

REDS

RURAL ECONOMIC AND DEMOGRAPHIC SURVEY
DEMOGRAPHIC QUESTIONNAIRE

NATIONAL COUNCIL OF APPLIED ECONOMIC RESEARCH
II-INDRAPRASTHA ESTATE
NEW DELHI-110002

1982

IDENTIFICATION

Sample household no.....

Name of the Head.....

RESPONDENT

Name.....

Name of husband.....

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 Stratum.....

1971 Rating.....

SECTION—1

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 small book ?

Yes No

Q. 103 INTERVIEWER : USE THE FOLLOWING CODES :

- | | |
|------------------------|-----------------------|
| 1—Agriculture | 4—Trading & 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

Q. 105 How old are you ?

.....
age in completed years

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

.....
age in completed years

Q. 107 How old were you when you first began living with your husband ?

.....
age in completed years

Q. 108 How many years after you began living with your husband was your first child born ?

.....
Number of years

Q. 109 I hope your first child is 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

110 (a) Is your husband now living here with you ?

Yes

No

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

Gone away temporarily

Gone away permanently

Dead

111 Is this your first marriage ?

Yes

No

SECTION-2

PREGNANCY HISTORY

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.

- 201 How many children do you have?
- 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?

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

204 (a) Now I will ask you about your births during the past 1½-2 years, that is since the Holi/Pongal of 1981. Have any children 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)

Yes

No

How Many.....

(i) How many months ago was this baby born?

_____ days/months

(ii) Is the baby still alive?

Still alive

Dead

How long did the baby live?

_____ days/months

Now I want to ask you some questions about each of your births, starting with the first birth you had.

INTERVIEWER : BEGIN WITH THE FIRST BIRTH. IF THERE ARE TWINS, USE ONE LINE FOR EACH AND CONNECT WITH A BRACKET AT THE LEFT.

	Q.205	Q. 206	Q. 207	Q. 208	Q. 209	Q. 210	Q. 211	Q. 212
Sl. No	Was it a boy or a girl ?	How many months/years after the previous child was this child born ?	Is this child still living ?	IF CHILD IS LIVING		IF THE CHILD IS DEAD		
				What is his/her name ?	What is his/her age ?	For how long did the child live ?	What was wrong with this child ?	Did this child get any medical help? If YES : From whom ? 1. Govt. allopath 2. Pvt. allopath 3. Vaid/Hakim 4. Other
	<input type="checkbox"/> Boy <input type="checkbox"/> Girl	Months _____ Years _____	<input type="checkbox"/> Yes <input type="checkbox"/> No			Days _____ Months _____ Years _____		<input type="checkbox"/> Yes <input type="checkbox"/> <input type="checkbox"/> No
	<input type="checkbox"/> Boy <input type="checkbox"/> Girl	Months _____ Years _____	<input type="checkbox"/> Yes <input type="checkbox"/> No			Days _____ Months _____ Years _____		<input type="checkbox"/> Yes <input type="checkbox"/> <input type="checkbox"/> No
	<input type="checkbox"/> Boy <input type="checkbox"/> Girl	Months _____ Years _____	<input type="checkbox"/> Yes <input type="checkbox"/> No			Days _____ Months _____ Years _____		<input type="checkbox"/> Yes <input type="checkbox"/> <input type="checkbox"/> No
	<input type="checkbox"/> Boy <input type="checkbox"/> Girl	Months _____ Years _____	<input type="checkbox"/> Yes <input type="checkbox"/> No			Days _____ Months _____ Years _____		<input type="checkbox"/> Yes <input type="checkbox"/> <input type="checkbox"/> No
	<input type="checkbox"/> Boy <input type="checkbox"/> Girl	Months _____ Years _____	<input type="checkbox"/> Yes <input type="checkbox"/> No			Days _____ Months _____ Years _____		<input type="checkbox"/> Yes <input type="checkbox"/> <input type="checkbox"/> No
	<input type="checkbox"/> Boy <input type="checkbox"/> Girl	Months _____ Years _____	<input type="checkbox"/> Yes <input type="checkbox"/> No			Days _____ Months _____ Years _____		<input type="checkbox"/> Yes <input type="checkbox"/> <input type="checkbox"/> No
	<input type="checkbox"/> Boy <input type="checkbox"/> Girl	Months _____ Years _____	<input type="checkbox"/> Yes <input type="checkbox"/> No			Days _____ Months _____ Years _____		<input type="checkbox"/> Yes <input type="checkbox"/> <input type="checkbox"/> No
	<input type="checkbox"/> Boy <input type="checkbox"/> Girl	Months _____ Years _____	<input type="checkbox"/> Yes <input type="checkbox"/> No			Days _____ Months _____ Years _____		<input type="checkbox"/> Yes <input type="checkbox"/> <input type="checkbox"/> No

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	Yes	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	No	<input type="checkbox"/>
<input type="checkbox"/>	Months	Yes			days		
<input type="checkbox"/>	Years	No			months		
<input type="checkbox"/>					years		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	Yes	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	No	<input type="checkbox"/>
<input type="checkbox"/>	Months	Yes			days		
<input type="checkbox"/>	Years	No			months		
<input type="checkbox"/>					years		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	Yes	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	No	<input type="checkbox"/>
<input type="checkbox"/>	Months	Yes			Days		
<input type="checkbox"/>	Years	No			Months		
<input type="checkbox"/>					Years		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	Yes	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	No	<input type="checkbox"/>
<input type="checkbox"/>	Months	Yes			Days		
<input type="checkbox"/>	Years	No			Months		
<input type="checkbox"/>					Years		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	Yes	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	No	<input type="checkbox"/>
<input type="checkbox"/>	Months	Yes			Days		
<input type="checkbox"/>	Years	No			Months		
<input type="checkbox"/>					Years		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	Yes	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	No	<input type="checkbox"/>
<input type="checkbox"/>	Months	Yes			Days		
<input type="checkbox"/>	Years	No			Months		
<input type="checkbox"/>					Years		

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.

Q. 213 Aside from these, have there been any OTHER times when you were pregnant, even if such pregnancies lasted for just a few weeks or a few months ?

Yes

No

How many such pregnancies have you had ?

.....
Number

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

10 Did you at any time want to have an additional baby because you had lost
..... (the most recent child who died)?

INTERVIEWER: REFER TO THE MOST RECENT CHILD WHO DIED

Yes

No

11 Suppose you had one more child, how would you feel about this?

Happy

Not so happy

Unhappy

12 When did you have your last period?

 Week(s) ago

 Month(s) ago

 Year(s) ago

13 Are you pregnant now?

Yes

No

Don't know

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

Yes

No

Why not?

Menopause/irregular periods/too old

husband/wife sterilised

husband/wife ill

husband away

stopped having sexual relations

Other reason

(Specify).....

.....

HOW MANY MONTHS AFTER THE BIRTH OF THIS CHILD TILL :

INTERVIEWER : SEE PAGES 6&7 WRITE THE NAME OF THE CHILD	Q. 223	Q. 224	Q. 225	Q. 226	Q. 227
	Resumed sexual relations	Period came back	Started giving baby other foods in addition to breast feeding	Stopped breast feeding	Where was the child delivered ?
(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 <input type="checkbox"/> Not yet	..... months <input type="checkbox"/> Not yet	..... months <input type="checkbox"/> Not yet	..... months <input type="checkbox"/> Not yet	<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) :

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

Would you prefer your first/next child to be a boy or a girl

Boy

Girl

Either

Up to God

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 ?)

.....
Number

(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

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

How many more children does/did your husband want you to have ?

(IF SHE IS PREGNANT ASK : How many more children does he want you to have in addition to the one you are expecting ?)

.....
Number

(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

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

	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"/> LOOP/IUD 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 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
<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

	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"/> 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"/> 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"/> 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"/> 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 checked="" 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 (Specify) <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

Q. 306 INTERVIEWER : ASK ONLY IF SHE HAS HEARD OF RHYTHM METHOD
 On which days of the monthly cycle is a woman most able to become pregnant?

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

.....
 State method

indifferent (no preference)

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 first child, or after subsequent children ?

after marriage

after first child

after.....child

INTERVIEWER : ASK ONLY IF SHE HAS NOT MENTIONED HAVING USED ANY METHOD :

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.

Yes

No

What method was that ?

.....
method

DIRECT THE ANSWERS
TO Q. 303-305

Do you think you and your husband may use any method at any time in the future so that you will not become pregnant ?

Yes No Undecided

Will you use this method for spacing your births, or for terminating child bearing, or for both ?

Spacing Terminating Both

INTERVIEWER : HAS SHE USED A METHOD OF CONTRACEPTION ?

Yes

No

Go to Section 4
and then to Section 5

Omit Section 4
Go on to Section 5

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 birth did you use this first method ?

.....
Serial no. of birth

(INTERVIEWER: REFER TO PAGES 6 & 7 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 birth

Wanted no more births

ASK Q. 402 & Q. 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

No

What method are you using ?

.....
method

(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).....

.....

.....

ANSWER : 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 6 & 7 AND USE THE NAME OF THE LAST CHILD)

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 ?

.....
method

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. INTERVIEWER: REFER TO PAGE 6 AND 7 USE THE NAMES OF THE LAST BUT ONE CHILD, AND THE LAST CHILD.

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 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 HAS 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.

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

.....
month

.....
year

407 Where did the operation take place ?

.....
Location

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 with these problems ?

Yes

No

SECTION 5
SOCIO-ECONOMIC DATA

Q. 501. Some women feel that a family with many children is a happy family. Other women feel that a family with few children is a happy family. Which do you think is a happier family, the one with many children or the one with few ?

<input style="width: 40px; height: 20px; border: 1px solid black;" type="checkbox"/> Many | <div style="border: 1px solid black; padding: 5px; width: 100%;"> <p style="text-align: center;">How many children are many ?</p> <p style="text-align: center;">..... number</p> </div>	<input style="width: 40px; height: 20px; border: 1px solid black;" type="checkbox"/> Few | <div style="border: 1px solid black; padding: 5px; width: 100%;"> <p style="text-align: center;">How many children are few ?</p> <p style="text-align: center;">..... number</p> </div>
--	--

Q. 502 (a) In your view, what are the main advantages of having many children ?
(TICK ALL THE ONES MENTIONED)

- No advantage
- More hands to work
- Support in old age
- Protection in case some children die
- Happy home
- God's blessing to give children
- Other (Specify).....
.....)

(b) In your view, what are the main advantages of having few children ?
(TICK ALL THE ONES MENTIONED)

- No advantage
- Financial reasons (Household cannot afford many children)
- Better for children's health
- Better for mother's health
- Less work for mother
- Other (Specify).....
.....)

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

Anything else? (TICK ON ABOVE LIST.)

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

	<input type="checkbox"/> All	<input type="checkbox"/> Most	<input type="checkbox"/> A little	<input type="checkbox"/> None
ing and items	<input type="checkbox"/> All	<input type="checkbox"/> Most	<input type="checkbox"/> A little	<input type="checkbox"/> None

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. 506 (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

to ask you some questions about your children's health.

LIST THE NAMES OF ALL HER LIVING CHILDREN FROM PAGES 6 & 7

Sex M/F	Q. 507	Q. 508	Q. 509
	Has this child been immunized? If YES : Against what ? 1. Smallpox 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 goddesses) 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 know		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know		<input type="checkbox"/> Yes <input type="checkbox"/> No

Q. 510. How much was spent on each of your children during the past year on education clothing and illness ?

No.	Name of child	Sex M/F	Age	No. of years of edu- cation com- pleted	Spent on Education			Spent on clothing and footwear (other than uniform)	Spent on illness *
					Fees & books	Uni- form	Hostel pocket money etc.		
1.									
2.									
3.									
4.									
5.									
6.									
7.									
8.									
9.									

* Including expenditure on medicine, special foods and doctor's fees. Any expenditure should be recorded regardless of what system of medicine was used, INCLUDING local healer's remedies.

11. How much is usually spent in households like your own on the following occasions ?

Occasion	Amount spent on a boy	Amount spent on a girl
Birth (including medical expenses)		
Initiation (coming of age)		
Marriage (includes engagement, dowry and all ceremonies:) ...		
Funeral (of old people)		

Q. 512 Did you or any of your children 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 contri- buted to the house hold ?
				Wage labour	Crafts + services + other		
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							

Q. 513 Do any of your children who are not living with you contribute to your household financially?

Yes

No

How much did they contribute in cash or in kind during the past year?

In Cash.....

In Kind.....

SECTION—6

TIME ALLOCATION DATA

Now I would like to record your activities (and the activities of each of your children living with you) during the day, from waking up in the morning to going to sleep. I need to do this for one 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 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 buses or trains go past the village at fixed times?
- do you hear the azaan?

WHATEVER REFERENCE POINTS POSSIBLE. IF NOTHING CAN BE FIXED, USE THE POSITION OF THE SUN, AS INDICATED ON PAGES 31 TO 33.

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.

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

Year/November)

VIEWER : SELECT MONTH DURING WHICH IN : RICE AREAS—PEAK HARVESTING
WHEAT AREAS — SOWING

TIME	N	A	M	E	S
4.00 .30					
5.00 .30					
6.00 .30					
7.00 .30					
8.00 .30					
9.00 .30					
10.00 .30					
11.00 .30					
NOON (SUN DIRECTLY ABOVE) 12.00 .30					
1.00 .30					
2.00 .30					
3.00 .30					
4.00 .30					
5.00 .30					
6.00 .30					
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		N	A	M	E	S
4.00 .30						
5.00 .30						
DAWN 6.00 .30						
7.00 .30						
8.00 .30						
SUN $\frac{1}{2}$ WAY UP 9.00 .30						
10.00 .30						
11.00 .30						
NOON SUN 12.00 DIRECTLY ABOVE .30						
1.00 .30						
2.00 .30						
SUN $\frac{1}{2}$ 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						

SELECT MONTH DURING WHICH IN : RICE AREAS —SMALLER HARVEST
 WHEAT AREAS —PEAK HARVESTING

	N	A	M	E	S
4.00 .30					
5.00 .30					
6.00 .30					
7.00 .30					
8.00 .30					
9.00 .30					
10.00 .30					
11.00 .30					
(SUN 12.00 TLY ABOVE) .30					
1.00 .30					
2.00 .30					
DOWN & WAY DOWN 3.00 .30					
4.00 .30					
5.00 .30					
DOUSK 6.00 .30					
NIGHTFALL 7.00 .30					
8.00 .30					
9.00 .30					
10.00 .30					
11.00					

INTERVIEWER'S REPORT

RESULT :

Completed

Not at home

Partly completed

Refused to answer

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)

None

Spouse

Children under 10

Older children

Mother-in-law

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.....