

Only use in Research purpose

Name	Code	Name	Code
A1 Household Number:	<div><div></div><div></div><div></div><div></div></div>	A13 Religion:	<div><div></div>Muslim 1 Hindu 2 Christan..... 3 Buddist..... 4 Others (Specify).....77</div>
A2 Census number::	<div><div></div><div></div><div></div></div>	A14 Pregnant women delivered her (last a live) baby days ago	<div><div></div><i>(Interviewer: This can be maximum 179 days)</i></div>
A3 Name of the recently delivered woman and member ID: (From Module B):	<div><div></div><div></div></div>	A15 Interviewer name & code	<div><div></div><div></div><div></div></div>
A4 Name and member ID of the Household Head:	<div><div></div><div></div></div>	A15 Supervisor name & code	<div><div></div><div></div></div>
A5 Name and member ID of the father of the HH head [husband if female headed]:	<div><div></div><div></div><div>মৃত .....98 খানা সদস্য নয়.....99</div></div>	Date of interview:	First visit <div><div><div>Day</div><div></div></div><div><div>Month</div><div></div></div><div><div>Year</div><div>1</div><div>6</div></div></div>
A6 Para/Location/Landmark:			Second visit <div><div><div>Day</div><div></div></div><div><div>Month</div><div></div></div><div><div>Year</div><div>1</div><div>6</div></div></div>
A7 Villa ge (name and code):.....	<div><div></div><div></div><div></div></div>		
A8 Mauza (name and code):.....	<div><div></div><div></div><div></div></div>		
A9 Union/ Ward No (name and code):	<div><div></div><div></div><div></div></div>	Interview starting time (Hours/Minute/AM OR PM):	<div><div><div>Hours</div><div></div></div><div><div>Minutes</div><div></div></div><div><div>AM/PM</div><div>AM...1 PM....2</div></div></div>
A10 Thana/Upazila (name and code):.....	<div><div></div><div></div></div>		
A11 District (name and code):.....	<div><div></div><div></div></div>	Interview ending time (Hours/Minutes/AM OR PM):	<div><div><div>Hours</div><div></div></div><div><div>Minutes</div><div></div></div><div><div>AM/PM</div><div>AM...1 PM....2</div></div></div>
A12 Mobile number:	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Signature of Supervisor	

LIST OF MODULES

MODULE A. IDENTIFICATION.....	3
MODULE B. HOUSEHOLD COMPOSITION.....	5
MODULE C. OBSTETRIC HISTORY	6
MODULE D. USE OF ANTENATAL AND POSTNATAL SERVICES.....	7
MODULE E. CONSUMPTION OF SUPPLEMENTS.....	15
MODULE F. DIETARY INTAKE	17
MODULE G. IYCF PRACTICES	17
MODULE H. KNOWLEDGE ON MATERNAL NUTRITION.....	24
MODULE I. MEDIA HABIT AND EXPOSURE TO MEDIA.....	29
MODULE J. HOUSEHOLD SOCIO-ECONOMIC STATUS AND ASSETS	32
MODULE K. HOUSEHOLD FOOD SECURITY	36
MODULE L. WOMEN’S DIGNITY AND DECISION MAKING POWER.....	38
MODULE M. PHYSICAL AND MENTAL HEALTH OF THE RESPONDENT.....	38
MODULE N. POSTNATAL FUNCTIONAL DISABILITY AND POSTPARTUM SIGNS/ SYMPTOMS.....	42
MODULE O. DOMESTIC VIOLENCE.....	47
MODEL P1- INFORMATON FROM NUTRITION CHART FOR PREGNANT AND LACTATING MOTHERS.....	48
MODULE P. ANTHROPOMETRY	49
MODULE Q. HUSBAND ’S PRACTICES TO SUPPORT NUTRITION IN PREGNANCY	51
MODULE R. HUSBAND’S KNOWLEDGE ON MATERNAL NUTRITION AND HEALTH.....	52
MODULE S. HUSBAND’S MEDIA HABIT.....	56
MODULE T. HUSBAND’S SOCIAL MOBILIZATION.....	60
MODULE U. MODULE U. HUSBAND’S PERCEPTIONS AND DRIVERS OF BEHAVIORAL CHANGE.....	61

RECENTLY DELIVERED WOMEN'S QUESTIONNAIRE

HH ID:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------

CONSENT OF RESPONDENT

Good morning/afternoon. I am _____ from the Data Analysis and Technical Assistance Limited (DATA), a Research organization based in Dhaka. Together with the International Food Policy Research Institute (IFPRI), we are conducting an evaluation of the A&T program implemented by BRAC 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 1-1.5 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 participating in the study. Two organizations are Jointly doing this survey - International Food Policy Research Institute and DATA. 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 of the Investigator:

Dr. Phuong Hong Nguyen
IFPRI, 2033 K Street NW,
Washington DC, 20006
Email: P.H.Nguyen@cgiar.org

Interviewer's statement: I am an 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 giver	Yes, agreed	<input type="checkbox"/>
	Not agreed	<input type="checkbox"/>

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

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 at least 6 months, and at least half of the week in each week in those 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 less 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

Member ID	Name 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 (Start with Recently delivered woman)	Relationship to recently delivered woman (code 1)	Gender Male..... 1 Female..... 2	Age*		Marital status? (Code-2)	Occupation (Code-3)	Education (Highest class completed) (Code-4)	Average monthly Income amount in taka (Taka)**
				Year	Month				
B1	B2	B3	B4	B5.1	B5.2	B6	B7	B8	B9

Code 1: Relationship to the recently delivered woman	Code-2 : Marital status	Code 3: Occupation		Code 4: Education
Recently delivered woman..... 1	Unmarried..... 1	Farmer (Crops)..... 1	Household Work /Housewife 9	Never attended school 99
Spouse 2	Married 2	Agricultural day labor 2	Maid servant 10	reads in class I 0
Son or daughter..... 3	Widowed..... 3	Non Agricultural day labor. 3	Student 11	Completed class I..... 1
Father in-law 4	Divorced 4	Service/Salaried worker 4	Retired/Old age..... 12	Put number of highest completed class.
Mother in-law 5	Separated 5	Small/cottage industry 5	Physically challenged..... 13	For example, if currently in class III, put 2 as class II is completed)
Grandchild..... 6		Business/Traders 6	Jobless 14	Completed Secondary School/Dakhil... 10
Father 7		Rickshaw/van pulling 7	Child (age <5) 15	Completed Higher Secondary/Alim 12
Mother..... 8		Other Self-employment 8	Other..... 77	BA/BSC pass/Fazil..... 14
Brother or sister..... 9				BA/BSC honors/Fazil (Hons) 15
Brother in law or sister in law 10				MA/MSK/Kamil & above..... 16
Other relatives (including cousins). 11				SSC Candidate 22
Foster/step/adopted children..... 12				HSC Candidate 33
Not related..... 13				Preschool class (general) 66
				Hafezia/Kiratia/Nurani madrasa 67

***Write down ID and Date of birth for the last born child (the index child): ID: DOB:** [][] / [][] / [][][][]
Day Month Year

***For children under 5 years please record the complete age (years and months). Recording age in years only is sufficient for adults and children aged more than 5 year**

**** Write '0' for household members with no income**

MODULE C: OBSTETRIC HISTORY

S/no	Question	Response			Response code
C1	What was your age when you first got married? (If married more than once then please write first age of marriage)	<input type="text"/>			Years
C2	How many times have you been pregnant?	<input type="text"/>			No fo times
C3	How many living children do you have? (all children including the current baby)	<input type="text"/>			No of child
C4	What was your age when your first child was born?	<input type="text"/>			Years
C5	When was your previous birth before this baby? (if mothers do not remember exact dates, ask for immunization card or write month and year only)	Day	Month	Year	Day/month/year
		<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	This is the first child.....88
C6	Date of current delivery (if mothers do not remember exact dates, ask for immunization card or write month and year only)	Day	Month	Year	Day/month/Year
		<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	

MODULE D. USE OF ANTENATAL AND POSTNATAL SERVICES

D1: Postnatal Services

Slno	Question	Response	Response code																				
D1	Where did you give birth to this child?	<input type="text"/>	Hospital/Private clinic/ health center.....1>>D3 Maternity Centre 2 >>D3 Own house 3 Father's house 4 Someone else's house..... 5 Others (specify).....77																				
D2	Why did you NOT deliver at a health facility (hospital/private clinic)?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Costs too much..... 1 Facility not open 2 Too far/no transportation..... 3 Don't trust facility 4 Quality of service..... 5 No female provider at the facility 6 Not necessary 7 Not customary 8 Others (specify)..... 77																				
D3	Who helped you during delivery of this child? Probe to obtain all possible answers (Multiple responses possible)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<table border="0"> <tr> <td>Doctor..... 1</td> <td>Village Doctor..... 11</td> </tr> <tr> <td>Nurse/Midwife..... 2</td> <td>Homeopath doctor..... 12</td> </tr> <tr> <td>FWA/HA..... 3</td> <td>Kabiraj/Herbal healer..... 13</td> </tr> <tr> <td>FWV 4</td> <td>Spiritual healer..... 14</td> </tr> <tr> <td>CHCP..... 5</td> <td>Mother/Mother-in-law..... 15</td> </tr> <tr> <td>BRAC SS..... 6</td> <td>Other HH members..... 16</td> </tr> <tr> <td>BRAC SK/CSBA..... 7</td> <td>Neighbor/friends/relative . 17</td> </tr> <tr> <td>Other NGO workers..... 8</td> <td>Govt. or other CSBA..... 18</td> </tr> <tr> <td>TTBA/Newborn health worker..... 9</td> <td>Husband 19</td> </tr> <tr> <td>TBA..... 10</td> <td>Do not know 99</td> </tr> </table>	Doctor..... 1	Village Doctor..... 11	Nurse/Midwife..... 2	Homeopath doctor..... 12	FWA/HA..... 3	Kabiraj/Herbal healer..... 13	FWV 4	Spiritual healer..... 14	CHCP..... 5	Mother/Mother-in-law..... 15	BRAC SS..... 6	Other HH members..... 16	BRAC SK/CSBA..... 7	Neighbor/friends/relative . 17	Other NGO workers..... 8	Govt. or other CSBA..... 18	TTBA/Newborn health worker..... 9	Husband 19	TBA..... 10	Do not know 99
Doctor..... 1	Village Doctor..... 11																						
Nurse/Midwife..... 2	Homeopath doctor..... 12																						
FWA/HA..... 3	Kabiraj/Herbal healer..... 13																						
FWV 4	Spiritual healer..... 14																						
CHCP..... 5	Mother/Mother-in-law..... 15																						
BRAC SS..... 6	Other HH members..... 16																						
BRAC SK/CSBA..... 7	Neighbor/friends/relative . 17																						
Other NGO workers..... 8	Govt. or other CSBA..... 18																						
TTBA/Newborn health worker..... 9	Husband 19																						
TBA..... 10	Do not know 99																						
D4	Was (NAME) delivered by caesarian, that is, they cut your belly open to take the baby out?	<input type="text"/>	Yes 1 No 2 Don't know 99																				
D5	After this child was born, how long did it take before any health care provider checked on the status of your child's health?	<input type="text"/> <input type="text"/> <input type="text"/>	Hours Day Week Health was not checked.....88>>D8																				

Slno	Question	Response	Response code	
D6	Who performed this check?	<input type="text"/>	Doctor..... 1 Nurse/Midwife 2 FWA/HA..... 3 FWV 4 CHCP..... 5 BRAC SS..... 6 BRAC SK/CSBA..... 7 Other NGO workers..... 8 TTBA/Newborn health worker..... 9 TBA..... 10	Village Doctor..... 11 Homeopath doctor..... 12 Kabiraj/Herbal healer..... 13 Spiritual healer..... 14 Mother/Mother-in-law..... 15 Other HH members..... 16 Neighbor/friends/relative . 17 Govt. or other CSBA..... 18 Husband 19 Do not know 99
D7	Where was this check performed?	<input type="text"/>	Own house .....1 BRAC Maternity Center..2 Medical College Hospital.3 District Hospital.....4 Upazila Health Complex .5 Pharmacy.....6	Private clinic 7 Other NGO clinic 8 Community clinic 9 Family Welfare Center..... 10 At EPI center 11 Others (specify)..... 77
D8	After this child was born, how long did it take before any health care provider, checked on the status of YOUR health?	<input type="text"/>	Hours Day Week Health was not checked.....88>>D8	
D9	Who performed this check?	<input type="text"/>	Doctor..... 1 Nurse/Midwife 2 FWA/HA..... 3 FWV 4 CHCP..... 5 BRAC SS..... 6 BRAC SK/CSBA..... 7 Other NGO workers..... 8 TTBA/Newborn health worker..... 9 TBA..... 10	Village Doctor..... 11 Homeopath doctor..... 12 Kabiraj/Herbal healer..... 13 Spiritual healer..... 14 Mother/Mother-in-law..... 15 Other HH members..... 16 Neighbor/friends/relative . 17 Govt. or other CSBA..... 18 Husband 19 Do not know 99
D10	Where was this check performed?	<input type="text"/>	Own house .....1 BRAC Maternity Center..2 Medical College Hospital.3 District Hospital.....4 Upazila Health Complex .5 Pharmacy.....6	Private clinic 7 Other NGO clinic 8 Community clinic 9 Family Welfare Center..... 10 At EPI center 11 Others (specify)..... 77

Sln	Question	Response	Response code
D11	Did anyone help you with breastfeeding just after the birth of this child?	<div></div>	Yes 1 No 2>>D13 Don't know..... 99>>D13
D11a	Who helped with breastfeeding immediately after delivery? (Multiple responses possible)	<div> <div></div><div></div><div></div><div></div> <div></div><div></div><div></div><div></div> <div></div><div></div><div></div><div></div> <div></div><div></div><div></div><div></div> <div></div><div></div><div></div><div></div> </div>	<div> Doctor..... 1 Nurse/Midwife 2 FWA/HA..... 3 FWV 4 CHCP..... 5 BRAC SS..... 6 BRAC SK/CSBA..... 7 Other NGO workers..... 8 TTBA/Newborn health worker..... 9 TBA..... 10 </div> <div> Village Doctor..... 11 Homeopath doctor..... 12 Kabiraj/Herbal healer..... 13 Spiritual healer..... 14 Mother/Mother-in-law..... 15 Other HH members..... 16 Neighbor/friends/relative . 17 Govt. or other CSBA..... 18 Husband 19 Do not know 99 </div>
D12	What did they do regarding breastfeeding?	<div> <div></div><div></div> <div></div><div></div> </div>	Told to breastfeed the child..... 1 Showed the right way of positioning and attachment 2 Helped to place the baby on the breast 3 Others (specify)..... 77
D13	What was the weight of the baby	<div></div> • <div></div>	kg Not weight at birth.....88 Don't know 99
D13a	Verified birth weight with birth record or child card if available	<div></div> • <div></div>	kg Not weight at birth .....88 Not available 99
D14	When (NAME) was born, was s/he very large, larger than average, average, smaller than average or very small?	<div></div>	Very big 1 Bigger than average 2 Average 3 Smaller than average 4 Very small 5

D2: ANTENATAL CARE

S/no	Question	Response	Response code																				
D15	Have you received ANC during last pregnancy?	<input type="text"/>	Yes..... 1 No..... 2>>D21 Don't know 99>>D21																				
D16	From whom you received ANC during last pregnancy? (multiple response possible) (Interviewer: Probe to get all persons consulted)	<table border="1"> <tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td></td></tr> </table>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		Doctor..... 1 Village Doctor..... 11 Nurse/Midwife..... 2 Homeopath doctor..... 12 FWA/HA..... 3 Kabiraj/Herbal healer..... 13 FWV 4 Spiritual healer..... 14 CHCP 5 Mother/Mother-in-law..... 15 BRAC SS..... 6 Other HH members..... 16 BRAC SK/CSBA..... 7 Neighbor/friends/relative 17 Other NGO workers 8 Govt. or other CSBA..... 18 TTBA/Newborn health worker..... 9 Husband 19 TBA..... 10 Do not know 99
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>																				
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>																				
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>																				
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>																				
<input type="text"/>	<input type="text"/>	<input type="text"/>																					
D17	From where you received ANC during last pregnancy?	<table border="1"> <tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> </table>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Own house..... 1 Private clinic 7 BRAC Maternity Center ..2 Other NGO clinic 8 Medical College Hospital.3 Community clinic 9 District Hospital.....4 Family Welfare Center..... 10 Upazila Health Complex..5 At EPI center 11 Pharmacy..... 6 Others (specify)..... 77								
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>																				
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>																				
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>																				
D18	How many months pregnant were you when you first received ANC?	<input type="text"/>	Number of months Do not know..... 99																				
D19	How many times did you receive ANC during last pregnancy?	<input type="text"/>	Number of times Do not know..... 99																				
D20	During (any of your antenatal care visit(s), were you told about things to look out for signs that might suggest problems with the pregnancy?	<input type="text"/>	Yes..... 1 No 2 Do not know 99																				
D21	Were you weighed during last pregnancy?	<input type="text"/>	Yes..... 1 No 2>>D28																				
D22	During your last pregnancy, who took your weight? (multiple response possible)	<table border="1"> <tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td></td></tr> </table>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		Doctor..... 1 Village Doctor..... 11 Nurse/Midwife..... 2 Homeopath doctor..... 12 FWA/HA..... 3 Kabiraj/Herbal healer..... 13 FWV 4 Spiritual healer..... 14 CHCP 5 Mother/Mother-in-law..... 15 BRAC SS..... 6 Other HH members..... 16 BRAC SK/CSBA..... 7 Neighbor/friends/relative 17 Other NGO workers 8 Govt. or other CSBA..... 18 TTBA/Newborn health worker..... 9 Husband 19 TBA..... 10 Do not know 99
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>																				
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>																				
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>																				
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>																				
<input type="text"/>	<input type="text"/>	<input type="text"/>																					

Slno	Question	Response	Response code		
D23	Where have you been weighed?	<div> <div></div> <div></div> <div></div> <div></div> </div> <div> <div></div> <div></div> <div></div> <div></div> </div> <div> <div></div> <div></div> <div></div> <div></div> </div>	Own house..... 1 BRAC Maternity Center ..2 Medical College Hospital.3 District Hospital.....4 Upazila Health Complex..5 Pharmacy..... 6	Private clinic 7 Other NGO clinic 8 Community clinic 9 Family Welfare Center..... 10 At EPI center 11 Others (specify)..... 77	
D24	At what month of pregnancy were you first weighed during last pregnancy?	<div></div>	Number of months		
D25	Do you have a chart where your weight was recorded?	<div></div>	Yes..... 1 No .....2		
D26	How many times was your weight measured during last pregnancy?	<div></div>	Number of times		
D27	How much weight did you gained during pregnancy? (Record from pushti o ojon chart)	<div></div>	kg Do not have chart..... 88		
D28	Did you receive any counseling or information about nutrition for pregnant/lactating women during last pregnancy?	<div></div>	Yes..... 1 No 2>>>D32 Do not know.....99>>>D32		
D29	From whom did you receive this counselling or information? <i>(multiple responses possible)</i>	<div> <div></div> <div></div> <div></div> <div></div> </div> <div> <div></div> <div></div> <div></div> <div></div> </div> <div> <div></div> <div></div> <div></div> <div></div> </div> <div> <div></div> <div></div> <div></div> <div></div> </div> <div> <div></div> <div></div> <div></div> <div></div> </div>	Doctor..... 1 Nurse/Midwife..... 2 FWA/HA..... 3 FWV 4 CHCP 5 BRAC SS 6 BRAC SK/CSBA..... 7 Other NGO workers 8 TTBA/Newborn health worker..... 9 TBA..... 10	Village Doctor..... 11 Homeopath doctor..... 12 Kabiraj/Herbal healer..... 13 Spiritual healer..... 14 Mother/Mother-in-law 15 Other HH members..... 16 Neighbor/friends/relative 17 Govt. or other CSBA..... 18 Husband 19 Do not know 99	
D30	Where did you receive this counselling? <i>(multiple responses possible)</i>	<div> <div></div> <div></div> <div></div> <div></div> </div> <div> <div></div> <div></div> <div></div> <div></div> </div> <div> <div></div> <div></div> <div></div> <div></div> </div>	Own house..... 1 BRAC Maternity Center ..2 Medical College Hospital.3 District Hospital.....4 Upazila Health Complex..5 Pharmacy..... 6	Private clinic 7 Other NGO clinic 8 Community clinic 9 Family Welfare Center..... 10 At EPI center 11 Others (specify)..... 77	
D31	During your last pregnancy, what topics were you counselled on about nutrition for pregnant women? <i>(Interviewer: Do no prompt. Listen to what pregnant woman says and note 1 if what she says match with the options provided until the respondent says nothing else. Then check which ones in the list have not been marked yet and read those items to the</i>		Subject	Unprompted	Prompted
			Eat 5 variety of foods in addition to rice and dal	<div></div>	<div></div>
			Eat a additional amount of food	<div></div>	<div></div>
			Taking weight	<div></div>	<div></div>

Slno	Question	Response	Response code																					
	<i>respondents. If the respondent says yes, then note 1. Note 0 for all No responses)</i>		<table border="1"> <tr> <td>Weight gain</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr> <td>Nausea/vomiting</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr> <td>Taking IFA</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr> <td>Taking Calcium</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr> <td>Taking Rest</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr> <td>Avoiding Heavy Work</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr> <td>Avoiding Tea/Coffee</td><td><input type="text"/></td><td><input type="text"/></td></tr> </table>	Weight gain	<input type="text"/>	<input type="text"/>	Nausea/vomiting	<input type="text"/>	<input type="text"/>	Taking IFA	<input type="text"/>	<input type="text"/>	Taking Calcium	<input type="text"/>	<input type="text"/>	Taking Rest	<input type="text"/>	<input type="text"/>	Avoiding Heavy Work	<input type="text"/>	<input type="text"/>	Avoiding Tea/Coffee	<input type="text"/>	<input type="text"/>
Weight gain	<input type="text"/>	<input type="text"/>																						
Nausea/vomiting	<input type="text"/>	<input type="text"/>																						
Taking IFA	<input type="text"/>	<input type="text"/>																						
Taking Calcium	<input type="text"/>	<input type="text"/>																						
Taking Rest	<input type="text"/>	<input type="text"/>																						
Avoiding Heavy Work	<input type="text"/>	<input type="text"/>																						
Avoiding Tea/Coffee	<input type="text"/>	<input type="text"/>																						
D32	What messages did you receive on breastfeeding? <i>(multiple responses possible)</i>	<table border="1"> <tr><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td><input type="text"/></td><td><input type="text"/></td></tr> </table>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Initiate breastfeeding within the first hour of birth 1 Feed colostrum.....2 Do not put anything in child's mouth (water, sugar water, honey, mustard oil, etc.) after birth3 Feed only breastmilk to child for six months after birth4 Feed express breast milk if the mother goes out for long time..5 Others (specify)77 Did not receive any counselling.....88															
<input type="text"/>	<input type="text"/>																							
<input type="text"/>	<input type="text"/>																							
<input type="text"/>	<input type="text"/>																							
D33	What messages did you receive on consuming a variety of food during pregnancy? <i>(multiple responses possible)</i>	<table border="1"> <tr><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td><input type="text"/></td><td><input type="text"/></td></tr> </table>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Five types of food in addition to rice and thick dal 1 Consume Fish/Meat daily2 Consume Egg daily3 Consume Milk/ Milk Product daily4 Consume Dark Green leafy vegetable daily5 Consume Yellow/ Orange fruit and vegetable daily6 Consume thick daal everyday7 Take nutritious snacks 2 times/day8 Consume extra food (amount of a fist) with every meal.....9 Others (specify)77 Did not receive any counselling..... 88											
<input type="text"/>	<input type="text"/>																							
<input type="text"/>	<input type="text"/>																							
<input type="text"/>	<input type="text"/>																							
<input type="text"/>	<input type="text"/>																							
<input type="text"/>	<input type="text"/>																							
D34	What messages did you receive on quantity of food during pregnancy? <i>(multiple responses possible)</i>	<table border="1"> <tr><td><input type="text"/></td></tr> <tr><td><input type="text"/></td></tr> <tr><td><input type="text"/></td></tr> </table>	<input type="text"/>	<input type="text"/>	<input type="text"/>	A woman needs more energy and nutrients during pregnancy and lactation. 1 A variety of foods in additional amounts is required to meet the demands of the growing fetus2 Others (specify)77 Did not receive any counselling.....88																		
<input type="text"/>																								
<input type="text"/>																								
<input type="text"/>																								

Slno	Question	Response	Response code
D35	What messages did you receive on taking rest while pregnant? <i>(multiple responses possible)</i>	<div><div></div><div></div><div></div><div></div><div></div></div>	During pregnancy and postpartum period, a women should take rest at least for 2 hours after lunch 1 During pregnancy and postpartum period, a women should sleep for at least 8 hours at night..... 2 Taking rest is important for the growth of the baby..... 3 Taking rest improves weight gain of the mother 4 Others (specify) 77 Did not receive any counselling..... 88
D36	What messages did you receive on gaining weight during pregnancy? <i>(multiple responses possible)</i>	<div><div><div></div><div></div></div><div><div></div><div></div></div></div>	A women should gain 10-12 kg weight during pregnancy. 1 Gaining weight indicates proper growth of the fetus 2 Gaining weight indicates mother is taking a dequate food 3 Others (specify) 77 Did not receive any counselling..... 88
D37	What messages did you receive on taking IFA tablet? <i>(multiple responses possible)</i>	<div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div></div></div>	Take 1 tablet daily during pregnancy 1 Continue to take 1 tablet/day till 3 months postpartum 2 IFA prevents anemia 3 IFA reduce risk of low birth weight baby 4 IFA reduce risk of maternal death due to hemorrhage 5 Do not take tea/ coffee after taking the iron tablet as it inhibits the absorption of iron. 6 Others (specify) 77 Did not receive any counselling..... 88
D38	What messages did you receive on taking Calcium tablet? <i>(multiple responses possible)</i>	<div><div></div><div></div><div></div><div></div><div></div></div>	Take 1 tablet daily during pregnancy 1 Continue to take 1 tablet/day till 3 months postpartum 2 Calcium helps in the development of bone and teeth of the baby..... 3 Calcium reduce risk of hypertension, eclampsia and pre-eclampsia 4 Others (specify) 77 Did not receive any counselling..... 88
D39	Do you recognize this woman? (show photo of SK)	<div><div></div></div>	Yes..... 1 No.....>2> D45

Slno	Question	Response	Response code
D40	What kind of job does this woman do? <i>[multiple responses possible]</i>	<div> <div></div> <div></div> </div> <div> <div></div> <div></div> </div> <div> <div></div> <div></div> </div> <div> <div></div> <div></div> </div> <div> <div></div> <div></div> </div> <div> <div></div> <div></div> </div>	Check up on pregnant women 1 Checks up on children 2 Gives health advice 3 Gives nutrition child feeding advice 4 Gives advice on maternal nutrition 5 Conducts health forum 6 Helps during delivery 7 Give family planning advice 8 Provides IFA tablets 9 Provide calcium tablets 10 Gives health advice to husbands and family members 11 Fill-up MN chart 12 Takes weight 13 Others (specify) 77 Don't know 99
D41	In her capacity as a BRAC _____, where have you seen this woman?	<div></div>	Visiting my home 1 In the para/village 2 Both at home and in the village 3 Other (specify) 77
D42	Have you ever been visited at home by this woman?	<div></div>	Yes 1 No 2>>D45
D43	How many times did she visit you during this pregnancy? (check pushti o ojon chart chart)	<div></div>	Number of times
D44	When was the last time she visited your home?	<div></div> <div></div>	days ago months ago Don't know/remember 99
D45	Do you recognize this woman? (show photo of SS)	<div></div>	Yes 1 No 2>> go to next module
D46	What kind of job does this woman do? <i>[multiple responses possible]</i>	<div> <div></div> <div></div> </div> <div> <div></div> <div></div> </div> <div> <div></div> <div></div> </div> <div> <div></div> <div></div> </div>	Check up on pregnant women 1 Checks up on children 2 Gives health advice 3 Gives nutrition child feeding advice 4 Gives advice on maternal nutrition 5 Conducts shasto forum 6 Helps during delivery 7 Others (specify) 77 Don't know 99
D47	In her capacity as a BRAC _____, where have you seen this woman?	<div></div>	Visiting my home 1 In the para/village 2 Both at home and in the village 3 Other (specify) 77

Slno	Question	Response	Response code
D48	Have you ever been visited at home by this woman?	<input type="text"/>	Yes..... 1 No 2 next module
D49	How many times did she visit you during this pregnancy?	<input type="text"/>	number of times
D50	When was the last time she visited your home?	<input type="text"/> <input type="text"/>	days ago months ago Don't know/remember 99

MODULE E. CONSUMPTION OF SUPPLEMENTS

Sl no	Question	Response	Response code	Response	Response code																																																
			Iron Folic Acid		Calcium																																																
E1	Did you ever consume _____ tablet during this pregnancy?	<input type="text"/>	Yes 1>>E3 No 2	<input type="text"/>	Yes 1>>E3 No 2																																																
E2	Why did you never consume the tablets	<input type="text"/>	Never heard about them.1>>end IFA part Don't know what they are for 2>>end IFA part Don't have supply/never received3>>end IFA part Possible side effects..... 4>>E15 Others 77 <i>Then go to Calcium questions</i>	<input type="text"/>	Never heard about them 1>>next module Don't know what they are for... 2 >>next module Don't have supply/never received.....3>>next module Possible side effects..... 4>>E15 Others 77 <i>Then go to module F</i>																																																
E3	Where did you get the tablets from? <i>[multiple responses possible]</i>	<table border="1"> <tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> </table>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Hospital/UHC 1 Doctor..... 2 Nurse/Midwife..... 3 FWA/HA..... 4 FWV 5 CHCP..... 6 BRAC SS 7 BRAC SK..... 8 Other NGO workers 9 TTBA..... 10 TBA..... 11 Village Doctor 12 Homeopath doctor..... 13 Kabaraj/Herbal healer..... 14 Spiritual healer..... 15 Pharmacy..... 16 Private clinic 21 Community clinic 22 EPI..... 23 CSBA.....24 Others (specify) 77	<table border="1"> <tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> </table>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Hospital/UHC 1 Doctor..... 2 Nurse/Midwife..... 3 FWA/HA..... 4 FWV 5 CHCP..... 6 BRAC SS 7 BRAC SK..... 8 Other NGO workers 9 TTBA..... 10 TBA..... 11 Village Doctor 12 Homeopath doctor..... 13 Kabaraj/Herbal healer..... 14 Spiritual healer..... 15 Pharmacy..... 16 Private clinic 21 Community clinic 22 EPI..... 23 CSBA.....24 Others (specify) 77
<input type="text"/>	<input type="text"/>	<input type="text"/>																																																			
<input type="text"/>	<input type="text"/>	<input type="text"/>																																																			
<input type="text"/>	<input type="text"/>	<input type="text"/>																																																			
<input type="text"/>	<input type="text"/>	<input type="text"/>																																																			
<input type="text"/>	<input type="text"/>	<input type="text"/>																																																			
<input type="text"/>	<input type="text"/>	<input type="text"/>																																																			
<input type="text"/>	<input type="text"/>	<input type="text"/>																																																			
<input type="text"/>	<input type="text"/>	<input type="text"/>																																																			
<input type="text"/>	<input type="text"/>	<input type="text"/>																																																			
<input type="text"/>	<input type="text"/>	<input type="text"/>																																																			
<input type="text"/>	<input type="text"/>	<input type="text"/>																																																			
<input type="text"/>	<input type="text"/>	<input type="text"/>																																																			
<input type="text"/>	<input type="text"/>	<input type="text"/>																																																			
<input type="text"/>	<input type="text"/>	<input type="text"/>																																																			
<input type="text"/>	<input type="text"/>	<input type="text"/>																																																			
<input type="text"/>	<input type="text"/>	<input type="text"/>																																																			
E4	Did you buy the tablets or did you get them for free?	<input type="text"/>	Bought the tablets 1 Received for free 2 Both bought and received for free . 3 Others(specify) 77	<input type="text"/>	Bought the tablets 1 Received for free 2 Both bought and received for free . 3 Others(specify) 77																																																
E5	How many tablets did you buy/ get last month? <i>Interviewer: Please ask the pregnant woman to show the tablet strip/bottle she got. Count the tablets and note it down.</i>	<input type="text"/>	number of tablets Did not get/buy any tablet last month 88>>E8	<input type="text"/>	number of tablets Did not get/buy any tablet last month 88>>E8																																																

Sl no	Question	Response	Response code	Response	Response code
			Iron Folic Acid		Calcium
E6	Note down the composition of the tablet <i>Interviewer: Look at the strip or bottle for composition of IFA and Calcium tablets and note down in the respective columns</i>	<div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div>	<div><input type="text"/> mg elemental iron OR</div> <div><input type="text"/> mg Ferrous Sulphate OR</div> <div><input type="text"/> mg Ferrous Fumerate</div> <div><input type="text"/> microgram Folic acid OR</div> <div><input type="text"/> mg Folic acid</div>	<div><input type="text"/></div>	<div><input type="text"/> mg Calcium</div>
E7	Note down the tablets packaged (Interviewer: carry blister pack) <i>[multiple responses possible]</i>	<div><input type="text"/></div> <div><input type="text"/></div>	Bottled 1 blister pack 2 paper wrapped..... 3 others (please specify) 77	<div><input type="text"/></div> <div><input type="text"/></div>	Bottled 1 blister pack 2 paper wrapped..... 3 others (please specify) 77
E8	How many tablets in total have you taken so far during your current pregnancy?	<div><input type="text"/></div>	number of tablets	<div><input type="text"/></div>	number of tablets
E9	Do you consume IFA and Calcium tablet together at the same time or at different times?	<div><input type="text"/></div>	Same time.....1 Different times.....2 Not in any particular time.....3	<div><input type="text"/></div>	Same time.....1 Different times.....2 Not in any particular time.....3
E10	When do you take the supplement (IFA or calcium) tablets?	<div><input type="text"/></div>	Each morning with morning meal .. 1 Each noon with/after lunch 2 Each night after dinner 3 Together with calcium tablet 4 No fix time 5	<div><input type="text"/></div>	Each morning with morning meal .. 1 Each noon with/after lunch 2 Each night after dinner 3 Together with calcium tablet 4 No fix time 5
E11	Have you noted down anywhere the number of tablets you have taken during this pregnancy?	<div><input type="text"/></div>	Yes..... 1 No 2	<div><input type="text"/></div>	Yes..... 1 No 2
E12	Does any family member help you remember to take your tablets?	<div><input type="text"/></div>	Yes 1 No 2>>E14	<div><input type="text"/></div>	Yes 1 No 2>>E14
E13	Who in the family did help you remember to take your tablets? <i>(multiple responses possible)</i>	<div><div><input type="text"/></div><div><input type="text"/></div></div> <div><div><input type="text"/></div><div><input type="text"/></div></div> <div><div><input type="text"/></div><div><input type="text"/></div></div>	Husband..... 1 Mother/Mother-in law 2 Father/Father-in-law 3 Brother-in-law..... 4 Sister-in-law 5 Daughter..... 6	<div><div><input type="text"/></div><div><input type="text"/></div></div> <div><div><input type="text"/></div><div><input type="text"/></div></div> <div><div><input type="text"/></div><div><input type="text"/></div></div>	Husband..... 1 Mother/Mother-in law 2 Father/Father-in-law 3 Brother-in-law..... 4 Sister-in-law 5 Daughter..... 6
E14	Did you ever experience any side effects after taking the tablets?	<div><input type="text"/></div>	Yes..... 1 No 2>> go to Calcium questions	<div><input type="text"/></div>	Yes..... 1 No 2>>End module
E15	What kind of side effects did you experience due to taking the tablets? <i>(multiple responses possible)</i>	<div><div><input type="text"/></div><div><input type="text"/></div></div> <div><div><input type="text"/></div><div><input type="text"/></div></div> <div><div><input type="text"/></div><div><input type="text"/></div></div>	Constipation..... 1 Swelling of abdominal area 2 Gas 3 Causes irritation/allergy 4 Metallic taste..... 5	<div><div><input type="text"/></div><div><input type="text"/></div></div> <div><div><input type="text"/></div><div><input type="text"/></div></div> <div><div><input type="text"/></div><div><input type="text"/></div></div>	Constipation..... 1 Swelling of abdominal area 2 Gas 3 Causes irritation/allergy 4 Metallic taste..... 5

Sl no	Question	Response	Response code	Response	Response code
			Iron Folic Acid		Calcium
			Vomiting .....6 Do not know..... 99		Vomiting .....6 Do not know..... 99
E16	What did you do to manage the side effects? <i>(multiple responses possible)</i>	<div> <input type="text"/> <input type="text"/> </div> <div> <input type="text"/> <input type="text"/> </div>	Drink more waters 1 Eating more fruits 2 Eating more vegetables .....3 Changing the time to take tablets ... 4 Don't do anything.....5	<div> <input type="text"/> <input type="text"/> </div> <div> <input type="text"/> <input type="text"/> </div>	Drink more waters 1 Eating more fruits 2 Eating more vegetables .....3 Changing the time to take tablets ... 4 Don't do anything.....5
E17	Do you consider stop taking tables because of side effects?	<input type="text"/>	Yes 1 No .....2	<input type="text"/>	Yes 1 No 2

MODULE F: DIETARY INTAKE

F1. Dietary diversity

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?

Was **yesterday** a special day where special kinds of foods were eaten? ☐ Yes1

No.....2

If yesterday was **not** a special day, then ask the respondent about the types of foods that they or anyone else in their household ate yesterday during the day and at night. 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.

Sl no	Question	Pregnant woman Yes.....1 No.....2	Any HH Member Yes.....1 No.....2
	F1_1	F1_2	F1_3
1.	CEREALS (Rice, bread made of wheat, puffed rice, pressed rice, noodles, or any other foods rice, wheat, maize/corn, <i>or other locally available grains</i>)	<input type="checkbox"/>	<input type="checkbox"/>
2.	VITAMIN A RICH VEGETABLES AND TUBERS (pumpkin, carrots, sweet potatoes that are orange and yellow inside)	<input type="checkbox"/>	<input type="checkbox"/>
3.	WHITE TUBERS AND ROOTS OR OTHER STARCHY FOODS Potatoes, white yams, white sweet potato (not orange inside), potato crisps or other foods made from roots (not orange or yellow roots)	<input type="checkbox"/>	<input type="checkbox"/>
4.	DARK GREEN LEAFY VEGETABLES Dark green leafy vegetables, including spinach, green amaranth, puishak, kumrashak, kolmishak, mustard leaves, yam leaves, ko loishak (pea leaves),	<input type="checkbox"/>	<input type="checkbox"/>
5.	OTHER VEGETABLES Other vegetables (e.g., squash, eggplant, green papaya, cauliflower, cabbage, onion, radish, sheem/borboti (beans),	<input type="checkbox"/>	<input type="checkbox"/>
6.	VITAMIN A RICH FRUITS (Ripe mangoes, ripe papaya/pawpaw, jack fruit)	<input type="checkbox"/>	<input type="checkbox"/>
7.	OTHER FRUITS Other fruits (e.g. banana, apples, guava, oranges, other citrus fruits, pine apple, shakalu, watermelon, olives, grapes, jambura (grapefruit) berries,	<input type="checkbox"/>	<input type="checkbox"/>
8.	ANY BEEF, GOAT, LAMB, CHICKEN, DUCK, OR OTHER BIRDS, LIVER, KIDNEY, HEART, OR OTHER ORGAN MEATS	<input type="checkbox"/>	<input type="checkbox"/>
9.	EGGS (Eggs of different birds – chicken, duck, etc.; with yolk, without yolk)	<input type="checkbox"/>	<input type="checkbox"/>
10.	FISH (Big/small fresh or dried fish or shellfish (e.g prawn, crab etc.)	<input type="checkbox"/>	<input type="checkbox"/>
11.	ANY FOODS MADE FROM BEANS, PEAS, OR LENTILS (beans, peas, lentils, other pulses, soybeans, peas)	<input type="checkbox"/>	<input type="checkbox"/>
11a	NUTS AND SEEDS	<input type="checkbox"/>	<input type="checkbox"/>
12.	MILK AND MILK PRODUCTS (Milk, cheese, yogurt or other milk products)	<input type="checkbox"/>	<input type="checkbox"/>
13.	OILS AND FATS (Oil, fats or butter added to food or used for cooking including ghee)	<input type="checkbox"/>	<input type="checkbox"/>
14.	SWEETS Sugar, molasses, honey, misti, cold drinks, chocolates, candies, biscuits	<input type="checkbox"/>	<input type="checkbox"/>
15.	SPICES, CONDIMENTS, Spices (cumin, coriander, salt), condiments (pickles, chutney)	<input type="checkbox"/>	<input type="checkbox"/>
16.	Tea/Coffee	<input type="checkbox"/>	<input type="checkbox"/>

F2. Assessments of food quantity using standard bowls

In this section interviewers will ask questions about the consumption of specific food items in different meal times. The quantity of food will be measured using 250ml bowls supplied to the FLWs by the program.

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?

Was **yesterday** a special day where special kinds of foods were eaten?

☐

Yes 1

No 2

If yesterday was **not** a special day, then ask the respondent about the types of foods that they or anyone else in their household ate yesterday during the day and at night.

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. While measuring quantity accept fraction (i.e. 1.5 bowl, 2.25 bowl etc.). Remember to ask the question for pregnant/recently delivered women only.

Sl no	Question	Breakfast		Morning snack		Lunch		Afternoon snacks		Dinner	
		Yes....1 No.....2	Quantity	Yes....1 No.....2	Quantity	Yes....1 No.....2	Quantity	Yes....1 No.....2	Quantity	Yes....1 No.....2	Quantity
	F2_1	F2_2a	F2_2b	F2_3a	F2_3b	F2_4a	F2_4b	F2_5a	F2_5b	F2_6a	F2_6b
1	Rice (bowl)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	Bread/Ruti (# of slices)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	Yellow/orange vegetables(Bowl)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	Dark green leafy veg (Bowl)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5	Any other vegetable (Bowl)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6	Egg (Number)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7	Thick daal (Bowl)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
8	Yellow/orange fruits (Pieces)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
9	Citrous/sour fruits (Pieces)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
10	Any other fruits (Pieces)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
11	Milk (Cup)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
12	Milk product (Payesh, fimi, curd, etc.) (Bowl)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
13	Big Fish (Pieces – match box size)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
14	Small fish (Bowl)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
15	Meat (Pieces – match box size)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
16	Biscuits/cakes (Pieces)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
17	Chanachur (Bowl)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
18	Puffed rice, gur, khoi (Bowl)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

*If small fish cooked with vegetables, mention quantity for only small fish only here and mention quantity of vegetable to *Any other vegetable*

MODULE G: IYCF PRACTICES

Sln	Question	Response	Response code
G1	How many hours/day after your last child's birth did you start breastfeeding? <i>(Interviewer: Record 0 hour if the answer is immediately)</i>	<input type="text"/> <input type="text"/>	Hours Day
G2	Did you give the child colostrum?	<input type="text"/>	Yes.....1 No.....2
G3	Was the child fed anything except breastmilk immediately after birth?	<input type="text"/>	Yes.....1 No.....2>> G5 Don't know 99>> G5
G4	What was the child fed? (multiple response possible)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Honey .....1 Mustard oil .....2 Plain water.....3 Sugar/glucose water .....4 Tea/coffee.....5 Cow/goat milk .....6 Other (specify) .....77 Do not remember .....99
G5	Did you or anyone else give anything other than breastmilk to the child during the first 3 days after s/he was born?	<input type="text"/>	Yes.....1 No 2>>G7 Don't know 99>>G7
G6	During the first 3 days after the baby was born, what was given to the child by you or anyone else? (Multiple response possible)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Honey .....1 Mustard oil .....2 Plain water.....3 Sugar/glucose water .....4 Tea/coffee.....5 Cow/goat milk .....6 Other (specify) .....77 Do not remember .....99

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

Sln	Question	Response	Response code
G7	Is the child still breastfeeding?	<input type="text"/>	Yes .....1>>G10 No .....2 Never.....88>>G9
G8	At what age did you stop breastfeeding the child?	<input type="text"/>	Month Don't Know/cannot remember .....99

Slno	Question	Response	Response code
G9	Why did you stop breastfeeding? (Multiple response possible)	<div> <input type="text"/> <input type="text"/> </div> <div> <input type="text"/> <input type="text"/> </div> <div> <input type="text"/> <input type="text"/> </div> <div> <input type="text"/> <input type="text"/> </div>	Problems with breast (pain) 1 Child not suck well 2 Not enough time to feed child 3 Child already grown up/ No need for breast feeding 4 Mother got pregnant 5 Cracked nipples 6 Felt not enough breastmilk 7 Other (specify) 77
G10	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	<input type="text"/>	Month At “0” month of age 0 At “1” month of age 1 At “2” months of age 2 At “3” months of age 3 At “4” months of age 4 At “5” months of age 5 Don’t Know 99 Not given yet 88
2	Other non breast milk liquids (sugar/glucose water, tea, fruit, juice etc.)	<input type="text"/>	
3	Cow/goat milk	<input type="text"/>	
4	Sooji/rice/gruel, etc.	<input type="text"/>	
5	Semi-solid foods (soft rice, khichuri, mashed potato, ripe banana, other mashed family foods, etc.)	<input type="text"/>	
6	Solid foods (such as rice, wheat, puffed/pressed rice etc.)	<input type="text"/>	
7	Fish	<input type="text"/>	
8	Meat (chicken, mutton, beef, etc.)	<input type="text"/>	
9	Eggs	<input type="text"/>	
10	Legumes (pulse, peas, etc)	<input type="text"/>	
11	Vegetables	<input type="text"/>	
12	Snack foods (chanachur, chips, peanuts, biscuits)	<input type="text"/>	
G11	Yesterday (during the day and the night), did you use a baby bottle to feed the child?	<input type="text"/>	Yes 1 No 2
G12	How many times did you breastfeed the child yesterday, during the day and night?	<input type="text"/>	Number of times Stopped breast feeding/Never breast fed 88
G13	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>	<input type="text"/>	Number of times Not given yet 88

Slno	Question	Response	Response code	
G14	<p>How many times did the child eat solid, semi-solid or soft foods other than liquids yesterday, during the day and night?</p> <p><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. MEALS include both MEALS and SNACKS (other than trivial amounts)</i></p>	<input type="text"/>	<p>Number of times</p> <p>Not given yet 88</p>	
G15	<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, '2' 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>			
		<p>Has the child had this liquid yesterday?</p> <p>Yes..... 1 > next row</p> <p>No..... 2</p> <p>Don't know ..99</p>	<p>Has the child ever had this liquid?</p> <p>Yes..... 1 > next row</p> <p>No..... 2</p> <p>Don't know ..99</p>	<p>At what age of your child do you plan to start giving her this liquid?</p> <p>Write age in months</p> <p>Don't know ..99</p>
1	1. Breast milk	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	2. Water	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	3. Baby formula (prepared food for child)	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	4. Any other kind of milk (powder, cow/goat milk etc.)	<input type="text"/>	<input type="text"/>	<input type="text"/>
5	5. Fruit juice (made at home)	<input type="text"/>	<input type="text"/>	<input type="text"/>
6	6. Fruit juice (purchased, packaged)	<input type="text"/>	<input type="text"/>	<input type="text"/>
7	7. Water-based liquids, teas, sugar water, coffee	<input type="text"/>	<input type="text"/>	<input type="text"/>

Slno	Question	Response
G16	<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 Question b).</p> <p>b) What did the child do after that? Did the child eat anything at that time?</p> <p>If yes: Please tell me everything the child ate 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>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.</p> <p>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.</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, '2' 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>	
		Code Yes.....1 No .....2 Don't know.....99
1	Rice	
2	Cereals such as wheat, pressed rice, puffed rice, suji	
3	Purchased baby cereals (such as Cerelac , lactogen, Nan)	
4	Legume: daal	
5	Green leafy vegetables	
6	Pumpkin, orange yam, orange-red-flesh sweet potatoe, 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	Beef, mutton	
12	Chicken, duck, pigeon	
13	Liver, heart, kidneys	
14	Fish	
15	Eggs	
16	Peanuts, groundnuts, other nuts	
17	Milk (non-human milk – cow, goat or powder)	
18	Milk products (yogurt, rice pudding etc.)	
19	Fat (oil, butter, ghee)	
20	Chips or chanachur	
21	biscuits	
22	Bread or buns	
23	Candies or chocolates	
24	Pushtikona	
25	Any iron containing tablet, syrup	

Slno	Question	Response
26	Spices/condiments	<input type="text"/>
27	Others (specify)	<input type="text"/>

Difficulties in IYCF Practices (last one month)

Slno	Question	Response	Response code
G17	Do you currently face any types of problems with feeding the child? Please think of any problems you might have faced in the last one month	<input type="text"/>	Yes 1 No..... 2>>Next module
G18	What kind of problems do you currently face? <i>(Multiple response possible)</i>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Problems with breast (pain) 1 Child not suck well..... 2 Not able to breastfeed well..... 3 Not enough time to feed child 4 Cracked nipples..... 5 Feel not enough breastmilk 6 Poor appetite..... 7 Child does not want to eat 8 Child sick..... 9 Other (specify) 77
G19	Did you seek help from anyone to help address this problem?	<input type="text"/>	Yes 1 No..... 2>>Next module
G20	Who did you seek help from? <i>(Multiple response possible)</i>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<div> Doctor..... 1 Nurse/Midwife..... 2 FWA/HA 3 FWV..... 4 CHCP 5 BRAC SS..... 6 BRAC SK..... 7 Other NGO workers 8 TTBA/Newborn health worker..... 9 </div> <div> TBA 10 Village Doctor 11 Homeopath doctor 12 Kabiraj/Herbal healer 13 Spiritual healer 14 Mother/Mother-in-law 15 Other HH members 16 Neighbor/friends/relatives .. 17 Govt. or other CSBA..... 18 Husband 19 Do not know 99 </div>

MODULE H. PREGNANT WOMEN'S KNOWLEDGE ON MATERNAL NUTRITION

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

Sno	Question	Response	Response code														
H1	<p>Why is proper nutrition of pregnant women important?</p> <p><i>(Multiple response possible)</i></p> <p><i>(Interviewer: Do no prompt. Listen to what pregnant woman says and note if what she says match with the options provided)</i></p>	<table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>											<p>For a adequate weight gain of pregnant woman 1</p> <p>Child inside the womb grows a adequately/ healthy 2</p> <p>For a brainy child with bright future 3</p> <p>Quicker recovery after delivery 4</p> <p>Extra costs due to doctors and medicine will be saved 5</p> <p>It is a good investment in future 6</p> <p>To produce adequate breastmilk 7</p> <p>others (specify) 77</p> <p>Do not know 99</p>				
H2	<p>How should a pregnant woman eat in comparison with a non-pregnant woman to provide good nutrition to her baby and help him grow?</p> <p><i>(Multiple response possible)</i></p>	<table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>															<p>Eat 5 variety of foods in addition to rice and dal 1</p> <p>Eat fish/meat daily 2</p> <p>Eat egg daily 3</p> <p>Take milk/ milk product daily 4</p> <p>Eat green leafy vegetable daily 5</p> <p>Eat yellow/orange vegetables/fruits daily 6</p> <p>Take thick dal daily 7</p> <p>Take nutritious food twice daily 8</p> <p>Take one IFA tablet daily 9</p> <p>Take one Calcium tablet daily 10</p> <p>Eat extra food (to the amount of a fist) with each meal.... 11</p> <p>Other 77</p>
H2a	Have you ever heard of the 5 rules ("paanch niyom") for nutrition in pregnancy?	<table border="1"> <tr><td></td></tr> </table>		<p>Yes 1</p> <p>No 2>> H2C</p>													
H2b	<p>What are the 5 rules of nutrition during pregnancy?</p> <p><i>(Multiple response possible, do not prompt)</i></p>	<table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							<p>Eat 5 varieties of food in addition to rice and dal 1</p> <p>Eat more amounts of food 2</p> <p>Take IFA tables daily 3</p> <p>Take calcium tablets daily 4</p> <p>Get weighed regularly to know about weight gain 5</p> <p>Don't know 99</p>								
H2c	<p>What are the 5 varieties of food to eat, other than rice and dal, during pregnancy?</p> <p><i>(Multiple response possible, do not prompt)</i></p>	<table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							<p>Fish, meat, poultry, liver [flesh foods] 1</p> <p>Eggs 2</p> <p>Milk, yogurt, rice pudding/payesh [dairy] 3</p> <p>Green leafy vegetables 4</p> <p>Orange or yellow fruits or vegetables 5</p> <p>Don't know 99</p>								
H3	Have you heard about anemia?	<table border="1"> <tr><td></td></tr> </table>		<p>Yes 1</p> <p>No 2>>H5</p>													
H4	<p>Can you tell me how you can recognize someone who has a anemia?</p> <p><i>(Multiple response possible)</i></p>	<table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>					<p>Less energy /weakness 1</p> <p>Paleness/pallor (pale color in eyes and palm) 2</p> <p>More likely to become sick (less immunity to infections) 3</p>										

Slno	Question	Response	Response code								
			Other..... 77 Don't know..... 99								
H5	Some beverages decrease iron absorption when taken with meals. Which ones? <i>(Multiple response possible)</i>	<table border="1"> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Coffee 1 Tea 2 Milk 3 Other 77 Don't know..... 99				
<input type="text"/>	<input type="text"/>										
<input type="text"/>	<input type="text"/>										
H6	Have you ever heard about iron-folic acid (IFA) tablets?	<input type="text"/>	Yes 1 No..... 2>>H10								
H7	How many IFA tablets do you think a pregnant woman should take in one month?	<input type="text"/>	Number of tablets Don't know 99								
H8	For how many months should a pregnant woman take IFA tablets?	<input type="text"/>	Months Don't know 99								
H9	Why do you think a pregnant woman should take iron folic tables? <i>(Multiple response possible)</i> <i>(Interviewer: Do no prompt. Listen to what pregnant woman says and note if what she says match with the options provided)</i>	<table border="1"> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	To reduce the risk of a nemia for pregnant women 1 To reduce risk of a nemia for the child inside womb 2 To reduce the risk of low birth weight 3 To help improve child's intelligence 4 To reduce risk of excessive blood loss during delivery 5 To reduce the risk of excessive blood loss after delivery . 6 To make mother healthy/strong 7 Other 77 Do not know 99
<input type="text"/>	<input type="text"/>										
<input type="text"/>	<input type="text"/>										
<input type="text"/>	<input type="text"/>										
<input type="text"/>	<input type="text"/>										
H10	Have you ever heard about calcium tablets?	<input type="text"/>	Yes 1 No..... 2>>H14								
H11	How many calcium tables do you think a pregnant woman should take in one month?	<input type="text"/>	Number of tablets Don't know 99								
H12	For how many months a pregnant woman should take Calcium tablets?	<input type="text"/>	[__] Months Don't know 99								
H13	Why do you think a pregnant woman should take calcium tables? <i>(Multiple response possible)</i>	<table border="1"> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	To recover the loss in pregnant woman's body..... 1 To ensure a dequate growth of child's bones and teeth 2 To reduce the risk of pre-eclampsia/eclampsia 3 Others 77 Do not know 99				
<input type="text"/>	<input type="text"/>										
<input type="text"/>	<input type="text"/>										
H14	How much rest should a pregnant woman take every day?	<table border="1"> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>	<input type="text"/>	<input type="text"/>Hours.....Minute						
<input type="text"/>	<input type="text"/>										

Now I would ask some questions about foods to eat during pregnancy.

using standard bowl/cup/pieces

H15	<p>Could you tell me what kind of food women should eat every day during pregnancy?</p> <p><i>(Interviewer: Do no prompt. Listen to what pregnant woman says and note 1 if what she says match with the options provided)</i></p>	<p>Yes..... 1</p> <p>No..... 2>></p> <p>Next row</p>	<p>If yes, in what quantity each day?</p> <p><i>(using standard bowl/cup/pieces)</i></p>	
S/no	Question	Response	Response	Response code
i	Rice	<input type="text"/>	<input type="text"/>	Bowl
ii	Fish/Meat	<input type="text"/>	<input type="text"/>	Pieces
iii	Egg	<input type="text"/>	<input type="text"/>	Number
iv	Milk/ Milk products	<input type="text"/>	<input type="text"/>	Cup
v	Dark green leafy vegetable	<input type="text"/>	<input type="text"/>	Bowl
vi	Yellow/Orange vegetables/fruits (pumpkin, carrot, red amaranth, mango, jack fruit etc.)	<input type="text"/>	<input type="text"/>	Bowl
vii	Thick daal	<input type="text"/>	<input type="text"/>	Bowl
viii	Nutritious snacks	<input type="text"/>	<input type="text"/>	Bowl

H.16 Now I would read out a few statements to you. You would kindly say if you ever heard this message or not. If you have heard this message then I would like to know from whom did you hear this message.

Slno	Question	Have you heard this message? Yes .....1 No .....2>Next row	From whom/where did you hear, (Multiple response possible) (Please see code-H in below)			
	H16_1	H16_2	H16_3a	H16_3b	H16_3c	H16_3d
1	Proper diet every day during pregnancy ensures weight gain of pregnant woman	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Proper diet every day during pregnancy ensures adequate growth of baby inside the womb	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Proper diet everyday can ensure quick recovery of mothers after she gives birth to the child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Proper diet everyday during pregnancy can save costs on doctor and medicine for both mother and child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Nutritious food is not always expensive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Avoid hot foods (eg. ducks, pigeons, beef and Hilsha fish) during pregnancy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6a	During pregnancy, women should eat less than usual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Daily consumption of fruits during pregnancy / postpartum is essential to better health of a pregnant/lactating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Daily consumption of fish/meat/egg during pregnancy is essential because it ensures a adequate growth and	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Avoid some kinds of fish like Taki, Chanda, Puti and mrigal maach during pregnancy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	During pregnancy postpartum, take one IFA tablet everyday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	During pregnancy postpartum, take one Calcium tablet everyday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	During pregnancy, take at least two hours of rest every afternoon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	Do not lay down on the bed, eat or cook during a lunar or solar eclipses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	Pregnant / (during <i>postpartum</i>) <i>lactating woman</i> should consume at least one food item from 5 different food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	Proper diet during pregnancy will ensure that the child will be brainy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	Avoid tea/coffee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	Avoid alcohol/tobacco/betel leaf/betel nut	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	New born babies should be placed on mother's breast immediately after delivery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19	No water, honey or sugar water should be given to the new born babies after birth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20	Infants should be fed only breastmilk for the first six months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21	During pregnancy a woman should gain 10-12 kg weight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22	A PW should be weighted in each month	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23	Lactating mother should eat only dry food during first 7 days after delivery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24	Pregnant women should not go outside house or visit graveyard after evening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Code H							
Hospital/UHC.....1	FWV .....5	Other NGO	Homeopath doctor 13	Pharmacy..... 16	Neighbor/friends	EPI 23	Internet/website..27
Doctor..... 2	CHCP.....6	workers .....9	Kabiraj/Herbal healer	Husband 17	..... 20	CSBS 24	Jatra/Pala/Cinema 28
Nurse/Midwife.....3	BRAC SS .....7	TTBA.....10	..... 14	Mother/Mother-	Private clinic 21	Radio/TV 25	Video show .....29
FWA/HA .....4	BRAC SK.....8	TBA .....11	Spiritual healer 15	in-law 18	Community	Books/Newspaper/	Brac SM.....30
		Village Doctor ....12		Other HH	clinic 22	Poster/Billboard . 26	Others (specify) .77
				members .. 19			

H.17 Perceptions and drivers of behavioral change

Please tell us if you agree or disagree with the following statements.

Sl no	Question	Yes, agree.....1 No, disagree.....2
		H17
1	My consuming right types and amount of food during pregnancy is extremely important for my health and my unborn child	<input type="text"/>
2	My consuming right types and amount of food during pregnancy is extremely important for my unborn child's brain/education and ability to earn	<input type="text"/>
3	I can manage to follow the recommendations of 5 varieties of food to be consumed during pregnancy	<input type="text"/>
4	I can manage to follow the recommendations of adequate amounts of food to be consumed during pregnancy	<input type="text"/>
5	My family members and community people will be angry if I consume the right types and amounts of food during pregnancy	<input type="text"/>
6	I cannot consume the recommended types and amounts of food as we are poor people	<input type="text"/>
7	It is too costly to obtain the recommended types and amounts of foods for my consumption during pregnancy	<input type="text"/>
8	It is a good use of our family's money to ensure the right types and amounts of foods during pregnancy and it contributes to the future welfare of the child and family	<input type="text"/>
9	In my family and community I am expected to consume so many varieties and such large amount during pregnancy	<input type="text"/>
10	My husband knows the importance of proper nutrition for mother during pregnancy	<input type="text"/>
11	My husband does not purchase diversified nutritious foods and does not ensure that I have these foods available	<input type="text"/>
12	My husband reminds and encourages me to consume the recommended quantity of diversified foods daily	<input type="text"/>
13	My husband helps me to ensure that there are enough tablets of IFA and Calcium at home	<input type="text"/>
14	My husband reminds me to take one tablet of IFA and one tablet of Calcium daily	<input type="text"/>
15	My husband does not remind/helps me to take rest for 2 hours during the day in addition to sleeping at night	<input type="text"/>
16	My husband and family members make me lifting heavy work load during pregnancy	<input type="text"/>
17	My husband reviews my weight gain chart and helps me find ways to gain enough weight during pregnancy	<input type="text"/>
18	My husband calls the health worker on mobile if I have any difficulties to do any of the above	<input type="text"/>

MODULE I: MEDIA HABIT AND EXPOSURE TO MEDIA

S/no	Question	Response	Response code
11	Do you ever watch TV?	<input type="text"/>	Yes..... 1 No 2>>I.5
12	How oftendo you watch TV?	<input type="text"/>	Daily (7 days a week) 1 2 to 6 days a week 2 Once a week 3 Once every two weeks 4 Once a month 5 Rarely 6
13	What time of theday do you watch TV? (Multiple responsepossible)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	6 AM – 12 PM 1 12 PM – 6 PM 2 6 PM – 12 AM 3 12 AM – 6 AM 4
14	Which programmes do you watch commonly? (Multiple responsepossible)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	News 1 Music 2 Children’s program 3 Sports 4 Soap opera 5 Movie 6 Health/ disease programs 7 Religious program 8 Other (specify) 77
15	Do you ever listen to the Radio?	<input type="text"/>	Yes..... 1 No..... 2>>Video 1
16	How oftendo you listen to the Radio?	<input type="text"/>	Daily (7 days a week) 1 2 to 6 days a week 2 Once a week 3 Once every two weeks 4 Once a month 5 Rarely 6
17	What time of theday do you listen to the Radio? (Multiple responsepossible)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	6 AM – 12 PM 1 12 PM – 6 PM 2 6 PM – 12 AM 3 12 AM – 6 AM 4
18	Which programmes do you listen to commonly? (Multiple responsepossible)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	News 1 Music 2 Children’s program 3 Sports 4 Soap opera 5 Movie 6 Health/ disease programs 7 Religious program 8 Other (specify) 77
Instruction for Interviewer: Show PHOTO on each video one by one, and collect responses for each video. Now, I will show you photos of a video advertisement to remind you about the content of that video advertisement.			
VIDEO 1: It is everyone responsibility to ensure nutrition and care of PW			

Slno	Question	Response	Response code
Now I'll show you some photographs from a video, and ask some questions about those			
19	Have you ever seen this advertisement?	<input type="checkbox"/>	Yes 1 No 2 >> Video 2
110	Have you seen this TV spot in the last 3 months?	<input type="checkbox"/>	Yes 1 No 2
111	Where have you seen it?	<input type="checkbox"/>	Television 1 Video shows in the village 2 Both .....3 From BRAC SK/SS training .....4 Nothing to say/do not remember .....88
112	What are the key messages of this TV spot? <i>(Do not prompt)</i> <i>(Multiple response possible)</i>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	A women is giving her son some saving money to buy fish for his pregnant wife 1 The grand-mom wants her grandchild to be healthy and intelligent 2 The mother always check if her pregnant daughter-in-law eating properly and taking proper rest .....3 The mother does not let her pregnant daughter-in-law do any hard work or heavy lifting .....4 Pregnant woman should eat five groups of food every day .....5 Pregnant woman should take one IFA tablet every day .....6 Pregnant woman should take one Calcium tablet every day .....7 Do not take both IFA and calcium tablets together .....8 Other (specify) .....77
VIDEO 2: Five rules of PW and RDW			
Now I'll show you some photographs from a video, and ask some questions about those			
113	Have you ever seen this advertisement?	<input type="checkbox"/>	Yes 1 No 2 >> Video 3
114	Have you seen this TV spot in the last 3 months?	<input type="checkbox"/>	Yes 1 No 2
115	Where have you seen it?	<input type="checkbox"/>	Television 1 Video shows in the village 2 Both .....3 From BRAC SK/SS training .....4 Nothing to say/do not remember .....88
116	What are the key messages of this TV spot? <i>(Do not prompt)</i> <i>(Multiple response possible)</i>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Pregnant woman has to gain weight as necessary during pregnancy .....1 Pregnant woman has to check weight on a regular basis 2 Proper nutrition ensure proper weight gain for mother and proper growth for her unborn baby.....3

☐ ☐ ☐
☐ ☐ ☐

Slno	Question	Response	Response code
			Pregnant woman needs to eat 5 types of nutritious food every day .....4 Pregnant woman should take 180 IFA tablets during pregnancy .....5 Pregnant woman should take 180 Calcium tablet during pregnancy .....6 Taking IFA helps reduce the risk of anemia for pregnant women and her baby 7 Taking IFA can reduce the risk of low birth weight 8 Taking IFA can help improve child's intelligence 9 Taking IFA can reduce the risk of excessive blood loss after delivery 10 Taking calcium everyday will prevent high blood pressure and eclampsia 11 Taking calcium everyday will help baby to have strong bones and teeth 12 Other (specify) .....77
VIDEO 3: Nutritious food get easily or find everywhere near to your home Now I'll show you some photographs from a video, and ask some questions about those			
117	Have you ever seen this advertisement?	<input type="checkbox"/>	Yes 1 No 2 >> Video 4
118	Have you seen this TV spot in the last 3 months?	<input type="checkbox"/>	Yes 1 No 2
119	Where have you seen it?	<input type="checkbox"/>	Television 1 Video shows in the village 2 Both .....3 From BRAC SK/SS training .....4 Nothing to say/do not remember .....88
120	What are the key messages of this TV spot? (Do not prompt) (Multiple response possible)	<div> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> <div> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> <div> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> <div> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> <div> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div>	Pregnant woman needs to eat 5 types of nutritious food every day in addition to rice and daal .....1 The quantity of foods should be increased according to the stage of pregnancy .....2 Pregnant woman should take iron folic acid everyday .....3 Pregnant woman should take calcium everyday .....4 Taking IFA everyday will prevent excessive blood loss during child birth .....5 Taking IFA everyday will increase child development .....6 Taking calcium everyday will prevent high blood pressure and eclampsia .....7 Taking calcium everyday will help baby to have strong bones and teeth .....8 Nutritious food does not necessarily cost too much .....9 Husband should cut down other costs for some time to buy nutritious food for his pregnant wife .....10 Using saving to buy nutritious foods for pregnant women is the best use of that money .....11

Slno	Question	Response	Response code
			Nutritious foods can be produced at home for pregnant women such as egg, pumpkin, squash, and mango ect .....12 If mother eat proper nutrition, child will be born healthy .....13 If the child grows well and intelligent, he/she will have good education and earn enough money .....14 Other (specify) .....77
VIDEO 4: Initiation of breast milk just after birth Now I'll show you some photographs from a video, and ask some questions about those			
121	Have you ever seen this advertisement?	<input type="checkbox"/>	Yes .....1 No 2 >> Video 5
122	Have you seen this TV spot in the last 3 months?	<input type="checkbox"/>	Yes 1 No 2
123	Where have you seen it?	<input type="checkbox"/>	Television .....1 Video shows in the village .....2 Both .....3 From BRAC SK/SS training .....4 Nothing to say/do not remember .....88
124	What are the key messages of this TV spot? (Do not prompt) (Multiple response possible)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Babies should be fed breast milk within an hour of birth .....1 The baby needs to be fed breast milk immediately to protect from sicknesses 2 Do not feed the baby anything other than breast milk .....3 Do not feed baby honey or sugar water .....4 Breastfeeding immediately after birth keeps the baby healthy .....5 Breastfeeding immediately after birth helps milk production in the mother's breast fast .....6 Other (specify) .....77
VIDEO 5: Breast milk is enough upto 6 month of age of child Now I'll show you some photographs from a video, and ask some questions about those			
125	Have you ever seen this advertisement?	<input type="checkbox"/>	Yes 1 No 2 >> next module
126	Have you seen this TV spot in the last 3 months?	<input type="checkbox"/>	Yes 1 No 2
127	Where have you seen it?	<input type="checkbox"/>	Television .....1 Video shows in the village .....2 Both .....3 From BRAC SK/SS training .....4 Nothing to say/do not remember .....88
128	What are the key messages of this TV spot? (Do not prompt) (Multiple response possible)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Feeding foods other than breast milk in first six months can be harmful to the baby .....1 For the first 6 months, only breast milk is sufficient for the baby .....2 Not to feed the baby anything other than breast milk for the six months .....3 Malnourished mothers can also sufficiently breastfeed their child for 6 months 4

Slno	Question	Response	Response code
			Other (specify) .....77

MODULE J. HOUSEHOLD SOCIO-ECONOMIC STATUS AND ASSETS

Slno	Question	Response	Response code
J1	Do you own the house you live in?	<input type="text"/>	Owns house 1 Rents 2 Free housing 3 Others (Specify) 77
J2	Main floor material [Observation]	<input type="text"/>	Concrete 1 Brick/Cement 2 Tin /CI sheet 3 Wood 4 Smoothed mud 5 Tile 6 Jute Stick 7 Bamboo/ Grass/straw/gol pata 8 Others (Specify) 77
J3	Main exterior wall material [Observation]	<input type="text"/>	Concrete 1 Brick/Cement 2 Tin /CI sheet 3 Wood 4 Smoothed mud 5 Tile 6 Jute Stick 7 Bamboo/ Grass/straw gol pata 8 Others (Specify) 77
J4	Main roof material [Observation]	<input type="text"/>	Concrete 1 Brick/Cement 2 Tin /CI sheet 3 Wood 4 Smoothed mud 5 Tile 6 Jute Stick 7 Bamboo/ Grass/straw gol pata 8 Others (Specify) 77
J5	Do you have a garden where you grow vegetables and/or fruits?	<input type="text"/>	Yes 1 No 2
J6	Does your household have any electricity?	<input type="text"/>	Yes 1 No 2
J7	Do you have any other kind of electric power? If yes, which type?	<input type="text"/>	Generator 1 Solar 2 No other type 3 Others 77

Slno	Question	Response	Response code
J8	What type of fuel does your household mainly use for cooking?	<input type="text"/>	Electricity 1 LPG..... 2 Natural gas 3 Biogas 4 Kersone 5 Charcoal 6 Wood/ Straw/ Leaves 7 Animal dung 8 Others (Specify) 77
J9	Do you have your own mobile phone?	<input type="text"/>	Yes 1 No..... 2
J10	Do you have access to mobile phone?	<input type="text"/>	Yes 1 No..... 2
J11	Are you a member of any community group/organization?	<input type="text"/>	Yes 1 No 2>>J13
J12	Which community group/organization's member you are?	<input type="text"/>	BRAC VO 1 BRAC Pllisomaj/union somaj 2 Community clinic support group 3 Community clinic management committee 4 Other (specify)..... 77

MODULE J: HOUSEHOLD SOCIO-ECONOMIC STATUS AND ASSETS ... Continued

J13: Household assets

I am now going to ask you about household items that are available in your household. For each item, please tell me if the item mentioned is available in your household? If yes, please tell me how many of each are available?

Asset	Asset code	How many are in usable Condition? (Number)	Asset	Asset code	How many are in usable Condition? (Number)
	J13_1	J13_2		J13_1	J13_2
Metal cooking pots/pans	1	<input type="text"/>	Sewing machine	19	<input type="text"/>
Bucket	2	<input type="text"/>	Wall clock/wrist watch	20	<input type="text"/>
Stove/Gas burner	3	<input type="text"/>	Camera	21	<input type="text"/>
Plates/Pans	4	<input type="text"/>	Bicycle	22	<input type="text"/>
Cup/mug	5	<input type="text"/>	Motorcycle	23	<input type="text"/>
Bed/Khat/Chowki	6	<input type="text"/>	Car/truck	24	<input type="text"/>
Mattress/blanket	7	<input type="text"/>	Rickshaw/Van	25	<input type="text"/>
Table/ Chair	8	<input type="text"/>	Bullock cart/Push cart	26	<input type="text"/>
Almirah	9	<input type="text"/>	Boat	27	<input type="text"/>
Trunk / Suitcase	10	<input type="text"/>	Engine boat	28	<input type="text"/>
Electric fan (Ceiling/Table)	11	<input type="text"/>	Phone/mobile phone	29	<input type="text"/>
Table lamp	12	<input type="text"/>	Cow/buffalo	30	<input type="text"/>
Electric iron	13	<input type="text"/>	Goat/sheep	31	<input type="text"/>
Radio	14	<input type="text"/>	Chicken/duck	32	<input type="text"/>
Audio cassette/CD player	15	<input type="text"/>	Other 1 (specify).....	33	<input type="text"/>
TV (color/black-white)	16	<input type="text"/>	Other 2 (specify).....	34	<input type="text"/>
Refrigerator	17	<input type="text"/>	Other 3 (specify).....	35	<input type="text"/>
Microwave oven	18	<input type="text"/>			

MODULE J: HOUSEHOLD SOCIO-ECONOMIC STATUS AND ASSETS ... Continued

Water, sanitation and hygiene facilities

Slno	Question	Response	Response code
J14	What is the main source of <u>drinking water</u> for members of your household?	<input type="text"/>	Own tube well 1 Other's tube well..... 2
J15	What is the main source of water used by your household for cooking?	<input type="text"/>	Community tube well..... 3 Ring Well/ Indara 4
J16	What is the main source of water used by your household for bathing?	<input type="text"/>	Pond..... 5 River/canal..... 6
J17	What is the main source of water used by your household for washing utensils?	<input type="text"/>	Supply Water (piped) 7 Other (specify)..... 77
J18	What kind of toilet facility do members of your household usually use?	<input type="text"/>	Sanitary with flush (water sealed)..... 1 Sanitary without flush (water sealed) 2 Pucca/pit (without water sealed) 3 Kutch/Hanging (fixed place) 4 open field 5 Other (specify)..... 77
J19	Do you share this toilet facility with other households?	<input type="text"/>	Yes 1 No 2

MODULE K. 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

Sl. No	Questions	Response	Response code
K1	In the past 30 days did you worry that your household would not have enough food?	<input type="text"/>	Yes.....1 No 2>>K2
K1a	If "Yes", how often did this happen?	<input type="text"/>	Rarely(1-2 times) .....1 Sometimes (3-10 times).....2 Often (>10 times).....3
K2	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?	<input type="text"/>	Yes..... 1 No .....2>>K3
K2a	If "Yes", how often did this happen?	<input type="text"/>	Rarely(1-2 times) .....1 Sometimes (3-10 times).....2 Often (>10 times).....3
K3	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?	<input type="text"/>	Yes..... 1 No .....2>>K4
K3a	If "Yes", how often did this happen?	<input type="text"/>	Rarely(1-2 times) .....1 Sometimes .....2 Often (>10 times).....3
K4	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?	<input type="text"/>	Yes..... 1 No .....2>>K5
K4a	If "Yes", how often did this happen?	<input type="text"/>	Rarely(1-2 times) .....1 Sometimes (3-10 times).....2 Often .....3
K5	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?	<input type="text"/>	Yes..... 1 No .....2>>K6
K5a	If "Yes", how often did this happen?	<input type="text"/>	Rarely(1-2 times) .....1 Sometimes .....2 Often (>10 times).....3
K6	In the past 30 days did you or any household member eat fewer meals in a day because there was not enough food?	<input type="text"/>	Yes..... 1 No .....2>>K7
K6a	If "Yes", how often did this happen?	<input type="text"/>	Rarely(1-2 times) .....1 Sometimes (3-10 times).....2 Often .....3
K7	In the past 30 days was there ever no food at all in your household because there were no resources to get more?	<input type="text"/>	Yes..... 1 No .....2>>K8
K7a	If "Yes", how often did this happen?	<input type="text"/>	Rarely(1-2 times) .....1 Sometimes (3-10 times).....2 Often (>10 times).....3
K8	In the past 30 days did you or any household member go to sleep at night hungry because there was not enough food?	<input type="text"/>	Yes..... 1 No 2>>K9
K8a	If "Yes", how often did this happen?	<input type="text"/>	Rarely(1-2 times) .....1 Sometimes .....2

Sl. No	Questions	Response	Response code
			Often .....3
K9	In the past 30 days did you or any household member go a whole day without eating anything because there was not enough food?	<input type="checkbox"/>	Yes..... 1 No .....2>>K10
K9a	If "Yes", how often did this happen?	<input type="checkbox"/>	Rarely(1-2 times) .....1 Sometimes (3-10 times).....2 Often (>10 times).....3

Food assistant/ support

Sl. No	Questions	Response	Response code
K10	In the last one year, did anyone in the household receive food, cash or other type of social assistance from anyone?	<div></div>	Yes..... 1 No .....2>>K12
K11	If yes, what kind of assistance did you receive (multiple responses possible)	<div><div></div><div></div><div></div><div></div></div>	Cash 1 Rice .....2 Wheat .....3 Other food .....4 Other in-kind .....5 Others (specify) .....77
K12	Is anyone from the family currently receiving any micro credit loan?	<div></div>	Yes..... 1 No .....2>> End module
K13	If yes, where was the loan taken from? (multiple responses possible)	<div><div></div><div></div><div></div><div></div><div></div><div></div></div>	BRAC 1 ASA .....2 Caritas.....3 Shonirbhar Bangladesh .....4 RDRS Bangladesh.....5 Voluntary Organization for Social Development (VOSD) .....6 Bachte Shekha 7 PKSF .....8 BRDB .....9 Other NGO (specify) .....77

MODULE L. WOMEN'S DIGNITY AND DECISION MAKING POWER

Sl. No	Questions	Response	Response code
L1	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 declarations. There are people who say:		
1	In a household, the man should take the important decisions.	<input type="text"/>	Yes, agree 1 No don't agree 2 Don't know 99
2	If the woman works outside home, her husband or partner should help her with the daily housework.	<input type="text"/>	
3	A husband should not let his wife work outside home, even if she would like to do it.	<input type="text"/>	
4	A woman has the right to express her opinion if she does not agree with what the husband or partner says.	<input type="text"/>	
5	A woman must accept that her husband or partner beats her in order to keep the family together.	<input type="text"/>	
6	It is better to send a son to school than a daughter.	<input type="text"/>	
L2	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?	<input type="text"/>	Yes alone 1 Yes together 2 Don't have 3
2	This house or the house where you usually live?	<input type="text"/>	
3	Another house, a partment or room?	<input type="text"/>	
4	Animals like cows, buffalo, goat, sheep, horses, donkeys?	<input type="text"/>	
5	Small animals like hens, ducks, chickens, pigeon, rabbits?	<input type="text"/>	
6	Gold jewelry?	<input type="text"/>	

Sl. No	Questions	Response	Response code
L3	WHICH FAMILY MEMBER DECIDES MOST OF THE TIME ABOUT THE FOLLOWING THINGS:		
1	Buying of food like rice, vegetables	<input type="text"/>	Respondent 1 Husband of interviewee..... 2 Interviewee <u>and</u> her Husband 3 Son or daughter..... 4 Son in law or daughter in law 5 Brother or sister..... 6 Brother in law or sister in law 7 Mother or father 8 Mother in law or father in law 9 Grandson or granddaughter..... 10 Other relatives..... 11 Not applicable..... 88 Do not know..... 99
2	Buying animal source foods (meat, fish, poultry, eggs)?	<input type="text"/>	
3	Buying cooking oil	<input type="text"/>	
4	Buying medicine for yourself	<input type="text"/>	
5	Buying medicine for the children	<input type="text"/>	
6	What food is prepared every day?	<input type="text"/>	
7	If you have to work to earn money?	<input type="text"/>	
8	Visiting other family members, friends or relatives?	<input type="text"/>	
9	Seeing a doctor or visiting a dispensary when you are pregnant?	<input type="text"/>	
10	Use of family planning methods?	<input type="text"/>	
11	To eat nutritious food during pregnancy	<input type="text"/>	
12	To take supplemental tablets (IFA, Calcium) during pregnancy	<input type="text"/>	
13	To take rest every day for a certain time during pregnancy	<input type="text"/>	
14	Whether or not you breastfeed the child and when to give weaning food to the child?	<input type="text"/>	
15	What and how to feed the infant in his first year of life?	<input type="text"/>	

Module L4: Social Desirability Scale

Sln0	Question	Response	Response code
1.	Do you occasionally give up doing something because you don't think you have the ability?	<input type="text"/>	Yes.....1 No .....2
2.	Do you occasionally feel like not listening to people even if you know they are right?	<input type="text"/>	Yes.....1 No .....2
3.	Do you sometimes get irritated/annoyed (translate so understandable) by people who ask you to do something for them?	<input type="text"/>	Yes.....1 No .....2
4.	Are you always courteous, even to people who are disagreeable/not pleasant?	<input type="text"/>	Yes.....1 No .....2
5.	When you make a mistake, are you always willing to admit it?	<input type="text"/>	Yes.....1 No .....2

MODULE M. PHYSICAL AND MENTAL HEALTH OF THE RESPONDENT

Sl. No	Questions	Response	Response code																													
M1	<p>Now, I would like to ask you about your health status.</p> <p>If you compare your health status with other women in the area who have approximately the same age, how do you feel about your health?</p> <p>(MAKE SURE THAT THIS QUESTION REFERS TO THE MOTHERS' HEALTH STATUS IN GENERAL, NOT RECENTLY)</p>	<input type="text"/>	<table border="1"> <tr> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td></tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> <p>Health is not good Health is good Health is very good</p>										1	2	3	4	5	6	7	8	9	10										
1	2	3	4	5	6	7	8	9	10																							
M2	STRESS (SRQ 20)(Last 4 Weeks) (I will ask if you faced a few problems within last 1 month)																															
1	Do you often have headaches?	<input type="text"/>	Yes..... 1 No..... 2																													
2	Is your appetite poor?	<input type="text"/>																														
3	Do you sleep badly?	<input type="text"/>																														
4	Are you easily get frightened?	<input type="text"/>																														
5	Do your hands shake/tremble?	<input type="text"/>																														
6	Do you feel nervous, tense or worried?	<input type="text"/>																														
7	Is your digestion poor?	<input type="text"/>																														
8	Do you have trouble thinking clearly?	<input type="text"/>																														
9	Do you feel unhappy about life?	<input type="text"/>																														
10	Do you cry more than usual?	<input type="text"/>																														
11	Do you find it difficult to enjoy your daily activities?	<input type="text"/>																														
12	Do you find it difficult to make decisions?	<input type="text"/>																														
13	Is your daily work suffering?	<input type="text"/>																														
14	Are you unable to play a useful part in life?	<input type="text"/>																														
15	Have you lost interest in things?	<input type="text"/>																														
16	Do you feel that you are a worthless person?	<input type="text"/>																														
17	Has the thought of ending your life been on your mind?	<input type="text"/>																														
18	Do you feel tired all the time?	<input type="text"/>																														
19	Do you have uncomfortable feelings in your stomach?	<input type="text"/>																														
20	Are you easily tired?	<input type="text"/>																														

MODULE N. POSTNATAL FUNCTIONAL DISABILITY AND POSTPARTUM SIGNS/ SYMPTOMS

N1. Postnatal Functional Disability

Serial no	Question	Within 1-7 days of giving birth		Within 8-14 days of giving birth		Within 15-30 days of giving birth		Within 31-42 days of giving birth	
		Yes..1 No....2	<u>If yes,</u> Could do without difficulty....1 Could do with difficult.....2 <u>If no,</u> Could not do at all.....3 Not permitted/required to do.....88	Yes..1 No....2>> Next row	<u>If yes,</u> Could do without difficulty....1 Could do with difficult.....2 <u>If no,</u> Could not do at all.....3 Not permitted/required to do.....88	Yes..1 No....2>> Next row	<u>If yes,</u> Could do without difficulty....1 Could do with difficult.....2 <u>If no,</u> Could not do at all.....3 Not permitted/required to do.....88	Yes..1 No....2>> Next row	<u>If yes,</u> Could do without difficulty....1 Could do with difficult.....2 <u>If no,</u> Could not do at all.....3 Not permitted/required to do.....88
	N1_1	N1_2a	N1_2b	N1_3a	N1_3b	N1_4a	N1_4b	N1_5a	N1_5b
1	Were you able to take care of the newborn baby?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Were you able to feed the baby?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Were you able to bathe the baby?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Were you able to wash the baby's clothes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Were you able to prepare meals?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Were you able to clean the house?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Were you able to get water?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Were you able to get to nearest health facility?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Were you able to care for herself?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Were you able to wash or bathe herself?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Were you able to get dressed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	Were you able to wash clothes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13	Were you able to use the toilet?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
----	----------------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

N.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? List the names of all signs and symptoms. Probe: Anything else? Until respondent says nothing else.

As the respondent recalls signs and symptoms, underline the corresponding signs and symptoms and write '1' in the column next to the signs and symptoms. If the signs and symptoms is not listed, write them in the box labeled 'others'. Once the respondent finishes recalling signs and symptoms, read each signs and symptoms where '1' was not written, ask the following question and write '1' if respondent says yes, '2' if no and '99' if don't know:

b. From delivery to 42 days after birth, did you experience the following symptoms?

c. For each of the reply with 1, continue to ask questions in the next two columns

N.2		What symptoms did you experience after delivery? Yes.....1 No.....2>Next row Don't know .....99> Next row	How long after delivery <i>If symptoms seen since birth (right after birth) write '0' (in days)</i>	For how many days (in days)
	N2_1	N2_2	N2_3	N2_4
1	Convulsions	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	Visual disturbance	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	Blindness	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	Coma or unconsciousness	<input type="text"/>	<input type="text"/>	<input type="text"/>
5	Excessive vaginal bleeding	<input type="text"/>	<input type="text"/>	<input type="text"/>
6	Abnormal bleeding from mucosa (mouth and/or ears)	<input type="text"/>	<input type="text"/>	<input type="text"/>
7	Fever	<input type="text"/>	<input type="text"/>	<input type="text"/>
8	Abdominal/uterine pain/tenderness	<input type="text"/>	<input type="text"/>	<input type="text"/>
9	Foul smelling vaginal discharge/lochia	<input type="text"/>	<input type="text"/>	<input type="text"/>
10	Productive cough and shortness of breath	<input type="text"/>	<input type="text"/>	<input type="text"/>
11	Dysuria or flank pain	<input type="text"/>	<input type="text"/>	<input type="text"/>
12	Headache	<input type="text"/>	<input type="text"/>	<input type="text"/>
13	Neck stiffness	<input type="text"/>	<input type="text"/>	<input type="text"/>
14	Continuous loss of urine and/or feces after delivery	<input type="text"/>	<input type="text"/>	<input type="text"/>
15	Admission to hospital emergency unit	<input type="text"/>	<input type="text"/>	<input type="text"/>
16	Laparotomy (includes hysterectomy, excludes caesarean section)	<input type="text"/>	<input type="text"/>	<input type="text"/>
17	Use of blood/blood products	<input type="text"/>	<input type="text"/>	<input type="text"/>
18	Fatigue/weakness/lethargy	<input type="text"/>	<input type="text"/>	<input type="text"/>
19	Swelling	<input type="text"/>	<input type="text"/>	<input type="text"/>

N.2		What symptoms did you experience after delivery? Yes.....1 No.....2>Next row Don't know .....99> Next row	How long after delivery <i>If symptoms seen since birth (right after birth) write '0'</i> (in days)	For how many days (in days)
	N2_1	N2_2	N2_3	N2_4
20	Epilepsy	<input type="text"/>	<input type="text"/>	<input type="text"/>
21	High blood pressure	<input type="text"/>	<input type="text"/>	<input type="text"/>
22	Nausea/ Vomiting	<input type="text"/>	<input type="text"/>	<input type="text"/>
23	Dizziness	<input type="text"/>	<input type="text"/>	<input type="text"/>
24	Breast pain/engorgement/cracked or sore nipples/flat or inverted nipples	<input type="text"/>	<input type="text"/>	<input type="text"/>
25	Others	<input type="text"/>	<input type="text"/>	<input type="text"/>

N3. 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? List the names of all signs and symptoms.

Probe: Anything else? Until respondent says nothing else.

As the respondent recalls signs and symptoms, underline the corresponding signs and symptoms and write '1' in the column next to the signs and symptoms. If the signs and symptoms is not listed, write them in the box labeled 'others'. Once the respondent finishes recalling signs and symptoms, read each signs and symptoms where '1' was not written, ask the following question and write '1' if respondent says yes, '2' if no and '99' if don't know:

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

c. For each of the reply with 1, continue to ask questions in the next two columns

		What symptoms did your child experience after delivery? Yes.....1 No.....2 > next row Don't know .....99 > next row	How long after delivery <i>If symptoms seen since birth (right after birth) write '0'</i> (in days)	For how many days (in days)
	N3_1	N3_2	N3_3	N3_4
1	Feeding difficulty	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	Breathing difficulty	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	Fast breathing	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	Severe chest-in drawing	<input type="text"/>	<input type="text"/>	<input type="text"/>
5	Fits or convulsion	<input type="text"/>	<input type="text"/>	<input type="text"/>
6	Movement only when stimulated or no movement at all	<input type="text"/>	<input type="text"/>	<input type="text"/>
7	Fever	<input type="text"/>	<input type="text"/>	<input type="text"/>
8	Hypothermia/low temperature	<input type="text"/>	<input type="text"/>	<input type="text"/>
9	Umbilical cord infection	<input type="text"/>	<input type="text"/>	<input type="text"/>
10	Skin infection	<input type="text"/>	<input type="text"/>	<input type="text"/>
11	Jaundice/yellow color of skin	<input type="text"/>	<input type="text"/>	<input type="text"/>
12	Vomiting/diarrhea	<input type="text"/>	<input type="text"/>	<input type="text"/>
13	Others	<input type="text"/>	<input type="text"/>	<input type="text"/>

MODULE O: DOMESTIC VIOLENCE

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 / partner 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?			
O1	In relation to your (current or most recent) husband/partner, would you say it is generally true that he:	Resp	Response code
1	Tries to keep you from seeing your friends,	<input type="text"/>	Yes 1 No 2 Don't know 99
2	Tries to restrict you from contacting your family of birth,	<input type="text"/>	
3	Insists on knowing where you are at all times,	<input type="text"/>	
4	Ignores you and treats you indifferently,	<input type="text"/>	
5	Gets angry if you speak to another man,	<input type="text"/>	
6	Is often suspicious that you are unfaithful,	<input type="text"/>	
7	Expects you to ask his permission before seeking health care for yourself.	<input type="text"/>	
O2	Has your current husband/partner, or any other partner ever do the followings:	A. Has your husband ever...? Yes 1 No 2 >> Next question	B. Has your husband in the last 12 month? Yes 1 No 2
1	Insulted you or made you feel bad about yourself?	<input type="text"/>	<input type="text"/>
2	Belittled or humiliated you in front of other people?	<input type="text"/>	<input type="text"/>
3	Done things to scare or intimidate you on purpose (e.g. by the way he looked at you, by yelling and smashing things)	<input type="text"/>	<input type="text"/>
4	Threatened to hurt you or someone you care about?	<input type="text"/>	<input type="text"/>
5	Push you, shake you, or throw something at you?	<input type="text"/>	<input type="text"/>
6	Slap you?	<input type="text"/>	<input type="text"/>
7	Twist your arm or pull your hair?	<input type="text"/>	<input type="text"/>
8	Punch you with his fist?	<input type="text"/>	<input type="text"/>
9	Kick you, drag you or beat you up?	<input type="text"/>	<input type="text"/>
10	Try to choke you or burn you on purpose?	<input type="text"/>	<input type="text"/>
11	Threaten or attack you with a knife, gun, or any other weapon?	<input type="text"/>	<input type="text"/>
12	Physically force you to have sexual intercourse when you did not want to?	<input type="text"/>	<input type="text"/>
13	Have sexual intercourse you did not want to because you were afraid of what your partner or any other partner might do?	<input type="text"/>	<input type="text"/>
14	Forced you to do something sexual that you found degrading or humiliating?	<input type="text"/>	<input type="text"/>
O3	During your current or last pregnancy, was there a time when you were beaten or physically assaulted by husband?	<input type="text"/>	Yes 1; No 2

MODULE P1- INFORMATONFROM NUTRITION CHART FOR PREGNANT AND LACTATING MOTHERS

Sln	Question	Response	Response code
P1	From which month of your pregnancy did SK/ SS have started their health services?	<input type="text"/>	From which month No SK/SS visited yet ..88
P1.1	Do you have a nutrition chart for pregnant and lactating mothers? <i>(Interviewer: if mothers said yes, ask to see the nutritional chart and fill in the following information)</i>	<input type="text"/>	Yes, recorded from MN Chart 1 No MN chart, recorded from SS register 2 No MN chart not in SS register 3
P1.2	Numbers of supplements mother consumed each month during pregnancy	IFA (Nos) N/A999	Calcium Tablet (Nos) N/A .....999
	Month 1	<input type="text"/>	<input type="text"/>
	Month 2	<input type="text"/>	<input type="text"/>
	Month 3	<input type="text"/>	<input type="text"/>
	Month 4	<input type="text"/>	<input type="text"/>
	Month 5	<input type="text"/>	<input type="text"/>
	Month 6	<input type="text"/>	<input type="text"/>
	Month 7	<input type="text"/>	<input type="text"/>
	Month 8	<input type="text"/>	<input type="text"/>
	Month 9	<input type="text"/>	<input type="text"/>
P1.3	Numbers of supplements mother consumed during postpartum period (till today)	<input type="text"/>	<input type="text"/>
P1.4	Has weight gain chart been filled?	<input type="text"/>	Yes 1 No 2
P1.5	Weight of mothers each month during pregnancy	Weight in Kg Not applicable..... 999, Not measurement taken..... 777	
	Month 1	<input type="text"/>	<input type="text"/>
	Month 2	<input type="text"/>	<input type="text"/>
	Month 3	<input type="text"/>	<input type="text"/>
	Month 4	<input type="text"/>	<input type="text"/>
	Month 5	<input type="text"/>	<input type="text"/>
	Month 6	<input type="text"/>	<input type="text"/>
	Month 7	<input type="text"/>	<input type="text"/>
	Month 8	<input type="text"/>	<input type="text"/>
	Month 9	<input type="text"/>	<input type="text"/>
P1.6	Dates discussions on Husband forum with pregnant mother's husband	Date	
	Husband forum Discussion 1	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Day Month Year Write 88 if missed the discussion	
	Husband forum Discussion 2	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Day Month Year Write 88 if missed the discussion	

MODULE P. 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							
Member ID (B01)	Name	DATE OF BIRTH (DD MM YYYY)	AGE (IN YEARS)	WEIGHT (KG)	HEIGHT (CM)	CURRENT PREG-NANCY STATUS Yes.....1 No.....2 DK.....99	RESULT Measured..... 1 Absent 2 Refused 3 Other 77
		[][]/[][]/[][][][]	[][]	[][][].[]	[][][].[]		
				[][][].[]	[][][].[]		

WEIGHT, HEIGHT OF THE CHILD						
Member ID	Name	DATE OF BIRTH (DD MM YYYY)	AGE (In months)	WEIGHT (KG)	HEIGHT (CM)	RESULT Measured..... 1 Absent 2 Refused 3 Other 77
		[][]/[][]/[][][][]	[][]	[][][].[]	[][][].[]	
				[][][].[]	[][][].[]	

MemberID (from B1):

HUSBAND'S QUESTIONNAIRE
CONSENT OF RESPONDENT

Status of the interview:

Interview completed.....1
Interview partially completed.....2
Declined to be interviewed.....3
Not in HH.....4
Disabled (mental/physical).....5

Good morning/afternoon. I am _____ from the Data Analysis and Technical Assistance Limited (DATA), a Research organization based in Dhaka. Together with the International Food Policy Research Institute (IFPRI), we are conducting an evaluation of the A&T program implemented by BRAC in this area. We want to talk with you about your wife's 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 want to measure the height and weight of your wife and children.

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 1-1.5 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 participating in the study. Two organizations are jointly doing this survey - International Food Policy Research Institute and DATA. 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 of the Principal Investigator:

Dr. Phuong Hong Nguyen
IFPRI, 2033 K Street NW,
Washington DC, 20006
Email: P.H.Nguyen@cgiar.org

Interviewer's statement: I am an 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:

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

MODULE Q. HUSBAND'S PRACTICES TO SUPPORT NUTRITION IN PREGNANCY

Now I would like to know about some of the ways in which you might have supported your wife during her pregnancy.

Interviewer: Do not read out the list at the beginning. At first, ask him what foods / medication he purchased for her wife during her pregnancy. write 1 for the items that respondent said that he purchased for her wife. Once he complete, ask about the remaining items for which item "1" is not write yet.

Please could you tell me about foods or medicines you may have bought/arranged/made a available specially for your wife during the pregnancy?

[interviewer: do not read out list]

S/no	Question	Did you bought/ arranged/ made a available? Yes.....1 No.....2>> Next Row	Were you able to bought/arranged/made available it regularly [<i>at least 3 times per week</i>]? (For 8,9,10 it does not need to be at least 3 times per week) Yes.....1 No.....2
1	Eggs	<input type="text"/>	<input type="text"/>
2	Fish	<input type="text"/>	<input type="text"/>
3	Meat	<input type="text"/>	<input type="text"/>
4	Dark Green Leafy Vegetables (spinach, red amaranth leaves, green amaranth, <i>pui shak, laushak, kolmishak, kochushak, etc.</i>)	<input type="text"/>	<input type="text"/>
5	Yellow/Orange vegetables (carrots, pumpkin, sweet potato, etc.)	<input type="text"/>	<input type="text"/>
6	Yellow/Orange fruits (papaya, mango, pineapple, etc.)	<input type="text"/>	<input type="text"/>
7	Citrus fruits (fruits with vitamin-C like lemon, guava, <i>Indian gooseberry, etc.</i>)	<input type="text"/>	<input type="text"/>
8	IFA tablet	<input type="text"/>	<input type="text"/>
9	Calcium tablet	<input type="text"/>	<input type="text"/>
10	Horlicks/other special drinks	<input type="text"/>	<input type="text"/>
11	Cakes or cookies	<input type="text"/>	<input type="text"/>
12	Dal/lentils	<input type="text"/>	<input type="text"/>
13	Other fruits like apples, grapes, bananas	<input type="text"/>	<input type="text"/>

MODULE R. HUSBAND'S KNOWLEDGE ON MATERNAL NUTRITION AND HEALTH

Now I would ask you a few questions about diet during pregnancy

Slno	Question	Response	Response code														
R1	<p>Why is proper nutrition of pregnant women important?</p> <p><i>(Multiple response possible)</i></p> <p><i>(Interviewer: Do no prompt. Listen to what pregnant woman says and note if what she says match with the options provided)</i></p>	<table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									<p>For a adequate weight gain of pregnant woman 1</p> <p>Child inside the womb grows adequately/ healthy2</p> <p>For a brainy child with bright future 3</p> <p>Quicker recovery after delivery 4</p> <p>Extra costs due to doctors and medicine will be saved 5</p> <p>It is a good investment in future 6</p> <p>To produce adequate breastmilk7</p> <p>Others (specify)..... 77</p> <p>Do not know 99</p>						
R2	<p>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?</p> <p><i>(Multiple response possible)</i></p>	<table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>															<p>Eat 5 variety of foods in addition to rice and dal1</p> <p>Eat fish/meat daily2</p> <p>Eat egg daily3</p> <p>Take milk/ milk product daily4</p> <p>Eat green leafy vegetable daily5</p> <p>Eat yellow/orange vegetables/fruits daily6</p> <p>Take thick dal daily7</p> <p>Take nutritious food twice daily8</p> <p>Take one IFA tablet daily9</p> <p>Take one Calcium tablet daily10</p> <p>Eat extra food (to the amount of a fist) with each meal11</p> <p>Other.....77</p>
R3	Have you heard about anemia?	<table border="1"> <tr><td></td></tr> </table>		<p>Yes 1</p> <p>No 2>>R5</p>													
R4	<p>Can you tell me how you can recognize someone who has anemia?</p> <p><i>(Multiple response possible)</i></p>	<table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>					<p>Less energy/weakness..... 1</p> <p>Paleness/pallor (pale color in eyes and palm)..... 2</p> <p>More likely to become sick (less immunity to infections) 3</p> <p>Other..... 77</p> <p>Don't know..... 99</p>										
R5	<p>Some beverages decrease iron absorption when taken with meals. Which ones?</p>	<table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>					<p>Coffee 1</p> <p>Tea 2</p> <p>Milk3</p> <p>Other 4</p> <p>Don't know..... 99</p>										
R6	Have you ever heard about iron-folic acid (IFA) tablets?	<table border="1"> <tr><td></td></tr> </table>		<p>Yes 1</p> <p>No 2>>R10</p>													

Sno	Question	Response	Response code								
R7	How many IFA tablets do you think a pregnant woman should take in one month?	<input type="text"/>	Number of tablets Don't know99								
R8	For how many months a pregnant woman should take IFA tablets?	<input type="text"/>	Months Don't know99								
R9	Why do you think a pregnant woman should take iron folate tables? (Multiple response possible) (Interviewer: Do no prompt. Listen to what pregnant woman says and note if what she says match with the options provided)	<table border="1"> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	To reduce the risk of anemia for pregnant women 1 To reduce risk of anemia for the child inside womb 2 To reduce the risk of low birth weight..... 3 To help improve child's intelligence 4 To reduce the risk of excessive blood loss after delivery.. 5 To reduce risk of excessive blood loss during delivery 6 To make mother healthy/strong7 Other 77 Do not know 99
<input type="text"/>	<input type="text"/>										
<input type="text"/>	<input type="text"/>										
<input type="text"/>	<input type="text"/>										
<input type="text"/>	<input type="text"/>										
R10	Have you ever heard about calcium tablets?	<input type="text"/>	Yes..... 1 No2>>R14								
R11	How many calcium tables do you think a pregnant woman should take in one month?	<input type="text"/>	Nos Don't know99								
R12	For how many months a pregnant woman should take Calcium tablets?	<input type="text"/>	Months Don't know99								
R13	Why do you think a pregnant woman should take calcium tables? (do not prompt) (Multiple response possible)	<table border="1"> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><input type="text"/></td> <td></td> </tr> </table>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		To recover the loss in pregnant woman's body 1 To ensure adequate growth of child's bones and teeth.....2 To reduce the risk of pre-eclampsia/eclampsia3 To reduce the risk of hypertension4 Other77 Do not know..... 99		
<input type="text"/>	<input type="text"/>										
<input type="text"/>	<input type="text"/>										
<input type="text"/>											
R14	How much rest should a pregnant woman take every day?	Hours Minute <table border="1"> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>	<input type="text"/>	<input type="text"/>	[__] hours [__].minutes						
<input type="text"/>	<input type="text"/>										

R15: Now I would ask some questions about foods to eat during pregnancy.

using standard bowl/cup/ pieces

	Do you know what kinds of food a PW/lactating should eat everyday? <i>(Interviewer: Do no prompt. Listen to what they says and note if what she says match with the options provided)</i>	Yes.....1 No.....2	If yes, in what quantity each day? <i>using standard bowl/cup/ pieces</i> Don't know 99	
Slno	Question	Response	Response code	
i.	Rice	<input type="text"/>	<input type="text"/>	Bowl
ii.	Bread	<input type="text"/>	<input type="text"/>	Piece
iii.	<i>Gur-muri/Gur-khoi/biscuit</i>	<input type="text"/>	<input type="text"/>	Bowl
iv.	Thick <i>daal</i>	<input type="text"/>	<input type="text"/>	Bowl
v.	Yellow/orange vegetables	<input type="text"/>	<input type="text"/>	Bowl
vi.	Dark green leafy vegetables	<input type="text"/>	<input type="text"/>	Bowl
vii.	Other vegetables	<input type="text"/>	<input type="text"/>	Bowl
viii.	Yellow/orange fruits	<input type="text"/>	<input type="text"/>	Piece
ix.	Citrus fruits	<input type="text"/>	<input type="text"/>	Piece
x.	Other fruits	<input type="text"/>	<input type="text"/>	Piece
xi.	Egg	<input type="text"/>	<input type="text"/>	Number
xii.	Milk/milk products	<input type="text"/>	<input type="text"/>	Cup
xiii.	Fish/sea food	<input type="text"/>	<input type="text"/>	Piece
xiv.	Meat (both flesh and organ)	<input type="text"/>	<input type="text"/>	Piece
xv.	Oil	<input type="text"/>	<input type="text"/>	Spoon
xvi.	Chips & <i>chanachur</i>	<input type="text"/>	<input type="text"/>	Piece
xvii.	Nutritious snacks	<input type="text"/>	<input type="text"/>	Bowl
xviii.	Coke-fanta-sprite-mirinda etc.	<input type="text"/>	<input type="text"/>	Bottle

R.16 Now I would read out a few statements to you. You would kindly say if you ever heard this message or not. If you have heard this message then I would like to know from whom did you hear this message.

S/no	Question	Have you heard this message? Yes.....1 No .....2>Next row	From whom/where did you hear, (Multiple response possible) (Please see code-R in below)			
	H16_1	H16_2	H16_3a	H16_3b	H16_3c	H16_3d
1	Proper diet every day during pregnancy ensures weight gain of pregnant woman					
2	Proper diet every day during pregnancy ensures adequate growth of baby inside the womb					
3	Proper diet everyday can ensure quick recovery of mothers after she gives birth to the child					
4	Proper diet everyday during pregnancy can save costs on doctor and medicine for both mother and child					
5	Nutritious food is not always expensive					
6	Avoid hot foods (eg. ducks, pigeons, beef and Hilsha fish) during pregnancy					
6a	During pregnancy, women should eat less than usual					
7	Daily consumption of fruits during pregnancy is essential to better health of a pregnant woman					
8	Daily consumption of fish/meat/egg during pregnancy is essential because it ensures adequate growth and					
9	Avoid some kinds of fish like Taki, Chanda, Puti and mrigal maach					
10	During pregnancy, take one IFA tablet everyday					
11	During pregnancy, take one Calcium tablet everyday					
12	During pregnancy, take at least two hours of rest every afternoon					
13	Do not lay down on the bed, eat or cook during a lunar or solar eclipses					
14	Pregnant women should consume at least one food item from 5 different food groups daily					
15	Proper diet during pregnancy will ensure that the child will be brainy.					
16	Avoid tea/coffee					
17	Avoid alcohol/tobacco/betel leaf/betel nut					
18	New born babies should be placed on mother's breast immediately after delivery					
19	No water, honey or sugar water should be given to the new born babies after birth					
20	Infants should be fed only breastmilk for the first six months (no water, liquids, solid or semi-solid foods)					
21	During pregnancy a woman should gain 10-12 kg weight					
22	A PW should be weighted in each month					
23	Mother should eat dry food only for seven days after birth of child					
24	Pregnant women should not go outside house or visit graveyard after evening					

Code R						
Hospital/UHC..... 1	FWV .....5	Other NGO	Homeopath doctor 13	Pharmacy 16	Neighbor/friends	EPI 23
Doctor.....2	CHCP.....6	workers .....9	Kabiraj/Herbal healer	Husband 17	..... 20	CSBS 24
Nurse/Midwife.....3	BRAC SS .....7	TTBA .....10	..... 14	Mother/Mother-in-law 18	Private clinic 21	Radio/TV 25
FWA/HA .....4	BRAC SK.....8	TBA .....11	Spiritual healer 15	Other HH members .. 19	Community clinic 22	Books/Newspaper/Poster/Billboard . 26
		Village Doctor ....12				Internet/website.. 27
						Jatra/Pala/Cinema 28
						Video show 29
						Brac SM..... 30
						Others (specify) . 77

MODULE S: MEDIA HABIT

Slno	Question	Response	Response code
S1	Do you ever watch TV?	<input type="text"/>	Yes..... 1 No 2>>S.5
S2	How often do you watch TV?	<input type="text"/>	Daily (7 days a week) 1 2 to 6 days a week 2 Once a week 3 Once every two weeks 4 Once a month 5 Rarely 6
S3	What time of the day do you watch TV? (Multiple response possible)	<input type="text"/> <input type="text"/>	6 AM – 12 PM 1 12 PM – 6 PM 2 6 PM – 12 AM..... 3 12 AM – 6 AM..... 4
S4	Which programmes do you watch commonly? (Multiple response possible)	<input type="text"/> <input type="text"/> <input type="text"/>	News 1 Music 2 Children's program 3 Sports 4 Soap opera 5 Movie 6 Health/ disease programs 7 Religious program 8 Other (specify) 77
S5	Do you ever listen to the Radio?	<input type="text"/>	Yes 1 No 2>>S9
S6	How often do you listen to the Radio?	<input type="text"/>	Daily (7 days a week) 1 2 to 6 days a week 2 Once a week 3 Once every two weeks 4 Once a month 5 Rarely 6
S7	What time of the day do you listen to the Radio? (Multiple response possible)	<input type="text"/> <input type="text"/>	6 AM – 12 PM 1 12 PM – 6 PM 2 6 PM – 12 AM..... 3 12 AM – 6 AM..... 4
S8	Which programmes do you listen to commonly? (Multiple response possible)	<input type="text"/> <input type="text"/> <input type="text"/>	News 1 Music 2 Children's program 3 Sports 4 Soap opera 5 Movie 6 Health/ disease programs 7 Religious program 8 Other (specify) 77
S9	Do you have your own mobile phone?	<input type="text"/>	Yes..... 1 No 2
S10	Do you have access to mobile phone?	<input type="text"/>	Yes 1 No 2
S11	Are you a member of any community group/organization?	<input type="text"/>	Yes 1 No 2>> VIDEO 1

S/no	Question	Response	Response code
S12	Which community group/organization's member you are?	<input type="text"/>	BRAC VO..... 1 BRAC Pllisomaj/union somaj..... 2 Community clinic support group 3 Community clinic management committee 4 Other (specify) 77
Instruction for Interviewer: Show PHOTO on each video one by one, and collect responses for each video. Now, I will show you photos of a video advertisement to remind you about the content of that video advertisement.			
VIDEO 1: It is everyone responsibility to ensure nutrition and care of PW Now I'll show you some photographs from a video, and ask some questions about those			
S13	Have you ever seen this advertisement?	<input type="text"/>	Yes 1 No 2 >> Video 2
S14	Have you seen this TV spot in the last 3 months?	<input type="text"/>	Yes 1 No 2
S15	Where have you seen it?	<input type="text"/>	Television 1 Video shows in the village 2 Both 3 From BRAC SK/SS training 4 Nothing to say/do not remember 88
S16	What are the key messages of this TV spot? <i>(Do not prompt)</i> <i>(Multiple response possible)</i>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	A women is giving her son some saving money to buy fish for his pregnant wife..... 1 The grand-mom wants her grandchild to be healthy and intelligent . 2 The mother always check if her pregnant daughter-in-la w eating properly and taking proper rest 3 The mother does not let her pregnant daughter-in-law do any hard work or heavy lifting..... 4 Pregnant woman should eat five groups of food everyday 5 Pregnant woman should take one IFA tablet every day 6 Pregnant woman should take one Calcium tablet every day 7 Do not take both IFA and calcium tablets together 8 Other (specify) 77
VIDEO 2: Five rules of PW and RDW Now I'll show you some photographs from a video, and ask some questions about those			
S17	Have you ever seen this advertisement?	<input type="text"/>	Yes 1 No 2 >> Video 3
S18	Have you seen this TV spot in the last 3 months?	<input type="text"/>	Yes 1 No 2

S/no	Question	Response	Response code
S19	Where have you seen it?	<input type="text"/>	Television 1 Video shows in the village 2 Both .....3 From BRAC SK/SS training .....4 Nothing to say/do not remember .....88
S20	What are the key messages of this TV spot? <i>(Do not prompt)</i> <i>(Multiple response possible)</i>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Pregnant woman has to gain weight as necessary during pregnancy . 1 Pregnant woman has to check weight on a regular basis 2 Proper nutrition ensure proper weight gain for mother and proper growth for her unborn baby .....3 Pregnant woman needs to eat 5 types of nutritious food every day ...4 Pregnant woman should take 180 IFA tablets during pregnancy .....5 Pregnant woman should take 180 Calcium tablet during pregnancy .6 Taking IFA helps reduce the risk of anemia for pregnant women and her baby..... 7 Taking IFA can reduce the risk of low birth weight 8 Taking IFA can help improve child's intelligence 9 Taking IFA can reduce the risk of excessive blood loss after delivery..... 10 Taking calcium everyday will prevent high blood pressure and eclampsia 11 Taking calcium everyday will help baby to have strong bones and teeth..... 12 Other (specify) 77
VIDEO 3: Nutritious food get easily or find everywhere near to your home Now I'll show you some photographs from a video, and ask some questions about those			
S21	Have you ever seen this advertisement?	<input type="text"/>	Yes 1 No 2 >> Video 4
S22	Have you seen this TV spot in the last 3 months?	<input type="text"/>	Yes 1 No 2
S23	Where have you seen it?	<input type="text"/>	Television 1 Video shows in the village 2 Both .....3 From BRAC SK/SS training .....4 Nothing to say/do not remember .....88

Slno	Question	Response	Response code
S24	<p>What are the key messages of this TV spot?</p> <p><i>(Do not prompt)</i></p> <p><i>(Multiple response possible)</i></p>	<div> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> <div> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> <div> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> <div> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> <div> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div>	<p>Pregnant woman needs to eat 5 types of nutritious food every day in addition to rice and daal 1</p> <p>The quantity of foods should be increased according to the stage of pregnancy 2</p> <p>Pregnant woman should take iron folic acid everyday 3</p> <p>Pregnant woman should take calcium everyday 4</p> <p>Taking IFA everyday will prevent excessive blood loss during child birth 5</p> <p>Taking IFA everyday will increase child development 6</p> <p>Taking calcium everyday will prevent high blood pressure and eclampsia 7</p> <p>Taking calcium everyday will help baby to have strong bones and teeth 8</p> <p>Nutritious food does not necessary cost too much 9</p> <p>Husband should cut down other costs for some time to buy nutritious food for his pregnant wife 10</p> <p>Using saving to buy nutritious foods for pregnant women is the best use of that money 11</p> <p>Nutritious foods can be produced at home for pregnant women such as egg, pumpkin, squash, and mango ect 12</p> <p>If mother eat proper nutrition, child will be born healthy 13</p> <p>If the child grows well and intelligent, he/she will have good education and earn enough money 14</p> <p>Other (specify) 77</p>
<p>VIDEO 4: Initiation of breast milk just after birth</p> <p>Now I'll show you some photographs from a video, and ask some questions about those</p>			
S25	Have you ever seen this advertisement?	<div> <input type="checkbox"/> </div>	<p>Yes 1</p> <p>No 2 >> Video 5</p>
S26	Have you seen this TV spot in the last 3 months?	<div> <input type="checkbox"/> </div>	<p>Yes 1</p> <p>No 2</p>
S27	Where have you seen it?	<div> <input type="checkbox"/> </div>	<p>Television 1</p> <p>Video shows in the village 2</p> <p>Both 3</p> <p>From BRAC SK/SS training 4</p> <p>Nothing to say/do not remember 88</p>

MODULE T: HUSBAND'S SOCIAL MOBILIZATION

S/no	Question	Response	Response code
T1	Have you heard of any forums for husband's regarding maternal nutrition and health in your community?	<input type="text"/>	Yes 1 No 2>>T8
T2	Have you attended any of these forums?	<input type="text"/>	Yes 1 No 2>>T8
T3	How many times did you attended a husband forum during last one year?	<input type="text"/>	Nos
T4	How many months or days ago did you last participate in a husband's forum?	<input type="text"/> <input type="text"/>	Days ago month ago
T5	What happened during the husband's forum presentation? (multiple responses possible)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Flipchart/videos for maternal nutrition/ health were shown..... 1 Received advice on proper nutrition for pregnant/ lactating women..... 2 Received advice on early initiation of breast feeding.....3 Received advice on avoiding pre-lacteal for the newborn .....4 Received advice on exclusive breast feeding for first 6 months after birth 5 Quizzed on what was shown/told .....6 Prize giving ceremony .....7 Distribution of seeds .....8 Took commitments on commitment sheet.....9 Received advice to purchase diversified nutritious food for wife .....10 Received advice to motivate his pregnant wife to consume recommended quantity of diversified foods daily 11 Received advice to ensure adequate supply of IF and calcium at home . 12 Received advice to ensure intake of one tablet of IFA daily 13 Received advice to ensure intake of one tablet of Calcium daily .....14 Received advice to ensure his pregnant wife to take rest at least for 2 hours after lunch and sleep for at least 8 hours at night 15 Received advice to make sure that his pregnant wife does not do heavy work 16 Received advice review weight chart and ensure wife's weight gain 17 Received advice to call health worker on mobile if PLW is unable to do any of the above 18 Received advice to ensure that his wife puts baby to breast within an hour of birth 19 Committed to baby not being fed anything else other than breast milk for six months 20 Others (specify) 77 Dont know 99
T6	Can you tell me in which month of your wife's pregnancy you've attended the first husband's forum?	<input type="text"/>	Less than 4 months..... 1 4-5 months.....2 6-7 months.....3 8 months or more than ..4 Not attended 88

Slno	Question	Response	Response code
T7	Can you tell me in which month of your wife's pregnancy you've attended the second husband's forum?	<input type="text"/>	Less than 4 months.....1 4-5 months.....2 6-7 months.....3 8 months or ore than 8 months.....5 Not attended..... 88
T8	What actions did you take during your wife's pregnancy? <i>(multiple responses possible)</i>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Procure/ensure adequate food supply for pregnancy wife 1 Reminds and encourages pregnant wife to consume the recommended quantity of diversified foods daily 2 Help pregnant wife to ensure that there are enough tablets of IFA and Calcium at home 3 Remind pregnant wife to take one tablet of IFA daily 4 Remind pregnant wife to take one tablet of Calcium daily 5 Remind /helps pregnant wife to take rest for 2 hours/day 6 Don't let pregnant wife lifting heavy work load during pregnancy 7 Calls the health worker on mobile if pregnant wife have any difficulties related to pregnancy 8 Did not do anything 99> next module
T9	Did anybody tell you to take those actions?	<input type="text"/>	Yes..... 1 No..... 2 next module
T10	Who told you to take these actions? <i>(multiple responses possible)</i>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Doctor..... 1 Nurse/Midwife..... 2 FWA/HA..... 3 FWV..... 4 CHCP..... 5 BRAC SS..... 6 BRAC SK..... 7 Other NGO workers..... 8 TTBA/Newborn health worker 9 TBA..... 10 Village Doctor..... 11 Homeopath doctor..... 12 Kabiraj/Herbal healer..... 13 Spiritual healer 14 Mother/Mother-in-law..... 15 Other HH members..... 16 Neighbor/friends..... 17 Govt. or other CSBA..... 18 BRAC SM- PO 19 Other 77 Don't know..... 99

Slno	Question	Response	Response code
T11	Did you hear any song in the husband forum?	<input type="text"/>	Yes 1 No..... 2>>Next moule
T12	How was the song?	<input type="text"/>	Sarayati / maraphati / Moon / Sun's song (pa la song) 1 Song (pa la song) in regard to women and men 2 Song (pa la song) in regard to pregnant mother and her husband..... 3 Song (pa la song) in regard to pregnant mother and her nutrition 4 Other..... 77
T13	Do you like(ed) the song or not?	<input type="text"/>	Liked the song 1 Did not like the song 2 Neither like nor dislike 3
T14	Did you understand the message of the song?	<input type="text"/>	Yes..... 1 No..... 2>Next module
T15	What was said/sung in the song?	<input type="text"/>	Father's has the responsibility along with mother regarding taking care of their unbom baby 1 Taking proper care of the pregnant mother help to develop brain/ intelligence of unbom child..... 2 Eating adequate amounts of different kinds of food every day during pregnancy help the mother to be healthy and if the mother is healthy that can save costs on doctor and medicine for her 3 During pregnancy the pregnant mother have to comply 5 rules 4 During pregnancy eat 5 variety of foods such as fish / meat, eggs, milk, dark green, orange or yellow vegetables regularly in addition to rice and thick dal..... 5 Eat adequate amount of food..... 6 Take IFA tables regularly 7 Take calcium tablets regularly 8 Get weighed regularly to know about weight gain 9 Husband should have to take the responsibility of taking care of her pregnant wife..... 10 During pregnancy a pregnant women should bring to the doctor at least 4 times 11 Nutritious foods such as egg, milk, different types of vegetable can be produced at home for pregnant women..... 12 Pregnant mother should have to take 1 to 1.5 bowl of green leafy vegetable per day / Delivered women should take more than this quantity..... 13 Should have to take on average 1 bowl of orange or yellow fruit per day..... 14 Pregnant mother have to eat 4 to 5 bowl of rice and two bowl of thick dal every day 15

Slno	Question	Response	Response code
			Taking IFA helps to reduce the risk of anemia for pregnant women 16
			Taking IFA can reduce the risk of low birth weight..... 17
			Taking (IFA) tablet reduce the risk of excessive blood loss during delivery/ child birth..... 18
			Taking calcium tablet daily prevent the risk of hypertension and pre-eclampsia/eclampsia and help baby to have strong bones and teeth..... 19
			Iron and Calcium these 2 types of tablet should take separately in two different meal time instead of taking together at the same meal time 20
			Don't know..... 99

MODULE U. HUSBAND'S PERCEPTIONS AND DRIVERS OF BEHAVIORAL CHANGE

Please tell me whether you strongly disagree, disagree, disagree somewhat, agree somewhat, agree or strongly agree with each of the following statements. ***As you read the responses, point to each box.*** Please put your finger on the box to indicate how strongly you disagree or agree with each of the following statements.

If the answer is “don’t know,” code as 99.

1	2	3	4	5
Strongly disagree	Disagree	Somewhat Agree	Agree	Strongly agree

Slno	Question	Response
U.1.	My purchasing the right types and a amount of food for my wife during pregnancy is extremely important for her health and the health of my unborn child	<input type="text"/>
U.2.	My ensuring that my wife is consuming right types and amount of food during pregnancy is extremely important for my unborn child's brain/education and ability to learn	<input type="text"/>
U.3.	Not taking one tablet of IFA and one tablet of calcium every day for 180 days is not a serious problem for pregnant women	<input type="text"/>
U.4.	Most husbands in my community/village know that taking 1 tablet of IFA and 1 tablet of calcium daily for 180 days can prevent their pregnant wife from dying during childbirth and serious complications of pregnancy	<input type="text"/>
U.5.	I can manage to purchase or obtain the recommended 5 varieties of food to be consumed by my wife during pregnancy	<input type="text"/>
U.6.	I can manage to ensure that my wife is consuming the recommended amounts of food to be consumed during pregnancy	<input type="text"/>
U.7.	My family members and community people will find it strange and unusual or become upset with me or my wife if I pay too much attention to ensure that my wife will consume the right types and amounts of food during pregnancy	<input type="text"/>
U.8.	I cannot afford to purchase or provide the recommended types and amounts of food every day for my wife during pregnancy as we are poor people	<input type="text"/>
U.9.	It is too costly to obtain the recommended types and amounts of foods for my wife's consumption during pregnancy	<input type="text"/>
U.10.	It is a good use of our family's money to ensure the right types and amounts of foods for my wife's consumption during pregnancy and it contributes to the future welfare of the child and family	<input type="text"/>
U.11.	In my family and community we/people expect pregnant women to consume so many varieties and such large amount during pregnancy	<input type="text"/>
U.12.	Most husbands in my community/village know the importance of proper nutrition for mother during pregnancy	<input type="text"/>
U.13.	Most husbands in my community/village do not purchase diversified nutritious foods and do not ensure that their wife has these foods available	<input type="text"/>
U.14.	Most husbands in my community/village remind and encourage their wife to consume the recommended quantity of diversified foods daily	<input type="text"/>
U.15.	I ensure that there are enough tablets of IFA and Calcium at home for my wife to consume at least 180 tablets (one per day for 6 months) during pregnancy	<input type="text"/>
U.16.	I remind my wife and ensure that my wife is consuming all tablets of IFA and Calcium as recommended and this is at least 180 tablets (one per day for 6 months) during pregnancy	<input type="text"/>
U.17.	I remind/help my wife to take rest for 2 hours during the day in addition to sleeping at night	<input type="text"/>

Slno	Question	Response
U.18.	I never remind/help my wife to lift heavy load during pregnancy	<input type="text"/>
U.19.	Most husbands in my community/village remind/help their wife to lift heavy work load during pregnancy	<input type="text"/>
U.20.	Most husbands in my community/village do not ensure that there are enough tablets of IFA and Calcium at home for their wife to consume at least 180 tablets (one per day for 6 months) during pregnancy	<input type="text"/>
U.21.	Most husbands in my community/village do not remind their wife each day to consume one tablet of IFA and Calcium so that they consume at least 180 tablets (one per day for 6 months) during pregnancy	<input type="text"/>
U.22.	Most husbands in my community/village do not remind/help their wife me to take rest for 2 hours during the day in addition to sleeping at night	<input type="text"/>
U.23.	I review my wife's weight gain chart and helps her to find ways to gain enough weight during pregnancy	<input type="text"/>
U.24.	I know how much weight a pregnant woman should gain during pregnancy and how much weight my wife is gaining	<input type="text"/>
U.25.	Most husbands in my community/village do not review their wife's weight gain chart and help her to find ways to gain enough weight during pregnancy	<input type="text"/>
U.26.	Most husbands in my community/village know how much weight a pregnant woman should gain during pregnancy and how much weight their wife is gaining	<input type="text"/>
U.27.	Most husband in my community/village call the health worker on mobile if they have any difficulties to do any of the above	<input type="text"/>
U.28.	I always call the health worker on mobile if I have any difficulties to do any of the above	<input type="text"/>