

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.

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 (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"/> Months	<input type="checkbox"/> Yes			<input type="checkbox"/> days	<input type="checkbox"/> Yes	<input type="checkbox"/>
<input type="checkbox"/> Girl	<input type="checkbox"/> Years	<input type="checkbox"/> No			<input type="checkbox"/> months	<input type="checkbox"/> No	<input type="checkbox"/>
<input type="checkbox"/> Boy	<input type="checkbox"/> Months	<input type="checkbox"/> Yes			<input type="checkbox"/> days	<input type="checkbox"/> Yes	<input type="checkbox"/>
<input type="checkbox"/> Girl	<input type="checkbox"/> Years	<input type="checkbox"/> No			<input type="checkbox"/> months	<input type="checkbox"/> No	<input type="checkbox"/>
<input type="checkbox"/> Boy	<input type="checkbox"/> Months	<input type="checkbox"/> Yes			<input type="checkbox"/> Days	<input type="checkbox"/> Yes	<input type="checkbox"/>
<input type="checkbox"/> Girl	<input type="checkbox"/> Years	<input type="checkbox"/> No			<input type="checkbox"/> Months	<input type="checkbox"/> No	<input type="checkbox"/>
<input type="checkbox"/> Boy	<input type="checkbox"/> Months	<input type="checkbox"/> Yes			<input type="checkbox"/> Days	<input type="checkbox"/> Yes	<input type="checkbox"/>
<input type="checkbox"/> Girl	<input type="checkbox"/> Years	<input type="checkbox"/> No			<input type="checkbox"/> Months	<input type="checkbox"/> No	<input type="checkbox"/>
<input type="checkbox"/> Boy	<input type="checkbox"/> Months	<input type="checkbox"/> Yes			<input type="checkbox"/> Days	<input type="checkbox"/> Yes	<input type="checkbox"/>
<input type="checkbox"/> Girl	<input type="checkbox"/> Years	<input type="checkbox"/> No			<input type="checkbox"/> Months	<input type="checkbox"/> No	<input type="checkbox"/>
<input type="checkbox"/> Boy	<input type="checkbox"/> Months	<input type="checkbox"/> Yes			<input type="checkbox"/> Days	<input type="checkbox"/> Yes	<input type="checkbox"/>
<input type="checkbox"/> Girl	<input type="checkbox"/> Years	<input type="checkbox"/> No			<input type="checkbox"/> Months	<input type="checkbox"/> No	<input type="checkbox"/>
<input type="checkbox"/> Boy	<input type="checkbox"/> Months	<input type="checkbox"/> Yes			<input type="checkbox"/> Days	<input type="checkbox"/> Yes	<input type="checkbox"/>
<input type="checkbox"/> Girl	<input type="checkbox"/> Years	<input type="checkbox"/> No			<input type="checkbox"/> Months	<input type="checkbox"/> No	<input type="checkbox"/>
<input type="checkbox"/> Boy	<input type="checkbox"/> Months	<input type="checkbox"/> Yes			<input type="checkbox"/> Days	<input type="checkbox"/> Yes	<input type="checkbox"/>
<input type="checkbox"/> Girl	<input type="checkbox"/> Years	<input type="checkbox"/> No			<input type="checkbox"/> Months	<input type="checkbox"/> No	<input type="checkbox"/>
<input type="checkbox"/> Boy	<input type="checkbox"/> Months	<input type="checkbox"/> Yes			<input type="checkbox"/> Days	<input type="checkbox"/> Yes	<input type="checkbox"/>
<input type="checkbox"/> Girl	<input type="checkbox"/> Years	<input type="checkbox"/> No			<input type="checkbox"/> Months	<input type="checkbox"/> No	<input type="checkbox"/>

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

Q. 218 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

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

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).....

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) :

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 ?)

.....
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

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

How many more children does/did he 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