



**REDS
1999**

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INTERVIEW NO.

**RURAL ECONOMIC AND DEMOGRAPHIC SURVEY
1998-99**

Demographic Questionnaire

PARTICULARS OF SAMPLE PLACE

Village : _____

Block : _____

District : _____

State : _____

IDENTIFICATION

Sample Household No. _____

Name of the Head _____

RESPONDENT

Name _____ ID. No. _____

Marital Status Currently married Widow Divorced/separated

Name of husband _____ ID. No. _____

Relationship to Head _____

Religion Hindu Muslim Sikh
 Christian Other (Specify) _____

Caste _____

Time started interview _____

(TO BE FILLED BEFORE INTERVIEW BY INTERVIEWER)
PARTICULARS OF SAMPLE PLACE

Village _____

Block _____

District _____

State _____

(TO BE FILLED BY EDITOR)

INTERVIEW NO.

Current	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1971	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1981	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Stratum _____
Rating _____

GENERAL

Q. 101 (a) How many years of school/college have you completed?

Number of years of school completed _____

Number of years of post-school education completed _____

(b) Can you read, e.g. a newspaper or a small book?

Yes

No

Q.102 (a) How many years of school/college has your husband completed?

(IF WIDOWED OR DIVORCED, ASK ABOUT HER MOST RECENT HUSBAND)

Number of years of school completed _____

Number of years of post-school education completed _____

(b) Can he read, e.g. a newspaper or a small book?

Yes

No

Q. 103 INTERVIEWER : USE THE FOLLOWING CODES :

1-Agriculture and allied activities

4-Trade & Business

2-Wage Labourer

5-Salaried Employment

3-Craft & Services

6-Household Work only

7-Other (specify) _____

(a) What kind of work does your husband do? _____

(IF HE IS UNEMPLOYED OR RETIRED, RECORD HIS LATEST OCCUPATION)

(b) What kind of work do you do? _____

(c) What kind of work did you do when you were younger, before your first child was born? _____

Q. 104 How old is your husband?

Age in completed years

Age in completed years

Q. 106 How old were you when you were first married?

Age in completed years

Q. 107 Is this your first marriage?

Yes No

Q. 108 How old were you when you first began living with your husband?

Age in completed years

Q. 109 How many years after you began living with your husband was your first child born?

Number of years

Q. 110 Is your first child still alive?

Yes No

What is the age of your oldest living child?

Age in completed years

How many years after you began living with your husband was this child born?

Number of years

INTERVIEWER : ADD

(i) The age of the oldest living child

(ii) The number of years after the woman started living with her husband that this child was born

(iii) The age of the woman when she started living with her husband

Total

CHECK THIS TOTAL AGAINST HER AGE AS STATED IN Q. 105.

IF THESE ARE DIFFERENT, ASK HER FOR A REVISED ESTIMATE OF HER OWN AGE AND/OR THAT OF HER OLDEST LIVING CHILD.

Yes

No

Where is he? Has he gone away temporarily, or permanently, or is he dead?

Gone away temporarily

Gone away permanently

Dead

(b) If husband is alive and not now living in the household :

(1) Name of village and district where residing now.

(2) When left the household: Month Year

(3) Before your husband left the last time, how long had he lived in the household?

(4) During the RP, did your household receive any money from your husband?

Yes

No

(5) If yes, what is the amount of money received by your household from your husband?

Rs.

(6) During the RP, did your household provide any money to your husband?

Yes

No

(7) If yes, what is the amount of money provided by your household to your husband?

Rs.

Q. 112 (a) Schooling of her father :

Number of years of school completed _____

Number of years of post-school education completed _____

(b) Can he read, e.g. a newspaper or a small book?

Yes

No

Q. 113 (a) Schooling of her mother :

Number of years of school completed _____

Number of years of post-school education completed _____

(b) Can she read, e.g. a newspaper or a small book?

Yes

No

Q. 114 Landholding of her parent's household?

Irrigated _____ acres

Unirrigated _____ acres

Q. 115 No. of brothers alive? _____

Q. 116 No. of sisters alive? _____

Q. 117 Amount of money given by your parent's household to you during RP. Rs. _____

Q. 118 Amount of money provided to your parent's household by you from your household during RP. Rs. _____

Q. 119 Amount of money borrowed from parent during RP. Rs. _____

Q. 120 Amount of money lent to parent during RP. Rs. _____

PREGNANCY HISTORY

(TO ALL EVER MARRIED WOMEN AGED 15-60 YEARS)

We should like to get a complete record of all the babies you have given birth to in all your life. This includes all babies born to you in your present or any previous marriages. It does NOT include those whom you may have brought up as your own children but were not born to YOU.

Q. 201 How many children do you have? _____

Q. 202 (a) How many living sons do you have? _____

(b) How many living daughters do you have? _____

(c) Do you have any other sons who may be staying elsewhere? _____

(CORRECT THE ANSWER TO (a) ABOVE IF 'YES')

(d) Do you have any other daughters who may be staying elsewhere? _____

(CORRECT THE ANSWER TO (b) ABOVE IF 'YES')

(e) How many sons have you given birth to who later died, even if the child lived for only a short time? _____

(f) How many daughters have you given birth to who later died, even if the child lived for only a short time? _____

Q. 203 Just to make sure I have this right, you have given birth to

a total of _____ sons and _____ daughters.

Is that right?

CHECK AGAINST THE ANSWERS TO Q. 202 AND CORRECT AS NECESSARY

Q. 204 Now I will ask you about births of your children during the past 1½-2 years, that is since the Holi/Pongal of 1998. Have any child been born to you during this time, even if the child lived for only a short time?

(BE CAREFUL THAT SHE HAS UNDERSTOOD THAT YOU ARE REFERRING TO THE HOLI/PONGAL BEFORE LAST AND SHE IS CURRENTLY MARRIED AND CAPABLE TO GIVE BIRTH TO A CHILD)

If not skip to Q 205.

Yes

Yes

(i) How many months ago was the baby born? days/months

(ii) Is the baby still alive?

Still alive Dead

Dead

How long the baby lived?

Days/months

No

No

(i) When was your last baby born?

Month Year

(ii) Is the baby still alive?

Still alive Dead

Dead

How long the baby lived?

Days Months Years

<input type="checkbox"/> Girl	Years _____	<input type="checkbox"/> No			Months _____	<input type="checkbox"/> No	
<input type="checkbox"/> Boy	Months _____	<input type="checkbox"/> Yes			Years _____	<input type="checkbox"/> Yes	<input type="checkbox"/>
<input type="checkbox"/> Girl	Years _____	<input type="checkbox"/> No			Days _____	<input type="checkbox"/> No	
<input type="checkbox"/> Boy	Months _____	<input type="checkbox"/> Yes			Months _____	<input type="checkbox"/> Yes	<input type="checkbox"/>
<input type="checkbox"/> Girl	Years _____	<input type="checkbox"/> No			Years _____	<input type="checkbox"/> No	
<input type="checkbox"/> Boy	Months _____	<input type="checkbox"/> Yes			Days _____	<input type="checkbox"/> Yes	<input type="checkbox"/>
<input type="checkbox"/> Girl	Years _____	<input type="checkbox"/> No			Months _____	<input type="checkbox"/> No	
<input type="checkbox"/> Boy	Months _____	<input type="checkbox"/> Yes			Years _____	<input type="checkbox"/> Yes	<input type="checkbox"/>
<input type="checkbox"/> Girl	Years _____	<input type="checkbox"/> No			Days _____	<input type="checkbox"/> No	
<input type="checkbox"/> Boy	Months _____	<input type="checkbox"/> Yes			Months _____	<input type="checkbox"/> Yes	<input type="checkbox"/>
<input type="checkbox"/> Girl	Years _____	<input type="checkbox"/> No			Years _____	<input type="checkbox"/> No	
<input type="checkbox"/> Boy	Months _____	<input type="checkbox"/> Yes			Days _____	<input type="checkbox"/> Yes	<input type="checkbox"/>
<input type="checkbox"/> Girl	Years _____	<input type="checkbox"/> No			Months _____	<input type="checkbox"/> No	
<input type="checkbox"/> Boy	Months _____	<input type="checkbox"/> Yes			Years _____	<input type="checkbox"/> Yes	<input type="checkbox"/>
<input type="checkbox"/> Girl	Years _____	<input type="checkbox"/> No			Days _____	<input type="checkbox"/> No	
<input type="checkbox"/> Boy	Months _____	<input type="checkbox"/> Yes			Months _____	<input type="checkbox"/> Yes	<input type="checkbox"/>
<input type="checkbox"/> Girl	Years _____	<input type="checkbox"/> No			Years _____	<input type="checkbox"/> No	
<input type="checkbox"/> Boy	Months _____	<input type="checkbox"/> Yes			Days _____	<input type="checkbox"/> Yes	<input type="checkbox"/>
<input type="checkbox"/> Girl	Years _____	<input type="checkbox"/> No			Months _____	<input type="checkbox"/> No	
<input type="checkbox"/> Boy	Months _____	<input type="checkbox"/> Yes			Years _____	<input type="checkbox"/> Yes	<input type="checkbox"/>
<input type="checkbox"/> Girl	Years _____	<input type="checkbox"/> No			Days _____	<input type="checkbox"/> No	

INTERVIEWER: ADD THE TOTAL NUMBER OF LIVING SONS, LIVING DAUGHTERS, DEAD SONS AND DEAD DAUGHTERS, AND CHECK AGAINST THE ANSWERS TO Q. 202-203.

IF THERE IS A GAP OF TWO YEARS OR MORE BEFORE THE FIRST BIRTH, BETWEEN ANY TWO BIRTHS, OR AFTER THE LAST BIRTH, ASK FOR AN EXPLANATION : HAS SHE MISSED OUT A PREGNANCY DURING THIS GAP? ABORTIONS AND MISCARRIAGES SHOULD BE RECORDED IN Q.214 .

Yes

No

How many such pregnancies have you had?
_____ (Number)

Q. 214	Q. 215	Q. 216		Q. 217
<i>How many such pregnancies did you have in the interval before your first child birth; between the first and the second birth,....etc., and after most recent birth?</i>	<i>How many months did that pregnancy last?</i>	IF PREGNANCY LASTED FOR 7 OR MORE MONTHS <i>Did the baby cry or show any other sign of life after it was born?</i>		IF PREGNANCY LASTED LESS THAN 7 MONTHS <i>Did you or anyone else do anything to end that pregnancy early?</i>
		YES	NO	
Between.....birth andbirth		<input type="checkbox"/> Boy <input type="checkbox"/> Girl		<input type="checkbox"/> Yes <input type="checkbox"/> No
Between.....birth andbirth		<input type="checkbox"/> Boy <input type="checkbox"/> Girl		<input type="checkbox"/> Yes <input type="checkbox"/> No
Between.....birth andbirth		<input type="checkbox"/> Boy <input type="checkbox"/> Girl		<input type="checkbox"/> Yes <input type="checkbox"/> No
Between.....birth andbirth		<input type="checkbox"/> Boy <input type="checkbox"/> Girl		<input type="checkbox"/> Yes <input type="checkbox"/> No
Between.....birth andbirth		<input type="checkbox"/> Boy <input type="checkbox"/> Girl		<input type="checkbox"/> Yes <input type="checkbox"/> No
Between.....birth andbirth		<input type="checkbox"/> Boy <input type="checkbox"/> Girl		<input type="checkbox"/> Yes <input type="checkbox"/> No
Between.....birth andbirth		<input type="checkbox"/> Boy <input type="checkbox"/> Girl		<input type="checkbox"/> Yes <input type="checkbox"/> No
Between.....birth andbirth		<input type="checkbox"/> Boy <input type="checkbox"/> Girl		<input type="checkbox"/> Yes <input type="checkbox"/> No
Between.....birth andbirth		<input type="checkbox"/> Boy <input type="checkbox"/> Girl		<input type="checkbox"/> Yes <input type="checkbox"/> No
Between.....birth andbirth		<input type="checkbox"/> Boy <input type="checkbox"/> Girl		<input type="checkbox"/> Yes <input type="checkbox"/> No

..... (the most recent child who died)?
(INTERVIEWER : REFER TO THE MOST RECENT CHILD WHO DIED)

Yes No

Q. 219 Suppose you had one more child, how would you feel about this?

Happy Not so happy Unhappy

Q.220 When did you have your last period?

 Week(s) ago Month(s) ago Year(s) ago

IF THE WOMAN IS NOT CURRENTLY MARRIED SKIP TO Q 223.

Q. 221 Are you pregnant now?

Yes No Don't know

Q. 222 Some couples are not able to have any more children. Do you think you can still bear children?

Yes No

↓

Why not?	<input type="checkbox"/> Menopause/irregular periods/too old
	<input type="checkbox"/> Husband/wife/sterilised
	<input type="checkbox"/> Husband/wife ill
	<input type="checkbox"/> Husband away
	<input type="checkbox"/> Stopped having sexual relations
	<input type="checkbox"/> Other reason (Specify) _____ _____

INTERVIEWER: SEE PAGES 7 & 8 WRITE THE NAME OF THE CHILD	PERIODS AFTER THE BIRTH OF THIS CHILD TILL:				Q. 227 Where was the child delivered?
	Q. 223 <i>Resumed Sexual Relations</i>	Q. 224 <i>Period came back</i>	Q. 225 <i>Started giving baby other foods in addition to breast feeding</i>	Q. 226 <i>Stopped breast feeding</i>	
(Name of the last but one child)	----- months	----- months	----- months	----- months	<input type="checkbox"/> Husband's home <input type="checkbox"/> Father's home <input type="checkbox"/> Govt. hospital <input type="checkbox"/> Private hospital <input type="checkbox"/> Other (Specify): -----
(Name of the last child)	----- months	----- months	----- months	----- months	<input type="checkbox"/> Husband's home <input type="checkbox"/> Father's home <input type="checkbox"/> Govt. hospital <input type="checkbox"/> Private hospital <input type="checkbox"/> Other (Specify): -----

Q. 228 Do/did you want to have a/another child sometime?

INTERVIEWER: IF SHE IS PREGNANT ASK: Do you want to have another child sometime in addition to the one you are expecting?

Yes

No

Undecided

(i) Would you prefer your first/next child to be a boy or a girl?

- Boy
- Girl
- Either
- Up to God

(ii) How many more children do/did you want to have
(IF SHE IS PREGNANT ASK: How many more children do you want in addition to the one you are expecting?)

_____ Numbers

_____ Boys _____ Girls

IF SHE HAS HAD AT LEAST ONE LIVE BIRTH ASK:

Thinking back to the time before you became pregnant with your last child had you wanted to have any more children?

(IF SHE IS PREGNANT ASK: Before you became pregnant this time, had you wanted to have another child?)

- Yes
- No
- Undecided

Q. 229 Does/did your husband want you to have a/another child some time?

(INTERVIEWER: IF SHE IS PREGNANT ASK: Does your husband want you to have another child sometime in addition to the one you are expecting?)

Yes

No

Undecided

(i) Would your husband prefer your first/next child to be a boy or a girl?

Boy

Girl

Either

Up to God

(ii) How many more children does/did he want you to have?

(IF SHE IS PREGNANT ASK: etc. etc.)

_____ Numbers

_____ Boys _____ Girls

IF SHE HAS HAD AT LEAST ONE LIVE BIRTH ASK: Thinking back to the time before you became pregnant with your last child, had your husband wanted you to have any more children?

(IF SHE IS PREGNANT ASK: Before you became pregnant this time, had your husband wanted you to have a/another child?)

Yes

No

Undecided

Q. 230 (a) How many children do you think your daughter-in-law should have?

_____ Number

(b) How many boys, how many girls?

_____ Number of boys

_____ Number of girls

INTERVIEWER: DO NOT CORRECT THE ANSWER TO (a) ABOVE
EVEN IF IT DOES NOT MATCH WITH (b)

TO BE FILLED BY INTERVIEWER ONLY

1. RELIABILITY OF ANSWERS IN SECTION 2

Good

Fair

Poor

2. PRESENCE OF OTHERS (tick all applicable):

No Others

Children under 10

Older children

Husband

Mother-in-law

Other adults

Section - 3

(TO ALL CURRENTLY MARRIED WOMEN AGED 15-49 YEARS) KNOWLEDGE & USE OF FAMILY PLANNING

Q. 301 Do you know of any way to delay or avoid becoming pregnant?

Yes

No

Which methods do you know of _____
method

Do you know of any others? _____
method

Q. 302 Do you know where you can go to obtain family planning advice or supplies?

Yes

No

Where can you obtain family planning advice or supplies?
(TICK ALL MENTIONED)

Hospital

Family Planning Clinic

Family Planning Field Worker

Private Doctor

Dai

Pharmacy

ANM, LHV visits home

Other (specify) _____

(i) How long would it take you to reach there?
_____ minutes _____ hours

(ii) What would your means of transport be?
_____ means of transport

Just to make sure, I shall describe a number of methods to see if you have heard of them:

Name of the method	Q. 303 Have you ever heard of this method?	Q. 304 Have you ever used this method?	Q. 305 Do you think there are any problems with the method?
<input type="checkbox"/> CONDOM Some men use a condom	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes (specify) _____ <input type="checkbox"/> No <input type="checkbox"/> Don't know
<input type="checkbox"/> LOOP/UP Some women have something placed in their womb by a doctor or nurse and left there	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes (specify) _____ <input type="checkbox"/> No <input type="checkbox"/> Don't know
<input type="checkbox"/> FEMALE STERILIZATION Some women have an operation so as not to have any more children	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes (specify) _____ <input type="checkbox"/> No <input type="checkbox"/> Don't know
<input type="checkbox"/> MALE STERILIZATION Some men have an operation so as not to have more children	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes (specify) _____ <input type="checkbox"/> No <input type="checkbox"/> Don't know
<input type="checkbox"/> DIAPHRAGM ETC. Some women place something in themselves before intercourse	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes (specify) _____ <input type="checkbox"/> No <input type="checkbox"/> Don't know
<input type="checkbox"/> PILL Some women eat a pill every day	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes (specify) _____ <input type="checkbox"/> No <input type="checkbox"/> Don't know
<input type="checkbox"/> DOUCHE Some women wash themselves after intercourse	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes (specify) _____ <input type="checkbox"/> No <input type="checkbox"/> Don't know

<i>Name of the method</i>	Q. 303 <i>Have you ever heard of this method?</i>	Q. 304 <i>Have you ever used this method?</i>	Q. 305 <i>Do you think there are any problems with the method?</i>
<input type="checkbox"/> RHYTHM Some couples avoid intercourse on the days when the woman is most fertile	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes (specify) _____ <input type="checkbox"/> No <input type="checkbox"/> Don't know
<input type="checkbox"/> WITHDRAWAL Some men pull out before finishing	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes (specify) _____ <input type="checkbox"/> No <input type="checkbox"/> Don't know
<input type="checkbox"/> ABSTINENCE Some couples go without intercourse for several months in order to avoid pregnancy?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes (specify) _____ <input type="checkbox"/> No <input type="checkbox"/> Don't know
<input type="checkbox"/> LACTATION Some women do not become pregnant because they are breastfeeding	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes (specify) _____ <input type="checkbox"/> No <input type="checkbox"/> Don't know
<input type="checkbox"/> INDUCED ABORTION Some women do something in order to end their pregnancy?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes (specify) _____ <input type="checkbox"/> No <input type="checkbox"/> Don't know
<input type="checkbox"/> OTHER METHODS Have you heard of any other methods?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes (specify) _____ <input type="checkbox"/> No

Q. 306 On which days of the monthly cycle is a woman most able to become pregnant?

(INTERVIEWER: ASK ONLY IF SHE HAS HEARD OF RHYTHM METHOD)

Q. 307 Which do you think is the most convenient method of avoiding pregnancy?

Indifferent (no preference)

_____ state method

Why is this method better? (Reasons) _____

Q. 308 Have you and your husband ever talked about delaying or avoiding pregnancy?

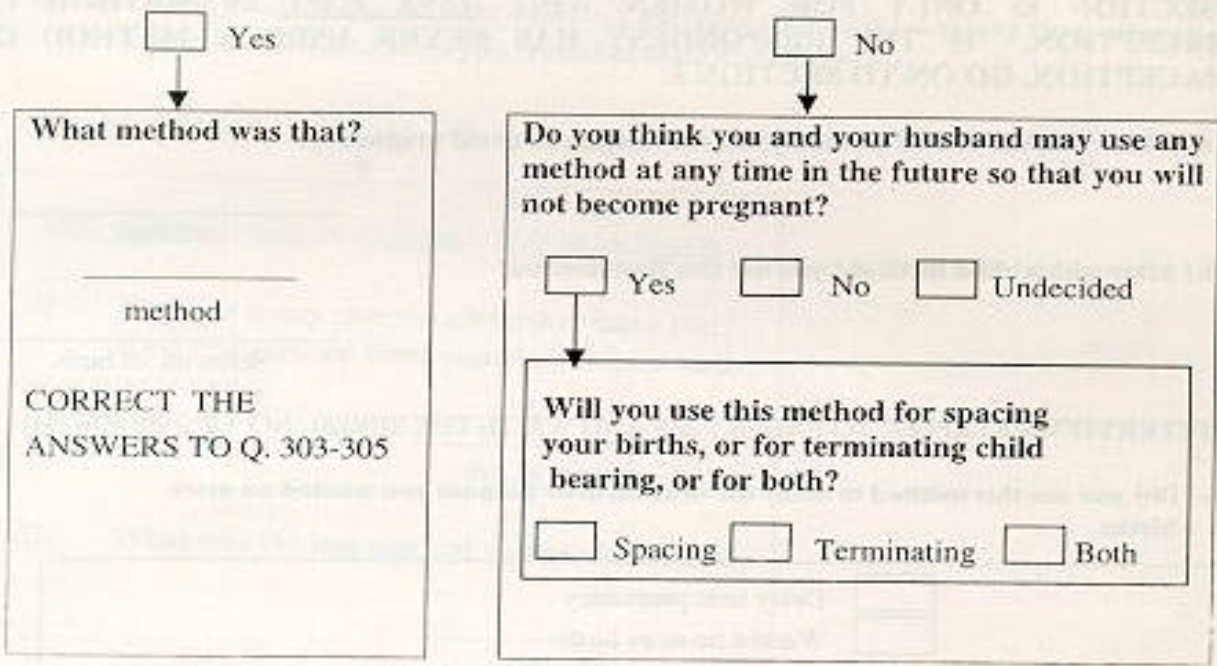
Yes

No

When did you first talk about it? Immediately after marriage, after the birth of your child, or after subsequent children?

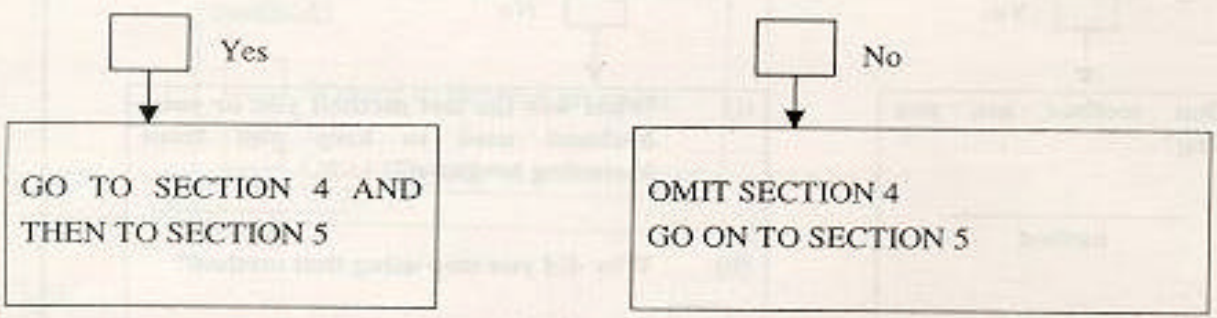
After marriage
 After first child
 After _____ child

Q. 309 I want to make sure I have got the correct information. Have you ever tried in any way to delay or avoid becoming pregnant? This includes ways such as avoiding intercourse on certain days.
(INTERVIEWER: ASK ONLY IF SHE HAS NOT MENTIONED HAVING USED ANY METHOD)



CORRECT THE ANSWERS TO Q. 303-305

INTERVIEWER : HAS SHE USED A METHOD OF CONTRACEPTION?



Section - 4

CONTRACEPTIVE HISTORY

THIS SECTION IS ONLY FOR WOMEN WHO HAVE USED A METHOD OF CONTRACEPTION. IF THE RESPONDENT HAS NEVER USED A METHOD OF CONTRACEPTION, GO ON TO SECTION 5.

Q. 401 (a) Which was the FIRST method you used to delay or avoid pregnancy?

_____ Method _____

(b) After which child birth did you use this first method?

_____ Serial no. of birth _____

(INTERVIEWER: REFER TO PAGES 7 & 8 AND WRITE THE SERIAL NO. OF THE BIRTH)

(c) Did you use this method to delay the next birth or because you wanted no more births.

- Delay next pregnancy
 Wanted no more births

(INTERVIEWER: ASK Q. 402 & 403 IF SHE HAS NO LIVE BIRTHS)

Q. 402 For how many months altogether have you used any method to delay your becoming pregnant?

_____ months

Q. 403 Are you or your husband currently using a method to keep you from becoming pregnant?

Yes

What method are you using?

_____ method

No

(i) What was the last method you or your husband used to keep you from becoming pregnant?

_____ method

(ii) Why did you stop using that method?

Wanted to become pregnant

Other (specify) _____

INTERVIEWER : ASK Q. 404 AND Q. 405 IF SHE HAS HAD AT LEAST ONE LIVE BIRTH.
IF SHE IS CURRENTLY PREGNANT SKIP TO Q. 405.

(REFER TO PAGES 7 & 8 AND USE THE NAME OF THE LAST CHILD)

Q. 404 Have you/did you or your husband used/use any method at any time after the birth of your last child to keep you from becoming pregnant?

Yes

No

(ASK ONLY IF SHE IS CURRENTLY MARRIED)

(i) For how many months altogether have you used any method since your last child's birth?

_____ no. of months

(ii) What was the last method you used/are using?

_____ methods

Are you still using this method now, or have you stopped using it?

Still using

Stopped

Why did you stop using that method?

Wanted to become pregnant.

Other (Specify).....

Q. 405 Think back to the interval between (your last but one child) and (your last child). Was there any time during that interval when you or your husband were using a method to keep you from becoming pregnant?

(IF SHE IS PREGNANT ASK: Think back to the interval between your last child's birth and your current pregnancy. Was there any time during that interval when you or your husband were using a method to keep you from becoming pregnant?)

(IF SHE HAD ONLY ONE LIVE BIRTH ASK : Think back to the time before you became pregnant with your child. Was there any time when you or your husband were using a method to keep you from becoming pregnant?)

Yes

No

(i) For how many months altogether did you use any method during that interval before you became pregnant?

 No. of months

(ii) What was the last method you used during that interval?

 method

(iii) Did you become pregnant while using that method, or had you stopped using before becoming pregnant?

While using Had stopped Don't know

Why did you stop using that method?

Wanted to become pregnant

Other (specify) _____

INTERVIEWER: IF SHE OR HER HUSBAND HAS HAD A STERILIZATION OPERATION, ASK Q. 406---Q. 408. (see Q. 222)

Q. 406. In what month and year did the operation take place?

_____ month _____ year

Q. 407. Where did the operation take place?

- Govt. hospital PHC/CHC
 Private hospital Private clinic Family planning camp

Q. 408. Was the operation satisfactory or did you have any complications afterwards?

- Operation satisfactory Had complications

(i) What complications?

(ii) Did anyone ever come to help you in these problems

Yes No

If yes who? _____

Section - 5

(TO ALL EVER MARRIED WOMEN AGED 15-60 YEARS)

SOCIO-ECONOMIC DATA

Q. 501 (a) What means of financial support do you think you might have when you and your husband are old and can no longer work?

- Help from children
- Savings or income from farm, business or other property
- Pension or insurance scheme
- Other (specify) _____
- None

(b) Anything else?

- Help from children
- Savings or income from farm, business or other property
- Pension or insurance scheme
- Other (specify) _____
- None

Q. 502 This household spends money on food, clothing and other items. How much of this spending is handled by you personally --- all of it, most of it, a little of it, or none of it?

Food	<input type="checkbox"/> All	<input type="checkbox"/> Most	<input type="checkbox"/> A little	<input type="checkbox"/> None
Clothing and other Items	<input type="checkbox"/> All	<input type="checkbox"/> Most	<input type="checkbox"/> A little	<input type="checkbox"/> None

Q. 503 Do the household members eat separately or together at the time of the evening meal?

Separately Together

Who eats first?
(TICK ALL MENTIONED)

Men Women

Boys Girls

Q. 309 (a) Of every 10 children born in this village, do all 10 grow up or do some die before they are five years old?

All grow up

Some die



How many out of the 10 might die?

_____ number out of 10

(b) Think back to when your parents were young. Of 10 children born in those days did all 10 grow up, or did some die before they were five years old?

All grow up

Some die



How many out of the 10 might die?

_____ number out of 10

Now I would like to ask you some questions about your children's health.

INTERVIEWER: LIST THE NAMES OF ALL HER LIVING CHILDREN FROM PAGES 7 & 8

Name	Sex M/F	Q. 507		Q. 508	Q. 509	
		Has this child been immunized? If YES: Against what? 1. Small pox 2. TB 3. Triple antigen (diphtheria, whooping cough, tetanus) 4. Polio 5. Other (specify)		Did this child have fever, diarrhoea, cough or any other illness (including visitation by evil spirits or goddess) during the past year? (specify)	Did this child receive any medical help with this problem? If YES: From whom? 1. Govt. allopath 2. Pvt. Allopath 3. Vaid/Hakim 4. Other (specify)	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Don't <input type="checkbox"/> Know		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Don't <input type="checkbox"/> Know		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Don't <input type="checkbox"/> Know		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Don't <input type="checkbox"/> Know		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Don't <input type="checkbox"/> Know		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Don't <input type="checkbox"/> Know		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Don't <input type="checkbox"/> Know		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Don't <input type="checkbox"/> Know		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Don't <input type="checkbox"/> Know		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Don't <input type="checkbox"/> Know		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Don't <input type="checkbox"/> Know		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Don't <input type="checkbox"/> Know		<input type="checkbox"/> Yes <input type="checkbox"/> No	

... was spent on each of your children during the past year on education clothing and illness?

No.	Name of child	Sex M/F	No. of years of education completed	Amount spent on Education (Rs.)					Spent on clothing and foot-wear (other than uniform) (Rs.)	Spent on illness * (Rs.)	
				Fees & books	Uniform	Hostel Pocket Money etc.	Transportation cost	Amount spent on private coaching		Doctor's fee	Medicine and special foods
1.											
2.											
3.											
4.											
5.											
6.											
7.											
8.											
9.											

* Any expenditure should be recorded regardless of what system of medicine was used, INCLUDING local healer's remedies.

Do you or any of your children aged less than 15 do any work during the past year for which you/they were paid in cash or kind?

Yes No

No.	Name	Sex M/F	Age	Source of Income		Total earnings during past year (Cash + Value of kind)	How much of these earnings were contributed to the household?	Height of the child (cms)
				Wage Labour	Crafts + Service + Other			
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								

Q 512 Answered by All Married Women in the Household: For every son & daughter not residing in the household –

Name of child	Sex M/F	Year of birth	Year of Marriage*	Dowry received (total value) in Rs.	Dowry paid (total value) in Rs.	Years of schooling of NAME	Years of schoolin g of spouse*	Caste of spouse *	Name of village, district where NAME went to live when first married*		Name of village, district where NAME lives now		Distance to this village (Kms)
									Village	District	Village	District	
1	2	3	4	5	6	7	8	9	10	11	12	13	14

* Write 00 if not married

Q. 512 (Contd.)

Name of child	In school now?	Total household landholdings of NAME	Household size of NAME	Amount of money contributed by NAME's household to your household, if any, in past year (Rs.)	Amount of money contributed by your household to NAME's household, if any, this past year (Rs.)
1	15	16	17	18	19

TIME ALLOCATION DATA

Now I would like to record your activities (and the activities of each of your children who are living with you) during the day, from waking up in the morning to going to sleep at night. I need to do this for one typical day in each of three seasons in the year:

- RICE AREAS**
- (i) Harvesting (about November)
 - (ii) Slack (about February)
 - (iii) Harvest (about April)
- WHEAT AREAS**
- (i) Sowing (about October)
 - (ii) Slack (about February)
 - (iii) Harvesting (about April/May)

Let us begin by fixing some points in time during the day, which will help us in recording how much time you spend at each task, and how much time you spend in leisure:

- Do you have a watch?
- Do your children go to school and return at fixed times?
(or other members of the household go to work and return at fixed times)
- Do any bus or train go past the village at fixed times?
- Do you hear the azaan?

FIX WHATEVER REFERENCE POINTS POSSIBLE. IF NOTHING CAN BE FIXED, USE THE POSITION OF THE SUN, AS INDICATED ON PAGES 33 TO 35.

Please think of a typical day during (rice harvest in November/wheat sowing in October), and tell me what you do during such a day, starting from the time you wake up in the morning.

AFTER RECORDING THE WOMAN'S ACTIVITIES, RECORD EACH OF HER CHILDREN'S ACTIVITIES DURING THAT SAME DAY.

Now, what do each of your boys and girls do during that day?

AFTER COMPLETING ONE SEASON, MOVE ON TO THE NEXT SEASON.

USE THE FOLLOWING CODES

Codes		
1.	AGRICULTURE (in own field)	
2.	CATTLE CARE	(including collecting fodder; grazing and watering cattle; milking and processing milk)
3.	WAGE LABOUR	(including agricultural and non-agricultural wage labour)
3.1	Agricultural	INTERVIEWER: ASK HOW MANY DAYS IN A WEEK THERE IS WORK DURING THAT SEASON.
3.2	Non-agricultural	
4.	SALARIED EMPLOYMENT	
5.	OTHER WORK	(including crafts and services; marketing; trading and business fishing; other)
6.	STUDYING	
7.	HOUSEHOLD	(including cleaning, washing, cooking and childcare; shopping and other household work)
8.	GRINDING & POUNDING GRAIN	
9.	COLLECTING FUEL,	
10.	MAKING DUNG CAKES, ETC.	
11.	FETCHING WATER	
12.	LEISURE	(including sleeping, bathing etc. and leisure combined with babysitting)
13.	SEWING & KNITTING	

(October/November)

INTERVIEWER: SELECT MONTH DURING WHICH IN: RICE AREAS-PEAK

HARVESTING WHEAT AREAS-SOWING

TIME	NAMES									
4.00										
.30										
5.00										
.30										
DAWN 6.00										
.30										
7.00										
.30										
8.00										
.30										
SUN HALF 9.00										
WAY UP .30										
10.00										
.30										
11.00										
.30										
NOON (SUN DIRECTLY ABOVE)										
12.00										
.30										
1.00										
.30										
2.00										
.30										
SUN HALF WAY DOWN										
3.00										
.30										
4.00										
.30										
5.00										
.30										
DUSK										
6.00										
.30										
NIGHTFALL										
7.00										
.30										
8.00										
.30										
9.00										
.30										
10.00										
.30										
11.00										

(February/March)

INTERVIEWER: SELECT MONTH DURING WHICH IN: RICE AREAS-SLACK WHEAT AREAS-

SLACK

TIME	NAMES																			
	4.00																			
	.30																			
	5.00																			
	.30																			
DAWN	6.00																			
	.30																			
	7.00																			
	.30																			
	8.00																			
	.30																			
SUN HALF	9.00																			
WAY UP	.30																			
	10.00																			
	.30																			
	11.00																			
	.30																			
NOON (SUN	12.00																			
DIRECTLY	.30																			
ABOVE)																				
	1.00																			
	.30																			
	2.00																			
	.30																			
SUN HALF	3.00																			
WAY DOWN	.30																			
	4.00																			
	.30																			
	5.00																			
	.30																			
DUSK	6.00																			
	.30																			
NIGHTFALL	7.00																			
	.30																			
	8.00																			
	.30																			
	9.00																			
	.30																			
	10.00																			
	.30																			
	11.00																			

(October/November)

INTERVIEWER: SELECT MONTH DURING WHICH IN: RICE AREAS-SLACK WHEAT AREAS-SLACK

TIME	NAMES										
4.00											
.30											
5.00											
.30											
DAWN 6.00											
.30											
7.00											
.30											
8.00											
.30											
SUN HALF 9.00											
WAY UP .30											
10.00											
.30											
11.00											
.30											
NOON (SUN DIRECTLY ABOVE)											
12.00											
.30											
1.00											
.30											
2.00											
.30											
SUN HALF WAY DOWN											
3.00											
.30											
4.00											
.30											
5.00											
.30											
DUSK											
6.00											
.30											
NIGHTFALL											
7.00											
.30											
8.00											
.30											
9.00											
.30											
10.00											
.30											
11.00											

INTERVIEWER'S REPORT

1. RESULT:

- | | |
|---|--|
| <input type="checkbox"/> Completed | <input type="checkbox"/> Not at home |
| <input type="checkbox"/> Partly completed | <input type="checkbox"/> Refused to answer |

2. How reliable is the information given by the respondent?

- Very reliable
- Reliable
- Not so reliable

3. Other persons present during the interview (tick all applicable)

- | | |
|--|---|
| <input type="checkbox"/> None | <input type="checkbox"/> Spouse |
| <input type="checkbox"/> Children under 10 | <input type="checkbox"/> Older children |
| <input type="checkbox"/> Mother-in-law | <input type="checkbox"/> Other adults |

Time ended interview _____ Date _____

Name of interviewer _____ Signature _____

Name of supervisor _____ Signature _____

Date _____

Name of crosschecker _____ Signature _____

Date _____

Edited by _____ Date _____

Coded by _____ Date _____

[The page contains approximately 30 horizontal lines of handwriting, which are mostly illegible due to blurring and fading.]