

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

List of Modules

MODULE A: IDENTIFICATION.....	3
MODULE B: HOUSEHOLD COMPOSITION.....	5
MODULE C: DEMOGRAPHIC INFORMATIONS	6
MODULE D:OBSTETRIC HISTORY.....	8
MODULE E: USE OF SERVICES FOR PREGNANT WOMEN.....	9
MODULE F: CONSUMPTION OF IFA AND CALCIUM.....	18
MODULE H: SUPPLEMENTARY NUTRITION AND OTHER HEALTH SCHEMES	20
MODULE I: PREGNANT WOMAN'DIETARY INTAKE.....	23
MODULE K:HAND WASHING.....	24
MODULE L: KNOWLEDGE ON MATERNAL NUTRITION	25
MODULE M: AWARENESS AND PERCEPTION ON MATERNAL NUTRITION AND BREASTFEEDING PRACTICES.....	28
MODULE N:COMMUNITY GROUPS.....	30
MODULE O: HOUSEHOLD SOCIO-ECONOMIC STATUS AND ASSETS	32
MODULE P: HOUSEHOLD FOOD SECURITY	35
MODULE Q: WOMEN'S DIGNITY AND DECISION MAKING POWER.....	36
MODULE R: SOCIAL DESIRABILITY SCALE.....	37
MODULE S: PHYSICAL AND MENTAL HEALTH OF THE RESPONDENT	38
MODULE V:DOMESTIC VIOLENCE.....	39
MODULE W: ANTHROPOMETRY.....	41

PREGNANT 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 your 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)

	Yes, agreed	<input type="checkbox"/>
Consent giver	Not agreed	<input type="checkbox"/>

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 PW	Name, husbands name displayed as per listing data. All information is deidentified.						
A6	Which period of pregnancy is this women in?	1. Second trimester (4-6 months) 2. Third trimester (7-9 months)						
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) Not done. PW delievered/ no longer pregnant (5) 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 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 at least 3 months of 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 respondent - pregnant woman)	Relationship to Pregnant 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: [][]

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 INFORMATIONS

INTERVIEWER: DO NOT PROMPT RESPONSES UNLESS INDICATED IN THE QUESTION

No	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 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 has completed?		-88Never 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 -96Not applicable 95Other (specify)
C5.	What is your marital status?		1. Unmarried 2. Married 3. Widowed 4. Divorced 5. Separated
C6.	What is your main occupation?		1. Unemployed 2. Agriculture/ Livestock/ Poultry/Aquaculture 3. Agricultural labor 4. Salaried worker 5. Self-employment/business 6. Skilled labor

			7. Trader/exchange of goods 8. Housewife/No work for wages 9. Student 10. Retired 11. 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 3. No, cannot read and write
C8.	Can you read this sentence out loud? (SHOW CARD)		1. Cannot read at all 2. Can read some of it 3. Can read whole sentence

MODULE D:OBSTETRIC HISTORY

No	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)		Years -99. Don't know
D2	Is this your first pregnancy?		1. Yes →D6 2. No
D3	How many times have you been pregnant (excluding this pregnancy)?		No.of times (Range: 0-10)
D4	What was your age when your first child was born? <i>Please include still births here but not miscarriages</i>		Years -99 Don't know
D5	How many living children do you have? <i>(all children including the current baby)</i>		No of children (Range: 0-10)
D6	How far a long are you in your pregnancy		A. Days
			B. Months
D7	Estimated date of delivery (as per mother's knowledge)		A. Date B. Month C. Year
D8	Do you have an MCP card ?		1. Yes 2. No →next section
D9	Estimated date of delivery (as per MCP card) Verify date of delivery from MCP card		A. Date B. Month C. Year -99 Don't know

MODULE E: USE OF SERVICES FOR PREGNANT WOMEN

I would like to ask you questions about your experiences with AWWs, ASHAs, or ANMs during your current pregnancy

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?				1. Yes 2. No
E2	During this pregnancy, have you ever been visited at home by this woman?				1. Yes 2. No → E4
E3	How many times did she visit you during this pregnancy?				Number of times (Range: 0-30)
E3a	During the last three months of this pregnancy, did the visit you in your home?				1. Yes 2. No → E4
E3b	How many times did the ... visit you at home during those last three months?				Number of times (Range: 0-30)
E4	During this pregnancy, have you ever meet with an ... in the AWC?				1. Yes 2. No → E6
E5	How many times did you meet the at the AWC during this pregnancy?				Number of times (Range: 0-30)
E6	During this pregnancy, did you meet with an ... during VHND or any other community event for pregnant or lactating women?				1. Yes 2. No → E8
E7	How many times did you meet during VHND or at the community event during this pregnancy?				Number of times (Range: 0-30)
E8	How many times did you meet at the Subcenter during this pregnancy?				Number of times (Range: 0-30)

No	Question	Response AWW	Response ASHA	Response ANM	Response code
E9	What type of services did the person provide to you during your current pregnancy? (multiple responses possible)				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 calcium tablets 9. Provided handwashing 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
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)				1. Yes 2. No
1.	Treats you with respect				
2.	Is knowledgeable about your health needs during pregnancy and delivery				
3.	Is knowledgeable about the health needs of babies				
4.	Directs you to appropriate health service providers				
5.	Responds quickly to emergency situations				
E11	Have you heard about a fixed ANC day (PMSMA)? (prompt: it is held on the 9 th of every month at the nearest health center)				1. Yes 2. No → E14
E12	Did you ever go to the fixed ANC day?				1. Yes 2. No → E14
E13	Did ASHA/ANM accompany you for the check-up? (multiple response possible)				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 current pregnancy

No	Question	Response	Response code
E14	Have you registered this pregnancy		1. Yes 2. No → E16
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?		1. Yes 2. No → E18
E17	What happened during the God Bharai ceremony? <i>(multiple response possible)</i>		1. Given IFA 2. Food demonstration 3. Given gifts e.g. of clothes, fruit 4. Provided food 95. Other (specify)
E18	During this pregnancy, did you receive any ANC check up?		1. Yes 2. No → E23
E19	From whom did you receive ANC check up for your pregnancy? <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 this pregnancy?		Number of months 99. Do not know (Range: 0-9)
E21	How many times did you receive ANC during this pregnancy?		Number of times 99. Do not know (Range: 0-30)
E22	As part of your ANC during this pregnancy, were any of the following done at least once?		
	a) Was your blood pressure measured?		1. Yes 2. No
	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?		
	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?		

No	Question	Response	Response code
E23	At what month of pregnancy were you first weighed?		Number of months (Range: 0-9) -66. Never weighed → E27
E24	How many times has your weight been measured during this 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 4. 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 card or maternal nutrition calendar for pregnant women?		1. Yes 2. No → E28	
<i>Note to the interviewer: copy from the calendar</i>		At the end of the month, write how many tablets have been consumed. If the card is not filled, write 99	
Month	Weight (kg)	Iron tablets (Range: 0-600)	Calcium tablets (Range: 0-600)
4			
5			
6			
7			
8			
9			

E28	Did you receive any information about nutrition for pregnant/lactating women during this 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 10. Doctor 77. Other (specify) 99. Don't know

E30	<p>During your current pregnancy, what topics were you counselled on about nutrition for pregnant women? (multiple responses possible)</p> <p>(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)</p>		<p>0. Did not receive any counseling</p> <p>1. Eat 5 variety of foods</p> <p>2. Eat additional amount of food</p> <p>3. Increase the quantity of milk and milk products if you don't eat eggs or meat</p> <p>4. Get weight checked and recorded at every ANC visit</p> <p>5. How much weight to gain</p> <p>6. How to manage nausea/vomiting</p> <p>7. Take 1 IFA tablet daily</p> <p>8. How to manage IFA side effects</p> <p>9. Take 2 Calcium tablets daily</p> <p>10. How to manage calcium side effects</p> <p>11. Avoid heavy work</p> <p>12. Take rest between work (day time)</p> <p>13. Take 1 deworming tablet during 2nd trimester</p> <p>14. Consume DGLV</p> <p>15. Others (specify)</p> <p>99. Don't know</p>
E31	During your current pregnancy, did anyone talk with you about eating a variety of foods?		<p>1. Yes</p> <p>2. No → E33</p>
E32	<p>If yes, what messages did you receive on consuming a variety of food during pregnancy? (multiple responses possible)</p>		<p>0. Did not receive any counselling</p> <p>1. Eat five different types of food in addition to roti/rice</p> <p>2. Consume thick daal (pulses & lentils) everyday</p> <p>3. Consume Milk/ Milk Product (curd, buttermilk, paneer) daily</p> <p>4. Consume Dark Green leafy vegetable daily</p> <p>5. Consume Yellow/ Orange fruit and vegetable daily</p> <p>6. Consume Egg daily, if acceptable</p> <p>7. Consume Fish/Meat daily</p> <p>8. Increase the quantity of milk and milk products if you don't eat eggs or meat</p> <p>9. Take nutritious snacks 2-3 times/day</p> <p>10. Consume extra food with every meal</p> <p>11. Why different varieties are required</p> <p>12. Consume jaggery</p> <p>13. Consume channa</p> <p>95. Others (specify)</p> <p>99. Don't know</p>
E33	During your current pregnancy, did anyone talk with you about eating increased quantities of foods?		<p>1. Yes</p> <p>2. No → E38</p>

E34	<p>If yes, what messages did you receive on quantity of food during pregnancy?</p> <p><i>(multiple responses possible)</i></p>	<ul style="list-style-type: none"> 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 snacks during lactation 7. Why extra quantities of foods are needed 8. Increased intake of food 77. Others (specify) -99. Don't know
E35	<p>What messages did you receive on taking rest while pregnant?</p> <p><i>(multiple responses possible)</i></p>	<ul style="list-style-type: none"> 0. Did not receive any counseling 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 foetus 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. Increased intake of food 8. Others (specify) -99. Don't know
E36	<p>What messages did you receive on weight gained during pregnancy?</p> <p><i>(multiple responses possible)</i></p>	<ul style="list-style-type: none"> 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 77. Others (specify) -99. Don't know

E37	<p>What messages did you receive on taking IFA tablets?</p> <p><i>(multiple responses possible)</i></p>	<ol 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 4. Take IFA tablets with water or lemon water 5. Do not take IFA tablets with tea or milk 6. Take IFA tablets at night before bed time 7. Do not take IFA and calcium tablets 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 bleeding 13. IFA ensures the best development of the child 14. IFA reduce 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 77. 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>	<ol 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, with headache, nausea & vomiting and blurring of vision & fits (convulsions) 9. How to remind herself or have family member's support to take one tablet daily 10. Consume calcium tablets 77. Others (specify) -99. Don't know

E39	What messages did you receive on breastfeeding? <i>(multiple responses possible)</i>		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, jhanamghutti, cow or goat milk, etc.) after birth 7. Feed only breastmilk (not even 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 (breastmilk previously taken out) breast milk if the mother goes out for long time 14. Burp the baby after feeding 77. Others (specify) -99. Don't know
E40	What messages did you receive on hand washing and hygiene? <i>(multiple responses possible)</i>		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 77. Others (specify) -99. Don't know
E41	What messages did you receive on when to take deworming tablets during pregnancy		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	During this pregnancy, have you taken any deworming medicine?		1. Yes 2. No 99 Don't know
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MODULE F: CONSUMPTION OF IFA AND CALCIUM

No	Question	IFA	Calcium	Response code
F1	Have you ever bought/received... tablets?			1. Yes 0.No-> Skip to next module
F2	From whom did you get the tablets 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 Others(specify)
F4	How many tablets/doses of syrup/tonic did you buy/ get free during your last month? <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..... B. number of syrup/tonic bottles..... (Range: 0-600)
F4a	How many tablets/doses of syrup/tonic did you buy/ get free from the beginning of your pregnancy till now? <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..... B. 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 current pregnancy?			A. number of tablets or doses B. number of syrup/tonic bottles..... (Range: 0-600) 99. Don't know
F6	Did you ever consume _____ tablets/doses, syrup/tonic during this pregnancy?			1. Yes → F8 2. No
F7	Why did you never consume the tablets/doses, syrup/tonic? (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 77. Others(specify)
F8	How many tablets or doses of syrup/tonic in total have you taken during this 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

No	Question	IFA	Calcium	Response code
	<i>Multiple responses possible</i>			5. At night, with dinner 6. No fix time
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 this pregnancy?			1. Yes 2. No
F13	Does any family member help you remember to take your tablets/doses?			1. Yes 2. No → F15
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			1. Yes 2. No → F17
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?			1. Yes 2. No → F20
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) 77. Others 99. Do not know
F19	What did you do to manage the side effects of tablets/doses? ? <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 6. Stopped taking the tablets

No	Question	IFA	Calcium	Response code
				7. Sought advice from ANM, ASHA, AWW 77. Others
F20	Did you take supplement yesterday?			1. Yes 2. No → H1
F21	How many tablets/doses of supplement did you take yesterday?			Number of tablets (Range: 0-5)

MODULE H: SUPPLEMENTARY NUTRITION AND OTHER HEALTH SCHEMES

	Question	Response	Response code
H1	So far, during your current pregnancy, did you receive a Take Home Ration from AWC?		1. Yes → H3 2. No
H2	What are the reasons for not receiving the Take Home Ration? (Multiple responses possible) GO TO H12 AFTER ANSWERING THIS QUESTION		0. Did not know about THR 1. Family members did not want me to take it 2. I did not want to take it 3. THR was not available / not available regularly 4. I do not like to go to AWC 95. Others (specify) 99. Don't know
H3	In which month of your pregnancy, did you first receive Take Home Ration?		Month (Range: 0-9)
H4	During this pregnancy, for how many months have you received Take Home Rations?		Number of month (Range: 0-10)
H5	How much of the THR that you received did you usually consume? <i>If H5 is no, skip H10</i>		0. No 1. Consumed some, but not all of the THR 2. Consumed all → H7
H6	Can you tell me some reasons why you did not consume ALL of the THR? (Multiple responses possible)		1. I did not want to eat 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
H7	When was the last time you received THR?		[][] 1. Days 2. Weeks
H8	Did you consume the Take Home Ration the most recent time you received it?		0. No 1. Consumed some, but not all of the ration 2. Yes, consumed all
H9	Who all consumed the THR the most recent time you received it? Multiple responses allowed		0. Did not use it/Threw it away 1. Myself 2. Children 3. Other household members 4. Livestock 95. Others (specify)
H10	For how many days, did one packet of THR last you?		[][] Days (Range: 1-90)

	Question	Response	Response code
H11	<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 H8==2 & H5==1 If H8==3 & H5==1</p> <p><i>H11 was asked only when it was coded "no" or "consumed some, but not all of the ration" in H05/H08</i></p>		<ol style="list-style-type: none"> I did not want to take THR was not available THR was of poor quality Family did not allow me to consume THR I did not know about it Other family members consumed THR THR was used for other purposes If I eat it, then I will fall sick I did not like the taste <p>95.Others (specify)</p> <p>-99.Don't know</p>
H12	Would you prefer to get money instead of THR during your pregnancy?		<ol style="list-style-type: none"> Yes No
H13	If you were given money instead of THR, would you be able to spend it yourself?		<ol style="list-style-type: none"> No Yes
H14	<p>If you were given money instead of THR, what would do with the money?</p> <p><i>(Multiple responses possible)</i></p>		<ol style="list-style-type: none"> Will give it to my in-laws/husband Will use it to buy myself food I like to eat Would ask my family to buy food I like to eat Will use it to buy food for the household Will use it for general household expenses Will use it for buying food or other things for my children Would save the money for myself <p>95.Other (specify)</p>
H15	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 this?		<ol style="list-style-type: none"> Yes No
H16	<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 H16 is no, then don't ask H21 or H22 for JSY</i></p>		<ol style="list-style-type: none"> Yes No
H17	<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>		<ol style="list-style-type: none"> Yes No
H18	<p>Have you ever heard of Maternity Benefit Program-MBP (MatritvaLaabh 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 H18=0, then don't ask H21 or H22 for MBP</i></p>		<ol style="list-style-type: none"> Yes No
H19	During your current pregnancy, have you enrolled in any of the incentive schemes?"		<ol style="list-style-type: none"> Yes No → I1

	Question	Response	Response code
H20	Which incentive scheme have you enrolled? (multiple responses)		1. JSY 2. JSSK 3. Maternity Benefit Program
H21	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
H22	In total, how much money have you received till date for your pregnancy?		A. From JSY
			B. From Maternity Benefit Program
H23	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: PREGNANT WOMAN'DIETARY INTAKE

	Question	Response	Response code
I1	Are you a vegetarian?		0...No 1. Yes, all the time 2. Yes, sometime
I2	During your current pregnancy, does your family discourage you from eating certain foods? (Multiple responses possible)		0...No food restriction 1. Meat and poultry (chicken, mutton, lamb, etc) 2. Fish 3. Milk and milk products 4. Eggs 5. Papaya 6. Mango 7. Jackfruit 95. Other (specify)

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 more or less than usual or did not eat because they were fasting?

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

I3	Was yesterday a special day where special kinds of foods were eaten?	1. Yes, fasting day 2. Yes, feast day 0. No
I4	How many meals did you eat yesterday	-----No. of meal (Range: 0-6)

Now I'd like to ask you to describe everything that you ate or drank yesterday (or the last normal) 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 code based on food groups below. Please see guideline for food items in each food group in a separate file.

No	Food groups	Response 1. Yes 2. No
I6	Foods made from grains (Bread (rotiset), rice, noodles or other foods made from grains)	

No	Food groups	Response 1. Yes 2. No
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 pastries or ice cream)	
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 vitamin or protein supplements (tablet or powder)	

MODULE K: HAND WASHING

K1	When do you usually wash your hands? (do not read the option, just ask open ended and select the spontaneous responses)	1. Yes 2. No	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

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 in your community? (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 women important? (Multiple responses possible)		1. For adequate weight gain of pregnant woman 2. Child inside the womb grows adequately/ 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 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 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 77. Other (specify) -99. Don't know
L4.	Have you heard about anemia?		1. Yes 2. No
L5.	Have you ever heard about IFA tablets?		1. Yes 2. No → L11
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

No	Question	Response	Response code
			(Range: 0-60)
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 77. Other (specify) 99. Do not know
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 77. Other (specify) 99. Don't know
L11.	Have you ever heard about calcium tablets?		1. Yes 2. No → L16
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) 77. Others (specify) 99. Do not know
L15.	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	No of main meals (Range: 0-6)	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		

MODULE M: AWARENESS AND PERCEPTION ON MATERNAL NUTRITION AND BREASTFEEDING PRACTICES

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?	1. Yes 2. No
	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 reduce risk of high hypertension and fever (not from convulsions) and swelling of the face, body, legs (, eclampsia and pre-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 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 every day during pregnancy	
M11.	I can follow the recommendations of taking Calcium everyday during pregnancy	

Social norms

M12.	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	
M13.	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	
M14.	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	
M15.	Most people who are important to me (e.g. family members, friends...) think that a pregnant woman should take IFA everyday during pregnancy	
M16.	Most people who are important to me (e.g. family members, friends...) think that a pregnant woman should take calcium everyday during pregnancy	
M17.	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.	
M18.	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.	
M19.	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.	

Family supports

M20.	My husband purchases diversified nutritious foods and ensures that I have these foods available for cooking	
M21.	My husband reminds and encourages me to consume the recommended quantity of diversified foods daily	
M22.	My husband ensured that there are enough tablets of IFA at home and remind me to consume them	
M23.	My husband ensured that there are enough Calcium tablets at home and remind me to consume them	
M24.	My husband helps me to take rest for 2 hours during the day	
M25.	My husband and family members make me carry out work which includes heavy lifting during pregnancy	
M26.	My husband reminds me to have my weight checked regularly and record the weight in the MCP card	
M27.	My mother/mother-in-law ensures that diverse nutrient rich food items are bought and cooked for my consumption during my pregnancy	
M28.	My mother/mother-in-law reminded me to take IFA tablets daily	
M29.	My mother/mother-in-law reminded me to take calcium tablets daily	
M30.	My mother/mother-in-law reminds 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 and sanitation committee 3. Reproductive health group 4. Women's/mothers groups 5. Self-help group 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 Group 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?		1. Yes 2. No → O1
N4.	Which health topics were discussed in the last meeting? (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 10. How to keep babies healthy 11. Breastfeeding 12. Complementary feeding 13. Immunizations 14. Family planning 15. Sanitation/hygiene 95 Other (specify)

No	Question	Response	Response code
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 95Other (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 floormaterial [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 exteriorwallmaterial [Observation]		1. Concrete 2. Brick/Cement 3. Tin /CI sheet 4. Wood 5. Smoothed mud 6. Tile 7. Bamboo/ Grass/straw golpata 77. 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?		1. Yes 2. No
O6.	Does your household have any electricity?		1. Yes 2. No
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?		1. Yes→ Skip to O11 2. No
O9.	Do you have access to mobile phone?		1. Yes 2. No→ O11
O10.	To whom does the mobile phone belong to? (Multiple responses possible)		1. Husband 2. Mother/Mother-in law 3. Father/Father-in-law 4. Brother-in-law 5. Sister-in-law 6. Other family members 7. Neighbors 95. Other (specify)

No	Question	Response	Response code
O11.	Do you hold a bank account?		1. Yes 2. No
O12.	Do any other members of the household hold a bank account?		1. Yes 2. No 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?		1. Yes 2. No → O17
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)
O16.	Do you share this toilet facility with other households?		1. Yes 2. No

Household assets

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

Asset	1. Yes 2. No	Asset	1. Yes 2. No
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	

Asset	1. Yes 2. No	Asset	1. Yes 2. No
12 Wallclock/wrist watch		29 Buffalo	
13 Sewing machine		30 Goat	
14 Bicycle		31 Chicken	
15 Motorcycle/Scooter		32 Pigs	
16 Car		33 Other 1 (specify).....	
17 Cycle rickshaw		34 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?		1. Yes 2. No → P3
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?		1. Yes 2. No → P5
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?		1. Yes 2. No → P7
P6.	If "Yes", how often did this happen?		1. Rarely (1-2 times) 2. Sometimes (3-10 times) 3. Often (>10 times)
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?		1. Yes 2. No → P9
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?		1. Yes 2. No → P11
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?		1. Yes 2. No → P13
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?		1. Yes 2. No → P15
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?		1. Yes 2. No → P17
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?		1. Yes 2. No → Q1
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.		1. Yes, agree 2. 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.		
	3. A husband should not let his wife work outside home, even if she would like to do it.		
	4. A woman has the right to express her opinion if she does not agree with what the husband or partner says.		
	5. A woman must accept that her husband or partner beats her in order to keep the family together.		
	6. It is better to send a son to school than a daughter.		
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?		
	7. 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 -96Not 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?		

No	Questions	Response	Response code
Q4.	Do you need to ask your husband's or another family member's permission in order to travel:		
	1. To the market?		0. No, never 1. Yes, always 2. Yes, sometime -96Not applicable (never go outside the home)
	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. Outside your village?		
	7. To see a health care provider for yourself		
	8. To see a health care provider for the 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		1. Yes 2. No
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		1. Yes 2. No
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?		1. Yes 2. No
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 V:DOMESTIC VIOLENCE

Attitude toward gender roles

In this community and elsewhere, people have different ideas about families and what is acceptable behaviour 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:		1. Yes 2. No 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:	1. Yes 2. No	How many times in the past (all the time)? 0. 0 time 1. 1 time 2. Few (2-5 times) 3. Many times	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:			
	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?			1. Yes 2. No
V14	Was there ever a time when you were beaten or physically assaulted by husband/partner while you were pregnant?			1. Yes 2. No
V15	In your current pregnancy have you been beaten or physically assaulted by your husband/partner?			1. Yes 2. No
V16	Were you ever punched or kicked in the abdomen during your pregnancy?			1. Yes 2. No

MODULE W: ANTHROPOMETRY

WEIGHT, HEIGHT OF RESPONDENT PREGNANT WOMAN

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