

Alive & Thrive Bangladesh Phase II-Maternal Nutrition Endline Survey 2016

Household Questionnaire

Pregnant Women

International Food Policy Research Institute (IFPRI)

Data Analysis and Technical Assistance

MODULE A: Identification

Name	Code	Name	Code						
A1 Household Number:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	A13 Religion:	<input type="text"/> Muslim..... 1 <input type="text"/> Hindu 2 <input type="text"/> Christian..... 3 <input type="text"/> Buddhist..... 4 <input type="text"/> Others (Specify).....77						
A2 Census number::	<input type="text"/> <input type="text"/> <input type="text"/>	A14 Household is selected for pregnant woman group	<input type="text"/> Pregnant woman is in second trimester..... 2 <input type="text"/> Pregnant woman is in third trimester3						
A3 Name of the pregnant woman and member ID: (From Module B):	<input type="text"/> <input type="text"/>	A15 Interviewer name & code	<input type="text"/> <input type="text"/> <input type="text"/>						
A4 Name and member ID of the Household Head:	<input type="text"/> <input type="text"/>	A15 Supervisor name & code	<input type="text"/> <input type="text"/>						
A5 Name and member ID of the father of the HH head [husband if female headed]:	<input type="text"/> <input type="text"/> মৃত98 <input type="text"/> <input type="text"/> খানা সদস্য নয়.....99	Date of interview:	First visit <table border="1"> <tr> <td>Day</td><td>Month</td><td>Year</td></tr> <tr> <td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td> </tr> </table>	Day	Month	Year	<input type="text"/>	<input type="text"/>	<input type="text"/>
Day	Month		Year						
<input type="text"/>	<input type="text"/>		<input type="text"/>						
A6 Para/Location/Landmark:			Second visit <table border="1"> <tr> <td>Day</td><td>Month</td><td>Year</td></tr> <tr> <td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td> </tr> </table>	Day	Month	Year	<input type="text"/>	<input type="text"/>	<input type="text"/>
Day	Month	Year							
<input type="text"/>	<input type="text"/>	<input type="text"/>							
A7 Village (name and code):	<input type="text"/> <input type="text"/> <input type="text"/>								
A8 Mauza (name and code):	<input type="text"/> <input type="text"/> <input type="text"/>								
A9 Union/ Ward No (name and code):	<input type="text"/> <input type="text"/> <input type="text"/>	Interview starting time (Hours/Minute/AM OR PM):	<table border="1"> <tr> <td>Hours</td><td>Minutes</td><td>AM/PM</td></tr> <tr> <td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td> </tr> </table> AM...1 PM....2	Hours	Minutes	AM/PM	<input type="text"/>	<input type="text"/>	<input type="text"/>
Hours	Minutes	AM/PM							
<input type="text"/>	<input type="text"/>	<input type="text"/>							
A10 Thana/Upazila (name and code):	<input type="text"/> <input type="text"/>	Interview ending time (Hours/Minutes/AM OR PM):	<table border="1"> <tr> <td>Hours</td><td>Minutes</td><td>AM/PM</td></tr> <tr> <td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td> </tr> </table> AM...1 PM....2	Hours	Minutes	AM/PM	<input type="text"/>	<input type="text"/>	<input type="text"/>
Hours	Minutes	AM/PM							
<input type="text"/>	<input type="text"/>	<input type="text"/>							
A11 District (name and code):	<input type="text"/> <input type="text"/>	Signature of Supervisor							
A12 Mobile 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"/> <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"/>								

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PREGNANT WOMEN'S QUESTIONNAIRE

HH ID:

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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 your weight and height.

We are inviting you to be a participant in this study. We value your opinion. You will only be identified through code numbers. Your identity will not be stored with other information we collect about you. Your responses will be assigned a code number, and the list connecting your name with this number will be kept in a locked room and will be destroyed once all the data has been collected and analyzed. Any information we obtain from you during the research will be kept strictly confidential. We will use approximately 1-1.5 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)

Yes, agreed

☐

Consent giver Not agreed

☐

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 Pregnant woman)	Relationship to pregnant 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 pregnant woman	Code-2 : Marital status	Code 3: Occupation		Code 4: Education
Pregnant woman 1	Unmarried.....1	Farmer (Crops)..... 1	Household Work /Housewife 9	Never attended school 99
Spouse 2	Married2	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	Divorced4	Service/Salaried worker 4	Retired/Old age..... 12	Put number of highest completed class.
Mother in-law 5	Separated5	Small/cottage industry5	Physically challenged..... 13	For example, if currently in class III,
Grandchild..... 6		Business/Traders 6	Jobless 14	put 2 as class II is completed)
Father 7		Rickshaw/van pulling 7	Child (age <5) 15	Completed Secondary School/Dakhil... 10
Mother..... 8		Other Self-employment 8	Other..... 77	Completed Higher Secondary/Alim 12
Brother or sister..... 9				BA/BSC pass/Fazil..... 14
Brother in law or sister in law 10				BA/BSC honors/Fazil (Hons) 15
Other relatives (including cousins). 11				MA/MSK/Kamil & above..... 16
Foster/step/adopted children..... 12				SSC Candidate 22
Not related..... 13				HSC Candidate 33
				Preschool class (general) 66
				Hafezia/Kiratia/Nurani madrasa 67

*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

Sl no	Quaestion	Response	Response code						
C1	What was your age when you first got married?	<input type="text"/>	Years						
C2	How many times have you been pregnant counting this pregnancy?	<input type="text"/>	No of times						
C2a	Have you ever given birth	<input type="text"/>	Yes 1 No 2 > C6						
C3	How many living children do you have? (all children not including the current pregnancy)	<input type="text"/>	No of childs						
C4	What was your age when your first child was born?	<input type="text"/>	Year						
C5	When was your previous birth before this pregnancy? (if mothers do not remember exact dates, ask for immunization card or write month and year only) What was your Last Menstrual Period (LMP)	<table border="1"> <thead> <tr> <th>Day</th><th>Month</th><th>Year</th></tr> </thead> <tbody> <tr> <td><input type="text"/><input type="text"/></td><td><input type="text"/><input type="text"/></td><td><input type="text"/><input type="text"/></td></tr> </tbody> </table>	Day	Month	Year	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	day/month/year
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<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>							
C6	How far along are you in your pregnancy What was your age when you first got married?	<table border="1"> <thead> <tr> <th>Day</th><th>Month</th><th>Year</th></tr> </thead> <tbody> <tr> <td><input type="text"/><input type="text"/></td><td><input type="text"/><input type="text"/></td><td><input type="text"/><input type="text"/></td></tr> </tbody> </table>	Day	Month	Year	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	day/month/year
Day	Month	Year							
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>							
C7	How many times have you been pregnant counting this pregnancy?	<input type="text"/>	Month						

MODULE D. USE OF ANTENATAL

D.2. ANTENATAL CARE

Sl no	Question	Response	Response code																																																																																
D15	Have you received ANC during this pregnancy?	<input type="text"/>	Yes 1 No 2<<D21 Don't know..... 99>>D21																																																																																
D16	From whom you received ANC during this pregnancy? <i>(multiple response possible)</i> <i>(Interviewer: Probe to get all persons consulted)</i>	<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><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"/>	<table border="0"> <tr><td>Doctor.....</td><td>1</td><td></td></tr> <tr><td>Nurse/Midwife</td><td>2</td><td></td></tr> <tr><td>FWA/HA</td><td>3</td><td></td></tr> <tr><td>FWV</td><td>4</td><td></td></tr> <tr><td>CHCP</td><td>5</td><td></td></tr> <tr><td>BRAC SS.....</td><td>6</td><td></td></tr> <tr><td>BRAC SK/CSBA.....</td><td>7</td><td></td></tr> <tr><td>Other NGO workers</td><td>8</td><td></td></tr> <tr><td>TTBA/Newborn health worker</td><td>9</td><td></td></tr> <tr><td>TBA</td><td>10</td><td></td></tr> </table> <table border="0"> <tr><td>Village Doctor.....</td><td>11</td><td></td></tr> <tr><td>Homeopath doctor</td><td>12</td><td></td></tr> <tr><td>Kabiraj/Herbal healer</td><td>13</td><td></td></tr> <tr><td>Spiritual healer</td><td>14</td><td></td></tr> <tr><td>Mother/Mother-in-law</td><td>15</td><td></td></tr> <tr><td>Other HH members.....</td><td>16</td><td></td></tr> <tr><td>Neighbor/friends/relative</td><td>17</td><td></td></tr> <tr><td>Govt. or other CSBA</td><td>18</td><td></td></tr> <tr><td>Husband.....</td><td>19</td><td></td></tr> <tr><td>Do not know.....</td><td>99</td><td></td></tr> </table>	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	
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D17	From where you received ANC during this pregnancy? <i>(multiple response possible)</i>	<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"/>	<table border="0"> <tr><td>Own house.....</td><td>1</td><td></td></tr> <tr><td>BRAC Maternity Center.....</td><td>2</td><td></td></tr> <tr><td>Medical College Hospital.....</td><td>3</td><td></td></tr> <tr><td>District Hospital</td><td>4</td><td></td></tr> <tr><td>Upazila Health Complex</td><td>5</td><td></td></tr> <tr><td>Pharmacy</td><td>6</td><td></td></tr> </table> <table border="0"> <tr><td>Private clinic.....</td><td>7</td><td></td></tr> <tr><td>Other NGO Clinic.....</td><td>8</td><td></td></tr> <tr><td>Community clinic</td><td>9</td><td></td></tr> <tr><td>Family Welfare Center</td><td>10</td><td></td></tr> <tr><td>At EPI center</td><td>11</td><td></td></tr> <tr><td>Others (specify).....</td><td>77</td><td></td></tr> </table>	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																																	
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D18	How many months pregnant were you when you first received ANC?	<input type="text"/>	No of month Do not know..... 99																																																																																
D19	How many times did you receive ANC during this pregnancy?	<input type="text"/>	No 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	Have you ever been weighed during this pregnancy?	<input type="text"/>	Yes 1 No.....2>>D28																																																																																

Sl no	Question	Response	Response code	
D22	Who took your weight? (multiple response 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>	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
D23	Where have you been weighed? (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>	Own house1 BRAC Maternity Center.....2 Medical College Hospital.....3 District Hospital4 Upazila Health Complex5 Pharmacy6	Private clinic.....7 Other NGO Clinic8 Community clinic9 Family Welfare Center10 At EPI center11 Others (specify) 77
D24	At what month of pregnancy were you first weighed during this pregnancy?	<div></div>	number of months	
D25	Do you have a chart where your weight was recorded?	<div></div>	No.....2 Yes..... 1	
D28	Did you receive any counseling or information about nutrition for pregnant/lactating women during this pregnancy?	<div></div>	Yes..... 1 No.....2>>32 Do not know..... 99>>32	
D29	From whom did you receive this counselling or information? (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>	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

Sl no	Question	Response	Response code																																		
D30	Where did you receive this counselling? <i>(multiple responses possible)</i>	<div> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </div> <div> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </div> <div> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </div>	Own house1 BRAC Maternity Center.....2 Medical College Hospital.....3 District Hospital4 Upazila Health Complex5 Pharmacy6	Private clinic.....7 Other NGO Clinic.....8 Community clinic9 Family Welfare Center10 At EPI center11 Others (specify) 77																																	
D31	During your current 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 respondents. If the respondent says yes, then note 1. Note 0 for all No responses)</i>		<table border="1"> <thead> <tr> <th>Subject</th><th>Unprompted</th><th>Prompted</th></tr> </thead> <tbody> <tr> <td>Eat 5 variety of foods in addition to rice and dal</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr> <td>Eat additional amount of food</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr> <td>Taking weight</td><td><input type="text"/></td><td><input type="text"/></td></tr> <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> </tbody> </table>	Subject	Unprompted	Prompted	Eat 5 variety of foods in addition to rice and dal	<input type="text"/>	<input type="text"/>	Eat additional amount of food	<input type="text"/>	<input type="text"/>	Taking weight	<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"/>	
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Avoiding Tea/Coffee	<input type="text"/>	<input type="text"/>																																			
D32	What messages did you receive on breastfeeding? <i>(multiple responses possible)</i>	<div> <input type="text"/> <input type="text"/> </div> <div> <input type="text"/> <input type="text"/> </div> <div> <input type="text"/> <input type="text"/> </div>	Initiate breastfeeding within the first hour of birth1 Feed colostrum2 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 birth 4 Feed express breast milk if the mother goes out for long time5 Others (specify).....77 Did not get any counselling.....88																																		

Sl no	Quaestion	Response	Response code
D33	What messages did you receive on consuming a variety of food during pregnancy? <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>	Five types of food in a addition to rice and thick dal1 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 (a amount of a fist) with every meal9 Others (specify).....77 Did not receive any counselling88
D34	What messages did you receive on quantity of food during pregnancy? <i>(multiple responses possible)</i>	<div> <div></div> <div></div> </div> <div> <div></div> </div>	A woman needs more energy and nutrients during pregnancy and lactation.1 A variety of foods in a additional amounts is required to meet the demands of the growing fetus.....2 Others (specify).....77 Did not receive any counselling88
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> <div> <div></div> </div>	During pregnancy and postpartum period, a women should take rest at least for 2 hours after lunch1 During pregnancy and postpartum period, a women should sleep for a least 8 hours at night2 Taking rest is important for the growth of the baby3 Taking rest improves weight gain of the mother4 Others (specify).....77 Did not receive any counselling88
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>	A women should gain 10-12 kg weight during pregnancy.1 Gaining weight indicates proper growth of the fetus2 Gaining weight indicates mother is taking a dequate food3 Others (specify).....77 Did not receive any counselling88
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>	Take 1 tablet daily during pregnancy1 Continue to take 1 tablet/day till 3 months postpartum2 IFA prevents anemia.....3 IFA reduce risk of low birth weight baby4 IFA reduce risk of maternal death due to hemorrhage5 Do not take tea/ coffee a fter taking the iron tablet as it inhibits the a bsorption of iron.....6 Others (specify).....77 Did not receive any counselling88

Sl no	Question	Response	Response code
D38	What messages did you receive on taking Calcium tablet? (multiple responses possible)	<div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div>	Take 1 tablet daily during pregnancy1 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 counselling88
D39	Do you recognize this woman? (show photo of SK)	<input type="text"/>	Yes.....1 No0 >> D45
D40	What kind of job does this woman do? [multiple responses possible]	<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"/></div> <div><input type="text"/></div> <div><input type="text"/></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 forum6 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“pushti o ojon “chart.....12 Takes weight13 Others (specify)..... 77 Don't know.....99
D41	In her capacity as a BRAC ____, where have you seen this woman?	<input type="text"/>	Visiting my home.....1 In the para/village2 Both at home and in the village3 Other (specify)77
D42	Have you ever been visited at home by this woman?	<input type="text"/>	Yes..... 1 No 0>>D45
D43	How many times did she visit you during this pregnancy? (check pushti o ojon chart chart)	<input type="text"/>	[] number of times
D44	When was the last time she visited your home?	<div><input type="text"/></div> <div><input type="text"/></div>	[][] days ago [] months ago Don't know/remember 99
D45	Do you recognize this woman? (show photo of SS)	<input type="text"/>	Yes.....1 No2>> go to next module

Sl no	Quastion	Response	Response code
D46	What kind of job does this woman do? <i>[multiple responses possible]</i>	<div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></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?	<input type="text"/>	Visiting my home.....1 In the para/village2 Both at home and in the village3 Other (specify)77
D48	Have you ever been visited at home by this woman?	<input type="text"/>	Yes.....1 No2 >> go to 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?	<div><input type="text"/></div> <div><input type="text"/></div>	[][] 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> <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"/>	<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 Kabiraj/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> <tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> </table> 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 Kabiraj/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"/>
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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																																																					

Sl no	Question	Response	Response code	Response	Response code
			Iron Folic Acid		Calcium
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
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>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	_____ mg elemental iron OR _____ mg Ferrous Sulphate OR _____ mg Ferrous Fumerate _____ microgram Folic acid OR _____ mg Folic acid	<input type="text"/>	_____ mg Calcium
E7	Note down the tablets packaged (Interviewer: carry blister pack) <i>[multiple responses possible]</i>	<input type="text"/> <input type="text"/>	Bottled 1 blister pack 2 paper wrapped..... 3 others (please specify) 77	<input type="text"/> <input type="text"/>	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?	<input type="text"/>	number of tablets	<input type="text"/>	number of tablets
E8a	In the last week, how many tablets did you take?	<input type="text"/>	number of tablets	<input type="text"/>	number of tablets
E8b	In the last month, how many tablets did you take?	<input type="text"/>	number of tablets	<input type="text"/>	number of tablets
E9	Do you consume IFA and Calcium tablet together at the same time or at different times?	<input type="text"/>	Same time.....1 Different times.....2 Not in any particular time.....3	<input type="text"/>	Same time.....1 Different times.....2 Not in any particular time.....3
E10	When do you take the supplement (IFA or calcium) tablets?	<input type="text"/>	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	<input type="text"/>	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?	<input type="text"/>	Yes..... 1 No 2	<input type="text"/>	Yes..... 1 No 2
E12	Does any family member help you remember to take your tablets?	<input type="text"/>	Yes 1 No 2>>E14	<input type="text"/>	Yes 1 No 2>>E14
E13	Who in the family did help you remember to take your tablets?	<input type="text"/> <input type="text"/>	Husband..... 1 Mother/Mother-in la w 2	<input type="text"/> <input type="text"/>	Husband..... 1 Mother/Mother-in la w 2

Sl no	Question	Response	Response code	Response	Response code
			Iron Folic Acid		Calcium
	<i>(multiple responses possible)</i>		Father/Father-in-law 3 Brother-in-law..... 4 Sister-in-law 5 Daughter6		Father/Father-in-law 3 Brother-in-law..... 4 Sister-in-law 5 Daughter6
E14	Did you ever experience any side effects after taking the tablets?	<input type="text"/>	Yes..... 1 No2>> go to Calcium questions	<input type="text"/>	Yes..... 1 No2>>End module
E15	What kind of side effects did you experience due to taking the tablets? <i>(multiple responses possible)</i>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Constipation..... 1 Swelling of abdominal area 2 Gas 3 Causes irritation/allergy 4 Metallic taste..... 5 Vomiting6 Do not know..... 99	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Constipation..... 1 Swelling of abdominal area 2 Gas 3 Causes irritation/allergy 4 Metallic taste..... 5 Vomiting6 Do not know..... 99
E16	What did you do to manage the side effects? <i>(multiple responses possible)</i>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Drink more waters 1 Eating more fruits 2 Eating more vegetables3 Changing the time to take tablets ... 4 Don't do anything.....5	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Drink more waters 1 Eating more fruits 2 Eating more vegetables3 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 No2	<input type="text"/>	Yes 1 No2

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, koloishak (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, firni, 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*

F.3a. Food Consumption- 24 hour recall of diet

Enumerator Note: First ask and determine whether the previous day was "usual" or "normal" for the household. If it was a special occasion, such as a funeral or feast or fasting when special kinds of foods were eaten, or if most household members were absent.

F_3a_01. Was yesterday a usual/normal day or special day?

☐ Normal1 >>F_3a_03
☐ Special.....2 >F_3a_02

If yesterday was a normal day, then ask the respondent about the types of foods that she (pregnant woman) 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.

F_3a_02. Last normal day (day/month) >F_3a_03

Enumerator Note: Please note that household may have many items/dishes or items/dishes prepared for all members, BUT survey is interested only to capture the items/dishes consumed by the Pregnant Women we are interviewing. List only those items/dishes that are consumed by the respondent Pregnant Women.

Eating time Morning: Wake up - 12:00 pm 1 Noon/afternoon: 12:00 pm to 6:00pm..... 2 Evening to bedtime: 6:00 pm to next day wake up time..... 3	Eating occasion	Dish Name	Description of recipe/major ingredients	Dish code	If not same recipe: order of dish cooked/prepared?	Quantity consumed	Fish, meat, egg in dish: Quantity consumed in gram If smashed OR proportionate distribution..... 1	Unit of measure Gram/ml..... 1 Kg/ltr 2 Nos 3 Bowl..... 4 Cup 5 Plate 6 Spoon/ladle..7
F_3a_03	F_3a_04	X	X	F_3a_05	F_3a_06	F_3a_07	F_3a_08	F_3a_09

Eating time Morning: Wake up - 12:00 pm 1 Noon/afternoon:12:00 pm to 6:00pm..... 2 Evening to bedtime: 6:00 pm to next day wake up time..... 3	Eating occasion	Dish Name	Description of recipe/major ingredients	Dish code	If not same recipe: order of dish cooked/prepared?	Quantity consumed	Fish, meat, egg in dish: Quantity consumed in gram If smashed OR proportionate distribution..... 1	Unit of measure Gram/ml..... 1 Kg/ltr 2 Nos 3 Bowl..... 4 Cup 5 Plate 6 Spoon/ladle..7
F_3a_03	F_3a_04	X	X	F_3a_05	F_3a_06	F_3a_07	F_3a_08	F_3a_09

Eating time Morning: Wake up - 12:00 pm 1 Noon/afternoon:12:00 pm to 6:00pm..... 2 Evening to bedtime: 6:00 pm to next day wake up time..... 3							Fish, meat, egg in dish: Quantity consumed in gram If smashed OR proportionate distribution..... 1	Unit of measure Gram/ml..... 1 Kg/ltr 2 Nos 3 Bowl..... 4 Cup 5 Plate 6 Spoon/ladle..7
F_3a_03	F_3a_04	X	X	F_3a_05	F_3a_06	F_3a_07	F_3a_08	F_3a_09

Please also ask if women consume IFA and or calcium yesterday, and wrote down the composition of IFA and calcium (eg, 60 mg iron, 400 ug of FA, ect)

SL	Question	Answer	Answer code
F_3a_10a:	Did you take IFA yesterday?	<input type="text"/>	Yes 1 No..... 2>> F_3a_11a
F_3a_10b:	: if yes, write the dose of iron and folic acid	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	_____ mg elemental iron OR _____ mg Ferrous Sulphate OR _____ mg Ferrous Fumerate _____ microgram Folic acid OR _____ mg Folic acid
F_3a_11a:	Did you take Calcium yesterday?	<input type="text"/>	Yes 1 No..... 2>>Next module
F_3a_11b:	If yes, write the dose of Calcium	<input type="text"/>	_____mg Calcium

F.3b. Food gather (arrangement of food that are consumed by the Pregnant Woman):

Enumerator Note: Female member in-charge of cooking, supervising and serving the food to be interviewed. This member may be the pregnant woman or other woman in the HH.

Name and ID of the Respondent: _____

Enumerator Note: Please note that household may have many items/dishes or items/dishes prepared for all members, BUT survey is interested only to capture the items/dishes consumed by the Pregnant Women we are interviewing. List only those items/dishes that are consumed by the respondent Pregnant Women. Please copy the items/dish/menus from the earlier table and ask questions to respondent to fill up the following table.

Please note that for ingredient we are not interested in spices/condiments (like turmeric, coriander, cassia leaf, ginger, cinnamon, cardamom, black pepper, cloves, fenugreek, cumin seeds or purchased Tabasco pepper sauce, ketchups, etc)

Dish Name	Dish code	If not same recipe: order of dish cooked/prepared?	Ingredient Name	Ingred. code	Ingredient quantity	Unit of measure:	If number: Average weight of the ingredient in gram/ml	Total cooked/ prepared quantity	Unit of measure:
						Gram/ml 1 Kg/ltr 2 Nos 3			Gram/ml 1 Kg/ltr 2 Nos 3 Bowl..... 4 Cup 5 Plate 6 Spoon/ladle.. 7
X	F_3b_01	F_3b_02	X	F_3b_03	F_3b_04	F_3b_05	F_3b_06	F_3b_07	F_3b_08

						Unit of measure:	If number:		Unit of measure:
Dish Name	Dish code	If not same recipe: order of dish cooked/prepared?	Ingredient Name	Ingred. code	Ingredient quantity	Gram/ml 1 Kg/ltr 2 Nos 3	Average weight of the ingredient in gram/ml	Total cooked/ prepared quantity	Gram/ml 1 Kg/ltr 2 Nos 3 Bowl 4 Cup 5 Plate 6 Spoon/ladle.. 7
X	F_3b_01	F_3b_02	X	F_3b_03	F_3b_04	F_3b_05	F_3b_06	F_3b_07	F_3b_08

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 not 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/ 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> </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>											

Slno	Question	Response	Response code								
H4	Can you tell me how you can recognize someone who has anemia? (Multiple response possible)	<table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>					Less energy/weakness..... 1 Paleness/pallor (pale color in eyes and palm) 2 More likely to become sick (less immunity to infections) 3 Other 77 Don't know 99				
H5	Some beverages decrease iron absorption when taken with meals. Which ones? (Multiple response possible)	<table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>					Coffee 1 Tea 2 Milk 3 Other 77 Don't know 99				
H6	Have you ever heard about iron-folic acid (IFA) tablets?	<table border="1"><tr><td></td></tr></table>		Yes 1 No 2>>H10							
H7	How many IFA tablets do you think a pregnant woman should take in one month?	<table border="1"><tr><td></td></tr></table>		Number of tablets Don't know 99							
H8	For how many months should a pregnant woman take IFA tablets?	<table border="1"><tr><td></td></tr></table>		Months Don't know 99							
H9	Why do you think a pregnant woman should take iron folic tablets? (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></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>									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 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
H10	Have you ever heard about calcium tablets?	<table border="1"><tr><td></td></tr></table>		Yes 1 No 2>>H14							
H11	How many calcium tablets do you think a pregnant woman should take in one month?	<table border="1"><tr><td></td></tr></table>		Number of tablets Don't know 99							
H12	For how many months a pregnant woman should take Calcium tablets?	<table border="1"><tr><td></td></tr></table>		[_] Months Don't know 99							
H13	Why do you think a pregnant woman should take calcium tablets? (Multiple response possible)	<table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>					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/eclampsia 3 Others 77 Do not know 99				
H14	How much rest should a pregnant woman take every day?	<table border="1"><tr><td></td><td></td></tr></table>		Hours.....Minute						

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

using standard bowl/cup/pieces

H15	Could you tell me what kind of food women should eat every day during pregnancy? <i>(Interviewer: Do no prompt. Listen to what pregnant woman says and note 1 if what she says match with the options provided)</i>	Yes..... 1 No 2>> Next row	If yes, in what quantity each day? <i>(using standard bowl/cup/pieces)</i>	
Sln0	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.

S/no	Question	Have you heard this message? Yes.....1 No2>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					
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 H							
Hospital/UHC..... 1	FWV5	Other NGO	Homeopath doctor 13	Pharmacy..... 16	Neighbor/friends	EPI 23	Internet/website.. 27
Doctor..... 2	CHCP.....6	workers9	Kabiraj/Herbal healer	Husband..... 17 20	CSBS 24	Jatra/Pala/Cinema 28
Nurse/Midwife..... 3	BRAC SS7	TTBA.....10 14	Mother/Mother-in-law 18	Private clinic 21	Radio/TV 25	Video show..... 29
FWA/HA 4	BRAC SK.....8	TBA11	Spiritual healer 15	Other HH members.. 19	Community clinic 22	Books/Newspaper/Poster/Billboard . 26	Brac SM..... 30
		Village Doctor.....12					Others (specify) .77

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

Slno	Question	Response	Response code
11	Do you ever watch TV?	<input type="text"/>	Yes 1 No 2>>I.5
12	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
13	What time of the day do you watch TV? (Multiple response possible)	<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 response 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"/>	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 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
17	What time of the day do you listen to the Radio? (Multiple response possible)	<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 response 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"/>	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

Slno	Question	Response	Response code
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			
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? (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"/> <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

Slno	Question	Response	Response code
116	What are the key messages of this TV spot? (Do not prompt) (Multiple response possible)	<div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div>	Pregnant woman has to gain weight as necessary during pregnancy1 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 day4 Pregnant woman should take 180 IFA tablets during pregnancy5 Pregnant woman should take 180 Calcium tablet during pregnancy6 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 Both3 From BRAC SK/SS training4 Nothing to say/do not remember88
120	What are the key messages of this TV spot? (Do not prompt) (Multiple response possible)	<div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div>	Pregnant woman needs to eat 5 types of nutritious food every day in addition to rice and daal1 The quantity of foods should be increased according to the stage of pregnancy2 Pregnant woman should take iron folic acid every day3 Pregnant woman should take calcium everyday4 Taking IFA everyday will prevent excessive blood loss during child birth5 Taking IFA everyday will increase child development6 Taking calcium everyday will prevent high blood pressure and eclampsia7

Slno	Question	Response	Response code
			Taking calcium everyday will help baby to have strong bones and teeth8 Nutritious food does not necessary cost too much9 Husband should cut down other costs for some time to buy nutritious food for his pregnant wife10 Using saving to buy nutritious foods for pregnant women is the best use of that money11 Nutritious foods can be produced at home for pregnant women such as egg, pumpkin, squash, and mango ect12 If mother eat proper nutrition, child will be born healthy13 If the child grows well and intelligent, he/she will have good education and earn enough money14 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			
I21	Have you ever seen this advertisement?	<input type="checkbox"/>	Yes1 No 2 >> Video 5
I22	Have you seen this TV spot in the last 3 months?	<input type="checkbox"/>	Yes 1 No 2
I23	Where have you seen it?	<input type="checkbox"/>	Television1 Video shows in the village2 Both3 From BRAC SK/SS training4 Nothing to say/do not remember88
I24	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"/>	Babies should be fed breast milk within an hour of birth1 The baby needs to be fed breast milk immediately to protect from sicknesses2 Do not feed the baby anything other than breast milk3 Do not feed baby honey or sugar water4 Breastfeeding immediately after birth keeps the baby healthy5 Breastfeeding immediately after birth helps milk production in the mother's breast fast6 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			
I25	Have you ever seen this advertisement?	<input type="checkbox"/>	Yes 1 No 2 >> next module

Slno	Question	Response	Response code
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"/>	Television1 Video shows in the village2 Both3 From BRAC SK/SS training4 Nothing to say/do not remember88
128	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"/>	Feeding foods other than breast milk in first six months can be harmful to the baby1 For the first 6 months, only breast milk is sufficient for the baby2 Not to feed the baby anything other than breast milk for the six months3 Malnourished mothers can also sufficiently breastfeed their child for 6 months4 Other (specify)77

MODULE J. HOUSEHOLD SOCIO-ECONOMIC STATUS AND ASSETS

Sl no	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

Sl no	Question	Response	Response code
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
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

Sln	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 Community tube well..... 3 Ring Well/ Indara 4 Pond..... 5 River/canal..... 6 Supply Water (piped) 7 Other (specify)..... 77
J15	What is the main source of water used by your household for cooking?	<input type="text"/>	
J16	What is the main source of water used by your household for bathing?	<input type="text"/>	
J17	What is the main source of water used by your household for washing utensils?	<input type="text"/>	
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="checkbox"/>	Yes.....1 No2>>K2
K1a	If "Yes", how often did this happen?	<input type="checkbox"/>	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="checkbox"/>	Yes.....1 No2>>K3
K2a	If "Yes", how often did this happen?	<input type="checkbox"/>	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="checkbox"/>	Yes.....1 No2>>K4
K3a	If "Yes", how often did this happen?	<input type="checkbox"/>	Rarely(1-2 times)1 Sometimes2 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="checkbox"/>	Yes.....1 No2>>K5
K4a	If "Yes", how often did this happen?	<input type="checkbox"/>	Rarely(1-2 times)1 Sometimes (3-10 times).....2 Often3
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="checkbox"/>	Yes.....1 No2>>K6
K5a	If "Yes", how often did this happen?	<input type="checkbox"/>	Rarely(1-2 times)1 Sometimes2 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="checkbox"/>	Yes.....1 No2>>K7
K6a	If "Yes", how often did this happen?	<input type="checkbox"/>	Rarely(1-2 times)1 Sometimes (3-10 times).....2 Often3
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="checkbox"/>	Yes.....1 No2>>K8
K7a	If "Yes", how often did this happen?	<input type="checkbox"/>	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="checkbox"/>	Yes.....1 No2>>K9

Sl. No	Questions	Response	Response code
K8a	If "Yes", how often did this happen?	<input type="text"/>	Rarely(1-2 times)1 Sometimes2 Often3
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="text"/>	Yes..... 1 No2>>K10
K9a	If "Yes", how often did this happen?	<input type="text"/>	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?	<input type="text"/>	Yes..... 1 No2>>K12
K11	If yes, what kind of assistance did you receive (multiple responses possible)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Cash1 Rice2 Wheat3 Other food4 Other in-kind5 Others (specify)77
K12	Is anyone from the family currently receiving any micro credit loan?	<input type="text"/>	Yes.....1 No2>> End module
K13	If yes, where was the loan taken from? (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"/>	BRAC1 ASA.....2 Caritas.....3 Shonirbhar Bangladesh4 RDRS Bangladesh.....5 Voluntary Organization for Social Development (VOSD)6 Bachte Shekha7 PKSF8 BRDB9 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 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. 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"/>	<p>Yes..... 1 No..... 2</p>																													
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 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	<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- INFORMATION FROM NUTRITION CHART FOR PREGNANT AND LACTATING MOTHERS

S/no	Questions	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/A999
	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 applicable999, 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		
	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 PREGNANT WOMEN

WEIGHT, HEIGHT OF PREGNANT WOMEN							
MemberID (B1)	Name	Date of birth	Age (Years)	Weight (Kg)	Height (CM)	Currently pregnant?	Result
						Yes..... 1 No..... 2 Don't know... 99	Measured..... 1 Absent..... 2 Refused 3 Others..... 77
MID	Name	P1_1	P1_2	P1_3	P1_4	P1_5	P1_6
		Day. Month. Year					
		<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"/>		