
106	Do you have a separate room which is used as a kitchen?	Yes……1 No……..2	
107	How many rooms in this household are used for sleeping?	Rooms…… ☐☐	
108	Does this household own any agricultural land?	Yes……1 No……2	**IF NO, Go to 111**
109	How much agricultural land does this household own?	Acres…… ☐☐☐.☐	
110	Out of this land, how much is irrigated?	Acres…… ☐☐☐.☐ None…… 9995	
110_B	In the past 12 months, have you or anyone in your household been involved in any land disputes?	Yes……1 No……..2 Don't Know……..88 Refused……..99	**IF NOT YES,**

			Go to 111
110_C	Has this dispute been settled?	Yes……1 No……..2 Don't Know……..88 Refused……..99	**IF NOT YES, Go to 111**
110_D	How long did it take you to settle the dispute?	Months…… ☐☐ Year…… ☐☐ Don't Know……...88 Refused……..99	
110_E	How much money did you have to spend to settle the dispute? RECORD ANSWER TO THE NEAREST RUPEE	Rupees…..… ☐☐☐☐☐☐	
111	Does this household own any of the following animals?	YES NO a. Cows, Bulls or Buffaloes?.....1 2 b. Goats?.....1 2 c. Sheep?.....1 2 d. Chicken/Ducks?.....1 2 e. Horse, Donkeys, Mules?.....1 2	
112	Do any of the usual household members have a bank account or a post office savings account?	Yes……1 No…….2	
113_A	Is any usual member of this household covered by a health scheme or health insurance?	Yes……1 No…….2	**IF NO, Go to 114**
113_B	During the past five years, have you or any member of your household participated in or benefited from the following social / insurance schemes?	YES NO a. Life Insurance (Government).....1 2 b. Life Insurance (Private).....1 2 c. Health Insurance (Government).....1 2 d. Health Insurance (Private).....1 2 e. Crop Insurance (Government).....1 2 f. Crop Insurance (Private)…….....1 2 g. Sanitary Latrines / Toilets (Govt)....1 2 h. Sanitary Latrines / Toilets (Pvt).....1 2 i. Kisan Credit Card…….....1 2 j. Indira Awas Yojana…….....1 2 k. Girl Child Registration Scheme.....1 2 l. Janani Suraksha Yojana……..……1 2	
114	What is the religion of the head of the household?	Hindu……..1 Muslim……2 Christian……..3 Sikh……..4 Buddhist / Neo-Buddhist……5 Jain……...6 Jewish……..7 Parsi /Zoroastrian……..8 No Religion……9 Other (specify)_____96	
115	What is the caste, sub-caste (jati), or tribe of the head of the household?	Caste_____1 (Specify) Sub-Caste_____2	

	USE DHS CODES.	(Specify) Tribe_____3 (Specify) No caste/tribe……4 Don't know……..88	
116	Is this a scheduled caste, scheduled tribe, other backward class, or none of them?	Schedule caste……1 Schedule tribe……....2 Other backward class……...3 None of them……..4	
117	Does this household have any of the following cards:	YES NO a. BPL Card.....1 2 b. APL Card.....1 2 c. AAY Card.....1 2 d. AY Card.....1 2 e. Aadhar Card.....1 2	

SECTION 2: BACKGROUND OF RESPONDENT

NO.	QUESTION	RESPONSE	SKIP
Now I would like to ask you few questions about yourself, including where you have lived, marriage, education, work status etc.			
201	As you know, some women take up jobs for which they are paid in cash or kind. Others sell things, have a small business or work on the family farm or in the family business. In the last seven days, have you done any of these things or any other work?	Yes……1 No……..2	**IF YES, Go to 204**
202	Although you did not work in the last seven days, do you have any job or business from which you were absent for leave, illness, vacation, maternity leave or any other such reason?	Yes……1 No……..2	**IF YES, Go to 204**
203	Have you done any work in the last 12 months?	Yes……1 No……..2	**IF NO, Go to 207**
204	What is your occupation, that is, what kind of work do you mainly do?	UNPAID FAMILY WORKER……..…….……1 REGULAR SALARIED / WAGE EMPLOYEE……...…….……..2 CASUAL WAGE LABOUR: PUBLIC WORKS…….……3 CASUAL WAGE LABOUR: OTHER……...4 DID NOT WORK, BUT SEEKING WORK..…5 ATTENDING EDUCATIONAL INSTITUTION……...…….…6 ATTENDED DOMESTIC DUTIES ONLY..…7 DOMESTIC DUTIES AND FREE COLLECTION OF GOODS……...…….....8 RENTIER, PENSIONER, REMITTANCE RECIPIENT……...……...9 NOT WORKING BECAUSE DISABLED……10 BEGGING, PROSTITUTION……11 OTHER……96 REFUSED……99	
205	Do you do this work for a member of your family, for someone else, or are you self-employed?	FOR FAMILY MEMBER . . . . . .1 FOR SOMEONE ELSE . . . . . 2 SELF-EMPLOYED 3	
206	Are you paid in cash or kind for this work, or are you not paid at all?	CASH ONLY . . . . . 1 CASH AND KIND . . . . . 2 IN KIND ONLY . . . . . .3 NOT PAID 4	
207	What is the highest level of school that your mother has attended?	USE DHS CODES.	☐☐
208	What is the highest level of school that your father has attended?	USE DHS CODES.	☐☐
209	Since when have you lived in this village?	Month…… Year…… Always……...80 Don't Know……...88 Refused……..99	☐☐ ☐☐ IF 80, Go to 301

210	Where did you live before that?	In another village in Jaunpur……...1 In another village in Uttar Pradesh..……...2 Outside of Uttar Pradesh…..……....3	
211	Why did you move to this village? SELECT ALL THAT APPLY.	Marriage…….1 Work……...2 Family moved……...3 School…….4 Affordability of housing……..5 Children (return to village for birth)…….6 Health…….7 Other (specify)....……..96	

SECTION 3: REPRODUCTION

Now I would like to ask about all the births you have had during your life.

301	Do you have any sons or daughters to whom you have given birth who are now living with you?	Yes……..1 No……...2	**IF NO, Go to 303**
302	How many sons live with you? How many daughters live with you? IF NONE, RECORD '00'	Sons at home……. ☐☐ Daughter at home…… ☐☐	
303	Do you have any sons or daughters to whom you have given birth who are alive but do not live with you?	Yes……..1 No……...2	**IF NO, Go to 305**
304	How many sons are alive but do not live with you? And how many daughters are alive but do not live with you? IF NONE, RECORD '00'	Sons elsewhere……..……. ☐☐ Daughters elsewhere….…… ☐☐	
305	Have you ever given birth to a boy or girl who was born alive but later died? IF NO, PROBE: Any baby who cried or showed sign of life but later did not survive?	Yes……...1 No……2	**IF NO, Go to 307**
306	How many boys have died? How many girls have died? IF NONE, RECORD '00'	Boys dead …….…..... ☐☐ Girls dead..…… ☐☐	
307	SUM ANSWERS TO 302, 304, AND 306, AND ENTER TOTAL IF NONE, RECORD '00'	Total…….. ☐☐	
308	Just to make sure that I have this right: you have had in TOTAL _____ births during your life. Is that correct?	Yes……...1 No……2	**IF NO, Go back and revise**

	Now I would like to record the names of all your births, whether still alive or not, starting with the first one you had. RECORD NAMES OF ALL THE BIRTHS. RECORD TWINS AND TRIPLETS ON SEPARATE ROWS. CHECK: TOTAL NUMBER OF BIRTHS SHOULD EQUAL NUMBER RECORDED IN 407.							
309 What was the name of your first/next baby? RECORD NAME.		**310**	**311**	**312**	**313**	**314**	**315**	**316**
	Birth No.	In what month and year was (NAME) born?	Is (NAME) a boy or a girl? 1: BOY 2: GIRL	Is (NAME) a twin? 1: SINGLE 2: MULTIPLE	Is the child still alive? 1: YES, GO TO 315 2: NO, GO TO 317	How old was (NAME) at his/her last birthday? AGE IN COMPLETED YEARS	Is (NAME) living with you?	How old was the (NAME) when he/she died? RECORD DAYS (FIRST DIGIT 1) IF LESS THAN 1 MONTH. RECORD MONTHS (FIRST DIGIT 2) IF LESS THAN 1 YEAR. OTHERWISE RECORD YEARS (FIRST DIGIT 3).
☐	01	Month ☐☐ Year ☐☐☐☐	☐	☐	☐	☐☐	Y N	☐☐☐
☐	02	Month ☐☐ Year ☐☐☐☐	☐	☐	☐	☐☐	Y N	☐☐☐
☐	03	Month ☐☐ Year ☐☐☐☐	☐	☐	☐	☐☐	Y N	☐☐☐
☐	04	Month ☐☐ Year ☐☐☐☐	☐	☐	☐	☐☐	Y N	☐☐☐

CC

FOR EACH BIRTH SINCE **JULY 2017**, ENTER 'B' IN THE MONTH OF BIRTH IN THE CALENDAR. WRITE THE NAME OF THE CHILD TO THE LEFT OF THE 'B' CODE. FOR EACH BIRTH, ASK THE NUMBER OF MONTHS THE PREGNANCY LASTED AND RECORD 'P' IN EACH OF THE PRECEDING MONTHS ACCORDING TO THE DURATION OF PREGNANCY. (NOTE: THE NUMBER OF 'P's MUST BE ONE LESS THAN THE NUMBER OF MONTHS THAT THE PREGNANCY LASTED.)

317	Are you pregnant now?	Yes……1 No……..2	**IF NO, Go to 321** **IF YES, Go to 3-END**
318	How many months pregnant are you? RECORD NUMBER OF COMPLETED MONTHS. **CC** ENTER 'P's IN THE CALENDAR, BEGINNING WITH THE MONTH OF INTERVIEW AND FOR THE TOTAL NUMBER OF COMPLETED MONTHS.	Months…….…… ☐☐	
319	When you got pregnant, did you want to get pregnant at that time?	Yes……1 No……..2	**IF NO, Go to 321**
320	Did you want to have a baby later on or did you not want any (more) children?	Wanted later……1 Wanted no more……..2	
321	Have you and your husband / partner been trying to conceive?	Yes……1 No……..2	**IF NO, Go to 323**
322	For how long have you been trying to conceive? RECORD NUMBER OF MONTHS.	Months…….…… ☐☐	

323	Since **JULY 2017**, have you ever had a pregnancy that miscarried, was aborted, or ended in a stillbirth?	Yes…….1 No……..2	**IF NO, GO TO 325**
324	When did the last such pregnancy end?	Month…..…….....☐☐ Year……..……☐☐	
325	How old were you when you had your first monthly period? RECORD AGE IN COMPLETED YEARS.	Age in years……. ☐☐	
3-END	Thank you for your time. I hope that you have a great day.	END INTERVIEW. REPORT TO FIELD MANAGER TO REMOVE INELIGIBLE RESPONDENT FROM CASE LIST.	

SECTION 3B: BREASTFEEDING

Now I would like to ask about your youngest child and your health since your youngest child's birth.			
3B01	What is the name of your youngest child? CONFIRM FROM BIRTH HISTORY.	First Name: _____ Last Name: _____	
3B02	CONFIRM: When was [YOUNGEST CHILD NAME] born? CONFIRM FROM BIRTH HISTORY.	Year……... ☐☐☐☐ Month…….…… ☐☐	
3B03	Have you ever breastfed [YOUNGEST CHILD NAME]?	Yes…….1 No……..2	**IF, NO Go to 3B08**
3B04	How long after birth did you first put (YOUNGEST CHILD NAME) to the breast?	Immediately…….00 Hours…….…….... ☐☐ Days…….…… ☐☐	
3B05	In the first three days after delivery, was [YOUNGEST CHILD NAME] given anything to drink other than breast milk?	Yes…….1 No……..2	
3B06	Are you currently breastfeeding [YOUNGEST CHILD NAME]?	Yes…….1 No……..2	**IF NO, Go to 3B08**
3B07	For how much longer do you plan to continue breastfeeding [YOUNGEST CHILD NAME]?	Years…….....☐☐ Months…….…… ☐☐	
3B08	Has your menstrual period returned since the birth of [YOUGEST CHILD NAME]?	Yes…….1 No……..2	**IF NO, Go to 3B10**
3B09	For how many months after the birth of (YOUNGEST CHILD NAME) did you not have a period?	Months…….…… ☐☐	
3B10	Have you had sexual intercourse since the birth of (YOUNGEST CHILD NAME)?	Yes…….1 No……..2	**IF NO, Go to 401**
3B11	For how many months after the birth of (YOUNGEST CHILD NAME) did you not have sexual intercourse?	Months…….…… ☐☐	

SECTION 4: CONTRACEPTION

NO.	QUESTIONS	RESPONSE	SKIP
401	Have you ever heard about family planning or birth spacing: On the radio? On the television? In a newspaper or magazine? On a poster? On clothing? In a drama? At health facility/centre Somewhere else?	YES NO Radio……..1 2 Television……..1 2 Newspaper or Magazine……..1 2 Poster……1 2 Clothing……..1 2 Drama……..1 2 Health Centre..……..1 2 Other…….1 2	
402	In the last 12 months, has a family planning worker/ANM/LHV come to your home to give information about family planning or birth spacing?	Yes…….1 No…….2 Don't remember/Don't know…….88	
402B	Have you heard of any particular family planning methods? If so, which method(s) have you heard of? SELECT ALL MENTIONED.	Not heard of any method…….0 Female Sterilization……...1 Male Sterilization……...2 IUD/PPIUD……. ….3 Injectables……4 Implants……...5 Pill…….....6 Condom……...7 Female Condom…….8 Emergency Contraception……9 Diaphragm……..10 Foam/Jelly……..11 Standard Days Method…….12 Lactational Amen. Method……..13 Rhythm Method……..……...14 Withdrawal…….15 Other Modern Method……..16 Other Traditional Method…….17	
CHECK 317: IF PREGNANT, GO TO 407.			
403	Are you currently doing something or using any method to delay or avoid getting pregnant?	Yes…….1 No……...2	**IF NO, Go to 406**
404	Which method are you using? SELECT ALL MENTIONED. IF MORE THAN ONE METHOD MENTIONED, FOLLOW INSTRUCTIONS FOR HIGHEST METHOD SELECTED FROM THE LIST.	Female Sterilization……...1 Male Sterilization……...2 IUD/PPIUD……. ….3 Injectables……4 Implants……...5 Pill…….....6 Condom……...7 Female Condom…….8 Emergency Contraception……9 Diaphragm……..10 Foam/Jelly……..11 Standard Days Method…….12 Lactational Amen. Method……..13 Rhythm Method……..……...14 Withdrawal…….15 Other Modern Method……..16 Other Traditional Method…….17	**IF 1, Go to 4-END** **IF 2, Go to 405A** **ELSE, Go to 405B**

405A_1	In what month and year was the sterilization performed?	Year……... ☐☐☐☐ Month…….…… ☐☐	
405A_2	Did you receive compensation for the sterilization?	Yes……..1 No……..2	**IF NO, Go to 406**
405A_3	How much compensation did you receive? IF DON'T KNOW, RECORD '9999'.	Rs…..…….. ☐☐☐☐	**Go to 406**
405B	Since what month and year have you been using (CURRENT METHOD) without stopping? PROBE: For how long have you been using (CURRENT METHOD) now without stopping?	Year……... ☐☐☐☐ Month…….…… ☐☐	
405C	CHECK 511: IF HIGHEST METHOD IS NOT 4, GO TO 513. When was the last time that you received an injectable? RECORD NUMBER OF MONTHS SINCE LAST INJECTABLE.	Months…….…… ☐☐	

406

CC

I would like to ask you some questions about the times you or your partner may have used a method to avoid getting pregnant during the last year.

USE CALENDAR TO PROBE FOR EARLIER PERIODS OF USE AND NONUSE, STARTING WITH MOST RECENT USE, BACK TO **JULY 2017**.

USE NAMES OF CHILDREN, DATES OF BIRTH, AND PERIODS OF PREGNANCY AS REFERENCE POINTS. IN COLUMN 1, ENTER METHOD USE CODE OR '0' FOR NONUSE IN EACH BLANK MONTH.

ILLUSTRATIVE QUESTIONS:

When was the last time you used a method? Which method was that?
When did you start using that method? How long after the birth of (NAME)?
How long did you use the method then?

IN COLUMN 2, ENTER CODES FOR DISCONTINUATION NEXT TO THE LAST MONTH OF USE.

NUMBER OF CODES IN COLUMN 2 MUST BE SAME AS NUMBER OF INTERRUPTIONS OF METHOD USE IN COLUMN 1.

ASK WHY SHE STOPPED USING THE METHOD. IF A PREGNANCY FOLLOWED, ASK WHETHER SHE BECAME PREGNANT UNINTENTIONALLY WHILE USING THE METHOD OR DELIBERATELY STOPPED TO GET PREGNANT.

ILLUSTRATIVE QUESTIONS:

Why did you stop using the (METHOD)? Did you become pregnant while using (METHOD), or did you stop to get pregnant, or did you stop for some other reason?

IF DELIBERATELY STOPPED TO BECOME PREGNANT, ASK: How many months did it take you to get pregnant after you stopped using (METHOD)? AND ENTER '0' IN EACH SUCH MONTH IN COLUMN 1.

CHECK 403: **IF YES, GO TO 409.** **IF NO, GO TO 407.**			
407	Have you ever used anything or tried in any way to delay or avoid getting pregnant? CHECK 406 FOR CONSISTENCY.	Yes……1 No……..2	**IF NO: Go to 415**
408	Which method(s) have you ever used? CIRCLE ALL MENTIONED. IF MORE THAN ONE METHOD MENTIONED, FOLLOW INSTRUCTIONS FOR HIGHEST METHOD SELECTED FROM THE LIST.	Female Sterilization……...1 Male Sterilization……...2 IUD/PPIUD……. ….3 Injectables……4 Implants……...5 Pill…….....6 Condom……...7 Female Condom…….8 Emergency Contraception……9 Diaphragm……..10 Foam/Jelly……..11 Standard Days Method…….12 Lactational Amen. Method……..13 Rhythm Method……..……....14 Withdrawal…….15 Other Modern Method……..16 Other Traditional Method…….17	**IF 1, Go to 4-END**
409	How soon after your marriage did you or your husband start using a family planning method?	Never with husband……..1 Soon after / right away……...…..2 Within 1 year after marriage……..…..…….....3 More than 1 year after marriage…….…….4 Don't remember/Don't know……..88	
410_A	When you first started using family planning, how many surviving daughters did you have?	Number of surviving daughters.. ☐☐ Don't remember/Don't know…….....88	
410_B	When you first started using family planning, how many surviving sons did you have?	Number of surviving sons……. ☐☐ Don't remember/Don't know…….....88	
CHECK 403: **IF YES, GO TO 411.** **IF NO, GO TO 416.**			
411	Where did you obtain (current method) last time?	**Public Health Sector** ADC Clinic...……..0 Govt./Municipal Hospital ...……..……..1 Vaidya/Hakim/Homeopath (Ayush)..……..2 Govt. Dispensary……..…….3 UHC/UHP/UFWC…….....4 CHC/Rural Hospital/Block PHC……...5 PHC/Additional PHC…..……6 Sub-Centre/ANM……..7 Govt. Mobile Clinic...……8 Anganwadi/ICDS Centre……...……..9 ASHA…….……10 Other Community-Based Worker……11 Other Public Health Sector……...……..12 NGO or Trust Hospital/Clinic……...13 **Private Health Sector**	**IF NOT 32: Go to 413.**

		Pvt. Hospital……21 Pvt. Doctor/Clinic...……22 Pvt. Mobile Clinic……....23 Vaidya/Hakim/Homeopath (Ayush)…….24 Traditional Healer……...25 Pharmacy/Drugstore…….26 Dai (TBA)……..…27 Other Private Health Sector..…….28 **Other Source** Shop……...……31 Friend/Relative……....…32 Other…….96 (specify)_____	
412	Who was this friend or relative? I would like to know how you are related to this person and not their names.	Mother……..2 Sister……..3 Mother-in-law……..4 Sister-in-law…….5 Brother……..6 Brother-in-law…….7 Father……8 Father-in-law……9 Friend…...……10 Male relative……....…11 Female relative……...12 Family planning/Health worker/ANM....13 Doctor……..14 Other (specify)……96	
413	Who bought the (current method) last time?	Respondent……..…1 Husband…….……...2 Relative…….....3 Friend…….....4 Other……96	
414	How much did the (current method) cost the last time you purchased it? IF DON'T KNOW, ENTER '999999.' IF PILLS OR CONDOMS, RECORD THE UNIT.	Rupees.....[ ][ ][ ][ ][ ][ ] PILLS: Pack of 30 (monthly)……....11 Pack of 7 (weekly)……12 Other unit (specify)……..19 CONDOMS One condom……..21 Box of 3 condoms..……...22 Box of 10 condoms…..…….23 Other unit (specify)……..29	**Go to 416**
415	You have said that you are neither currently using nor have never used a method of family planning. Could you tell me why? Any other reasons? RECORD ALL REASONS MENTIONED.	**Fertility Reasons** Currently pregnant……..1 Breastfeeding……....2 Trouble getting pregnant……....3 Wants another child soon……...4 Not having sex …….……....5 Infrequent sex……....6 Not menstruated since last birth……7 Up to God / Fatalistic……..8 **Opposition to Use** Respondent opposed……....11 Husband opposed…….……....12 Others opposed…….…13	

		Religious reasons…….…….....14 Fear of stigma by family……...15 Fear of stigma by provider……...16 Fear of stigma by community……..17 Fear of stigma by friends……..18 **Lack of Knowledge** Knows no method…….....21 Knows no source…….....22 **Method-Related Reasons** Health concerns…….…..31 Fear of side effects…….…..32 Fear of infertility...…….…..33 Lack of access/Too far……....34 Too long of a wait……....35 Too busy / no time…..……....36 Costs too much…….……....37 Preferred method not available…....38 No method available……...39 Inconvenient to use……40 Other (specify)…….…96 Don't Know……..……....88 Refused…….……....99	
416	In choosing a contraceptive method, what feature(s) would be most important to you? SELECT ALL MENTIONED.	How effective it is at preventing pregnancy..……1 Can be used without anyone else knowing.…….....……2 That it protects against STI/HIV…...……..3 No risk of harming health……..……..4 No effect on regular monthly bleeding…..…5 No unpleasant side effects……...6 Easy to use……..7 Easy to obtain…….....8 Can be used for a long time……9 Will be able to get pregnant when I want…10 Because friend/relative using……11 Because friend/relative informed you…….12 Other (Specify……..96 Don't know…….……..98 Refuse…….……...99	**IF NO 11 OR 12: Go to 417B**
417	Who was this friend or relative? I would like to know how you are related to this person and not their names.	Mother……..2 Sister……..3 Mother-in-law……..4 Sister-in-law……5 Brother……..6 Brother-in-law……7 Father……8 Father-in-law……9 Friend…...……10 Male relative……..…11 Female relative……...12 Family planning/Health worker/ANM....13 Doctor……..14 Other (specify)……96	
417B	In your opinion, what are some of the benefits or advantages to using family planning? RECORD ALL MENTIONED.	Prevents unwanted pregnancy...……...…….1 Allows me to space births…...…….2 Protects against STI/HIV…...……...3 Benefits my health…….……..……..4 Saves us money……...…..…5 Allows me to spend more on children……...6	

		Allows me to enjoy sex more……..7 Other (Specify)..……..96 Don't know……..98 Refuse……...99	
417C	In your opinion, what are some of the costs or disadvantages to using family planning? RECORD ALL MENTIONED.	Not effective/method failure.....……...…….1 Methods are expensive…….2 Takes too much time to obtain……3 Embarrassing to use……..4 Side effects with using FP…...…….5 Risk of infertility...……...……..6 Harms my health..……..……..……..7 Husband opposed……...…..…8 Mother-in-law opposed…….……...9 Others opposed……..…….……10 Religious opposition…..…….……..11 Interferes with sex……...……12 Other (Specify)..……..96 Don't know……..98 Refuse……...99	
*Now I would like to ask few questions about discussions that you might have had with your **husband** about family planning.*			
418	Have you and your husband ever talked about or discussed using a method of family planning or birth spacing?	Yes……1 No…….……2	**IF NO: Go to 421**
419	When was the last time that you talked about or discussed using a method of family planning or birth spacing with your husband?	Within last week……..1 Within last month……..2 Within last year…….……3 More than a year ago……..4 Can't remember…….....……..88	
420	Who initiated this discussion?	Respondent...……...……..…..1 Husband…….……..2 Both ……..3 Can't remember…….....……..88	
421	Does your husband approve of using family planning?	Yes……1 No……..2	**IF YES: Go to 423**
422	Why do you think that your husband does not approve of family planning? 1. He wants more children 2. He thinks using FP makes women promiscuous 3. Religious reasons 4. His mother/family does not approve 5. He worries about side effects 6. He worries about infertility/impotence 7. He thinks using FP interferes with sex 8. He doesn't think that FP is effective at preventing pregnancy 9. He does not know of any FP method. 10. He does not know where to get methods. 11. He is embarrassed or afraid of using FP. 12. He fears stigma from friends / family / community	YES NO More children…..……....1 2 Promiscuous…….……...1 2 Religious reasons…….……...1 2 MIL/Family….……1 2 Side effects……...1 2 Infertility...……...1 2 Interferes with sex…...……...1 2 Not effective...……1 2 Knows no method….……1 2 Knows no source...……1 2 Embarrassed……...1 2 Fears Stigma……...1 2	
423	**CHECK 403: IF NOT USING A CONTRACEPTIVE METHOD, GO TO 425**		
424	Does your husband know that you are using a method of family planning?	Yes……1 No…….……2 Don't Know……88 Refused…...……99	
*Now I would like to ask few questions about discussions that you might have had with your **mother-in-law** about family planning.*			

425	Have you and your mother-in-law ever talked about or discussed using a method of family planning or birth spacing?	Yes……1 No……2	**If NO: Go to 428**
426	When was the last time that you talked about or discussed using a method of family planning or birth spacing with your husband?	Within last week……..1 Within last month……..2 Within last year……3 More than a year ago……..4 Can't remember……..88	
427	Who initiated this discussion?	Respondent……..1 Mother-in-Law……..2 Both ……..3 Can't remember……..88	
428	Does your mother-in-law approve of using family planning?	Yes……1 No……..2	**IF YES: Go to 430**
429	Why do you think that your mother-in-law does not approve of family planning? 1. She wants me to have more children 2. She thinks using FP makes women promiscuous 3. Religious reasons 4. She worries about side effects 5. She worries about infertility/impotence 6. She thinks using FP interferes with sex 7. She doesn't think that FP is effective at preventing pregnancy 8. She does not know of any FP method. 9. She does not know where to get methods. 10. She is embarrassed or afraid of using FP. 11. She fears stigma from friends / family / community	YES NO More children…..1 2 Promiscuous……1 2 Religious reasons……1 2 Side effects……1 2 Infertility……1 2 Interferes with sex…..1 2 Not effective……1 2 Knows no method…….1 2 Knows no source……1 2 Embarrassed……1 2 Fears Stigma……1 2	
430	**CHECK 403: IF NOT USING A CONTRACEPTIVE METHOD, GO TO 501**		
431	Does your mother-in-law know that you are using a method of family planning?	Yes……1 No……2 Don't Know……88 Refused…..99	**Go to 501**
4-END	Thank you for your time. I hope that you have a great day.	END INTERVIEW. REPORT TO FIELD MANAGER TO REMOVE INELIGIBLE RESPONDENT FROM CASE LIST.	

SECTION 5: MARRIAGE AND SEXUAL ACTIVITY

Now, I would like to ask you few questions about your marriage and your husband.

501	How old was your husband when you got married to him? Age in completed years …….		☐☐
502	What is your husband's occupation? That is, what kind of work does he mainly do?	USE DHS-INDIA CODES ihds.umd.edu/codesocc	
503	Is your husband living with you now, or is he staying elsewhere?	LIVING WITH HER . . . . . 1 STAYING ELSEWHERE 2	**IF YES, Go to 505**
504	For how long have you and your husband not been living together? RECORD RESPONSE IN MONTHS. IF MORE THAN 2 YEARS, RECORD '25'.	Months……☐☐	
505	In the last 12 months, has your husband been away from home for one month or more at a time?	Yes……1 No……2	**IF NO, Go to 507**
506	In the last 12 months, has your husband been away from home for six months or more at a time?	Yes……1 No……2	
507	Besides yourself, does your husband have other wives?	Yes……1 No……2 Don't Know……88	**IF NO / DK, Go to 510**
508	Including yourself, in total, how many wives does your husband have?		☐☐
509	Are you the first/second/third…wife?		☐☐
510	Have you been married once or more than once?	ONLY ONCE . . . . . 1 MORE THAN ONCE 2	
511	How old were you when you (first) got married?	Age in completed years....	☐☐
512	CHECK 510. IF MORE THAN ONCE: In what month and year did you get married to your first husband?	Month…… Year……	☐☐ ☐☐
513	In what month and year did you get married to your (current) husband?	Month…… Year……	☐☐ ☐☐
514	How old were you when you first started living with your (current) husband?	Age in completed years…	☐☐

IMPORTANT: CHECK FOR THE PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.

515	Now I would like to ask some questions about sexual activity in order to gain a better understanding of some important life issues. How old were you when you had sexual intercourse for the very first time?	Age in years…… First time when started living with husband/partner……95 Don't Know……88 Refused……99	☐☐

516	When was the last time you had sexual intercourse? IF LESS THAN 12 MONTHS, ANSWER MUST BE RECORDED IN DAYS, WEEKS OR MONTHS. IF 12 MONTHS (ONE YEAR) OR MORE, ANSWER MUST BE RECORDED IN YEARS.	☐☐ Days ago……1 Weeks ago…….2 Months ago……...3 Years ago……...4 Don't Know…….88 Refused……99	
CHECK 516: IF HAD SEX WITHIN PAST WEEK, GO TO 517. OTHERWISE, GO TO 520.			
517	In the past week, how many times have you had sexual intercourse?	Number of times……..... ☐☐	
518	In the past week, how satisfied were you with your sex life?	Completely……1 Highly……2 Moderately……3 Slightly……...4 Not at all……5	
519	In the past week, how satisfied was your husband with your sex life?	Completely……1 Highly……2 Moderately……3 Slightly……...4 Not at all……5	
520	From a scale of 1 to 10, with 1 being "extremely dissatisfied" and 10 being "extremely satisfied", how satisfied are you with your sex life overall?	Scale……..……..... ☐☐	
521	From a scale of 1 to 10, with 1 being "extremely dissatisfied" and 10 being "extremely satisfied", how satisfied are you with your marriage overall?	Scale……..……..... ☐☐	

SECTION 6: FERTILITY PREFERENCES

601. *Now I have some questions about the future.*			
602	**CHECK 317: IF PREGNANT, GO TO 603. IF NOT PREGNANT, GO TO 604.**		
603	After the child you are expecting now, would you like to have another child, or would you prefer not to have any more children?	Have another child……..1 No more……..…….2 Don't Know……88	**IF 1: Go to 605** **ELSE: Go to 611**
604	Would you like to have another child, or would you prefer not to have any more children?	Have another child……...1 No more……..…….2 Says she can't get pregnant……..……..3 Don't know……..88	**IF 2, Go to 607** **IF 3, Go to 612** **IF 88, Go to 610**
605	**CHECK 417:** **If not pregnant:** How long would you like to wait from now before the birth of (a/another) child? **If pregnant:** After the birth of the child you are expecting now, how long would you like to wait before the birth of another child?	Less than 2 years…….....1 2 years or more…….2 Soon / now……..……..3 Says she can't get pregnant……..……4 Don't know……88	**IF 3 OR 88, Go to 610** **IF 4, Go to 612**
606	**CHECK 317: IF PREGNANT, GO TO 611**		
607	**CHECK 403: IF USING A CONTRACEPTIVE METHOD, GO TO 612**		
608	**CHECK 605: IF WAIT LESS THAN 2 YEARS, GO TO 611**		
609	**CHECK 604:** **If wants to have another child:** You have said that you do not want (a/another) child soon. Can you tell me why you are not using a method to prevent pregnancy? Any other reasons? **If does not want to have another child:** You have said that you do not want any more children. Can you tell me why you are not using a method to prevent pregnancy? Any other reasons? RECORD ALL REASONS MENTIONED.	**Fertility Reasons** Currently pregnant……..1 Breastfeeding……....2 Trouble getting pregnant……....3 Wants another child soon……...4 Not having sex …….……....5 Infrequent sex……...6 Not menstruated since last birth……7 Up to God / Fatalistic……..8 **Opposition to Use** Respondent opposed……....11 Husband opposed…….……....12 Others family members opposed…….…….….13 Religious reasons…….…....14 Fear of stigma by family……...15 Fear of stigma by provider……...16 Fear of stigma/social disapproval by community……17 **Lack of Knowledge** Knows no method…….....21	

		Knows no source…….....22 **Method-Related Reasons** Health concerns…….…..31 Fear of side effects…….…..32 Fear of infertility...…….…..33 Lack of access/Too far……....34 Too long of a wait……....35 Too busy / no time…..……....36 Costs too much…….……....37 Preferred method not available….....38 No method available……...39 Inconvenient to use……40 Other (specify)…….…96 Don't Know……..……....88 Refused…….……....99	
610	**CHECK 403: IF USING A CONTRACEPTIVE METHOD, GO TO 612**		
611	Do you think you will use a contraceptive method to delay or avoid pregnancy at any time in the future?	Yes……1 No…….……2 Don't Know……88 Refused…...……99	
611B	**CHECK 603 AND 604:** **IF 603 IS YES OR 604 IS YES:** Would you like the subsequent child to be a son or a daughter?	A Son……1 A Daughter…….…..2 No preference……...3 Up to God……4 Don't know……..……..88 Refused…...……..……..99	
612	HAS LIVING CHILDREN: If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be? HAS NO LIVING CHILDREN: If you could choose exactly the number of children to have in your whole life, how many would that be? PROBE FOR A NUMERIC RESPONSE.	Number…… [ ][ ] None …….…… 00 Other _____.....96 (Specify)	**IF 00 OR 96, Go to 613**
612B	How many of these children would you like to be boys, how many would you like to be girls and for how many would it not matter if it's a boy or a girl?	Boys Girls Either Number [ ][ ] [ ][ ] [ ][ ] Other _____96 (Specify)	
613	HAS LIVING CHILDREN: If your husband could go back to the time he did not have any children and could choose exactly the number of children to have in his whole life, how many would that be? HAS NO LIVING CHILDREN: If your husband could choose exactly the number of children to have in his whole life, how many would that be?	Number…… [ ][ ] None …….…… 00 Other _____.....96 (Specify)	**IF 00 OR 96, Go to 614**

613B	How many of these children would your husband like to be boys, how many would your husband like to be girls and for how many would it not matter to him if it's a boy or a girl?	Boys Girls Either Number ☐☐ ☐☐ ☐☐ Other _____96 (Specify)	
614	How many sons would your mother-in-law like for you and your husband to have? How many daughters would your mother-in-law like for you to have?	Number of Sons…… ☐☐ Number of Daughters…….. ☐☐ Don't Know…..……..88 Up to God/Can't say……...96	

SECTION 7: DECISION-MAKING AND WOMEN'S EMPOWERMENT

Now I have some questions about how you and your husband make decisions.			
CHECK 206. IF 4, GO TO 702.			
701	Who decides how the money YOU earn will be used: mainly you, mainly your husband, or you and your husband jointly?	RESPONDENT . . . . . .1 HUSBAND . . . . . 2 JOINTLY WITH HUSBAND . .. . .3 OTHER 96	
702	Would you say that the money that you earn is more than what your husband earns, less than what he earns, or about the same?	MORE THAN HUSBAND . . . . . .1 LESS THAN HUSBAND . . . . . 2 ABOUT THE SAME . . . . . 3 HUSBAND HAS NO EARNINGS . . . . . 4 DON'T KNOW 88	**IF 4: Go to 704**
703	Who decides how your husband's earnings will be used: mainly you, mainly your husband, or you and your husband jointly?	RESPONDENT . . . . . .1 HUSBAND . . . . . 2 JOINTLY WITH HUSBAND. . . . . .3 HUSBAND HAS NO EARNINGS. . . . . 4 OTHER 96	
704	Who mainly takes the following decisions in your current household: A. Decision about health care for yourself? B. Decision about major household purchases? C. Decision about purchase of daily household needs? D. Decision about your visit to family or relatives? E. Decision about childcare	Respondent = 1 Husband = 2 Respondent and husband jointly = 3 Someone else = 4 a. 1 2 3 4 b. 1 2 3 4 c. 1 2 3 4 d. 1 2 3 4 e. 1 2 3 4	
705	Do you have any money of your own that you alone can decide how to use?	Yes……1 No……2	
706	Are you usually allowed to go to the following places: A. To the market? B. To the health facility? C. To the Kirana shop D. To short distance train or bus E. To the home of relatives or friends (in the village or neighborhood) F. Outside village or community?	Alone = 1, With someone else = 2, Not at all = 3 a. MARKET ……. 1 2 3 b. HEALTH…….. 1 2 3 c. KIRANA……. 1 2 3 d. TRAIN OR BUS 1 2 3 e. REL/FRIEND HOME 1 2 3 f. OUTSIDE VILLAGE 1 2 3	
706_B	Do you practice ghunghat / burkha / purdah / pallu?	Yes……1 No……2	

707	**CHECK 403: IF NOT USING A CONTRACEPTIVE METHOD, GO TO 709**		
708	Would you say that using contraception is mainly your decision, mainly your husband's decision, or did you both decide together?	Mainly Respondent……1 Mainly Husband……....…….2 Joint Decision……..3 Other……96	**Go to 801**
709	Would you say that NOT using contraception is mainly your decision, mainly your husband's decision, or did you both decide together?	Mainly Respondent……1 Mainly Husband……....…….2 Joint Decision……..3 Other……96	

SECTION 8: SOCIAL NETWORKS

801	I would like to ask about list of people in Jaunpur (3-4 villages), different from your husband and mother in law whose opinions are important to you. They are the people with whom you discuss your personal affairs or private concerns, such as children's illness, schooling, your health, work, financial support etc. Please list the name of such individuals: [after each name, prompt: anyone else?] If you have more than five people whom you would like to name, please tell me the most important five.	a. Person 1: _____ b. Person 2: _____ c. Person 3: _____ d. Person 4: _____ e. Person 5: _____ [note: the number of names is limited to 5]	
802	I would like to ask about list of people in Jaunpur (3-4 villages), different from your husband and mother in law with whom you talk about FP/fertility/reproductive matters whose opinions are important to you. They are the people with whom you discuss your personal affairs or private concerns related to family planning, pregnancy, childbearing, and health. Please list the name of such individuals: [after each name, prompt: anyone else?] If you have more than five people whom you would like to name, please tell me the most important five.	a. Person 1: _____ b. Person 2: _____ c. Person 3: _____ d. Person 4: _____ e. Person 5: _____ [note: the number of names is limited to 5]	

Alter Identification- Identify the alters who are in the census

I will now ask you a few questions about these people with whom you discuss matters around family planning, health, and children.					
803. Alter Identification What is the name of your friend/relative?	**Person 1** First Name: _____ Last Name: _____	**Person 2** First Name: _____ Last Name: _____	**Person 3** First Name: _____ Last Name: _____	**Person 4** First Name: _____ Last Name: _____	**Person 5** First Name: _____ Last Name: _____
1. Is … male or female?	**M/F**	**M/F**	**M/F**	**M/F**	**M/F**
2. How is … related to you?	☐ Blood Relative ☐ In-law ☐ Friend ☐ Acquaintance	☐ Blood Relative ☐ In-law ☐ Friend ☐ Acquaintance	☐ Blood Relative ☐ In-law ☐ Friend ☐ Acquaintance	☐ Blood Relative ☐ In-law ☐ Friend ☐ Acquaintance	☐ Blood Relative ☐ In-law ☐ Friend ☐ Acquaintance
3. How long have you known …?	☐ Less than a year ☐ 1-5 years ☐ More than 5 years	☐ Less than a year ☐ 1-5 years ☐ More than 5 years	☐ Less than a year ☐ 1-5 years ☐ More than 5 years	☐ Less than a year ☐ 1-5 years ☐ More than 5 years	☐ Less than a year ☐ 1-5 years ☐ More than 5 years
4. How often do you talk to …?	☐ Every day ☐ Every week ☐ Every month ☐ Less than every month	☐ Every day ☐ Every week ☐ Every month ☐ Less than every month	☐ Every day ☐ Every week ☐ Every month ☐ Less than every month	☐ Every day ☐ Every week ☐ Every month ☐ Less than every month	☐ Every day ☐ Every week ☐ Every month ☐ Less than every month
5. When did you talk to … last?	☐ Today ☐ Within past week ☐ Within past month ☐ More than a month ago	☐ Today ☐ Within past week ☐ Within past month ☐ More than a month ago	☐ Today ☐ Within past week ☐ Within past month ☐ More than a month ago	☐ Today ☐ Within past week ☐ Within past month ☐ More than a month ago	☐ Today ☐ Within past week ☐ Within past month ☐ More than a month ago
6. How old is … (in completed years)? If don't know, ask if …is older, younger, or the same age as respondent.	Older……91 Younger……92 Same age……..93 ☐☐	Older……91 Younger……92 Same age……..93 ☐☐	Older……91 Younger……92 Same age……..93 ☐☐	Older……91 Younger……92 Same age……..93 ☐☐	Older……91 Younger……92 Same age……..93 ☐☐

7. What is …'s marital status?	Currently married . 1 Married, gauna not performed . . . . . 2 Widowed . . . . 3 Divorced ……4 Separated .. . . . . 5 Deserted .. . . . . 6 Never married 7	Currently married . 1 Married, gauna not performed . . . . . 2 Widowed . . . . 3 Divorced ……4 Separated .. . . . . 5 Deserted .. . . . . 6 Never married 7	Currently married . 1 Married, gauna not performed . . . . . 2 Widowed . . . . 3 Divorced ……4 Separated .. . . . . 5 Deserted .. . . . . 6 Never married 7	Currently married . 1 Married, gauna not performed . . . . . 2 Widowed . . . . 3 Divorced ……4 Separated .. . . . . 5 Deserted .. . . . . 6 Never married 7	Currently married . 1 Married, gauna not performed . . . . . 2 Widowed . . . . 3 Divorced ……4 Separated .. . . . . 5 Deserted .. . . . . 6 Never married 7
8. Does … live in the same household as you?	**Yes** → Go to 813_11 **No**	**Yes** → Go to 813_11 **No**	**Yes** → Go to 813_11 **No**	**Yes** → Go to 813_11 **No**	**Yes** → Go to 813_11 **No**
9. Where does … live generally?	In this compound…..1 In this tola.....2 In this village…….3 In another village in Jaunpur……...4	In this compound…..1 In this tola.....2 In this village…….3 In another village in Jaunpur……...4	In this compound…..1 In this tola.....2 In this village…….3 In another village in Jaunpur……...4	In this compound…..1 In this tola.....2 In this village…….3 In another village in Jaunpur……...4	In this compound…..1 In this tola.....2 In this village…….3 In another village in Jaunpur……...4
10. Do you know which tola, village and district … lives in?	Tola: _____ Village: _____	Tola: _____ Village: _____	Tola: _____ Village: _____	Tola: _____ Village: _____	Tola: _____ Village: _____
11. What level of schooling does … have? USE SCHOOL CODES.	None……..……1 Primary……2 Junior Secondary...……3 Senior secondary/Higher….4 Don't Know……..88	None……..……1 Primary……2 Junior Secondary...……3 Senior secondary/Higher….4 Don't Know……..88	None……..……1 Primary……2 Junior Secondary...……3 Senior secondary/Higher….4 Don't Know……..88	None……..……1 Primary……2 Junior Secondary...……3 Senior secondary/Higher….4 Don't Know……..88	None……..……1 Primary……2 Junior Secondary...……3 Senior secondary/Higher….4 Don't Know……..88
12. What is …'s religion?	Hindu…..……1 Muslim.……2 Other……...96 Don't Know……..88	Hindu…..……1 Muslim.……2 Other……...96 Don't Know……..88	Hindu…..……1 Muslim.……2 Other……...96 Don't Know……..88	Hindu…..……1 Muslim.……2 Other……...96 Don't Know……..88	Hindu…..……1 Muslim.……2 Other……...96 Don't Know……..88
12B. Does … practice ghunghat / burkha / purdah / pallu?	Yes……..…..1 No……2	Yes……..…..1 No……2	Yes……..…..1 No……2	Yes……..…..1 No……2	Yes……..…..1 No……2
13. What sub-caste / jati does … belong to?	☐	☐	☐	☐	☐
14. Does … belong to any of the following caste groups?	Schedule caste……1 Schedule tribe....……2 Other backward class…..……3 Other caste……..4 Don't know……88	Schedule caste……1 Schedule tribe....……2 Other backward class…..……3 Other caste……..4 Don't know……88	Schedule caste……1 Schedule tribe....……2 Other backward class…..……3 Other caste……..4 Don't know……88	Schedule caste……1 Schedule tribe....……2 Other backward class…..……3 Other caste……..4 Don't know……88	Schedule caste……1 Schedule tribe....……2 Other backward class…..……3 Other caste……..4 Don't know……88

15. Do you usually go to the following places with …?	☐ Market ☐ Health facility ☐ Temple / mosque ☐ To fill water ☐ To visit other friends	☐ Market ☐ Health facility ☐ Temple / mosque ☐ To fill water ☐ To visit other friends	☐ Market ☐ Health facility ☐ Temple / mosque ☐ To fill water ☐ To visit other friends	☐ Market ☐ Health facility ☐ Temple / mosque ☐ To fill water ☐ To visit other friends	☐ Market ☐ Health facility ☐ Temple / mosque ☐ To fill water ☐ To visit other friends
16. Do you know …'s mobile number? If you have …'s mobile number, would you mind telling it to me?	Phone: +91: _____ Don't Know…….88 Refused…….99	Phone: +91: _____ Don't Know…….88 Refused…….99	Phone: +91: _____ Don't Know…….88 Refused…….99	Phone: +91: _____ Don't Know…….88 Refused…….99	Phone: +91: _____ Don't Know…….88 Refused…….99
17. How many sons and daughters does … have?	☐ S ☐ D	☐ S ☐ D	☐ S ☐ D	☐ S ☐ D	☐ S ☐ D
17B. How many sons and daughters under the age of 5 does … have?	☐ S ☐ D	☐ S ☐ D	☐ S ☐ D	☐ S ☐ D	☐ S ☐ D
17_1. CHECK 803_1: IF MALE, GO TO 803_19. What is …'s husband's name?	First Name: _____ Last Name: _____	First Name: _____ Last Name: _____	First Name: _____ Last Name: _____	First Name: _____ Last Name: _____	First Name: _____ Last Name: _____
Sensitive Topics					
18. In a scale of 1 to 5, with 1 being very close and 5 being not close, how close are you to …?	☐ 1 very close ☐ 2 ☐ 3 ☐ 4 ☐ 5 not close	☐ 1 very close ☐ 2 ☐ 3 ☐ 4 ☐ 5 not close	☐ 1 very close ☐ 2 ☐ 3 ☐ 4 ☐ 5 not close	☐ 1 very close ☐ 2 ☐ 3 ☐ 4 ☐ 5 not close	☐ 1 very close ☐ 2 ☐ 3 ☐ 4 ☐ 5 not close
19. On a scale of 1 to 5, with 1 being very comfortable and 5 being very uncomfortable, how comfortable would you be to leave your children with … for an afternoon?	☐ 1 very comfortable ☐ 2 ☐ 3 ☐ 4 ☐ 5 very uncomfortable	☐ 1 very comfortable ☐ 2 ☐ 3 ☐ 4 ☐ 5 very uncomfortable	☐ 1 very comfortable ☐ 2 ☐ 3 ☐ 4 ☐ 5 very uncomfortable	☐ 1 very comfortable ☐ 2 ☐ 3 ☐ 4 ☐ 5 very uncomfortable	☐ 1 very comfortable ☐ 2 ☐ 3 ☐ 4 ☐ 5 very uncomfortable
20. On a scale of 1 to 5, with 1 being very comfortable and 5 being very uncomfortable, how comfortable would you to share any "secrets" with …?	☐ 1 very comfortable ☐ 2 ☐ 3 ☐ 4 ☐ 5 very uncomfortable	☐ 1 very comfortable ☐ 2 ☐ 3 ☐ 4 ☐ 5 very uncomfortable	☐ 1 very comfortable ☐ 2 ☐ 3 ☐ 4 ☐ 5 very uncomfortable	☐ 1 very comfortable ☐ 2 ☐ 3 ☐ 4 ☐ 5 very uncomfortable	☐ 1 very comfortable ☐ 2 ☐ 3 ☐ 4 ☐ 5 very uncomfortable

21. On a scale of 1 to 5, with 1 being very comfortable and 5 being very uncomfortable, how comfortable would you be to share your "marital problems" with …?	☐ 1 very comfortable ☐ 2 ☐ 3 ☐ 4 ☐ 5 very uncomfortable	☐ 1 very comfortable ☐ 2 ☐ 3 ☐ 4 ☐ 5 very uncomfortable	☐ 1 very comfortable ☐ 2 ☐ 3 ☐ 4 ☐ 5 very uncomfortable	☐ 1 very comfortable ☐ 2 ☐ 3 ☐ 4 ☐ 5 very uncomfortable	☐ 1 very comfortable ☐ 2 ☐ 3 ☐ 4 ☐ 5 very uncomfortable
22. On a scale of 1 to 5, with 1 being very comfortable and 5 being very uncomfortable, how comfortable would you be to share your conflict with your family or in-laws with …?	☐ 1 very comfortable ☐ 2 ☐ 3 ☐ 4 ☐ 5 very uncomfortable	☐ 1 very comfortable ☐ 2 ☐ 3 ☐ 4 ☐ 5 very uncomfortable	☐ 1 very comfortable ☐ 2 ☐ 3 ☐ 4 ☐ 5 very uncomfortable	☐ 1 very comfortable ☐ 2 ☐ 3 ☐ 4 ☐ 5 very uncomfortable	☐ 1 very comfortable ☐ 2 ☐ 3 ☐ 4 ☐ 5 very uncomfortable
23. Is … economically better off, worse off, or the same as you?	Better…….1 Worse……2 Same……..3 Don't know..88	Better…….1 Worse……2 Same……..3 Don't know..88	Better…….1 Worse……2 Same……..3 Don't know..88	Better…….1 Worse……2 Same……..3 Don't know..88	Better…….1 Worse……2 Same……..3 Don't know..88
24B. Does … 's household have a BPL card?	Yes……..…..1 No……2	Yes……..…..1 No……2	Yes……..…..1 No……2	Yes……..…..1 No……2	Yes……..…..1 No……2
24. On a scale of 1 to 5, with 1 being very comfortable and 5 being very uncomfortable, how comfortable would you feel about asking this person for money/borrow money from …?	☐ 1 very comfortable ☐ 2 ☐ 3 ☐ 4 ☐ 5 very uncomfortable	☐ 1 very comfortable ☐ 2 ☐ 3 ☐ 4 ☐ 5 very uncomfortable	☐ 1 very comfortable ☐ 2 ☐ 3 ☐ 4 ☐ 5 very uncomfortable	☐ 1 very comfortable ☐ 2 ☐ 3 ☐ 4 ☐ 5 very uncomfortable	☐ 1 very comfortable ☐ 2 ☐ 3 ☐ 4 ☐ 5 very uncomfortable
25. I would now like you to recall your last conversation with … about issues related to children, fertility, and family planning. When was this?	Within last week……1 Within last month……..2 Within last year……..3	Within last week……1 Within last month……..2 Within last year……..3	Within last week……1 Within last month……..2 Within last year……..3	Within last week……1 Within last month……..2 Within last year……..3	Within last week……1 Within last month……..2 Within last year……..3
26. Do you think … approves or disapproves of using family planning?	Approves……..1 Disapproves…….2 Don't know……88	Approves……..1 Disapproves…….2 Don't know……88	Approves……..1 Disapproves…….2 Don't know……88	Approves……..1 Disapproves…….2 Don't know……88	Approves……..1 Disapproves…….2 Don't know……88
27. Do you think … has ever used, currently uses, or has never used family planning?	Ever used FP…..…..1 Currently uses FP....2 Never used FP…....3	Ever used FP…..…..1 Currently uses FP....2 Never used FP…....3	Ever used FP…..…..1 Currently uses FP....2 Never used FP…....3	Ever used FP…..…..1 Currently uses FP....2 Never used FP…....3	Ever used FP…..…..1 Currently uses FP....2 Never used FP…....3

	Don't know……88	Don't know……88	Don't know……88	Don't know……88	Don't know……88
28. Do you give … advice about family planning and childbearing, or does … give you advice about family planning and childbearing, or both?	Gives advice only…..1 Gets advice only……2 Both gives and gets...3	Gives advice only…..1 Gets advice only……2 Both gives and gets...3	Gives advice only…..1 Gets advice only……2 Both gives and gets...3	Gives advice only…..1 Gets advice only……2 Both gives and gets...3	Gives advice only…..1 Gets advice only……2 Both gives and gets...3
29. CHECK 803_28: IF NO, GO TO 803_31. Which family planning method do you think … has used? SELECT ALL MENTIONED.	Female Sterilization....1 Male Sterilization……..2 IUD……...3 Injectables……4 Implants……...5 Pill……....6 Condom……...7 Female Condom…….8 Emergency Contraception…….9 Diaphragm……10 Foam/Jelly……..…11 Standard Days Method……...12 Lactational Amen. Method……...13 Rhythm Method…...14 Withdrawal……...15 Other Modern Method……...16 Other Traditional Method..……17	Female Sterilization....1 Male Sterilization……..2 IUD……...3 Injectables……4 Implants……...5 Pill……....6 Condom……...7 Female Condom…….8 Emergency Contraception…….9 Diaphragm……10 Foam/Jelly……..…11 Standard Days Method……...12 Lactational Amen. Method……...13 Rhythm Method…...14 Withdrawal……...15 Other Modern Method……...16 Other Traditional Method..……17	Female Sterilization....1 Male Sterilization……..2 IUD……...3 Injectables……4 Implants……...5 Pill……....6 Condom……...7 Female Condom…….8 Emergency Contraception…….9 Diaphragm……10 Foam/Jelly……..…11 Standard Days Method……...12 Lactational Amen. Method……...13 Rhythm Method…...14 Withdrawal……...15 Other Modern Method……...16 Other Traditional Method..……17	Female Sterilization....1 Male Sterilization……..2 IUD……...3 Injectables……4 Implants……...5 Pill……....6 Condom……...7 Female Condom…….8 Emergency Contraception…….9 Diaphragm……10 Foam/Jelly……..…11 Standard Days Method……...12 Lactational Amen. Method……...13 Rhythm Method…...14 Withdrawal……...15 Other Modern Method……...16 Other Traditional Method..……17	Female Sterilization....1 Male Sterilization……..2 IUD……...3 Injectables……4 Implants……...5 Pill……....6 Condom……...7 Female Condom…….8 Emergency Contraception…….9 Diaphragm……10 Foam/Jelly……..…11 Standard Days Method……...12 Lactational Amen. Method……...13 Rhythm Method…...14 Withdrawal……...15 Other Modern Method……...16 Other Traditional Method..……17
30. Has … ever advised you to get a family planning method?	Yes……..…..1 No……2	Yes……..…..1 No……2	Yes……..…..1 No……2	Yes……..…..1 No……2	Yes……..…..1 No……2
31. CHECK 803_31: IF NO, GO TO 803_33. Which family planning method has … advised you to get?	Female Sterilization....1 Male Sterilization……..2 IUD……...3 Injectables……4 Implants……...5 Pill……....6 Condom……...7 Female Condom…….8 Emergency Contraception…….9 Diaphragm……10 Foam/Jelly……..…11 Standard Days Method……...12 Lactational Amen. Method……...13	Female Sterilization....1 Male Sterilization……..2 IUD……...3 Injectables……4 Implants……...5 Pill……....6 Condom……...7 Female Condom…….8 Emergency Contraception…….9 Diaphragm……10 Foam/Jelly……..…11 Standard Days Method……...12 Lactational Amen. Method……...13	Female Sterilization....1 Male Sterilization……..2 IUD……...3 Injectables……4 Implants……...5 Pill……....6 Condom……...7 Female Condom…….8 Emergency Contraception…….9 Diaphragm……10 Foam/Jelly……..…11 Standard Days Method……...12 Lactational Amen. Method……...13	Female Sterilization....1 Male Sterilization……..2 IUD……...3 Injectables……4 Implants……...5 Pill……....6 Condom……...7 Female Condom…….8 Emergency Contraception…….9 Diaphragm……10 Foam/Jelly……..…11 Standard Days Method……...12 Lactational Amen. Method……...13	Female Sterilization....1 Male Sterilization……..2 IUD……...3 Injectables……4 Implants……...5 Pill……....6 Condom……...7 Female Condom…….8 Emergency Contraception…….9 Diaphragm……10 Foam/Jelly……..…11 Standard Days Method……...12 Lactational Amen. Method……...13

	Rhythm Method…...14 Withdrawal……...15 Other Modern Method……...16 Other Traditional Method..……17	Rhythm Method…...14 Withdrawal……...15 Other Modern Method……...16 Other Traditional Method..……17	Rhythm Method…...14 Withdrawal……...15 Other Modern Method……...16 Other Traditional Method..……17	Rhythm Method…...14 Withdrawal……...15 Other Modern Method……...16 Other Traditional Method..……17	Rhythm Method…...14 Withdrawal……...15 Other Modern Method……...16 Other Traditional Method..……17
32. Do you think that … would like to have more children?	Yes……..…..1 No……2	Yes……..…..1 No……2	Yes……..…..1 No……2	Yes……..…..1 No……2	Yes……..…..1 No……2

*In addition to these people, are there any other people **outside of these villages** with whom you discuss matters related to family planning, reproductive health, or childbearing?*

804. Alter Identification	**Person 1**	**Person 2**	**Person 3**	**Person 4**	**Person 5**
1. What is the name of your friend/relative?	First Name: _____ Last Name: _____	First Name: _____ Last Name: _____	First Name: _____ Last Name: _____	First Name: _____ Last Name: _____	First Name: _____ Last Name: _____
2. Is … male or female?	**M/F**	**M/F**	**M/F**	**M/F**	**M/F**
3. How is … related to you?	☐ Blood Relative ☐ In-law ☐ Friend ☐ Acquaintance	☐ Blood Relative ☐ In-law ☐ Friend ☐ Acquaintance	☐ Blood Relative ☐ In-law ☐ Friend ☐ Acquaintance	☐ Blood Relative ☐ In-law ☐ Friend ☐ Acquaintance	☐ Blood Relative ☐ In-law ☐ Friend ☐ Acquaintance
4. How long have you known …?	☐ Less than a year ☐ 1-5 years ☐ More than 5 years	☐ Less than a year ☐ 1-5 years ☐ More than 5 years	☐ Less than a year ☐ 1-5 years ☐ More than 5 years	☐ Less than a year ☐ 1-5 years ☐ More than 5 years	☐ Less than a year ☐ 1-5 years ☐ More than 5 years
5. How often do you talk to …?	☐ Every day ☐ Every week ☐ Every month ☐ Less than every month	☐ Every day ☐ Every week ☐ Every month ☐ Less than every month	☐ Every day ☐ Every week ☐ Every month ☐ Less than every month	☐ Every day ☐ Every week ☐ Every month ☐ Less than every month	☐ Every day ☐ Every week ☐ Every month ☐ Less than every month
6. When did you talk to … last?	☐ Today ☐ Within past week ☐ Within past month ☐ More than a month ago	☐ Today ☐ Within past week ☐ Within past month ☐ More than a month ago	☐ Today ☐ Within past week ☐ Within past month ☐ More than a month ago	☐ Today ☐ Within past week ☐ Within past month ☐ More than a month ago	☐ Today ☐ Within past week ☐ Within past month ☐ More than a month ago
33. How old is … (in completed years)? If don't know, ask if …is older, younger, or the same age as respondent.	Older……91 Younger……92 Same age……93 ☐☐	Older……91 Younger……92 Same age……93 ☐☐	Older……91 Younger……92 Same age……93 ☐☐	Older……91 Younger……92 Same age……93 ☐☐	Older……91 Younger……92 Same age……93 ☐☐

SECTION 9: UTILIZATION OF HEALTH SERVICES

I would now like to ask you some questions about women in your village.

901A	In your opinion, how many women in your village do you think use family planning?	Almost none……1 A few……2 Some……..3 Many……..4 Almost all……..5 Don't Know……..88	
901B	In your opinion, how many married women in your village do you think paid dowry for their marriage?	Almost none……1 A few……2 Some……..3 Many……..4 Almost all……..5 Don't Know……..88	
901C	In your opinion, how many women in your village do you think have had a sex-selective abortion?	Almost none……1 A few……2 Some……..3 Many……..4 Almost all……..5 Don't Know……..88	
901D	In your opinion, how many women in your village have ever paid a bribe?	Almost none……1 A few……2 Some……..3 Many……..4 Almost all……..5 Don't Know……..88	
901E	In your opinion, how many women in your village have been subject to physical or emotional violence from their husbands?	Almost none……1 A few……2 Some……..3 Many……..4 Almost all……..5 Don't Know……..88	
901_F1	On a scale from Strongly Disagree to Strongly Agree, to what extent do you agree with the following statements; a. Patients have sometimes been deceived or misled by health care organizations b. Health care organizations have sometimes done harmful experiments on patients without their knowledge c. Mistakes are common in health care organizations	Strongly Disagree = 1 Disagree = 2 No opinion/neutral = 3 Agree = 4 Strongly Agree = 5 a. 1 2 3 4 5 b. 1 2 3 4 5 c. 1 2 3 4 5	
901_F2	In the last 12 months has the respondent; a. failed to take their physician's advice b. failed to seek medical care when she felt she needed it	**YES NO** 1 2 1 2 1 2	

	c. postponed or delayed seeking care she felt she needed		
I would now like to ask you about your access to health care.			
902A	Have you ever visited a health clinic or facility to receive care?	Yes……1 No……2	**If 2, Go to 909**
902B	When you go to a health clinic or facility, which facility do you typically go to? IF MORE THAN ONE: Do you primarily go to one of these facilities? SELECT ALL MENTIONED. IDENTIFY PRIMARY CLINIC / FACILITY THAT RESPONDENT ATTENDS.	ADC Clinic……..0 **Public Health Sector** Govt./Municipal Hospital ……..……..1 Vaidya/Hakim/Homeopath (Ayush)..……..2 Govt. Dispensary……..……3 UHC/UHP/UFWC …….....4 CHC/Rural Hospital/Block PHC……...5 PHC/Additional PHC…..……6 Sub-Centre/ANM……..7 Govt. Mobile Clinic...…….……8 Anganwadi/ICDS Centre……...……..9 ASHA…….……10 Other Community-Based Worker……11 Other Public Health Sector……..……..12 NGO or Trust Hospital/Clinic……...13 **Private Health Sector** Pvt. Hospital…….21 Pvt. Doctor/Clinic...……22 Pvt. Mobile Clinic…….....23 Vaidya/Hakim/Homeopath (Ayush)…….24 Traditional Healer……...25 Pharmacy/Drugstore……..26 Dai (TBA)……..…27 Other Private Health Sector..……..28 **Other Source** Shop……...……31 Friend/Relative…….....32 Other…….96 (specify)_____	
902C	In your last visit, did you see a male provider, female provider, or both?	Male Provider……..1 Female Provider……2 Both Male and Female……....3 Don't Know……88	
I would now like to ask you about the primary clinic / facility that you go to for health services.			
903	How far is this clinic/facility from your home (in kilometers)? RECORD '00' IF FACILITY IS IN THE SAME VILLAGE. RECORD '88' IF DOESN'T KNOW. RECORD '99' IF REFUSED.	Number of km…… ☐☐	
904	How long does it take to commute to this clinic/facility from your home (in minutes)?	Number of mins……☐☐	

905	What modes of transport do you most frequently use to travel to this clinic? SELECT ALL THAT APPLY.	Walking……..1 Bicycle...……2 Motorcycle...……..3 Public bus……..4 Bicycle rickshaw……..5	

		Autorickshaw……...6 Train……..7 Other…….96	
906	How much do you have to pay in transport costs to go to this clinic? IF DOESN'T KNOW, RECORD '9999'.	Rupees..... ☐☐☐☐	
907	Do you generally go alone or with other people?	Alone……1 With others..……2	**IF 1, Go to 909**
908	With whom do to typically go to the clinic?	HUSBAND . . . . . 1 MOTHER-IN-LAW. . . . . .2 SISTER OR SISTER-IN-LAW. . . . . .3 BROTHER OR BROTHER-IN-LAW. . . .4 OTHER HH MEMBER. . . . . 5 OTHER RELATIVE. . . . . 6 MALE FRIEND. . . . . .7 FEMALE FRIEND. . . . . 8 OTHER 96	
909	Have you ever gone to any health facility for reproductive health, fertility, or family planning services?	Yes……1 No……...…….2	**IF NO, Go to 913**
909B	In the last year, how often have you seen a FP provider?	Once a year……..…….……..1 Once every 6 months..…….2 Once every 3 months...…….3 Once every month…...…….4 More than once every month.…….5	
910	The last time you went, did you go alone or with other people?	Alone……1 With others..…….2	**IF 1, Go to 912**

911	With whom did you go to the health facility the last time?	HUSBAND . . . . . 1 MOTHER-IN-LAW. . . . . .2 SISTER OR SISTER-IN-LAW. . . . . .3 BROTHER OR BROTHER-IN-LAW. . . .4 OTHER HH MEMBER. . . . . 5 OTHER RELATIVE. . . . . .6 FRIEND. . . . . .7 OTHER 96	
912	On a scale of 1 to 5, with 1 being excellent and 5 being terrible, how would you rate your last experience going to a health facility for family planning or reproductive health services?	Rating……..……..… ☐	

913	Would you be more likely to go to a health facility for family planning services if... a. someone paid for the cost of transportation? b. a friend or relative volunteered to come with you? c. someone paid for the cost of transportation for you AND a relative/friend? d. someone covered the cost of services at the clinic?	YES NO a. Paid for transport……....1 2 b. Friend/Relative..…..……...1 2 c. Both……...…….……....1 2 d. Covered services…….……...1 2	**IF NOT YES TO B OR C: GO TO END**

914	Whom would you choose to bring?	HUSBAND . . . . . 1 MOTHER-IN-LAW. . . . . .2 SISTER OR SISTER-IN-LAW. . . . . .3 BROTHER OR BROTHER-IN-LAW. . . .4 OTHER HH MEMBER. . . . . 5 OTHER RELATIVE. . . . . .6 FRIEND. . . . . .7 OTHER 96	**GO TO END**

END OF SURVEY. PROCEED TO FOLLOW-UP FORM, PAGE 47

SECTION C: CONTRACEPTIVE CALENDAR

INSTRUCTIONS:

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

COL.1: BIRTHS, PREGNANCIES, CONTRACEPTIVE USE

- B BIRTHS
- P PREGNANCIES
- T TERMINATIONS
- 0 NO METHOD
- 1 FEMALE STERILIZATION
- 2 MALE STERILIZATION
- 3 IUD
- 4 INJECTABLES
- 5 IMPLANTS
- 6 PILL
- 7 CONDOM/NIRODH
- 8 FEMALE CONDOM
- 9 DIAPHRAGM
- J FOAM OR JELLY
- K STANDARD DAYS METHOD
- L LACTATIONAL AMEN. METHOD
- M RHYTHM METHOD
- N WITHDRAWAL
- E EMERGENCY CONTRACEPTION
- X OTHER MODERN
- Y OTHER TRADITIONAL

COL.2: SWITCHING / DISCONTINUATION OF CONTRACEPTIVE USE

- 0 INFREQUENT SEX/HUSBAND AWAY
- 1 BECAME PREGNANT WHILE USING
- 2 WANTED TO BECOME PREGNANT
- 3 HUSBAND/PARTNER DISAPPROVED
- 4 WANTED MORE EFFECTIVE METHOD
- 5 SIDE EFFECTS / HEALTH CONCERNS
- 6 LACK OF ACCESS/TOO FAR
- 7 COSTS TOO MUCH
- 8 INCONVENIENT TO USE
- F FATALISTIC
- A DIFFICULT TO GET PREGNANT/MENOPAUSAL
- D MARITAL DISSOLUTION / SEPARATION
- L INTERFERES WITH SEX
- M CREATED MENSTRUAL PROBLEM
- G GAINED WEIGHT
- H OTHER FAMILY / RELATIVES DISAPPROVED
- I FRIENDS DISAPPROVED
- J COMMUNITY DISAPPROVED
- P LACK OF PRIVACY FOR USE
- X OTHER_____ (SPECIFY)
- Z DON'T KNOW

Year	Month	Code	1	2
2 0 1 9	DEC	12		
	NOV	11		
	OCT	10		
	SEP	9		
	AUG	8		
	JUL	7		
	JUN	6		
	MAY	5		
	APR	4		
	MAR	3		
	FEB	2		
	JAN	1		
2 0 1 8	DEC	12		
	NOV	11		
	OCT	10		
	SEP	9		
	AUG	8		
	JUL	7		
	JUN	6		
	MAY	5		
	APR	4		
	MAR	3		
	FEB	2		
	JAN	1		
2 0 1 7	DEC	12		
	NOV	11		
	OCT	10		
	SEP	9		
	AUG	8		
	JUL	7		
	JUN	6		
	MAY	5		
	APR	4		
	MAR	3		
	FEB	2		
	JAN	1		

FOLLOW-UP INFORMATION

Thank you for participating in the survey. We plan contact your household again next year to learn more about how life changes for families in Jaunpur. Could you please give us information about two people who **DO NOT LIVE IN THE HOUSEHOLD** and who would know where you or other household members are, or how to reach you, in the future?

CONTACT 1

FULL NAME: _____

RELATIONSHIP TO YOU: _____

FULL ADDRESS: _____

_____

_____

PHONE NUMBER: _____

E-MAIL ADDRESS: _____

CONTACT 2

FULL NAME: _____

RELATIONSHIP TO YOU: _____

FULL ADDRESS: _____

_____

_____

PHONE NUMBER: _____

E-MAIL ADDRESS: _____

OTHER HOUSEHOLD CONTACT:

What is the name and phone number of someone else within your household?

NAME: _____

PHONE: _____

RELATIONSHIP TO YOU: _____

PLANS TO MOVE:

Does your family/household have any plans to move in the next two years? YES NO

Do you generally spend part of the year in another village? YES NO

IF YES TO EITHER: If that happens where can we find you? ADDRESS: _____

_____

_____

Expected Moving Date: _____

HH-END

Expected Return Date (if temporary) _____

PHOTO OF HOUSEHOLD:

With your permission, I would now like to take a photo of the front of your house. Taking this photo will help us to find your house again in the future.

May I take a photo of the front of your house? YES NO

IF YES, PLEASE PROCEED TO THE EXTERIOR OF THE HOUSE AND TAKE A PHOTO OF THE FRONT OF THE HOUSE.

PHOTO OF RESPONDENT:

With your permission, I would now like to take a photo of you. Taking your photo will help us to identify you in the future. We may show this photo to other people to help identify you.

YES NO

IF YES, PLEASE TAKE A PHOTO OF THE RESPONDENT. BE SURE TO CLEARLY CAPTURE THE RESPONDENT'S FACE FROM THE NECK UP.

END OF SURVEY:

Thank you for your valuable time. This has been extremely helpful. I want to remind you that all of your responses will remain confidential. Do you have any further questions for me at this time?

Thank you again for your help.

END OF SURVEY. PROCEED TO NEXT HOUSEHOLD.