## PART 1: SOCIO DEMOGRAPHIC CHARACTERISTICS.

| Q # | Question                                      | CODES                                                                 |
|-----|-----------------------------------------------|-----------------------------------------------------------------------|
| 1.  | How old are you now                          | AGE IN COMPLETED YEARS…                                              |
| 2.  | Have you ever attended school?               | YES……………………………………………………………………………1<br>NO…………………………………………………………………………….2 |
| 3.  | What is the highest grade you have completed?| NO SCHOOL………………………………………………………………………1<br>NOT COMPLETED PRIMARY SCHOOL…………………2<br>COMPLETED PRIMARY SCHOOL……………………3<br>NOT COMPLETED SECONDARY SCHOOL………………4<br>COMPLETED SECONDARY SCHOOL………………5<br>UNIVERSITY……………………………………………………6<br>MADRAS……………………………………………………7<br>OTHER…………………………………………………………97<br>(SPECIFY)                                |
| 4.  | What is your marital status now?             | SINGLE…………………………………………………………1<br>MARRIED/IN UNION……………………………………2<br>WIDOWED…………………………………………………….3<br>DIVORCED…………………………………………………4<br>SEPARATED………………………………………………….5 |
| 5.  | What is the main material of the floor       | NATURAL FLOOR<br>EARTH/SAND ..............................................11<br>DUNG.................................................................12<br>RUDIMENTARY FLOOR<br>WOOD PLANKS.................................................21<br>PALM/BAMBOO .....................................................22<br>FINISHED FLOOR<br>PARQUET OR<br>POLISHED WOOD...............................................31<br>VINYL OR<br>ASPHALT STRIPS..................................................32<br>CERAMIC TILES.......................................................33<br>CEMENT........................................................................34<br>CARPET.......................................................................35<br>OTHER...........................................................................97<br>(SPECIFY)                                |
| 6.  | What is the main source of drinking water for members of your household? | PIPED WATER<br>PIPE D INTO DWELLING ...........................................11<br>PIPE D INTO YARD/Plot .................................................12<br>PUBLIC TAP ..................................................................13<br>WATER FROM OPEN WELL<br>OPEN WELL IN YARD/Plot ......................................21<br>OPEN PUBLIC WELL ...................................................22<br>WATER FROM COVERED WELL PROTECTED WELL IN<br>YARD/Plot .................................................................31<br>PROTECTED PUBLIC WELL .............................................32<br>SURFACE WATER<br>SPRING ..............................................................41<br>RIVER/STREAM .........................................................42 |
| 7. | What type of fuel do you mainly use for cooking in your household? | ELECTRICITY...........................................01  
LPG/NATURAL GAS...........................................02  
BIOGAS.....................................................03  
KEROSENE..................................................04  
CHARCOAL...................................................05  
FIREWOOD, STRAW ........................................06  
DUNG..........................................................07  
OTHER_________________________________________97  
(SPECIFY) |
| 8. | Does any member of your household own: | YES NO  
RADIO. .....................................................1.....2  
CELL PHONE...............................................1.....2  
BICYCLE ....................................................1.....2  
MOTORCYCLE/SCOOTER.................................1.....2  
CAR/TRUCK................................................1.....2  
TRACTOR....................................................1.....2  
ANIMAL-DRAWN CART ....................................1.....2  |
| 9. | How many children (both live and stillborn) did you give birth to Alive now? | No children yet________________  
Number of children___________  
Number alive now?------------ |
| 10. | Have you ever given birth in the last 24 months, either to a baby that was born alive or a baby that was born dead? | YES.........................................................1  
NO.............................................................2  |
| 11. | Are you pregnant now? | YES.........................................................1  
NO.............................................................2  |
| 12. | How many months pregnant are you? | MONTHS......................................................  |
| 13. | Is this your first pregnancy | YES.........................................................1  
NO.............................................................2  |
| 14. | How many times did you attend ANC | Number of ANC visits |
### PART 2: KNOWLEDGE

15. Can unforeseen problems related to pregnancy occur that could endanger life or a woman?

| Option                      | Code |
|-----------------------------|------|
| YES                         | 01   |
| NO                          | 02   |
| DON'T KNOW                  | 98   |

16. What are some serious health problems that can occur during pregnancy, childbirth and postpartum period that could endanger the life of a pregnant woman?

**Probes:**
- Any others?

| Problem                                      | Code |
|----------------------------------------------|------|
| Bleeding                                     | 01   |
| Severe headache                              | 02   |
| Blurred vision                               | 03   |
| Convulsions                                  | 04   |
| Swollen hands/face                           | 05   |
| High fever                                   | 06   |
| Loss of consciousness                        | 07   |
| Difficulty breathing                         | 08   |
| Severe weakness                              | 09   |
| Severe abdominal pain                        | 10   |
| Accelerated/reduced fetal movement           | 11   |
| Water breaks without labour                  | 12   |
| **Other** (specify)                          | 97   |
| **Chilbirth**                                |      |
| Severe bleeding                              | 01   |
| Severe headache                              | 02   |
| Convulsions                                  | 03   |
| High fever                                   | 04   |
| Loss of consciousness                        | 05   |
| Labor lasting >12 hours                      | 06   |
| Placenta not delivered                       | 07   |
| 30 minutes after baby                        |      |
| **Other** (specify)                          | 97   |
| **Postpartum**                               |      |
| Severe bleeding                              | 01   |
| Severe headache                              | 02   |
| Convulsions                                  | 03   |
| High fever                                   | 04   |
| Loss of consciousness                        | 05   |
| Labor lasting >12 hours                      | 06   |
| Malodorous vaginal discharge                 | 07   |
| Difficulty breathing                         | 08   |
| Severe weakness                              | 09   |
| **Other** (specify)                          | 97   |
| **None**                                     | 00   |
| **Don't know**                               | 98   |
17. In your opinion, what are some serious problems that can occur during the first 7 days after birth that could endanger the life of the newborn baby?

| Problem                                                                 | Code |
|------------------------------------------------------------------------|------|
| DIFFICULT OR FAST BREATHING                                           | 01   |
| YELLOW SKIN/EYE COLOR (JAUNDICE)                                      | 02   |
| POOR SUCKING OR FEEDING                                                | 03   |
| PUS, BLEEDING OR DISCHARGE FROM THE UMBILICAL CORD                     | 04   |
| BABY VERY SMALL                                                        | 05   |
| SKIN LESIONS OR BLISTERS                                               | 06   |
| CONVULSIONS/SPASMS/RIGIDITY                                           | 07   |
| ABDOMINAL PAIN/FULLNESS                                               | 08   |
| FAILURE TO PASS STOOL                                                  | 09   |
| FEVER                                                                  | 10   |
| OTHER                                                                  | 97   |

*(SPECIFY)*

DON’T KNOW .................................................................. 00

NONE ............................................................................. 98

18. Have you ever heard the term ‘birth preparedness’?

| Response     | Code |
|--------------|------|
| YES          | 1    |
| NO           | 2    |

19. In your opinion, what are some things a woman/family can do to prepare for birth?

| Preparatory Action                      | Code |
|-----------------------------------------|------|
| IDENTIFY MODE OF TRANSPORT              | 01   |
| SAVE MONEY (for emergencies)            | 02   |
| IDENTIFY BLOOD DONOR                    | 03   |
| IDENTIFY SKILLED PROVIDER               | 04   |
| IDENTIFY WHERE TO GO                    | 05   |
| BIRTH KIT                               | 06   |
| OTHER                                    | 97   |

*(SPECIFY)*

20. In your community, which is the commonest mean of transportation to use to go to your nearest health facility?

**PROBE:**

| Transportation Method     | Code |
|---------------------------|------|
| AMBULANCE                  | 01   |
| PRIVATE CAR               | 02   |
| TAX/BUS                   | 03   |
| CART                      | 04   |
| MOTORBIKE                 | 05   |
| ON FOOT                   | 06   |
| BICYCLE                   | 07   |
| OTHER                     | 97   |

*(SPECIFY)*

DON’T KNOW .................................................................. 98

21. In general, how long would it take to reach this health facility?

| Duration      | Code |
|---------------|------|
| HOURS         |      |
| MINUTES       |      |

DON’T KNOW .................................................................. 98

22. **ATTITUDES AND PERCEPTION**

A woman should plan ahead of time where she will give birth to hear baby

| Attitude | Code |
|----------|------|
| SA       | 01   |
| A        | 02   |
| D        | 03   |
| SD       | 04   |
| DK       | 05   |
|   |   |   |   |   |   |
|---|---|---|---|---|---|
| 23. | A woman should plan ahead of time how she will get to the place where she will give birth | **SA**<br>01 | **A**<br>02 | **D**<br>03 | **SD**<br>04 | **DK**<br>05 |
| 24. | It is not necessary for a husband/partner to accompany his wife to antenatal care visits | **SA**<br>01 | **A**<br>02 | **D**<br>03 | **SD**<br>04 | **DK**<br>05 |
| 25. | It is not necessary for a husband to accompany his wife when she is giving birth | **SA**<br>01 | **A**<br>02 | **D**<br>03 | **SD**<br>04 | **DK**<br>05 |
| 26. | Giving birth is mostly woman’s matter. Husbands have little to contribute | **SA**<br>01 | **A**<br>02 | **D**<br>03 | **SD**<br>04 | **DK**<br>05 |
### PART 3: PERSONAL EXPERIENCE RELATED TO THIS OR THE LAST PREGNANCY.

| Q. # | QUESTION                                                                 | CODES               |
|------|--------------------------------------------------------------------------|---------------------|
| 27.  | During this or the last pregnancy, did a health worker advise you about any of the following at least once? | YES NO DK           |
|      | DANGER SIGNS………………….01……….02…………….98                      |                     |
|      | WHERE TO GO ……………….01……….02…………….98                       |                     |
|      | WHERE TO GIVE BIRTH ……………….01……….02…………….98              |                     |
|      | TRANSPORT ……………………01……….02…………….98                      |                     |
|      | MONEY …………………………01……….02…………….98                     |                     |
|      | BLOOD DONOR…………………..01…………….02…………….98               |                     |
|      | BIRTH KIT…………………..….01…..…02…………….98                   |                     |
| 28.  | Did you speak with anyone, outside of a health facility about danger signs of serious health problems during pregnancy, childbirth, or soon after? | YES NO DK           |
|      | DANGER SIGNS………………….01……….02…………….98                      |                     |
|      | HUSBAND …………………………..….………01                          |                     |
|      | MOTHER-IN-LAW………………………02                              |                     |
|      | OTHER FAMILY MEMBER………………….03                              |                     |
|      | FRIEND/NEIGHBOR………………………..…04                        |                     |
|      | COMMUNITY HEALTH WORKER……….05                                   |                     |
| 29.  | Did you speak with anyone outside of a health facility about danger signs of serious health problems for your baby | YES NO DK           |
|      | DANGER SIGNS………………….01……….02…………….98                      |                     |
|      | HUSBAND …………………………..….………01                  |                     |
|      | MOTHER-IN-LAW………………………02                              |                     |
|      | OTHER FAMILY MEMBER………………….03                              |                     |
|      | FRIEND/NEIGHBOR………………………..…04                        |                     |
|      | COMMUNITY HEALTH WORKER……….05                                   |                     |

IF YES: Who did you speak with? RECORD ALL RESPONSES.
| Question                                                                 | YES | NO | DK |
|-------------------------------------------------------------------------|-----|----|----|
| Did you speak with anyone outside of a health facility about Where to go if you had danger signs of serious health problems? |     |    |    |
| **IF YES: Who did you speak with?**                                     |     |    |    |
| RECORD ALL RESPONSES.                                                   |     |    |    |
| Where to go if you had danger signs of serious health problems?          |     |    |    |
| **WHERE TO GO**                                                          |     |    |    |
| HUSBAND                                                                 | 01  | 02 | 98 |
| MOTHER-IN-LAW                                                           | 02  |    |    |
| OTHER FAMILY MEMBER                                                     | 03  |    |    |
| FRIEND/NEIGHBOR                                                         | 04  |    |    |
| COMMUNITY HEALTH WORKER                                                 | 05  |    |    |
| **WHERE TO**                                                             |     |    |    |
| GIVE BIRTH                                                              | 01  | 02 | 98 |
| HUSBAND                                                                 | 01  |    |    |
| MOTHER-IN-LAW                                                           | 02  |    |    |
| OTHER FAMILY MEMBER                                                     | 03  |    |    |
| FRIEND/NEIGHBOR                                                         | 04  |    |    |
| COMMUNITY HEALTH WORKER                                                 | 05  |    |    |
| **TRANSPORT**                                                            |     |    |    |
| HUSBAND                                                                 | 01  |    |    |
| MOTHER-IN-LAW                                                           | 02  |    |    |
| OTHER FAMILY MEMBER                                                     | 03  |    |    |
| FRIEND/NEIGHBOR                                                         | 04  |    |    |
| COMMUNITY HEALTH WORKER                                                 | 05  |    |    |
| **MONEY**                                                                |     |    |    |
| HUSBAND                                                                 | 01  |    |    |
| MOTHER-IN-LAW                                                           | 02  |    |    |
| OTHER FAMILY MEMBER                                                     | 03  |    |    |
| FRIEND/NEIGHBOR                                                         | 04  |    |    |
| COMMUNITY HEALTH WORKER                                                 | 05  |    |    |
| **BLOOD DONOR**                                                          |     |    |    |
| HUSBAND                                                                 | 01  |    |    |
| MOTHER-IN-LAW                                                           | 02  |    |    |
| OTHER FAMILY MEMBER                                                     | 03  |    |    |
| FRIEND/NEIGHBOR                                                         | 04  |    |    |
| COMMUNITY HEALTH WORKER                                                 | 05  |    |    |
| Question                                                                 | Options                     |
|------------------------------------------------------------------------|-----------------------------|
| 31. Did you speak with anyone outside of a health facility about arrangement for a healthcare professional to deliver your child? | YES  NO  DK                  |
| IF YES: Who did you speak with?                                        | SKILLED PROVIDER ..................01 ..................................98 |
|                                                                         | HUSBAND ..........................................................01 |
|                                                                         | MOTHER-IN-LAW .............................02                      |
|                                                                         | OTHER FAMILY MEMBER .........03                                    |
|                                                                         | FRIEND/NEIGHBOR .................04                                  |
|                                                                         | COMMUNITY HEALTH Worker ...........05                               |
| 32. Have you or your family made any arrangements for the birth of this child? | YES ..........................................................01           |
|                                                                         | NO ............................................................02           |
|                                                                         | DON'T KNOW ......................................................98         |
| 33. Which arrangements have you or your family made for the birth of this child? | UNPROMPTED PROMPTED          |
|                                                                         | IDENTIFY TRANSPORT ............01 ..................................01|
|                                                                         | SAVE MONEY ...............................02 ................................02|
|                                                                         | IDENTIFY BLOOD ..........................03 ................................03|
|                                                                         | IDENTIFY SKILLED PROVIDER ........04 ..................................04|
|                                                                         | IDENTIFY WHERE TO GO ...............05 ..................................05|
|                                                                         | BIRTH KIT ............................06 ..................................06|
|                                                                         | OTHER ..........................................................97          |
|                                                                         | (SPECIFY)                                                  |
| 34. Where do you plan to give birth to this baby?                       | HOME                                      |
|                                                                         | RESPONDENT’S HOME ..................11                           |
|                                                                         | TBA’S HOME ..................................................12          |
|                                                                         | OTHER HOME ..................................................13          |
|                                                                         | PUBLIC SECTOR .......................................................... |
|                                                                         | GVT. HOSPITAL ............................21                         |
|                                                                         | GVT. HEALTH CENTER ...............22                                |
|                                                                         | GVT. DISPENSARY .......................23                            |
|                                                                         | OTHER PUBLIC ..................................................26        |
|                                                                         | (SPECIFY)                                    |
|                                                                         | PRIVATE SECTOR .......................................................... |
|                                                                         | PVT. HOSPITAL ............................31                         |
|                                                                         | MATERNITY/NURSING HOME .........32                                    |
|                                                                         | OTHER PRIVATE ..................................................36        |
|                                                                         | (SPECIFY)                                    |
|                                                                         | OTHER ..........................................................97          |
|                                                                         | (SPECIFY)                                    |
PART 4: EXPERIENCE RELATED TO THIS OR THE LAST PREGNANCY

| Q. # | QUESTION                                                                 | CODES |
|------|-------------------------------------------------------------------------|-------|
| 35.  | During this or the last pregnancy, did you experience any serious health problems related to the pregnancy? | YES ………………………………………………….01  
NO……………………………………………………..02  
DON’T KNOW…………………………………………98 |
| 36.  | What problems did you experience? (CIRCLE ALL RESPONSES GIVEN). THEN PROBE: Did you experience (ANY REMAINING COMPLICATIONS)? | UNPROMPTED PROMPTED  
BLEEDING…………………………01…………01  
SEVERE HEADACHE. ………02…………02  
BLURRED VISION ………………03…………03  
CONVULSIONS …………………04…………04  
SWOLLEN HANDS/FACE……….05…………05  
HIGH FEVER…………………….06………….06  
LOSS OF CONSCIOUSNESS… 07………………07  
DIFFICULTY BREATHING…..08…………08  
SEVERE WEAKNESS………09…………09  
SEVERE ABDOMINAL PAIN…….10…………10  
ACCELERATED/REDUCED  
FETAL MOVEMENT………………11…………11  
WATER BREAKS  
WITHOUT LABOR……………..12………….12  
OTHER_________________________97  
(SPECIFY)  
DON’T KNOW……………………………………….98 |
| 37.  | Did you seek assistance for this problem?                               | YES ………………………………………………….01  
NO……………………………………………………..02  
DON’T KNOW…………………………………….....98 |
| 38.  | IF YES: Where did you got? (NAME OF PLACE)                               | PUBLIC SECTOR  
GVT. HOSPITAL…………………………21  
GVT. HEALTH CENTER…………………22  
GVT. DISPENSARY……………………….23  
OTHER PUBLIC _____________________26  
(SPECIFY)  
PRIVATE SECTOR  
PVT. HOSPITAL…………………………31  
MATERNITY/NURSING HOME………….32  
OTHER PRIVATE ____________________36  
(SPECIFY)  
OTHER ___________________________97  
(SPECIFY) |
| Q. # | QUESTION                                                                 | CODES |
|------|--------------------------------------------------------------------------|-------|
| 39.  | Why did you not seek assistance for this problem?                        |       |
|      | Anything else?                                                           |       |
|      | PROBE FOR OTHER REASONS AND RECORD ALL REASONS MENTIONED.                |       |
|      | RESP. DIDN'T THINK NECESSARY........................................01 |       |
|      | HUSBAND /FAMILY DIDN'T THINK NECESSARY....................................02 |       |
|      | FACILITY TOO FAR........................................................03 |       |
|      | NOT TRANSPORT...................................................................04 |       |
|      | NO CHILDCARE.....................................................................05 |       |
|      | TOO EXPENSIVE..................................................................06 |       |
|      | SERVICES ARE POOR................................................................07 |       |
|      | USED HOME REMEDY................................................................08 |       |
|      | DID NOT KNOW WHERE TO GO..................................................09 |       |
|      | NO TIME TO GO....................................................................10 |       |
|      | OTHER.............................................................................97 |       |
|      | (SPECIFY)                                                                |       |
|      | DON'T KNOW......................................................................98 |       |
| 40.  | Who made the final decision about whether or not to seek assistance for this problem? |       |
|      | NO ONE..........................................................................01 |       |
|      | RESPONDENT......................................................................02 |       |
|      | RESPONDENT & HUSBAND................................................................03 |       |
|      | HUSBAND.........................................................................04 |       |
|      | RESP'S MOTHER.................................................................05 |       |
|      | RESP'S FATHER..................................................................06 |       |
|      | MOTHER IN LAW..................................................................07 |       |
|      | FATHER IN LAW..................................................................08 |       |
|      | FRIEND/NEIGHBOUR................................................................09 |       |
|      | HEALTH PROFESSIONAL................................................................10 |       |
|      | TBA..................................................................................11 |       |
|      | OTHER.............................................................................97 |       |
|      | (SPECIFY)                                                                |       |
|      | DON'T KNOW......................................................................98 |       |
**PART 5: PERSONAL EXPERIENCE RELATED TO LAST BIRTH.**

| Q. # | QUESTION | CODES |
|------|----------|-------|
| 41.  | Where did you give birth to your last child? | HOME  
RESPONDENT'S HOME..........................11  
TBA'S HOME...................................12  
OTHER HOME.................................13  
PUBLIC SECTOR  
GVT. HOSPITAL.................................21  
GVT. HEALTH CENTER.........................22  
GVT. DISPENSARY..............................23  
OTHER PUBLIC  
(SPECIFY)  
PRIVATE SECTOR  
PVT. HOSPITAL.................................31  
MATERNITY/NURSING HOME.................32  
OTHER PRIVATE  
(SPECIFY)  
OTHER (SPECIFY)  
97 |
| 42.  | Did you plan to give birth at this place? | YES..............................................01  
NO...............................................02  
DON'T KNOW....................................98 |
| 43.  | Prior to this birth, did you or your family make any arrangements for the birth of this child? | YES..............................................01  
NO...............................................02  
DON'T KNOW....................................98 |
| 44.  | Which arrangements did you or your family make for the birth of this child? (CIRCLE ALL RESPONSES GIVEN.) THEN PROBE: Did you [ANY REMAINING ARRANGEMENTS]? | UNPROMPTED PROMPTED  
IDENTIFY  
TRANSPORT.................................01.................01  
SAVE MONEY  
(for emergencies).........................01.....................02  
IDENTIFY BLOOD  
DONOR...........................................03................03  
IDENTIFY SKILLED PROVIDER.............04...............04  
IDENTIFY  
WHERE TO GO.................................05...............05  
BIRTH KIT....................................06...............06  
OTHER .........................................97  
(SPECIFY) |
| 45.  | Did you use the mode of transport that you identified? | YES..............................................01  
NO...............................................02  
DON'T KNOW....................................98 |
| 46.  | Did you use the money saved for pregnancies emergencies or child emergencies? | YES..............................................01  
NO...............................................02  
DON'T KNOW....................................98 |
| 47.  | Did you use the blood donor you identified | YES..............................................01  
NO...............................................02  
DON'T KNOW....................................98 |
| Question                                                                 | Response Options                                                                 |
|------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| 48. How did you go to the health facility? PROBE: What type of transportation did you mainly use to get to the health facility? | AMBULANCE .......................................................... 01  
PRIVATE CAR ........................................................................ 02  
TAXI/BUS ........................................................................... 03  
CART .................................................................................. 04  
MOTORBIKE ......................................................................... 05  
ON FOOT ............................................................................... 06  
BICYCLE ............................................................................... 07  
OTHER ______________________________________________________ 97  
(DON'T KNOW) .................................................................... 98 |
| 49. Who accompanied you to the place where you gave birth? PROBE FOR THE PERSON(S) ACCOMPANYING AND RECORD ALL PERSONS. | NO ONE ....................................................................... 01  
HUSBAND ............................................................................ 02  
RESP.'S MOTHER ................................................................... 03  
RESP.'S FATHER ................................................................... 04  
MOTHER-IN-LAW ................................................................... 05  
FATHER-IN-LAW .................................................................... 06  
SISTER/SISTER-IN-LAW ................................................... 07  
OTHER MEMBER OF RESP.'S FAM ....................................... 08  
OTHER MEMBER OF HUSB.'S FAM ....................................... 09  
FRIEND/NEIGHBOR .................................................................. 10  
COMMUNITY HEALTH WORKER ............................................ 11  
TBA ...................................................................................... 12  
OTHER ______________________________________________________ 97  
(DON'T KNOW) .................................................................... 98 |
| 50. Can you tell me why you did not give birth in a health facility | RESP. DIDN'T THINK NECESSARY ....... 01  
HUSBAND/FAMILY DIDN'T THINK NECESSARY .................... 02  
FACILITY TOO FAR .......................................................... 03  
NO TRANSPORT ..................................................................... 04  
NO CHILDCARE ..................................................................... 05  
TOO EXPENSIVE ..................................................................... 06  
SERVICES ARE POOR .......................................................... 07  
DID NOT KNOW WHERE TO GO ......................................... 08  
NO TIME TO GO ................................................................. 09  
OTHER ______________________________________________________ 97  
(DON'T KNOW) .................................................................... 98 |
| 51. Who assisted with the birth? | HEALTH PROFESSIONAL ......................... 01  
TBA ...................................................................................... 02  
COMMUNITY HEALTH WORKER ............................................ 03  
RELATIVE/FRIEND ................................................................ 04  
OTHER ______________________________________________________ 97  
(DON'T KNOW) .................................................................... 98 |
| 52. Have you seen, heard or read any information regarding birth preparedness in the past six months | YES ............................................................................... 01  
NO ...................................................................................... 02  
DON'T REMEMBER .............................................................. 98 |
| 53. From which source did you see hear or read about birth preparedness? (CIRCLE ALL RESPONSES GIVEN) | RADIO ............................................................................. 01  
TV ....................................................................................... 02  
WRITTEN SOURCES ............................................................ 03  
INTERPERSONAL SOURCES .......... 04  
OTHER .................................................................................. 97  
(SPECIFY) ............................................................................. |
|                                                                        | DON'T REMEMBER ................................................................ 98 |
| Question                                                                 | Response Options                                      |
|-------------------------------------------------------------------------|-------------------------------------------------------|
| 54. Have you participated in any community activities related to birth preparedness in the past six months | YES ......................................................................01 |
|                                                                         | NO ....................................................................02 |
|                                                                         | DON'T REMEMBER..............................................98 |
| 55. Through which activities did you hear about birth preparedness (CIRCLE ALL RESPONSES GIVEN) | STREET DRAMA...................................................01 |
|                                                                         | COMMUNITY MEETINGS...........................................02 |
|                                                                         | MOTHER'S GROUPS...............................................03 |
|                                                                         | OTHER ______________________________________________97 |
|                                                                         | (SPECIFY)                                             |