

Alive & Thrive UP -Maternal Nutrition
Baseline Survey 2017
Recently Delivered Women
International Food Policy Research Institute (IFPRI)

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RECENTLY DELIVERED WOMEN'S QUESTIONNAIRE**CONSENT OF RESPONDENT**

Good morning/afternoon. I am _____ from Neerman. Together with the International Food Policy Research Institute (IFPRI), we are conducting an evaluation of the A&T program in this area. We want to talk with you about your nutrition and health during pregnancy. The information that you will provide us will be used to set up a good health program in this community and in similar settings in other parts of the world. We will measure you and your child's weight and height.

We are inviting you to be a participant in this study. We value your opinion. You will only be identified through code numbers. Your identity will not be stored with other information we collect about you. Your responses will be assigned a code number, and the list connecting your name with this number will be kept in a locked room and will be destroyed once all the data has been collected and analyzed. Any information we obtain from you during the research will be kept strictly confidential. We will use approximately 1.5-2 hours of your time to collect all the information.

There will be no cost to you other than your time. Your participation in this research is completely voluntary. You are free to withdraw your consent and discontinue participation in this study at any time. You also have the right to refuse to answer specific questions. There will be no risk as a result of your participation in the study. Two organizations are jointly conducting this survey - International Food Policy Research Institute and Neerman. Your participation will be highly appreciated. The answers you give will help provide better information to policy-makers, practitioners and program managers so that they can plan for better services that will respond to your needs.

The researcher read to me orally the consent form and explained to me and I agreed to take part in this research. I understand that I am free to discontinue participation at any time if I so choose, and that the investigator will gladly answer any question that arise during the course of the interview.

Contact information:

Name:

Address:

Phone:

Interviewer's statement: I am the interviewer of the above mentioned research project. I have read out this consent form and the respondent is aware of it. Respondent decided to take part in this interview and ticked the "Yes, agreed" box voluntarily after listening to the statement.

Do you agree to answer the survey questions?
(Please tick mark on the right box depending on the respondent consent)

Consent given: Yes, agreed

☐

Consent given:

Not agreed

☐

Interviewer's signature: _____ Date: ____/____/____

MODULE A: IDENTIFICATION

	Name	Code						
A1	District:	[__]						
A2	Block:	[__]						
A3	Gram Panchayat	[__] Name deidentified. Code masked						
A4	Household Number as per Listing Sheet:	[__][__][__] Information is masked and a unique HHID is created instead						
A5	Identificaiton for selected RDW	Name, husbands name displayed as per listing data. All information is deidentified.						
A7	Is the respondent available for an interview?	1. Yes 0. No (<i>terminate the interview after noting administrative information as per CAPI</i>)						
A8	Administer informed consent as per IRB form. Is the respondent willing to participate in the interview?	1. Yes 0. No (<i>terminate the interview after noting administrative information as per CAPI</i>)						
A9	Interviewer's ID:	[__][__]						
A10	Team / Supervisor ID:	[__][__]						
A11	Date of Listing:	<table border="1"> <thead> <tr> <th>Day</th> <th>Month</th> <th>Year</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td>1 7</td> </tr> </tbody> </table>	Day	Month	Year			1 7
Day	Month	Year						
		1 7						
A12	Date of Main interview completion:	<table border="1"> <thead> <tr> <th>Day</th> <th>Month</th> <th>Year</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td>1 7</td> </tr> </tbody> </table>	Day	Month	Year			1 7
Day	Month	Year						
		1 7						
A13	Number of visits made to complete this interview	[__]						
A14	Result of the interview	(0) Respdent not available even after 2 visits (1) Completed (2) Partially complete (3) Refused consent (4) Form not uploaded – HH/resp not found, migrated, CAPI error (95) Other (Specify _____)						
A15	Accompanied call/ Spot check done by any supervisor or manager?	(1) Supervisor (2) Executive / Manager / Researcher (3) Client (0) None						

Definition of household

A household is a group of people who live together and take food from the “same pot.” In our survey, a household member is someone who has lived in the household who has lived in the household since the last 6 months.

Even those persons who are not blood relations (such as servants, lodgers, or agricultural laborers) are members of the household if they have stayed in the household in the past 6 months and take food from the “same pot.” If someone stays in the same household but does not bear any costs for food or does not take food from the same pot, they are not considered household members. For example, if two brothers stay in the same house with their families but they do not share food costs and they cook separately, then they are considered two separate households.

Generally, if one person stays more than 3 months out of the last 6 months outside the household, they are not considered household members. We do not include them even if other household members consider them as household members.

Exceptions to these rules should be made for:

Consider as household member

- A newborn child less than 3 months old.
- Someone who has joined the household through marriage less than 3 months ago.
- Servants, lodgers, and agricultural laborers currently in the household and will be staying in the household for a longer period but arrived more than 3 months ago.

Do not consider as household member

- A person who died very recently though stayed more than 3 months in last 6 months.
- Someone who has left the household through marriage less than 3 months ago.
- Servants, lodgers, and agricultural laborers who stayed more than 3 months in last 6 months but left permanently.

This definition of the household is very important. The criteria could be different from other studies you may be familiar with, but you should keep in mind that you should not include those people who do not meet these criteria. Please discuss any questions with your supervisor.

MODULE B: HOUSEHOLD COMPOSITION

B00. Total number of family members who usually live in this household: [][]

Now we would like to collect information on the different persons who usually live in your household.
Please tell me the name of all the persons who live in your house, starting with your name

MemberID	Name (Start with Recently delivered woman)	Relationship to recently delivered woman (see code 1)	Gender Male 1 Female. 2	Age	
				Year	Month
B1	B2	B3	B4	B5a	B5b

B06b. What is the member ID of the respondent (RDW): [][]

B07b. What is the member ID of the head of the household: [][]

B08b. What is the member ID of the index child: [][]

B09. Date of Birth of the index child

- A. Day
- B. Month
- C. Year

Code 1: Relationship to the recently delivered woman	
1. Recently delivered woman/Respondent	
2. Spouse	
3. Son or daughter	
4. Father in-law	
5. Mother in-law	
6. Grandchild	
7. Father	
8. Mother	
9. Brother or sister	
10. Brother in law or sister in law	
11. Other relatives (including cousins)	
12. Foster/step/adopted children	
13. Not related	

MODULE C: DEMOGRAPHIC INFORMATION

INTERVIEWER: DO NOT PROMPT RESPONSES UNLESS INDICATED IN THE QUESTION

Sno	Question	Response	Response code
C1	What is your religion?		1. Hindu 2. Muslim 3. Christian 4. Buddhist 5. Sikh 6. Jain 95. Others (Specify)
C2	What is the highest class you (RDW) have completed?		-88 Never attended school 0. Started school, but not completed class I 1. Completed class I Put number of highest completed class. For example, if currently in class III, put 2 as class II is completed) 12. Completed class 12 13. Bachelors 14. Master 15. Ph.D 16. Non-formal education 17. Technical/ vocational --99. Do not know
C3	What is the highest class your husband (RDW's husband) has completed?		-88 Never attended school 0. Started school, but not completed class I 1. Completed class I Put number of highest completed class. For example, if currently in class III, put 2 as class II is completed) 12. Completed class 12 13. Bachelors 14. Master 15. Ph.D 16. Non-formal education 17. Technical/ vocational --99. Do not know
C4	What is your caste category?		1. SC 2. ST 3. OBC 4. General -96 Not applicable 95. Other (specify)
C5	What is your marital status?		0. Unmarried 1. Married 2. Widowed 3. Divorced 4. Separated

C6	What is your main occupation?		0. Unemployed 1. Agriculture/Livestock/ Poultry/Aquaculture 2. Agricultural labor 3. Salaried worker 4. Self-employment/business 5. Skilled labor 6. Trader/exchange of goods 7. Housewife/No work for wages 8. Student 9. Retired 10. Wage employment -99. Don't know 95. Other (specify)
C7	Do you know how to read and write?		1. Yes, read and write 2. Yes, read 0. No, cannot read and write
C8	Can you read this sentence out loud? (SHOW CARD)		0. Cannot read at all 1. Can read some of it 2. Can read whole sentence

MODULE D: OBSTETRIC HISTORY

Slno	Question	Response	Response code
D1	What was your age when you first got married? (If married more than once then please write age of first marriage) Enter -99 if Don't know		Years -99. Don't know
D2	Was this your first pregnancy?		0. No 1. Yes → D6
D3	How many times have you been pregnant (including the last pregnancy)?		No. of times (Range: 0-10)
D4	What was your age when your first child was born? Enter -99 if Don't know		Years -99 Don't know
D5	How many living children do you have? (all children including the current baby)		No of children (Range: 0-10)
D6	Do you have an MCP card?		0. No (If no, D8 to be skipped) 1. Yes
D7	Birth weight of the last child (as per mother's knowledge)		kg --99. Don't know
D8	Birth weight of the last child (as per Mother Child Protection Card)		_____kg -99 don't know

MODULE E: USE OF ANTENATAL SERVICES

I would like to ask you questions about your experiences with AWWs, ASHAs, or ANMs during your pregnancy with [CHILD NAME]

No.	Question	Response AWW	Response ASHA	Response ANM	Response code
E1	Do you know if there is an in your village or who visits your village?				0. No 1. Yes
E2.	During your last pregnancy, were you ever visited at home by this woman?				0. No 1. Yes
E3.	How many times did she visit you during your last pregnancy?				Number of times (Range: 0-30)
E4.	During your last pregnancy, did you ever meet with an ... in the AWC?				0. No 1. Yes
E5.	How many times did you meetat AWC during your last pregnancy?				Number of times (Range: 0-30)
E6.	During last pregnancy, did you meet with an ... during VHND or any other community event for pregnant or lactating women?				0. No 1. Yes
E7.	How many times did you meetduring VHND or at the community event during last pregnancy?				Number of times (Range: 0-30)
E8.	How many times did you meetat the Subcenter during last pregnancy?				Number of times (Range: 0-30)
E9.	What type of services did the person provide to you during your last pregnancy? (multiple responses possible) Probe-any other services? Do not give any other probes/hints				0. Did not provide any services 1. ANC checkup 2. Weight measurement during pregnancy and information on adequate weight gain 3. Information on diet composition 4. Information on diet quantity 5. Provided adult IFA tablets 6. Counselling on IFA tablets 7. Provided adult calcium tablets 8. Counselling on adult calcium tablets 9. Provided hand washing information 10. Information on hygiene and sanitation 11. Delivery information 12. Information on JSY & JSSK 13. Information on other government schemes 14. Newborn care 15. THR 16. Consultation for illness 17. Medicine/prescription 18. Referral to another facility (hospital or clinic) 19. Breastfeeding information 20. Exercise during pregnancy 21. Tetanus injection 95. Other (specify) --99. Don't know

No	Question	Response AWW	Response ASHA	Response ANM	Response code
E10.	I'd now like to ask you about the AWW, ASHA and ANM. Would you say the ... (Read down list and code for each)				0. No 1. Yes -96NA
	Treats you with respect				
	Is knowledgeable about your health needs during pregnancy and delivery				
	Is knowledgeable about the health needs of babies				
	Directs you to appropriate health service providers				
	Responds quickly to emergency situations				
E11.	Have you heard about a fixed ANC day (PMSMA)? (<i>prompt</i> : it is held on the 9 th of every month at the nearest health center)				0. No → E14 1. Yes
E12.	Did you ever go to the fixed ANC day?				0. No → E14 1. Yes
E13.	Did ASHA/ANM accompany you for the check-up? (<i>multiple response possible</i>)				1. ANM came with me 2. ASHA came with me 3. I went by myself

The next questions are about your experiences on ANC services and counseling during your pregnancy of [CHILD NAME]

No	Question	Response	Response code
E14.	Have you registered your last pregnancy?		0. No → E16 1. Yes
E15.	With whom did you register the pregnancy? <i>(if respondent is unclear, probe: Did you get the MCP card, and from whom?)</i> <i>(multiple response possible)</i>		1. ANM 2. ASHA 3. AWW 95. Other (specify) -99. Don't know
E16.	Have you attended Godbharai ceremony at the AWC for this pregnancy?		0. No → E18 1. Yes
E17.	What happened during the GodBharai ceremony? <i>(multiple response possible)</i>		1. Given IFA 2. Food demonstration 3. Given gifts e.g. of clothes 4. Provided food 95. Other (specify)
E18.	When you were pregnant with (NAME), did you receive any ANC checkup?		0. No → E23 1. Yes
E19.	From whom did you receive ANC check up for your pregnancy with (NAME)? <i>(multiple responses possible)</i>		1. Doctor 2. ANM 3. Nurse/ other health personnel 4. Dai/TBA 5. ASHA 6. AWW 95. Other (specify) -99. Don't know
E20.	How many months pregnant were you when you first received ANC (advice/treatment) for your last pregnancy?		Number of months -99. Do not know (Range: 0-9)
E21.	How many times did you receive ANC during your last pregnancy?		Number of times -99. Do not know (Range: 0-30)
E22.	As part of your antenatal check-up during last pregnancy, were any of the following done at least once?		
	a) Was your blood pressure measured?		0. No 1. Yes
	b) Did you give a urine sample?		
	c) Did you give a blood sample?		
	d) Was your abdomen checked?		
	e) Were you told your expected delivery date?		
	f) Were you advised to deliver in a hospital or health facility?		
	g) Were you advised about consuming diverse varieties of nutritious foods daily and increased amount of food during pregnancy?		
	h) Were you advised about taking IFA supplements?		

No	Question	Response	Response code
	i) Were you advised about taking calcium supplements (white or pink tablet)?		
	j) Were you advised about early initiation of breastfeeding		
	k) Were you weighed?		
E23.	At what month of pregnancy were you first weighed during last pregnancy?		Number of months (Range: 0-9) -66. Never weighed → E27
E24.	How many times was your weight measured during last pregnancy?		Number of times (Range: 0-30)
E25.	Since you became pregnant, have you lost weight, remained the same, or gained weight?		1. Lost weight → E27 2. Maintained weight → E27 3. Gained weight -99. Don't know → E27
E26.	How much weight did you gain during pregnancy?		kg -99. Don't know (Range: 1-20)

This part is to be verified from the maternal nutrition calendar

E27. Do you have a maternal nutrition calendar for pregnant women?	0. No → E28 1. Yes
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Note to the interviewer: copy from the calendar

Month	A. Weight in the month of pregnancy (kg)	At the end of the month, write how many tablets have been consumed. <i>If the card is not filled, write -99</i>	
		B. Iron tablets (Range: 0-600)	C. Calcium tablets (Range: 0-600)
4			
5			
6			
7			
8			
9			

E28.	Did you receive any information about nutrition for pregnant/lactating women during your last pregnancy?		1. Yes 2. No → E30 -99. Do not know → E30
E29.	From whom did you receive this information? <i>(multiple responses possible)</i>		1. ANM 2. ASHA 3. AWW 4. Mother/Mother-in-law 5. Husband 6. Other family member 7. Neighbor 8. Nurse 9. TBA (trained birth attendant) 10. Doctor 95. Other (specify) -99. Don't know
E30.	During your last pregnancy, what topics were you counselled on about nutrition for pregnant women? <i>(multiple responses possible)</i> <i>(Interviewer: Do no prompt. Listen to what pregnant woman says and note 1 if what she says matches with the options provided until the respondent says nothing else)</i>		0. Did not receive any counselling 1. Eat 5 variety of foods 2. Eat additional amount of food 3. Increase the quantity of milk and milk products if you don't eat eggs or meat 4. Get weight checked and recorded at every ANC visit 5. How much weight to gain 6. How to manage nausea/vomiting 7. Take 1 IFA tablet daily 8. How to manage IFA side effects 9. Take 2 Calcium tablets daily 10. How to manage calcium side effects 11. Avoid heavy work 12. Take rest between work (day time) 13. Take 1 deworming tablet during 2 nd trimester 14. Consume Dark Green leafy vegetable 95. Others (specify) -99. Don't know
E31.	During your last pregnancy, did anyone talk with you about eating a variety of foods?		0. No → E33 1. Yes
E32.	If yes, what messages did you receive on consuming a variety of food during pregnancy? <i>(multiple responses possible)</i>		0. Did not receive any counselling 1. Eat five different types of food in addition to roti/rice 2. Consume thick daal (pulses & lentils) everyday 3. Consume Milk/ Milk Product (curd, buttermilk, paneer) daily 4. Consume Dark Green leafy vegetable daily 5. Consume Yellow/ Orange fruit and vegetable daily 6. Consume Egg daily, if acceptable 7. Consume Fish/Meat daily, if non-vegetarian 8. Increase the quantity of milk and milk products if you don't eat eggs or meat 9. Take nutritious snacks 2-3 times/day 10. Consume extra food with every meal 11. Why different varieties are required 12. Consume jaggery 13. Consume channa 95. Others (specify) -99. Don't know

E33.	During your last pregnancy, did anyone talk with you about eating increased quantities of foods?		0. No → E38 1. Yes
E34.	If yes, what messages did you receive on quantity of food during pregnancy? (multiple responses possible)		0. Did not receive any counseling 1. A woman needs more energy and nutrients during pregnancy and lactation. 2. To increase the amount of food depending on the month of pregnancy to meet the demands of the growing fetus 3. Eat 2 complete meals everyday during first trimester of pregnancy 4. Eat 3 complete meals everyday during second trimester of pregnancy 5. Eat 3 complete meals with 2 nutritious snacks everyday during third trimester of pregnancy 6. Eat 3 complete meals everyday with 3 nutritious sacks during lactation 7. Why extra quantities of foods are needed 8. Increased intake of food 95. Others (specify) -99. Don't know
E35.	What messages did you receive on taking rest while pregnant? (multiple responses possible)		0. Did not provide any counselling 1. During pregnancy, a woman should take rest for at least 2 hours after lunch 2. During pregnancy, a woman should sleep for at least 8 hours at night 3. During rest woman should lie on her left side to improve blood supply to fetus 4. Taking rest is important for the growth of the baby 5. Taking rest improves weight gain of the mother 6. Avoid hard work such as lifting heavy weight. 7. Take some rest 95. Others (specify) -99. Don't know
E36.	What messages did you receive on weight gained during pregnancy? (multiple responses possible)		0. Did not receive any counselling 1. Weigh yourself regularly 2. Record weight in MCP card 3. Women should gain 1.5-2 kg/month from the fourth month of pregnancy 4. A woman should gain 9-11 kg weight during pregnancy 5. Gaining weight indicates proper growth of the fetus 6. Gaining weight indicates mother is taking adequate food 7. Don't gain too much weight because it will cause problems during delivery 95. Others (specify) -99. Don't know

E37.	<p>What messages did you receive on taking IFA tablet?</p> <p><i>(multiple responses possible)</i></p> <p><i>Probe: how to take IFA, when to take, and why</i></p>	<ul style="list-style-type: none"> 0. Did not receive any counselling 1. Take 1 tablet daily during pregnancy 2. Take 180 IFA tablets during pregnancy 3. Continue to take 1 tablet/day till 6 months postpartum/ during lactation 4. Take IFA with water or lemon water 5. Do not take IFA with tea or milk 6. Take IFA at night before bed time/after dinner 7. Do not take IFA and calcium together 8. Do not take IFA tablet on an empty stomach 9. How to remind herself or have family member's support to take one tablet daily 10. IFA prevents anemia 11. IFA reduces risk of low birth weight baby 12. IFA reduces risk of maternal death due to hemorrhage 13. IFA ensures the best development of the child 14. IFA reduces complication during pregnancy and birth 15. Information related to side effects 16. Increase intake of fruits and vegetable to avoid constipation 17. Consume IFA tablets 95. Others (specify) -99. Don't know
E38.	<p>What messages did you receive on taking Calcium tablets?</p> <p><i>(multiple responses possible)</i></p>	<ul style="list-style-type: none"> 0. Did not receive any counselling 1. Take 1-2 tablets daily during pregnancy 2. Take 360 calcium tablets during pregnancy 3. Continue to take 1-2 tablets/day till 6 months postpartum 4. Do not take IFA and calcium tablets together 5. Do not take calcium tablet on an empty stomach 6. Take the first calcium tablet after breakfast and the second tablet with lunch 7. Calcium helps in the development of bone and teeth of the baby 8. Calcium reduce risk of high blood pressure, swelling of body, headache, nausea, vomiting, fits(convulsions) and blurring of vision. 9. How to remind herself or have family member's support to take one tablet daily 10. Consume calcium tablets 95. Others (specify) -99. Don't know

E39.	What messages did you receive on breastfeeding? <i>(multiple responses possible)</i>	<ul style="list-style-type: none"> 0. Did not receive any counselling 1. Initiate breastfeeding within the first hour of birth 2. Initiating breastfeeding within 1 hour can save baby's life 3. Initiating breastfeeding within 1 hour can reduce mothers bleeding 4. Early initiation helps milk to come in more quickly for feeding the baby 5. Feed colostrum 6. Do not put anything in child's mouth (water, sugar water, honey, jhanam ghutti, cow or goat milk, etc.) after birth 7. Feed only breastmilk (not even a water) to child for six months after birth 8. Breastmilk has plenty of water 9. Good position and attachment at breastfeeding can ensure plenty of breastmilk supply for 6 months 10. Frequent breastfeeding and giving baby enough time to finish feeding can ensure plenty of breastmilk supply for 6 months 11. Feeding baby water, other milk or food is dangerous for diseases and will reduce breastmilk supply 12. Feeding with bottle is dangerous 13. Feed express breast milk if the mother goes out for long time 14. Burp the baby after feeding 95. Others (specify) -99. Don't know
E40.	What messages did you receive on hand washing and hygiene? <i>(multiple responses possible)</i>	<ul style="list-style-type: none"> 0. Did not receive any counselling 1. Wash your hands with soap after using the toilet 2. Wash your hands with soap after cleaning the feces of children 3. Wash your hands with soap before preparing food 4. Wash your hands with soap before eating 5. Maintain water and soap near to the place of eating/feeding meals in the home 6. Do not walk around barefoot 7. Use vegetables and fruits only after they are washed very well 8. Drinking water should be kept covered 9. Do not go to the toilet in the open, use the toilet that is made in the house. 10. Wash hands after cleaning the house 11. Wash hands before holding the child 95. Others (specify) -99. Don't know
E41.	What messages did you receive on when to take deworming tablets during pregnancy	<ul style="list-style-type: none"> 0. Did not receive any messages 1. During the first trimester 2. During the second trimester 3. During the third trimester 95. Others (specify) -99. Don't know

E42.	Did you take deworming medicine during your last pregnancy?		0. No 1. Yes -99. Don't know
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MODULE F: CONSUMPTION OF IFA AND CALCIUM

No	Question	A. IFA	B. Calcium	Response code
F1	Have you ever bought/received... tablets?			1. Yes 0. No → Skip to next module
F2	From whom did you get thetablets from? (multiple responses possible)			1. Government Doctor 2. ANM 3. Nurse/ other health personnel 4. Dai/TBA 5. ASHA 6. AWW 7. Private MBBS qualified doctor 8. Local non-MBBS/ vaid, hakim, a yurvedic, homeopathic RMP/doctor 9. Local chemist 95. Other (specify) -99. Don't know
F3	Did you buy the tablets/ tonic/syrup/ or did you get them for free?			1. Bought the tablet, doses of syrup/tonics 2. Received for free 3. Both bought and received for free 95. Others(specify)
F4	How many tablets/doses syrup/tonic bottles did you buy/ get during your last pregnancy? <i>Interviewer: Please ask the woman to show the tablet strip/bottle she got. Count the tablets and note it down.</i>			a. number of tablets/doses.....number of syrup/tonic bottles..... (Range: 0-600) 66. Did not get/buy any tablet/syrup/tonic last month
F5	How many tablets or doses of syrup/tonic in total did you get free of cost during your last pregnancy?			a. number of tablets or doses b. number of syrup/tonic bottles..... (Range: 0-600) 66. Did not get any tablet/syrup/tonic for free last month -99 Don't know
F6	Did you ever consume _____tablets during last pregnancy?			0. No 1. Yes → F8
F7	Why did you never consume the tablets? (multiple responses possible) SKIP TO G1 AFTER ANSWERING THIS QUESTION			1. Never heard about them 2. Don't know what they are for 3. Don't have supply/never received 4. Possible side effects 95. Others(specify)
F8	How many tablets or doses of syrup/tonic in total have you taken during your last pregnancy?			a. number of tablets or doses b. number of syrup/tonic bottles (Range: 0-600)
F9	What time of the day or evening did you usually take thesupplement? <i>Probe: If the respondent mentions morning/night, please probe for meal timing</i>			1. In the morning, before breakfast 2. In the morning, with breakfast 3. At noon 4. At night, before dinner 5. At night, with dinner 6. No fix time

No	Question	A. IFA	B. Calcium	Response code
	<i>Multiple responses possible</i>			
F10	Do you take IFA and calcium together or separately? <i>If they don't take calcium or IFA, skip this question</i>			1. At different times of the day/evening 2. IFA together with calcium tablet 3. Sometimes together, sometimes separately
F11	What food or liquids do you take IFA/calcium tablet with?			1. Water 2. Lemon water 3. Tea 4. Milk 95. Others (specify) 96. Not Applicable
F12	Have you noted down anywhere the number of tablets/doses you have taken during your last pregnancy?			0. No 1. Yes
F13	Does any family member help you remember to take your tablets/doses?			0. No → F15 1. Yes
F14	Who in the family helps you remember to take your tablets/doses? <i>(multiple responses possible)</i>			1. Husband 2. Mother/Mother-in law 3. Father/Father-in-law 4. Brother-in-law 5. Sister-in-law 6. Daughter 95. Others (specify)
F15	Does any family member help you buy your tablets, syrup, tonic if they were not available free with ANM or health center?			0. No → F17 1. Yes 66. Don't need to buy, got it for free
F16	Who in the family helps you to buy your tablets, syrup, tonic if they were not available free with ANM or health center? <i>(multiple responses possible)</i>			1. Husband 2. Mother/Mother-in law 3. Father/Father-in-law 4. Brother-in-law 5. Sister-in-law 6. Daughter 95. Others (specify)
F17	Did you ever experience any side effects after taking the tablets/doses?			0. No → F20 1. Yes
F18	What kind of side effects did you experience due to taking the tablets/doses? <i>(multiple responses possible)</i>			1. Constipation 2. Swelling of abdominal area 3. Gas 4. Causes irritation/allergy 5. Metallic taste 6. Nausea/Vomiting 7. Discolouration of stools (blackish) 95. Others -99. Do not know
F19	What did you do to manage the side effects of? <i>(multiple responses possible)</i>			0. Don't do anything 1. Drink more water 2. Eating more fruits 3. Eating more vegetables 4. Changing the time to take tablets 5. Take only at bed time

No	Question	A. IFA	B. Calcium	Response code
				6. Stopped taking the tablets 7. Sought advice from ANM, ASHA, AWW 95. Others
F20	Did you take supplement yesterday?			0. No → G1 1. Yes
F21	How many tablets/doses of supplement did you take yesterday?			Number of tablets (Range: 0-5)

MODULE G: DELIVERY AND POSTNATAL SERVICES

The next questions are about your experiences at delivery of [CHILD NAME]

No	Question	Response	Response code
G1.	Where did you give birth to this child? <i>If G1 is 3,4 or 5 then G5, G8, G12-18 and G19-27 will not be asked</i>		1. Government hospital → G3 2. CHC/PHC → G3 3. Own home 4. Mother's home 5. In transit 6. Non-government facility → G3 7. Pvt. Hospital/ Clinic/Nursing home → G3 8. Any other home 95. Others (specify)
G2.	Why did you NOT deliver at a health facility (hospital/private clinic)? <i>(Multiple responses possible)</i>		1. Costs too much 2. Health facility closed 3. Too far/no transportation 4. Don't trust facility 5. Poor quality of service 6. No female provider at the facility 7. Husband/ family did not allow 8. Security concerns 9. Not customary 10. Child born before reaching the facility 95. Others (specify)
G3.	Did you go to your maternal home when you were pregnant with [NAME]?		0. No → G5 1. Yes 2. Lives in maternal home
G4.	At what month of pregnancy did you go to your maternal home?		Months (Range: 0-9)
G5.	How much did you pay at the hospital (stay and medicines)? If did not pay anything, enter zero		INR -99. Don't know
G6.	How much did you pay (including tips) the nurses/dai? If did not pay anything, enter zero		INR -99. Don't know

No	Question	Response	Response code
G7.	Who helped you during delivery of this child? (Multiple responses possible)		1. ANM 2. ASHA 3. AWW 4. Family member 5. Neighbor 6. Nurse 7. TBA (Trained Birth Attendant) 8. Doctor -66None 95.Others -99.Do not know
G8.	Was (NAME) delivered by caesarian, that is, they cut your belly open to take the baby out?		0. No 1. Yes -99.Don't know
G9.	Was [NAME] weighed immediately after the birth?].		0. No → G12 1. Yes
G10.	What was the weight of the baby?		kg 66. Not weighed at birth -99. Don't know
G11.	When (NAME) was born, was s/he very large, larger than average, average, smaller than average or very small?		1. Very big 2. Bigger than average 3. Average 4. Smaller than average 5. Very small

The following questions are about your experiences on delivery services

No	Question	Response	Response code
G12.	How far is the facility where you delivered from your house?		_____Kms -99. Don't know
G13.	How did you get to the hospital for delivery?		1. Govt. Ambulance (102/108) 2. Own transport 3. Public transport (Auto/bus) 4. On foot 95.Other (specify)
G14.	How much money did you pay for transport to the hospital?		INR [_____] -99. Don't know
G15.	How much money did you pay for transport to come home from the hospital?		INR [_____] -99. Don't know
G16.	Was a doctor/nurse/ANM available when you went to the health facility?		0. No 1. Yes
G17.	Did the health facility have functional electricity?		0. No 1. Yes
G18.	Did the health facility have any type of water supply?		0. No 1. Yes
G19.	Was there adequate space in a room while you were waiting to deliver the child. For example, did you have to share your bed with someone else?		0. No 1. Yes

No	Question	Response	Response code
G20.	Was there adequate space in a room to stay after you delivered the child. For example, did you have to share your bed with someone else?		0. No 1. Yes
G21.	Were all the examination areas clean?		0. No 1. Yes
G22.	Was the toilet clean?		0. No 1. Yes -99. Don't know
G23.	Did you have any privacy during examination?		0. No 1. Yes
G24.	Did you have any privacy during delivery?		0. No 1. Yes
Please tell us if you agree or disagree with the following statements:			
G25.	The doctor/nurse responded to you when you had any problems during your stay at the hospital, do you agree or disagree with this		1. Strongly disagree 2. Disagree 3. Agree 4. Strongly agree
G26.	The doctor/nurse were respectful to you and your family, do you agree or disagree with this		
G27.	You were satisfied/happy with the way the doctor/nurse treated you during delivery, do you agree or disagree with this		

The next questions are about your experiences after delivery of [CHILDNAME]

No	Question	Response	Response code
G28.	Did anyone help you with placing the baby on your stomach/breast just after the birth of this child?		0. No → G31 1. Yes -99. Don't know → G31
G29.	Who helped with placing the baby on your stomach/breast immediately after delivery? (Multiple responses possible)		1. ANM 2. ASHA 3. AWW 4. Mother/Mother-in-law 5. Husband 6. Other family member 7. Neighbor 8. Nurse 9. Doctor 95. Other (specify)
G30.	What did they do regarding feeding/breastfeeding? (Multiple responses possible)		1. Placed newborn baby on mother's chest in skin to skin contact immediately after delivering baby 2. Cleaned baby's mouth with oil, water etc. 3. Told to breastfeed the child within 1 hour of birth 4. Did not give and advised not to give honey, jhanam ghutti, water, cow or goat's milk 5. Showed the right way of positioning and attachment 6. Helped to place the baby on the breast 7. Helped her breastfeed 95. Others (specify)

		AWW	ASHA	ANM	Other health providers	Response code
G31.	How many days or weeks after the delivery, did the first visit by ... take place?					<i>Enter 00 if same day as delivery</i> <i>-99. Don't know/Don't remember</i> <i>-66 Never visited → skip to next FLW</i>
G32.	How many times did ... visit you during the first 6 weeks after birth? (If G32 is 0, skip G33 and G34)					Number of times <i>-99. Don't know/Don't remember</i> (Range: 0-10)
G33.	What were actions of ... related to breastfeeding during visits in the first 6 weeks (Multiple responses possible)					0. Did not do anything regarding breastfeeding 1. Observed breastfeeding 2. Demonstrated/showed how to correctly position or attach baby 3. Helped mother to sit comfortably for breastfeeding 4. Checked if baby is sucking and swallowing breastmilk 5. Talked to family members about not giving anything other than breastmilk, not even water for 6 months 6. Talked to family members to help mother with housework so that she can take enough time to breastfeed baby 95. Other (specify)

		AWW	ASHA	ANM	Other health providers	Response code
G34.	<p>What were other topics discussed by the ... and service provided during the first 6 weeks after birth?</p> <p><i>(Multiple responses possible)</i></p>					0. Did not provide any service 1. Advice to take 1 IFA daily 2. Advice to take 1-2 calcium daily until 6 months 3. Advice on handwashing 4. Information about danger signs or symptoms for mother 5. Information about danger signs or symptoms for my newborn 6. Advice on how to keep baby warm 7. Advice on how to deal with the difficulties of breastfeeding 8. No bottle-feeding 9. Information on whom to contact if I have difficulties with breastfeeding 10. Information on whom to contact if my child falls sick 11. Weight of the child 12. Information on diet composition 13. Information on diet quantity 14. Provided adult IFA tablets 15. Provided adult calcium tablets 16. Immunization 17. THR 18. Medicine/prescription 19. Referral to another facility (hospital or clinic) 20. Complementary feeding information 21. Family planning advice 22. Provide contraceptives (any types) 23. Diarrhea management 24. Weighed the baby 95. Other (specify) -99. Don't know

MODULE H: SUPPLEMENTARY NUTRITION AND OTHER HEALTH SCHEMES

	Question	Response	Response code
H1	<p>During your last pregnancy, did you receive a Take Home Ration from AWC?</p> <p><i>Explain/show pictures – take home ration is the food that is given to pregnant women from the anganwadi centre.</i></p>		0. No 1. Yes → H3
H2	<p>What are the reasons for not receiving the Take Home Ration?</p> <p><i>(Multiple responses possible)</i></p> <p><i>Skip to H5 after this question is asked</i></p>		1. Did not know about THR for pregnant women 2. Family members did not want me to take it 3. I did not want to take it 4. THR was not available / not available regularly 5. I do not like to go to AWC 95. Others (specify) -99. Don't know

	Question	Response	Response code
H3	In which month of your pregnancy, did you first receive Take Home Ration?		Month (Range: 0-10)
H4	During last pregnancy, for how many months have you received Take Home Rations?		Number of month (Range: 0-10)
H5	Have you ever received THR since [CHILD] was born? i.e. during the lactation period, has the mother ever received THR		0. No 1. 1. Yes → H7
H6	What are the reasons for not receiving the Take Home Ration? (Multiple responses possible) Skip to H13 after this question is asked		1. Did not know about THR for lactating women 2. Family members did not want me to take it 3. I did not want to take it 4. THR was not available / not available regularly 5. I do not like to go to AWC 95. Others (specify) -99. Don't know
H7	How much of the THR that you received did you usually consume? Ask if H1=1. Yes or H5=1. Yes If H7 is no, skip H12		0. Not consumed at all 1. Consumed some, but not all of the ration 2. Consumed all → H9
H8	Can you tell me some reasons why you did not consume ALL of the THR? (Multiple responses possible)		1. I did not want to take 2. THR was not available 3. THR was of poor quality 4. Family did not allow me to consume THR 5. I did not know about it 6. Other family members consumed THR 7. THR was used for other purposes 8. If I eat it, then I will fall sick 9. I did not like the taste 95. Others (specify) -99. Don't know
H9	When was the last time you received THR?		[][] 1. Days 2. Weeks
H10	Did you consume the Take Home Ration the most recent time you received it?		2. consumed all 0. Not consumed at all → Skip to H13 if H7 is 1. Yes. Otherwise, skip to H14 1. Consumed some, but not all of the ration → Skip to H13 if H7 is 1. Yes. Otherwise, skip to H14
H11	Who all consumed the THR the most recent time you received it? Multiple responses allowed		1. Myself 2. Children 3. Other household members 4. Livestock 5. Did not use it/Threw it away 95. Others (specify)
H12	For how many days, did one packet of THR last you?		[][] Days (Range: 1-90)

	Question	Response	Response code
H13	<p>Can you tell me some reasons why you did not consume ALL of the THR?</p> <p><i>(Multiple responses possible)</i></p> <p>If H10==2 & H7==1 If H10==3 & H7==1</p> <p><i>H13 was asked only when it was coded “no” or “consumed some, but not all of the ration” in H07/H10</i></p>		<p>1. I did not want to take</p> <p>2. THR was not available</p> <p>3. THR was of poor quality</p> <p>4. Family did not allow me to consume THR</p> <p>5. I did not know about it</p> <p>6. Other family members consumed THR</p> <p>7. THR was used for other purposes</p> <p>8. If I eat it, then I will fall sick</p> <p>9. I did not like the taste</p> <p>95.Others (specify)</p> <p>-99.Don't know</p>
H14	<p>Would you have preferred to get money instead of THR during your pregnancy with the [child name]?</p>		<p>0. No</p> <p>1. Yes</p>
H15	<p>If you were given money instead of THR, would you be able to spend it yourself?"</p>		<p>0. No</p> <p>1. Yes</p>
H16	<p>If you were given money instead of THR, what would do with the money?</p> <p><i>(Multiple responses possible)</i></p>		<p>1. Will give it to my in-laws/husband</p> <p>2. Will use it to buy myself food I like to eat</p> <p>3. Would ask my family to buy food I like to eat</p> <p>4. Will use it to buy food for the household</p> <p>5. Will use it for general household expenses</p> <p>6. Will use it for buying food or other things for my children</p> <p>7. Would save the money for myself</p> <p>95. Other (specify)</p>
H17	<p>In this area, there are some schemes that provide incentives (i.e. cash) to mothers to give birth in a health facility.” Have you ever heard of these schemes?</p>		<p>0. No</p> <p>1. Yes</p>
H18	<p>Have you ever heard of Janani Suraksha Yojana (JSY)?</p> <p><i>Probe: The scheme in which the family receives money on giving birth in the hospital</i></p> <p><i>If H18=0, then don't ask H23 or H24 for JSY</i></p>		<p>0. No</p> <p>1. Yes</p>
H19	<p>Have you ever heard of Janani-Shishu Suraksha Karyakram (JSSK)?</p> <p><i>Probe: The scheme which provides access to free health services during pregnancy (ambulance/car number 102 scheme, medicines, other hospital related expenses etc)</i></p>		<p>0. No</p> <p>1. Yes</p>
H20	<p>Have you ever heard of Maternity Benefit Program-MBF (Matritva Laabh Karyakram)?</p> <p><i>Probe: The scheme which provides compensation for the wage loss in terms of cash incentives so that the women can take adequate rest before and after delivery and not be deprived of proper nutrition. Cash benefits are provided in three installments.</i></p> <p><i>If H20=0, then don't ask H23 or H24 for MBP</i></p>		<p>0. No</p> <p>1. Yes</p>
H21	<p>During your last pregnancy, have you enrolled in any of the incentive schemes?"</p>		<p>0. No→I1</p> <p>1. Yes</p>

	Question	Response	Response code
H22	Which incentive scheme have you enrolled? (multiple responses)		1. JSY 2. JSSK 3. Maternity Benefit Program
H23	How much money are you supposed to get under each scheme?		A. Total amount of JSY
			B. Total amount of Maternity Benefit Program
			-99. Don't know
H24	In total, how much money have you received till date for your pregnancy?		A. From JSY
			B. From Maternity Benefit Program
H25	How was the money given to you?		1. I got cash 2. I got check 3. Money was transferred into my bank account 4. Money not received until now

MODULE I: MOTHER'S DIETARY INTAKE

	Question	Response	Response code
I1	Are you a vegetarian?		0. No 1. Yes 2. o
I2	When you were pregnant with [child name], did your family discourage you from eating certain foods? (Multiple responses possible)		1. Meat and poultry (chicken, mutton, lamb, etc) 2. Fish 3. Milk and milk products 4. Eggs 5. Papaya 6. Mango 7. Jackfruit 0. No food restriction 95. Others (specify)
I3	After you delivered [child name], did your family discourage you from eating certain foods during lactation? (Multiple responses possible)		1. Meat and poultry (chicken, mutton, lamb, etc) 2. Fish 3. Milk and milk products 4. Eggs 5. Papaya 6. Mango 7. Jackfruit 0. No food restriction 95. Others (specify)
I4	After you delivered [child name], did your family encourage you to eat certain foods to increase breastmilk supply? (Multiple responses possible)		1. Garlic 2. Fenugreek 3. Jaggery/Black molasses 4. Coconut 5. Dates 6. Almonds 7. Not required, enough milk in her breast

Interviewer: First ask if yesterday was a special day, like a celebration or feast day or a fast day where anyone in the HH ate special foods or where they ate than usual or did not eat because they were fasting?

I5	Was yesterday a special day where special kinds of foods were eaten?	1. Yes, fasting day 2. Yes, feast day 0. No
I5a	How many meals did you eat yesterday	-----No of meal (Range: 0-6)

If yesterday was a special day, then ask the respondent to describe the foods (meals and snacks) consumed the day before yesterday (or the last normal day) during the day and night, whether at home or outside the home

Now I'd like to ask you to describe everything that you ate or drank yesterday (or the last normal day) during the day or night, whether you ate it at home or anywhere else. Please include all foods and drinks, any snacks or small meals, as well as any main meals. Remember to include all foods you may have eaten while preparing meals or preparing food for others. Please also include food you ate even if it was eaten elsewhere, a way from your home. Let's start with the first food or drink consumed yesterday.

Did you have anything to eat or drink when you woke? If yes, what? Anything else? *

Did you have anything to eat or drink later in the morning? If yes, what? Anything else? *

Did you eat or drink anything at mid-day? If yes, what? Anything else? *

Did you have anything to eat or drink during the afternoon? If yes, what? Anything else? *

Did you have anything to eat in the evening? If yes, what? Anything else? *

Did you have anything else to eat or drink in the evening before going to bed or during the night?

If yes, what? Anything else? *

* For each eating episode, after the respondent mentions foods and drinks, probe to ask if she ate or drank anything else.

Continue probing until she says “no, nothing else”. If the respondent mentions a mixed dish like a soup or stew, ask for all the ingredients in the mixed dish. For mixed dishes where it is possible to pick out ingredients or consume only broth, ask if she herself ate

each ingredient or if she only had the broth. Continue to probe about ingredients until she says, “nothing else”.

Write these foods in a separate piece of paper, then coded based on food group below. Please see guideline for food items in each food groups in a separate file.

No	Food groups	Response 0. No 1. Yes
I6.	Foods made from grains (Bread (rotis etc), rice, noodles or other foods made from grains)	
I7.	White roots and tubers and plantains (White potatoes, white yams, raw banana, arbi, shakarkhand or any other foods made from white-fleshed roots or tubers, or plantains)	
I8.	Pulses (beans, peas and lentils) (Mature beans or peas (fresh or dried seed), lentils or bean/pea products)	
I9.	Nuts and seeds (Any tree nut, groundnut/peanut or certain seeds, or nut/seed “butters” or pastes)	
I10.	Milk and milk products (Milk, cheese, paneer/cottage cheese, yoghurt or other milk products but NOT including butter, ice cream, cream or sour cream)	
I11.	Meat and poultry (chicken, mutton, lamb, etc)	
I12.	Fish	
I13.	Eggs (Eggs from poultry or any other bird)	
I14.	Dark green leafy vegetables (List examples of any medium-to-dark green leafy vegetables, including spinach, fenugreek, amaranth, mustard leaves wild/foraged leaves)	
I15.	Vitamin A-rich vegetables, roots and tubers (Pumpkin, carrots, squash or sweet potatoes that are yellow or orange inside)	
I16.	Vitamin A-rich fruits (Ripe mango, ripe papaya)	
I17.	Other vegetables	
I18.	Other fruits	
I19.	Other oils and fats	
I20.	Savoury and fried snacks	
I21.	Sweets (Sugary foods, such as Indian sweets, chocolates, candies, cookies/sweet biscuits and cake, sweet	
I22.	Sugar-sweetened beverages (Sweetened fruit juices and “juice drinks”, soft drinks/fizzy drinks, yoghurt drinks or sweet tea or coffee with sugar)	
I23.	Other vitamins and supplements (powder or tablet)	

MODULE K: IYCF PRACTICES

No	Question	Response	Response code
K1.	How many hours/days after [NAME'S] birth did you start breastfeeding? <i>(Interviewer: Record 0 hour if the answer is immediately)</i>		1. Hours 2. Days
K2.	Did you give the child colostrum?		0. No 1. Yes
K3.	Was the child fed anything other than breastmilk immediately after birth?		1. Yes 2. No → K5 -99. Don't know → K5
K4.	What was the child fed? <i>(Multiple responses possible)</i>		1. Honey 2. Janamghutti 3. Gripe water 4. Plain water 5. Sugar/ glucose water 6. Tea/coffee 7. Cow/ goat milk 95. Other (specify) _____ -99. Do not remember/Don't know
K5.	Did you or anyone else give anything other than breastmilk to the child during the first 3 days after s/he was born?		0. No → K7 1. Yes
K6.	During the first 3 days after the baby was born, what was given to the child by you or anyone else? <i>(Multiple responses possible)</i>		1. Honey 2. Janamghutti 3. Gripe water 4. Plain water 5. Sugar/ glucose water 6. Tea/coffee 7. Cow/ goat milk 95. Other (specify) _____ -99. Do not remember/Don't know

WE WOULD LIKE TO ASK YOU ABOUT WHAT THE CHILD IS EATING NOW

No	Question	Response	Response code
K7.	Is the child still breastfeeding?		0. No 1. Yes → K10 2. Never
K8.	At what age did you stop breastfeeding the child?		Month -99. Don't Know/cannot remember
K9.	Why did you stop breastfeeding? <i>(Multiple responses possible)</i>		1. Problems with breast (pain) 2. Child did not suck well 3. Not enough time to feed child 4. Child already grown up/ No need for breast feeding 5. Mother got pregnant 6. Cracked nipples 7. Felt not enough breastmilk 95. Other (specify) _____
K10.	How many times did you breastfeed the child yesterday, during the day and night?		Number of times 66. Stopped breast feeding/Never breast fed (Range: 0-30)

No	Question	Response	Response code
K11.	Other than breast milk, how many times did the child drink other milk, formula or yogurt yesterday, during the day and night? DO NOT INCLUDE NUMBER OF TIMES THE CHILD WAS BREASTFED IN THIS QUESTION. THIS VARIABLE IS ONLY TO CAPTURE MILK OR MILK PRODUCTS <u>OTHER THAN BREAST MILK.</u>		Number of times (Range: 0-10) 66. Not given yet
K12.	Yesterday (during the day and the night), did you use a baby bottle to feed the child?		0. No 1. Yes

K13.	At what age did you start giving the following liquids/foods to the child? Note: if the mother fed her child any of the following within first 29 days (less than 1 month of age) then record "0" as the answer		
	1 Water		Month 0. At "0" month of age 1. At "1" month of age 2. At "2" months of age 3. At "3" months of age 4. At "4" months of age 5. At "5" months of age -99. Don't Know 66. Not given yet 88. Not acceptable in the family diet (-99) Don't know
	2 Other non-breast milk liquids (sugar/glucose water, tea, fruit, juice etc.)		
	3 Cow/goat milk		
	4 Sooji/rice/gruel, etc.		
	5 Semi-solid foods (soft rice, khichuri, mashed potato, ripe banana, other mashed family foods, etc.)		
	6 Solid foods (such as rice, wheat, puffed/pressed rice etc.)		
	7 Fish		
	8 Meat (chicken, mutton, beef, etc.)		
	9 Eggs		
	10 Legumes (pulse, peas, etc)		
	11 Vegetables		
	12 Snack foods (chanachur, chips, peanuts, biscuits)		
K14.	How many times did the child eat solid, semi-solid or soft foods other than liquids yesterday, during the day and night? <i>Semi-solid foods such as soft rice, mashed potato, ripe banana, other mashed family foods etc. Solid foods such as rice, wheat, puffed/pressed rice etc.</i> <i>MEALS include both MEALS and SNACKS (other than trivial amounts)</i>		Number of times (Range: 0-10) 66. Not given yet

K15.	<p>Yesterday (during the day and the night) did you give any of the following liquids to the index child?</p> <p>Please describe everything that the child drank yesterday during the day or night, whether at home or outside the home.</p> <p>a) Think about when the child first woke up yesterday. Did the child drink anything at that time? If yes: Please tell me everything the child drank at that time. Probe: Anything else? Until respondent says nothing else. If no, continue to Question b).</p> <p>b) What did the child do after that? Did the child drink anything at that time?</p> <p>If yes: Please tell me everything the child drank at that time. Probe: Anything else? Until respondent says nothing else.</p> <p>Repeat question b) above until respondent says the child went to sleep until the next day.</p> <p>Once the respondent finishes recalling foods eaten, read each food group where '1' was not circled, ask the following question and Circle '1' if respondent says yes, '0' if no and '-99' if don't know.</p> <p>After finishing first two columns, if you see none of the columns are marked '1' (yes) then move on to the third column. Answer to the third column must be recorded in months (e.g. if the mother says one year then record 12 months).</p>			
		A. Column 1	B. Column 2	C. Column 3
		<u>Has the child had this liquid yesterday?</u> <u>0. No-> Column 2</u> <u>1. Yes->next row</u> <u>-99. Don't know</u>	<u>Has the child ever had this liquid?</u> <u>0. No → Column 3</u> <u>1. Yes → next row</u> <u>-99. Don't know</u>	<u>At what age of your child do you plan to start giving her this liquid?</u> <u>Write age in months</u> <u>-99. Don't know</u>
	1. Breast milk			
	2. Water			
	3. Baby formula (prepared food for child)			
	4. Any other kind of milk (powder, cow/goat milk etc.)			
	5. Fruit juice (made at home)			
	6. Fruit juice (purchased, packaged)			
	7. Water-based liquids, teas, sugar water, coffee			

K16.	<p>Please describe everything that the child ate yesterday during the day or night, whether at home or outside the home.</p> <p>a) Think about when the child first woke up yesterday. Did the child eat anything at that time? If yes: Please tell me everything the child ate at that time. Probe: Anything else? Until respondent says nothing else. If no, continue to instruction b).</p> <p>b) What did the child do after that? Did the child eat anything at that time? If yes: Please tell me everything the child ate at that time. Probe: Anything else? Until respondent says nothing else. Repeat question b) above until respondent says the child went to sleep until the next day. If respondent mentions mixed dishes like a PORRIDGE, sauce or stew, probe:</p> <p>c) What ingredients were in that (<u>MIXED DISH</u>)? Probe: Anything else? Until respondent says nothing else. As the respondent recalls foods, underline the corresponding food and circle '1' in the column next to the food group. If the food is not listed in any of the food groups below, write the food in the box labeled 'other foods'. If foods are used in small amounts for seasoning or as a condiment, include them under the condiments food group. Once the respondent finishes recalling foods eaten, read each food group where '1' was not circled, ask the following question and circle '1' if respondent says yes, '0' if no and '-99' if don't know.</p> <p>Yesterday during the day or night, did the child drink/eat any (<u>FOOD GROUP ITEMS</u>)?</p> <p>Code 0. No 1. Yes -99. Don't know</p>	
	1. Rice	
	2. Cereals such as wheat, dahlia, pressed rice, puffed rice/poha, suji	
	3. Purchased baby cereals (such as Cerelac , lactogen)	
	4. Legume: daal	
	5. Green leafy vegetables	
	6. Pumpkin, orange yam, orange-red-flesh sweet potatoes, carrots, tomato (vitamin-A rich)	
	7. Any other vegetables (starchy vegetables: potatoes, yam, plantain)	
	8. Ripe papaya or mango	
	9. Other fruits such as oranges, banana, grapefruits	
	10. Any other fruits	
	11. Mutton or other meat	
	12. Chicken	
	13. Liver	
	14. Fish	
	15. Eggs	
	16. Peanuts, groundnuts, other nuts	
	17. Milk (non-breast milk – cow, goat or powder)	
	18. Milk products (dahi, chaach, kheer etc.)	
	19. Fat (oil, butter, ghee)	
	20. Chips or namkeen/Kurkure, maggi	
	21. Biscuits	
	22. Bread or buns	
	23. Candies or chocolates, Indian sweets	
	24. Horlicks	
	25. Any iron containing tablet, syrup	
	26. Spices/condiments	
	95. Others (specify)	

HAND WASHING

K17.	When do you usually wash your hands? (do not read the option, just ask open ended and select the spontaneous responses)	0. No 1. Yes	When you wash your hand, what do you usually wash with? 1. Soap 2. Water 3. Ashes 4. Mud 95. Other (specify)
	1. After defecation		
	2. After cleaning the feces of children		
	3. Before cooking/preparing food		
	4. Before eating		
	5. Before feeding children		
	6. After cooking/eating		
	7. After feeding children		
	8. After cleaning the house/compound		
	9. After disposing garbage		
	10. Before picking up the child		

MODULE L: KNOWLEDGE ON MATERNAL NUTRITION AND BREASTFEEDING

Now I would like to ask you a few questions about your knowledge about diet and nutrition during pregnancy

No	Question	Response	Response code
L1.	Why are some newborns very small at birth and others are born healthy? (Multiple responses possible)		1. Evil eye 2. Too many children or closely spaced births 3. Mother frail and unhealthy 4. Mother did not eat well during pregnancy 5. Mother did not complete ANC visits 6. Mother did not take IFA or calcium 7. Mother was ill during pregnancy a lot 8. Pre-mature birth 95. Other (specify) -99. Don't know
L2.	Why is nourishing diet and good nutrition of pregnant/lactating women important? (Multiple responses possible)		1. For adequate weight gain of pregnant woman 2. Child inside the womb grows adequately/is healthy 3. For a brainy child with bright future 4. Quicker recovery after delivery 5. Extra costs due to doctors and medicine will be saved 6. It is a good investment in future 7. To produce adequate breastmilk 8. To ensure the mother is healthy 95. Others (specify) -99. Do not know
L3.	How should a pregnant/lactating woman eat in comparison with a non-pregnant woman to provide good nutrition to her baby and help him grow? (Multiple responses possible)		1. Eat 5 variety of foods in addition to roti/rice 2. Take thick dal daily 3. Take milk/ milk product daily 4. Increase the amount of milk and milk products if you do not consume egg/animal products 5. Eat dark green leafy vegetables daily 6. Eat yellow/orange vegetables/fruits daily 7. Eat fish/meat daily, if non-vegetarian 8. Eat egg daily, if acceptable in diet 9. Take nutritious snack daily 10. Increase amount of food consumed daily 11. Take one IFA tablet daily 12. Take two Calcium tablets daily 13. Eat channa (roasted gram) 14. Eat jaggery 95. Other (specify) -99. Don't know
L4.	Have you heard about anemia?		0. No 1. Yes
L5.	Have you ever heard about IFA tablets?		0. No → L11 1. Yes
L6.	How many IFA tablets do you think a pregnant woman should take <i>in one month</i> ?		Number of tablets -99. Don't know (Range: 0-60)
L7.	How many IFA tablets do you think a pregnant woman should take <i>during pregnancy</i> ?		Number of tablets -99. Don't know (Range: 0-600)
L8.	Why do you think a pregnant woman should take iron folic tablets? (Multiple responses possible)		1. To reduce the risk of anemia for pregnant women 2. To reduce risk of anemia for the child inside womb 3. To reduce the risk of low birth weight 4. To help improve child's intelligence 5. To reduce risk of death from excessive blood loss during and after delivery 6. To make mother healthy/strong 95. Other -99. Do not know

No	Question	Response	Response code
L9.	How long after birth should a woman continue taking IFA tablets		No of months -99. Don't know (Range: 0-24)
L10.	Some beverages decrease iron absorption when taken with meals. Which ones? (Multiple responses possible)		1. Coffee 2. Tea 3. Milk 4. Lemon 5. Other -99. Don't know
L11.	Have you ever heard about calcium tablets?		0. No → L16 1. Yes
L12.	How many calcium tablets do you think a pregnant woman should take <i>in one month</i> ?		Number of tablets -99. Don't know (Range: 0-60)
L13.	How many calcium tablets do you think a pregnant woman should take <i>during pregnancy</i> ?		Number of tablets -99. Don't know (Range: 0-600)
L14.	Why do you think a pregnant woman should take calcium tablets? (Multiple responses possible)		1. To recover the loss in pregnant woman's body 2. To ensure adequate growth of child's bones and teeth 3. To reduce the risk of fever (not from convulsions) and swelling of the face, body, legs (pre-eclampsia/eclampsia) 95. Others -99. Do not know
L15.	For how long after birth a woman should continue taking calcium?		No of months -99. Don't know (Range: 0-24)
L16.	How much weight should a pregnant woman gain during pregnancy?		Kg -99. Don't know (Range: 1-20)
L17.	When should a woman wash her hands? (Multiple responses possible)		1. After defecation 2. After cleaning the feces of children 3. Before cooking/preparing food 4. Before eating 5. Before feeding children 6. After cooking/eating 7. After feeding children 8. After cleaning the house/compound 9. After disposing garbage 10. After cleaning the house 11. Before picking up the child 95. Others (specify)

Now I would ask some questions about number of meals to eat during pregnancy/lactating.

L18	Time	A. No of main meals (Range: 0-6)	B. No of snacks (Range: 0-6)
	1 During first trimester of pregnancy		
	2 During second trimester of pregnancy		
	3 During third trimester of pregnancy		
	4 During lactating		

Breastfeeding knowledge

No	Questions		Respond
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	When should a baby start breastfeeding after birth?		1. Immediately 2. Within 1 hour after delivery 3. Some hours later but less than 24 hrs 4. 1 day later 5. More than 1 day later 6. Do not think baby should be breastfed -99. Don't know
L20.	Why should a baby start breastfeeding soon after birth? <i>(Multiple responses possible)</i>		1. Initiating breastfeeding within 1 hour can save baby's life 2. Initiating breastfeeding within 1 hour can reduce mothers bleeding 3. Initiating breastfeeding within 1 hour can improve breastmilk supply 4. Colostrum is good for the baby 5. Initiating breastfeeding within 1 hour is good for the child's health 95. Others (specify) -99. Don't know
L21.	What should a mother do with the "first milk" or colostrum? <i>(Multiple responses possible)</i>		1. Throw it away and start breastfeeding when the real milk comes in 2. Give it to her baby by breastfeeding soon after birth 95. Other (specify) -99. Don't know
L22.	What are benefits of colostrum? <i>(Multiple responses possible)</i>		1. Protects against allergies and infections 2. Provide good source of nutrition 3. Helps to prevent jaundice 4. Helps in passing of first stools or meconium 95. Others (specify) -99. Don't know
L23.	What can a baby under the age of 6 months be fed? <i>(Multiple responses possible)</i>		1. Breast milk only 2. Breast milk and water 3. Breast milk and some other liquids 95. Others (specify) -99. Don't know
L24.	For how many months should babies be breastfed exclusively (not even water)?		No of months (Range: 0-10)
L25.	What are some benefits of exclusive breastfeeding (only breastmilk, not even water) for infants and mothers? <i>(Multiple responses possible)</i>		1. Protects baby from illness 2. Helps baby grow and develop better 3. Provides a superior source of nutrients 4. Easy to digest 5. Provides a adequate water for a baby in the six months 6. Clean, always ready and of a good temperature 7. Stimulates brain development of the baby 8. Delays a new pregnancy 9. Stimulates breast milk production 10. Save money 11. Increased emotional bonding between mother and child 12. Good for mother's health (decreases breast & ovarian cancer) 95. Others (specify) -99. Don't know
L26.	Each time you breastfeed, do you think you should give a little from each breast or empty one breast before switching to the other?		1. A little from each breast 2. Empty one breast before switching to the other -99. Don't know
L27.	When should a baby breastfeed? <i>(Multiple responses possible)</i>		1. Whenever baby wants 2. When you see, the baby is hungry 3. When the baby cries 4. Every 1-2 hours 95. Other (specify) -99. Don't know

L28.	Do you think that a mother with small breasts can produce enough milk?		0. No 1. Yes -99. Don't know
L29.	Can a mother who is not well fed produce enough breast milk?		0. No 1. Yes -99. Don't know
L30.	If a mother thinks her baby (under 6 months) is not getting enough breast milk, what should she do? (Multiple responses possible)		1. Breastfeed more often/more frequently 2. Ensure proper position and attachment so baby can withdraw all the milk 3. Take long enough time for baby to complete breastfeeding from each breast 4. Emptying one breast before switching to the other breast 5. Give other liquids/foods 6. Mother needs to drink more water 7. Mother needs to eat more food 8. Mother needs to eat special foods 9. Give infant formula 10. Mother needs to rest more 95. Other (specify) -99. Don't know
L31.	How can you understand that your child is getting sufficient milk? (Multiple responses possible)		1. Baby urinates at least 6-7 times in 24 hrs 2. Child gaining weight and growing well 3. Child sleeps well 4. Child plays well 5. Until the child stops crying 95. Other (specify) -99. Don't know
L32.	Do you think that infants under 6 months of age should be given water if the weather is very hot?		0. No 1. Yes -99. Don't know
L33.	Do you think that infants under 6 months of age should be given water to clean the mouth after BF?		0. No 1. Yes -99. Don't know
L34.	Do you think that a breastfeeding mother of an infant under 6 months of age should stop breastfeeding if she becomes pregnant?		0. No 1. Yes -99. Don't know
L35.	If a mother has a young baby (less than 6 months) and needs to be away from her baby and the baby gets hungry, what should the baby be fed? (Multiple responses possible)		1. Mother's expressed breast milk (breastmilk previously taken out) 2. Formula milk 3. Cow's or goats or other animal milk 4. Gruel 5. Rice-water 6. Dal water 95. Other (specify) -99. Don't know
L36.	Do you think that a mother with infant under 6 months should stop breastfeeding her child if the mother becomes ill?		0. No 1. Yes -99. Don't know
L37.	At what age should an infant first begin eating soft or semi-solid foods?		____ Months -99. Don't know (Range: 0-12)
L38.	Until about what age should a baby continue to be breastfed in addition to eating soft/semi-solid foods?		____ Number of months -99. Do not know (Range: 0-36)

MODULE M: AWARENESS AND PERCEPTION ON MATERNAL NUTRITION AND BREASTFEEDING

Now I would read out a few statements to you. You would kindly say if you ever heard this message or not.

No	Question	Respond
M1.	Have you ever heard the following message?	0. No 1. Yes
	1 During pregnancy, women should consume at least 5 different food groups daily along with roti/rice	
	2 During pregnancy, women should eat more than usual	
	3 Adequate quantity of diverse nutrient rich food in diet every day during pregnancy is good for the mother's and child's health	
	4 Adequate quantity of diverse nutrient rich food in diet every day during pregnancy can save costs on doctor and medicine for both mother and child	
	5 Nutritious food is not always expensive	
	6 Nutritious food is locally available	
	7 During pregnancy and postpartum, take one IFA tablet everyday	
	8 IFA prevents anemia and reduce risk of maternal death due to bleeding	
	9 IFA reduce risk of low birth weight baby and ensures the best development of the child	
	10 During pregnancy and postpartum, take two Calcium tablet everyday	
	11 Calcium helps in the development of bone and teeth of the baby	
	12 Calcium reduces risk of hypertension, fever (not from convulsions) and swelling on face, body, legs (pre-eclampsia/eclampsia)	
	13 Do not take IFA with tea or milk	
	14 Do not take IFA & Calcium tablets together since calcium inhibits iron absorption	
	15 Increase intake of fruits and vegetables while consuming IFA tablets	
	16 New born babies should be placed on mother's breast immediately after delivery	
	17 No water, honey or sugar water should be given to the new born babies after birth	
	18 Infants should be fed only breastmilk for the first six months	
	19 Washing hands with water and soap regularly	
	20 Use vegetables and fruits only after they are washed very well	
	21 Drinking water should be kept covered	
	22 Do not go to the toilet in the open, use the toilet that is made in the house	
	23 During pregnancy, a woman should gain 9-11 kg weight	
	24 During pregnancy, take at least two hours of rest every afternoon	

Perceptions and drivers of behavioral change

Please tell me whether you strongly disagree, disagree, neither agree nor disagree, agree or strongly agree with each of the following statements

1	2	3	4	5
Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree

Beliefs

No	Question	Respond
M2.	My consuming right types and amount of food during pregnancy is extremely important for my health and my unborn child's health	
M3.	My consuming right types and amount of food during pregnancy can save cost due to doctors and medicine	
M4.	My consuming of IFA everyday during pregnancy is important for my health and my unborn child	
M5.	My consuming of calcium everyday during pregnancy is important for my health and my unborn child	
M6.	If I breastfeed my infant within 1 hour after giving birth, It'll be good for my health and my child's health	
M7.	If I feed my infant a combination of breast milk and infant formula until s/he completes 6 months, I am giving him/her the BEST possible nutrition.	

Self-Efficacy

M8.	I can follow the recommendations of 5 varieties of food and adequate amounts of food to be consumed along with roti/rice during pregnancy	
M9.	It is too costly to obtain the recommended types and amounts of foods for my consumption during pregnancy	
M10.	I can follow the recommendations of taking IFA everyday during pregnancy	
M11.	I can follow the recommendations of taking Calcium everyday	
M12.	My body can produce enough breast milk to feed my newborn within one hour after birth.	
M13.	My breast milk is of good enough quality to nourish my infant so that the infant does not need any other food, water, or infant formula until s/he has completed 6 months.	
M14.	If my mother-in-law wants to feed my newborn infant formula in the first 24 hours after birth, I can refuse it	

Social norms

M15.	In my family and community we/people expect pregnant women to consume five varieties and larger quantity of food to get enough energy and nutrition during pregnancy	
M16.	Most people who are important to me (e.g. family members, friends...) think that a pregnant woman should not eat too much to avoid difficult labor due to large baby	
M17.	In my family and community, pregnant women are expected to avoid certain kinds of foods (meat, fish, papaya, jackfruit, milk etc) because it will harm the mother and/or baby	
M18.	Most people who are important to me (e.g. family members, friends...) think that a pregnant woman should take IFA everyday during pregnancy	
M19.	Most people who are important to me (e.g. family members, friends...) think that a pregnant woman should take calcium everyday during pregnancy	
M20.	Most people who are important to me (e.g. family members, friends...) think that a mother can breastfeed her infant within 1 hour after birth	
M21.	Most people who are important to me (e.g. family members, friends...) think that I should feed my infant only breast milk, and no other food, water, or infant formula for the first 6 months.	
M22.	Most people who are important to me (e.g. family members, friends...) think that a baby should be given infant formula before she/he reaches 6 months of age.	

M23.	Most people who are important to me (e.g. family members, friends...) think that a baby should be given semi-solid or solid foods before s/he reaches 6 months of age.	
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Family support

M24.	My husband purchased diversified nutritious foods and ensures that I have these foods available for cooking	
M25.	My husband reminded and encouraged me to consume the recommended quantity of diversified foods daily	
M26.	My husband ensured that there are enough tablets of IFA at home and remind me to consume them	
M27.	My husband ensured that there are enough Calcium tablets at home and remind me to consume them	
M28.	My husband helps me to take rest for 2 hours during the day	
M29.	My husband and family members made me work which included heavy lifting during pregnancy	
M30.	My husband reminded me to have my weight checked regularly and recorded in the MCP card	
M31.	My mother/mother-in-law ensured that diverse nutrient rich food items are bought and cooked for my consumption during my pregnancy	
M32.	My mother/mother-in-law reminded me to take IFA tablets daily	
M33.	My mother/mother-in-law reminded me to take calcium tablets daily	
M34.	My mother/mother-in-law reminded me to have my weight checked regularly and record the weight in the MCP card	

MODULE N: COMMUNITY GROUPS

No	Question	Response	Response code
N1.	Do you know of any community groups in your area? (Multiple responses possible)		1. No → O1 2. Village health, nutrition and sanitation committee 3. Reproductive health group 4. Women's/mothers groups 5. Self-help groups 6. Gram Sabha 95. Other (specify)
N2.	Are you a member of any of the groups? (Multiple responses possible)		1. Yes, I am a member of Panchayat 2. Yes, I am a member of VHNSC 3. Yes, I am a member of Reproductive Health Groups 4. Yes, I am a member of Women's/Mothers groups 5. Yes, I am a member of Self-Help Groups 6. Yes, I am a member of Gram Sabha -66 None 95. Yes, I am a member of other (specify)
N3.	Have you participated in or attended any community group meeting in the past three months?		0. No → O1 1. Yes
N4.	Which health topics were discussed in the meeting(s)? (Multiple responses possible)		1. What to do if a pregnant woman has an emergency 2. Antenatal care of mothers 3. Nutrition needs and services during pregnancy 4. Preparation for delivery 5. Healthcare facility services 6. JSY, JSSK, or other schemes 7. Clean and safe deliveries 8. Postnatal care of mothers 9. What to do when newborn babies have emergencies

No	Question	Response	Response code
			10.How to keep babies healthy 11.Breastfeeding 12.Complementary feeding 13.Immunizations 14.Family planning 15.Sanitation/hygiene 95.Other (specify)
N5.	Who attends the meeting(s) you attend? (What type of community members?) (Multiple responses possible)		1. Other recent mothers with young children 2. Pregnant women 3. Husbands/Fathers 4. Mothers-in-law /elderly grandparents 5. Village leaders and authorities 95.Other (specify)
N6.	Do front line health workers including AWWs, ASHAs and ANMs attend the meetings? (Multiple responses possible)		1. Yes, AWWs 2. Yes, ASHAs 3. Yes, ANM -66None

MODULE O: HOUSEHOLD SOCIO-ECONOMIC STATUS AND ASSETS

No	Question	Response	Response code
O1.	Do you rent or own the house you live in?		1. Owns house 2. Rents 3. Free housing 95.Others (Specify)
O2.	Main floor material [Observation]		1. Concrete 2. Brick/Cement 3. Tin /CI sheet 4. Wood 5. Smoothed mud 6. Tile 7. Bamboo/ Grass/straw/ 95.Others (Specify)
O3.	Main exterior wall material [Observation]		1. Concrete 2. Brick/Cement 3. Tin /CI sheet 4. Wood 5. Smoothed mud 6. Tile 7. Bamboo/ Grass/straw golpata 95. Others (Specify)
O4.	Main roof material [Observation]		1. Concrete 2. Brick/Cement 3. Tin /CI sheet 4. Wood 5. Smoothed mud 6. Tile 7. Bamboo/ Grass/straw golpata 95.Others (Specify)
O5.	Do you have a garden where you grow vegetables and/or fruits?		0. No 1. Yes
O6.	Does your household have any electricity?		0. No 1. Yes

No	Question	Response	Response code
O7.	What type of fuel does your household mainly use for cooking?		1. Electricity 2. LPG 3. Natural gas 4. Biogas 5. Kerosene 6. Charcoal 7. Wood/ Straw/ Leaves 8. Animal dung 95.Others (Specify)_____
O8.	Do you have your own mobile phone?		0. No 1. Yes → Skip to O11
O9.	Do you have access to mobile phone?		0. No → O11 1. Yes
O10.	Do you hold a bank account?		0. No 1. Yes
O11.	Do any other members of the household hold a bank account?		1 0. No 1. Yes -99. Don't know
O12.	Do you have an Aadhaar card?		0. No 1. Yes -99. Don't know
O13.	What is the main source of drinking water for members of your household?		1. Piped into dwelling 2. Piped to yard/plot 3. Public tap or standpipe 4. Own tube well 5. Other's tube well 6. Community tube well 7. Own handpump 8. Other's handpump 9. Community handpump 10. Ring Well 11. Pond 12. River/canal 13. Supply Water (piped) 95. Other
O14.	Do you have a toilet facility in the household?		0. No → O16 1. Yes
O15.	What kind of toilet facility do members of your household usually use?		1. Flush to Sewer System 2. Flush to Septic Tank 3. Flush to offset Pit 4. Flush to Somewhere Else 5. On-pit Ventilated Improved Pit (VIP) 6. On-Pit Latrine with Slab 7. On-Pit Latrine without Slab 8. Composting Toilet 9. Dry (Ecosan) Toilet 10. Hanging toilet 95.Others (specify)

No	Question	Response	Response code
O16.	Do you share this toilet facility with other households?		0. No 1. Yes

Household assets

O17. I am now going to ask you about household items that are available in your household.

Asset	0. No 1. Yes	Asset	0. No 1. Yes
1 Stove/Gas burner		18 Bullock cart/Horse cart	
2 Pressure cooker		19 Boat/Canoe	
3 Mattress/blanket		20 Thresher	
4 Table		21 Van (tricycle van)	
5 Chair		22 Computer/ laptop	
6 Electric fan (Ceiling/Table)		23 Phone/mobile phone	
7 Refrigerator		24 Landline phone	
8 Radio		25 Hand tube well/ rower pump	
9 Audio cassette/CD player		26 Water pump	
10 DVD player		27 Tractor	
11 TV (color/black-white)		28 Cow	
12 Wall clock/wrist watch		29 Buffalo	
13 Sewing machine		30 Goat	
14 Bicycle		31 Chicken	
15 Motorcycle/Scooter		32 Pigs	
16 Car		95 Other 1 (specify).....	
17 Cycle rickshaw		95 Other 2 (specify).....	

MODULE P: HOUSEHOLD FOOD SECURITY

Interviewer: For each of the following questions, consider what has happened *in the past 30 days*. For the questions “how often”, the answer “Rarely” means 1-2 times, “Sometimes” means 3-10 times and “Often” more than 10 times

No	Questions	Response	Response code
P1.	In the past 30 days, did you worry that your household would not have enough food?		0. No → P3 1. Yes
P2.	If "Yes", how often did this happen?		1. Rarely (1-2 times) 2. Sometimes (3-10 times) 3. Often (>10 times)
P3.	In the past 30 days, were you or any household members not able to eat the kinds of foods you preferred because of a lack of resources?		0. No → P5 1. Yes
P4.	If "Yes", how often did this happen?		1. Rarely (1-2 times) 2. Sometimes (3-10 times) 3. Often (>10 times)
P5.	In the past 30 days, did you or any household member eat just a few kinds of food day after day because of a lack of resources?		0. No → P7 1. Yes
P6.	If "Yes", how often did this happen?		1. Rarely (1-2 times) 2. Sometimes (3-10 times) 3. Often (>10 times)

No	Questions	Response	Response code
P7.	In the past 30 days, did you or any household member eat food that you did not want to eat because of a lack of resources to obtain other types of food?		0. No → P9 1. Yes
P8.	If "Yes", how often did this happen?		1. Rarely (1-2 times) 2. Sometimes (3-10 times) 3. Often (>10 times)
P9.	In the past 30 days, did you or any household member eat a smaller meal than you felt you needed because there was not enough food?		0. No → P11 1. Yes
P10.	If "Yes", how often did this happen?		1. Rarely (1-2 times) 2. Sometimes (3-10 times) 3. Often (>10 times)
P11.	In the past 30 days, did you or any household member eat fewer meals in a day because there was not enough food?		0. No → P13 1. Yes
P12.	If "Yes", how often did this happen?		1. Rarely (1-2 times) 2. Sometimes (3-10 times) 3. Often (>10 times)
P13.	In the past 30 days was there ever no food at all in your household because there were no resources to get more?		0. No → P15 1. Yes
P14.	If "Yes", how often did this happen?		1. Rarely (1-2 times) 2. Sometimes (3-10 times) 3. Often (>10 times)
P15.	In the past 30 days, did you or any household member go to sleep at night hungry because there was not enough food?		0. No → P17 1. Yes
P16.	If "Yes", how often did this happen?		1. Rarely (1-2 times) 2. Sometimes (3-10 times) 3. Often (>10 times)
P17.	In the past 30 days, did you or any household member go a whole day without eating anything because there was not enough food?		0. No → Q1 1. Yes
P18.	If "Yes", how often did this happen?		1. Rarely (1-2 times) 2. Sometimes (3-10 times) 3. Often (>10 times)

MODULE Q: WOMEN'S DIGNITY AND DECISION-MAKING POWER

No	Questions	Response	Response code
Q1.	Now, I would like to have your opinion on some ideas regarding how people live within a household. Please tell me if you agree or not with each of the following statements. There are people who say:		
	1. In a household, the man should take the important decisions, do you agree or disagree		1. Yes, agree 0. No don't agree -99. Don't know
	2. If the woman works outside home, her husband or partner should help her with the daily housework, do you agree or disagree		
	3. A husband should not let his wife work outside home, even if she would like to do it, do you agree or disagree		
	4. A woman has the right to express her opinion if she does not agree with what the husband or partner says, do you agree or disagree		

No	Questions	Response	Response code
	5. A woman must accept that her husband or partner beats her to keep the family together, do you agree or disagree		
	6. It is better to send a son to school than a daughter, do you agree or disagree		
Q2.	Now, I would like to ask you some questions regarding your possessions. I am only asking these questions to better understand women's situation. (Don't forget, all that you tell us is confidential) Please tell me if you possess alone or together with somebody else one of the following things		
	1. Land?		1. Yes alone 2. Yes together 3. Don't have
	2. This house or the house where you usually live?		
	3. Another house, apartment or room?		
	4. Animals like cows, buffalo, goat, sheep, horses, donkeys?		
	5. Small animals like hens, ducks, chickens, pigeon, rabbits?		
	6. Gold jewelry?		
Q3.	Which family member decides most of the time about the following things:		
	1. Buying of food like rice, vegetables		1. Respondent 2. Husband of interviewee 3. Interviewee and her Husband 4. Son or daughter 5. Son in law or daughter in law 6. Brother or sister 7. Brother in law or sister in law 8. Mother or father 9. Mother in law or father in law 10. Grandson or granddaughter 11. Other relatives -96 Not applicable -99. Do not know
	2. Buying animal source foods (meat, fish, poultry, eggs)?		
	3. Buying cooking oil		
	4. Buying medicine for yourself		
	5. Buying medicine for the children		
	6. What food is prepared every day?		
	7. If you have to work to earn money?		
	8. Visiting other family members, friends or relatives?		
	9. Seeing a doctor or visiting a dispensary when you are pregnant?		
	10. Use of family planning methods?		
	11. To eat nutritious food during pregnancy		
	12. To take supplemental tablets (IFA, Calcium) during pregnancy		
	13. To take rest every day for a certain time during pregnancy		
	14. Whether or not you breastfeed the child and when to give weaning food to the child?		
	15. What and how to feed the infant in his first year of life?		
	16. When to seek care for a sick child?		
Q4.	Do you need to ask your husband's or another family member's permission in order to travel:		
	1. To the market?		1. Yes, always 2. Yes, sometime 0. No, never
	2. To a friend or family member's house less than one hour away?		
	3. To the temple, church or mosque?		
	4. To a public village meeting?		
	5. To a meeting of any association of which you are a member including a self-help group?		
	6. To go outside your village?		

No	Questions	Response	Response code
	7. To see a health care provider for yourself		
	8. To see a health care provider for your child		

MODULE R: SOCIAL DESIRABILITY SCALE

No	Question	Response	Response code
R1.	Do you sometimes find it hard to go on with your work if you are not encouraged		0. No 1. Yes
R2.	Do you sometimes feel resentful when you don't get your way		
R3.	Do you occasionally give up doing something because you don't think you have the ability?		
R4.	Are there any times when you felt like rebelling against people in authority even though you knew they were right		
R5.	Are you always a good listener no matter who you are talking to?		
R6.	Are there any occasions when you took advantage of someone?		
R7.	When you make a mistake, are you always willing to admit it?		
R8.	Are you always courteous, even to people who are disagreeable/not pleasant?		
R9.	Have you ever been irked when people expressed ideas very different from your own?		
R10.	Are there any times when you were quite jealous of the good fortune of others?		
R11.	Do you sometimes get irritated/annoyed by people who ask you to do something for them?		
R12.	Have you ever deliberately said something that hurt someone's feelings?		

MODULE S: PHYSICAL AND MENTAL HEALTH OF THE RESPONDENT

What signs/symptoms/diseases have you experienced in the last 1 months? (enumerator reach each symptoms)

No	Questions	Response	Response code
S1.	Weakness or fatigue		0. No 1. Yes
S2.	Shortness of breath		
S3.	Rapid or irregular heartbeat		
S4.	Chest pain		
S5.	Dizziness		
S6.	Leg cramps		
S7.	Insomnia		
S8.	Cold hands and feet		
S9.	Difficulty concentrating		
S10.	Pale skin, lips and nail (observation)		

STRESS (SRQ 20): I will ask if you faced a few problems within last 1 month

No	Questions	Response	Response code
S11.	Did you often have headaches?		0. No 1. Yes
S12.	Was your appetite poor?		
S13.	Did you sleep badly?		
S14.	Were you easily frightened?		
S15.	Did your hands shake/tremble?		
S16.	Did you feel nervous, tense or worried?		
S17.	Was your digestion poor?		
S18.	Did you have trouble thinking clearly?		
S19.	Did you feel unhappy about life?		
S20.	Did you cry more than usual?		
S21.	Did you find it difficult to enjoy your daily activities?		
S22.	Did you find it difficult to make decisions?		
S23.	Was your daily work suffering?		
S24.	Were you unable to play a useful part in life?		
S25.	Did you lose interest in things?		
S26.	Did you feel that you Were a worthless person?		
S27.	Was the thought of ending your life on your mind?		
S28.	Did you feel tired all the time?		
S29.	Did you have uncomfortable feelings in your stomach?		
S30.	Were you easily tired?		

MODULE T: POSTNATAL FUNCTIONAL DISABILITY AND POSTPARTUM SIGNS/ SYMPTOMS

T1. Postnatal Functional Disability

After [child name] was born, until 42 days after birth, were you able to do the following things?

		0. No 1. Yes	<u>If yes,</u> 1. Could do without difficulty 2. Could do with difficult <u>If no,</u> 3. Could not do at all 88. Not permitted/Not required to do
1	Were you able to take care of the newborn baby?		
2	Were you able to feed the baby?		
3	Were you able to bathe the baby?		
4	Were you able to wash the baby's clothes?		
5	Were you able to prepare meals?		
6	Were you able to clean the house?		
7	Were you able to get water?		
8	Were you able to get to nearest health facility?		
9	Were you able to care for yourself?		
10	Were you able to wash or bathe yourself?		
11	Were you able to get dressed?		
12	Were you able to wash clothes?		
13	Were you able to use the toilet?		

T.2 Postpartum Signs/Symptoms

a. Think about duration after your delivery to 6 weeks (42 days) after birth. What signs/symptoms/diseases have you experienced? (enumerator reach each symptoms)

If T2 1-20 are coded 0 or -99 then T21-23 will be skipped

	Signs/symptoms	Response code
		0. No 1. Yes -99. Don't know
	1 Convulsions	
	2 Visual disturbance	
	3 Blindness	
	4 Coma or unconsciousness	
	5 Excessive vaginal bleeding	
	6 Fever	
	7 Abdominal/uterine pain/tenderness	
	8 Foul smelling vaginal discharge/lochia	
	9 Productive cough and shortness of breath	
	10 Dysuria or flank pain	
	11 Headache	
	12 Neck stiffness	
	13 Fatigue/weakness/lethargy	
	14 Swelling	
	15 Epilepsy	
	16 High blood pressure	
	17 Nausea/Vomiting	
	18 Dizziness	
	19 Breast pain/engorgement/cracked or sore nipples/flat or inverted nipples	
	20 Others	
	21 Were you referred or taken to clinic or hospital because of these complications or illness?	
	22 Were you admitted to the hospital <i>If no or don't know skip to T3</i>	
	23 How many days have you been admitted in hospital or clinic?	No of days (Range: 0-60)

T3. NEONATAL SIGNS/SYMPTOMS

a. Think about duration after your delivery to 4 weeks (28 days) after birth. What signs/symptoms/diseases has your child experienced? (enumerator reach each symptoms)

From delivery to 28 days after birth, did your infant experience the following symptoms?

If T3 1-11 are coded 0 or -99 then T12-14 will be skipped

	Signs/symptoms	Response code
		0. No 1. Yes -99. Don't know
1	Feeding difficulty	
2	Breathing difficulty or Fast breathing	
3	Fits or convulsion	
4	Movement only when stimulated or no movement at all	
5	Fever	
6	Hypothermia/low temperature	
7	Umbilical cord infection	
8	Skin infection	
9	Jaundice/yellow color of skin	
10	Vomiting/diarrhea	
11	Others	
12	Was the baby referred or taken to clinic or hospital because of these complications or illness?	
13	Were you admitted to the hospital <i>If no or don't know skip to Module V</i>	
14	How many days have you been in hospital or clinic?	No of days (Range: 0-60)

MODULE V: DOMESTIC VIOLENCE

Attitude toward gender roles

In this community and elsewhere, people have different ideas about families and what is acceptable behavior for men and women at home. I am going to read you a list of statements, and I would like you to tell me whether you generally agree or disagree with the statement.			
		Respond	Respond code
V1	A good wife obeys her husband even if she disagrees		1. Agree 2. Disagree -99.Don't know
V2	The family issues should only be discussed among family members		
V3	It is important for a man to show his wife/partner who is the boss		
V4	A woman should be able to choose her own friend even if her husband disapproves.		
V5	It's a wife's obligation to have sex with her husband even if she doesn't feel like it		
V6	If a man mistreats his wife, others outside of the family should intervene		
V7	In your opinion, does a man have a good reason to hit his wife, if she		1. Agree 2. Disagree -99.Don't know
	1 If she goes out without telling him?		
	2 If she neglects the children?		
	3 If she argues with him?		
	4 If she refuses to have sex with him?		
	5 If she does not obey elders in the family?		
	6 She disobeys him		
	7 She does not complete her household work to his satisfaction		
	8 She asks him whether he has other girlfriends		
	9 He suspects that she is unfaithful		
	10 He finds out that she has been unfaithful		
V8	In your opinion, can a married woman refuse to have sex with her husband if:		1. Agree 2. Disagree -99.Don't know
	1 She does not want to		
	2 Her husband is drunk		
	3 She is tired, sick		
	4 He mistreats her		

Domestic life experience

	When two people marry or live together, they usually share both good and bad moments. I would now like to ask you some questions about your current and past relationships and how your husband treats (treated) you. If anyone interrupts us I will change the topic of conversation. I would again like to assure you that your answers will be kept secret, and that you do not have to answer any questions that you do not want to. May I continue?		
V9	In your relationship with your (<u>current or most recent</u>) husband, how often would you have argument/quarrels? Would you say rarely, sometimes or often?		1. Never 2. Rarely (1 or twice a year) 3. Sometimes (monthly) 4. Often (weekly) 5. Refuse/no answer
V10	In relation to your (<u>current or most recent</u>) husband, would you say it is generally true that he:		0. No 1. Yes -99.Don't know
	1. Tries to keep you from seeing your friends,		
	2. Tries to restrict you from contacting your family of birth,		
	3. Insists on knowing where you are at all times,		
	4. Ignores you and treats you indifferently,		
	5. Gets angry if you speak to another man,		
	6. Is often suspicious that you are unfaithful,		
	7. Expects you to ask his permission before seeking health care for yourself.		

V11	Has your current husband ever done the following:	0. No 1. Yes	0.	How many times in the past 12 months? 0. 0 time 1. 1 time 2. Few (2-5 times) 3. Many times
	1. Insulted you or made you feel bad about yourself?			
	2. Belittled or humiliated you in front of other people?			
	3. Done things to scare or intimidate you on purpose (e.g. by the way he looked at you, by yelling and smashing things)?			
	4. Threatened to hurt you or someone you care about?			
	5. Push you, shake you, or throw something at you?			
	6. Slap you?			
	7. Twist your arm or pull your hair?			
	8. Punch you with his fist?			
	9. Kick you, drag you or beat you up?			
	10. Try to choke you or burn you on purpose?			
	11. Threaten or attack you with a knife, gun, or any other weapon?			
V12	Has your mother-in-law/or any other household member (not husband) ever done the following from the time you got married:			
	1. Insulted you or made you feel bad about yourself?			
	2. Belittled or humiliated you in front of other people?			
	3. Done things to scare or intimidate you on purpose (e.g. by the way he looked at you, by yelling and smashing things)?			
	4. Threatened to hurt you or someone you care about?			
	5. Push you, shake you, or throw something at you?			
	6. Slap you?			
	7. Twist your arm or pull your hair?			
	8. Punch you with his fist?			
	9. Kick you, drag you or beat you up?			
	10. Try to choke you or burn you on purpose?			
	11. Threaten or attack you with a knife, gun, or any other weapon?			
V13	Has your husband ever physically force you to have sexual intercourse when you did not want to?			0. No 1. Yes
V14	Was there ever a time when you were beaten or physically assaulted by husband while you were pregnant?			0. No 1. Yes
V15	In your last pregnancy were you beaten or physically assaulted by your husband?			0. No 1. Yes
V16	Were you ever punched or kicked in the abdomen while you were pregnant?			0. No 1. Yes

MODULE W: ANTHROPOMETRY

VERIFY HOUSEHOLD COMPOSITION TABLE: NOTE LINE NUMBER, NAME AND AGE OF RESPONDENT MOTHER AND HER RECENTLY DELIVERED BABY

NOTE: MAKES SURE THE CHILD (INDEX) AGED LESS THAN 6 MONTHS OLD ARE MEASURED LYING DOWN

WEIGHT, HEIGHT OF RESPONDENT MOTHER

W1. WEIGHT (KG) <i>-66. Unable to measure</i>	W2. HEIGHT (CM) <i>-66. Unable to measure</i>
Measure 1: [][].[] Measure 2: [][].[] If Weight difference > 0.1 Kg → Measure 3: [][].[]	Measure 1: [][].[] Measure 2: [][].[] If Height difference > 5 Cm → Measure 3: [][].[]

W3. Currently Pregnant?

- 0. No
- 1. Yes
- 99. Don't know

WEIGHT, HEIGHT OF THE CHILD

W4. Is it possible to take the weight and height of child?

- (0) No
- (1) Yes, only weight possible
- (2) Yes, only length possible
- (3) Yes, both possible

W5. WEIGHT (KG) <i>-66. Unable to measure</i>	W6. HEIGHT (CM) <i>-66. Unable to measure</i>
Measure 1: [][].[] Measure 2: [][].[] If Weight difference > 0.1 Kg → Measure 3: [][].[]	Measure 1: [][].[] Measure 2: [][].[] If Height difference > 5 Cm → Measure 3: [][].[]