

## ADDRESSING ATTRITION

There are two interventions (incentive programme and the digital information campaigns) that will be evaluated in this study using a randomized controlled trial approach. The study will thus have two sample groups one for the incentive intervention and another for the text messaging intervention

### INCENTIVE SAMPLE

The incentive intervention would be conducted as a cross-sectional study where the same baseline sample households would not be tracked for the endline survey.

Households with children under the defined age cohort, of 1 to 3 years, would be identified and sampled for the baseline survey. Data from these households would then be used to create a village level panel data on immunization behavior.

For the endline survey, again households with children under the defined age cohort, of 1 to 3 years, would be identified and sampled.

Given the year long intervention period, between baseline and endline, there would now be new households, which would fall under this cohort, and previous households, which would move out. Thus for the endline survey, a new set of households would be sampled from the same cohort.

**Hence attrition of households from baseline to endline would not be applicable to this sample.**

**Total Sample size:** 14700 households (15 households would be sampled from 980 villages)

### TEXT MESSAGING SAMPLE

Baseline households for the text messaging intervention would be tracked through course of the intervention period and re-interviewed during the endline survey.

Only households with pregnant women and/or children below 6 months of age would be sampled for the text messaging intervention.

**Total Sample size:** 3000 households (10 households would be sampled from 300 sample villages)

Various measures would be applied to ensure that attrition of the text-messaging sample is kept to the minimum, these include:

- **Collecting phone numbers of all sample households**, which would then be used to track the households during the endline survey
- **Mapping of all sample villages**, where all sample households along with other key landmarks would be marked; making it easier to track households for the endline survey.
- **Seeking assistance of local health workers** (*aganwadi* or ANMs), who have updated information on the whereabouts of all households in their assigned villages.
- **Seeking information from neighbors of sample households**, who would be able to provide information on the household
- **Multiple re-visits** would also be conducted during the endline survey to ensure coverage of all sample households.

### **Note on Text Messaging Intervention:**

We plan to introduce a second intervention on digital information campaigns in addition to the originally proposed incentive intervention. This intervention would measure the effectiveness of digital information campaigns (text messages regarding the immunization programme to beneficiaries) to positively influence immunization behavior and subsequently increase immunization rates. The intervention would be carried out in 300 villages, selected from the original study sample of the 7 poorest performing districts of Haryana. These, as per DLHS-4, 2012/13 data are Bhiwani, Panipat, Sonapat, Jhajjar, Rewari, Mewat and Palwal.

**Hypothesis:** Sending text messages to beneficiaries on the immunization program (and reminding them of their next due vaccine) would lead to greater awareness on the program and positively impact immunization behavior of households resulting in an increase in immunization rates.

**Level of randomization:** Village and household

**Level of Analysis:** Household

**Eligibility criteria:** Households with pregnant women and/or children below 6 months of age who own a cellphone

### **INTERVENTION:**

The intervention has three treatment arms, to evaluate:

1. Spillover effects of intervention (sending generic text messages) on control households
2. Impact of different types of messaging: General versus personalized messages
3. Impact of sending message to single or multiple recipients

### **TREATMENT ARM 1: Generic text messages (and information sharing/spill-over effects)**

All treatment households would receive a generic text message on the immunization programme, mentioning the benefits of getting their child immunized and session camp dates. This message would be sent only to the primary beneficiary i.e. the primary caretaker of the child (in households with one or more children below 6 months of age) or the pregnant woman (in households with one or more pregnant women).

To measure spill-over effects of the treatment, two versions of the treatment would be introduced, at the village level, without altering the intervention at the household level. The difference between the two versions would be in regard to the proportion of households in the village receiving the treatment.

- **Treatment A (Low Intensity Treatment)** : 105 villages would be randomly sampled for this group. Only 20% of all eligible households would receive the treatment and the remaining 80% of eligible households would be control.
- **Treatment B (High Intensity Treatment)** : 105 villages would be randomly sampled for this group. 80% of all eligible households would receive the treatment and the remaining 20% of eligible households would be control.

- **Pure Control:** 90 villages would be randomly sampled for this group. All eligible households in the village would be control.

### **TREATMENT ARM 2: General vs personalized messages**

A group of randomly selected treatment households would also receive an **additional** text message, personalized to their immunization cycle, reminding the beneficiary of the next due vaccine. This intervention would be introduced at the household level, with half of the treatment households in treatment villages being randomly selected to receive the additional personalized text message.

### **TREATMENT ARM 3: Single vs multiple recipients of text message**

In a group of randomly selected treatment households, the spouse of the primary beneficiary would also be sent the text messages **in addition** to it being sent to the primary beneficiary, thus having multiple recipients in one household receive the text message.

This intervention would be introduced at the household level, with half of the treatment households in treatment villages being randomly selected to have an additional recipient of the text message, other than the primary beneficiary.

### **COMBINING ALL 3 TREATMENTS:**

Thus in each treatment village, 4 treatment groups would be created.

- **Group 1:** Households receiving only Treatment 1 (generic message sent to single recipient)
- **Group 2:** Households receiving Treatment 1 and Treatment 2 (both generic and personalized message sent to single recipient)
- **Group 3:** Households receiving Treatment 1 and Treatment 3 (generic message sent to multiple recipients)
- **Group 4 :** Households receiving Treatment 1, Treatment 2 and Treatment 3 ( both generic and personalized messages sent to multiple recipients)

### **SAMPLING FOR THE STUDY:**

For sampling households for the survey, villages would be stratified by a proximity measure into groups of two. Then within each group of two villages, 20 households would be randomly sampled.

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## **SUPPLEMENTARY NOTE #1 ON POLICY ADVOCACY FOR SCALE UP**

As discussed with Armand Lanier, the project PIs would in addition to the milestone and KPI requirements share regular updates regarding our efforts to shape the policy environment for this study.

In line with this, we are pleased to report that on February 12, 2015 we met with the new top officials in Haryana health department to brief them on the project. The government of Haryana changed political leadership following an election in October 2014. Following the change of political leadership there were subsequent changes in the bureaucracy were made in November. Although the core team at the Haryana National Health Mission remains the same, with the State Immunization Officer Suresh Dalpath as lead, yesterday we briefed Vikas Yadav, head of the Haryana National Health Mission and Ram Niwas, Additional Chief Secretary overseeing the health department in the state about the project. Both reconfirmed the government's full support in executing the project. Ram Niwas also stated the policy relevance of the project and that he was happy it would be rigorously evaluated with the lessons to be generated from the randomized evaluation being relevant for future immunization policy related decisions.

On February 12 we also met with Prashanta Kumar Roy, WHO Regional Team Leader for North India. We are exploring the possibility collaborating with WHO on monitoring and briefing the country team on the project.

## Key Performance Indicators

		Milestone 2
<b>Quantifiable Goals ( Key Outputs)</b>		<b>8 months (6th February, 2015)</b>
<b>KPI 1 - Team building</b> Hiring of project evaluation team Hiring of survey team/core field team Hiring of monitoring team	targeted	1. Project Evaluation Team: Research Associate - 2 and Project Associates -3, Field Managers - 4
<b>KPI 2 - Team orientation/training</b>	targeted	
<b>KPI 3 - IRB Approval</b>	targeted	Obtaining IRB approval for baseline household surveys on immunization behaviour
<b>KPI 3 - Baseline survey and follow-up surveys</b>	targeted	
<b>KPI 4 - Intervention monitoring survey</b>	targeted	
<b>KPI 5 - Data analysis</b>	targeted	
<b>KPI 6 - Scaling strategies and dissemination of results</b>	targeted	Kick -off meeting with senior level government officials for launching the project

Milestone 3	Milestone 4
12 months (6th June, 2015)	1 year 3 months (6th September, 2015)
Core Field Team: Supervisors - 48, Surveyors - 210 and Back-checkers-30	Monitoring Team: Sub-Centre Monitors - 25, Primary Health Centre (PHC) Monitors - 10 and Field Managers - 6
Training of hired field team on 1.Mapping 2. Census and 3. Baseline data collective activities	Training on monitoring for hired monitoring team
Obtaining IRB approval for monitoring surveys	
1. Progress report on ongoing mapping and census activities 2. Baseline Coverage Report : (a) 14,700 sample households, for the incentive intervention, with children between the ages of 1 to 3 years (b) 300 sample households, for the text messaging intervention, with children below 6 months of age and/or pregnant women	
Monitoring Plan	1. Monitoring instruments 2. Implementation coverage report containing information from monitoring visits at 4 levels : Immunization camps, sub-centres, primary health centres and household visits
Preliminary Report on census data	Preliminary Report on baseline data
	1. Training of government officials, in collaboration with NHM, on the implementation and supervision of intervention 2. Quarterly and monthly meetings with government staff and officials tracking implementation of the intervention

Milestone 5	Milestone 6	Milestone 7
1 year 9 months (6th March, 2016)	2 years (6th June, 2016)	2 years 7 months (6th January, 2017)
	Core Field Team: Field Managers - 4, Supervisors - 48, Surveyors - 168 and Back-checkers-30	
Follow up training for hired monitoring team	Training of hired field team on 1. Census data collection 2. Endline data collection activities	
	Obtaining IRB approval for endline household surveys on immunization behaviour	
	Progress report on ongoing census and endline data collection activities	Endline Coverage Report : 1. 15000 sample households, for the incentive intervention, with children between the ages of 1 to 3 years 2. Will follow 3000 sample households from baseline for text messaging intervention
Implementation coverage report containing information from monitoring visits at 4 levels : Immunization camps, sub-centres, primary health centres and household visits	Final Implementation coverage report containing information from monitoring visits at 4 levels : Immunization camps, sub-centres, primary health centres and household visits	
Preliminary Report on data from monitoring visits for first six month of intervention period	Final report on data from monitoring visits for full intervention period	Preliminary results quantifying short-term impact based on follow-up
Quarterly and monthly meetings with government staff and officials tracking implementation of the intervention	Meeting with senior government officials concluding implementation of the incentive programme	Dissemination conference presenting results of the evaluation to all government officials and staff

## HOUSEHOLD LEVEL SURVEY ON IMMUNIZATION BEHAVIOUR AND PRACTICES

**INTERVIEWER: COMPLETE BEFORE BEGINNING THE MODULE**

1. District: \_\_\_\_\_ (Pick from drop down list)
2. Assigned PHC: \_\_\_\_\_ (Pick from drop down list)
3. Village: \_\_\_\_\_ (Pick from drop down list)
4. Household ID: \_\_\_\_\_
5. Sample ID: \_\_\_\_\_  
(1 – Incentive sample, 2 – Text messaging sample, 3 – Households in both samples)
6. UNIQUE ID: \_\_\_\_\_
7. Date of visit:      Day             Month             Year
8. Interviewer code:
9. Tablet ID
10. Alternative ID: \_\_\_\_\_

A0.0.	Is this the first time you are visiting this household?	1. Yes 2. No	Move to next question
A0.1.	Surveyor: Is the household locked?	3. Yes 4. No	If Yes – Go to A0.2 If No – Skip to A0.7
A0.2.	Surveyor: If the household is locked please look around and ask neighbors and check if any other household members are around.		
A0.3.	Did you find any household member?	1. Yes 2. No	If Yes – Skip to A0.6 If No – Go to A0.4
A0.4.	Surveyor: Is there a phone number listed for the household in your tracking sheet?	1. Yes 2. No	If Yes – Go to A0.5 If No – Skip to A0.9
A0.5.	Surveyor: Please call the household number listed in your tracking sheet to get information on the primary caregiver(s)		Go to A0.6
A0.6.	Surveyor: Is even one of the primary caregivers, as listed in the tracking sheet, available to talk now?	1. Yes 2. No 999. Don't Know	If Yes – Skip to A0.10 If (No or 999) and A0.0 is Yes – Go to A0.7 If No or 999, and A0.0 is No – Skip to A0.8
A0.7.	Surveyor: Would even one of the primary caregivers, as listed in tracking sheet, be available to talk later in the day?	1. Yes 2. No 999. Don't Know	If Yes – go to A0.9  If No and A0.0 is Yes – Go to A0.9

			If No and A0.0 is No – go to A0.8  If Don't Know – go to A0.9
A0.8.	Surveyor: Call supervisor to ask for replacement		➔ END SURVEY
A0.9.	Surveyor: Mark on your tracking sheet to come back later in the day to check on household		➔ END SURVEY
A0.10.	Name of the head of the household  _____		
A0.11.	Is s/he present?	1. Yes 2. No	If Yes – Skip to A0.16 If NO – Go to A0.12
A0.12.	Is there anyone in the household who could currently answer questions related to major household decisions?	1. Yes 2. No	If Yes, skip to A0.14 If No, go to A0.13
A0.13.	Surveyor: If there is currently no one in the household who could answer questions on major household decisions, please ask these questions to the identified primary caregiver		Go to A0.14
A0.14.	Name of the respondent  _____		
A0.15.	What is this person's relationship to the head of the household?	1. Spouse/Partner 2. Son/Daughter 3. Son-in-law/daughter-in-law 4. Stepson/Stepdaughter 5. Grandchild 6. Brother/Sister 7. Brother-in-law/Sister-in-law 8. Father/Mother 9. Father-in-law/Mother-in-law 10. Grandparent 11. Great-grandchild 12. Other family (Specify) ____ 13. Household help 14. Lodger 15. Friend 998. Other (Specify) _____	
A0.16.	Gender of respondent/HH head	1. Male 2. Female	
A0.17.	Age of respondent/HH head  _____ years		Should range from 18 to 100

## **INFORMED CONSENT**

Hello. My name is \_\_\_\_\_. I am a surveyor, working on behalf of the Poverty Action Lab South Asia (JPAL SA) at the Institute of Financial Management and Research in Chennai. We are conducting a study to understand the rate of immunization of small children in the state of Haryana. We will ask questions about the economic condition of your household as the health and immunization behavior of your family members, particularly of children and their mothers.

We conducted a census in your village and selected your household at random to provide us with more detailed information.

I will read out the information below, and you should ask questions about anything you do not understand, before deciding whether or not to participate.

- This questionnaire is voluntary. You have the right not to answer any question, and to stop answering questions at any time. We expect that the questionnaire will take 30-60 minutes.
- The questionnaire covers multiple sections. We will start with a general background of your household and move on to questions pertaining to knowledge and rate of immunization
- The information you tell us will be confidential. We will not share it with your neighbors or with anyone else.

- You can choose to not answer any question or stop the survey at any point in time if you feel uncomfortable.

**Oral Consent Option**

If you agree to participate in the study, please let us know by saying YES

SURVEYOR PLEASE SELECT: YES NO

**Written Consent Option**

I understand the procedures described above. My questions have been answered to my satisfaction.

I agree to participate in this questionnaire

Signature:

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**HOUSEHOLD MODULE**

<b>RESPONDENT INFORMATION</b>			
	STARTING TIME OF THE MODULE Should be frozen	HOUR: <input type="text"/> <input type="text"/>	
		MINUTE: <input type="text"/> <input type="text"/>	
	Does your household have a mobile phone?	1. Yes 2. No 997. Refuse to answer	If No/Refuse - Skip to A.1
	Please list the mobile number	Number: _____ 997. Refuse to answer	Number should be frozen at 10 digits

A.1	HOUSEHOLD ROSTER								
First I would like to ask who the members of this household are. By that I mean all people, including children, who <ul style="list-style-type: none"> <li>• Live under this “roof” or within the same house at least 30 days in the past year, and</li> <li>• Eat food cooked from the same stove, and</li> <li>• Contribute to and/or share household income.</li> </ul> <b>SURVEYOR: Please write down the names of all members of the household first in A1.1, starting with the HH head (even if the current respondent is not the HH head)</b>									
	A1.1	A1.2	A1.3	A1.4	A1.5	A1.6	A1.7	A1.8	A1.9
S. No	Name of member	Gender	What is the relationship of this member to the head of the household? (Please use Code 1)  The option of “Head” should be selected only once in the entire roster	Age?  (If age is greater than 3 and <=5 years, skip to A1.6) <b>If Age is &lt;=3 then skip to A.1.8</b>	Is s/he literate? (Please use Code 2)  <i>Skip to A1.7 if A1.4 &gt;5</i> <b>(Will be asked only if the person is above 5 years of age)</b>	Is s/he studying this year or going to anganwadi/balwadi?  <b>(Will be asked only if the child is A1.4 is &gt;= 3 years and &lt;= 5 years of age)</b>  <b>Skip to A1.8</b>	What is the highest level of education that s/he has achieved? (Please use Code 3)  <b>(Will be asked only if the child is above 5 years of age)</b>	Is this member handicapped?  If age is <=13 skip to A.1.1  (Asked to all ages)	What is his/her marital status? (Please use Code 4)  (Will be asked only if person is > 13 years of age)
1		1. Male 2. Female		_____ 1. Months (Cap months at 0-36) 2. Years (Cap at 4-100)		1. Yes 2. No 999. Don't Know			
2		1. Male 2. Female		_____ 1. Months 2. Years		1. Yes 2. No 999. Don't Know			
3		1. Male 2. Female		_____ 1. Months 2. Years		1. Yes 2. No 999. Don't Know			
4		1. Male 2. Female		_____ 1. Months 2. Years		1. Yes 2. No 999. Don't Know			
5		1. Male 2. Female		_____ 1. Months 2. Years		1. Yes 2. No 999. Don't Know			

6		1. Male 2.Female		_____ 1.Months 2. Years		1.Yes 2. No 999. Don't Know			
7		1. Male 2.Female		_____ 1.Months 2. Years		1.Yes 2. No 999. Don't Know			
8		1. Male 2.Female		_____ 1.Months 2. Years		1.Yes 2. No 999. Don't Know			
9		1. Male 2.Female		_____ 1.Months 2. Years		1.Yes 2. No 999. Don't Know			
10		1. Male 2.Female		_____ 1.Months 2. Years		1.Yes 2. No 999. Don't Know			

Code 1: 1 – Head, 2 - Spouse/Partner, 3 - Son/Daughter, 4 - Son-in-law/daughter-in-law, 5 - Stepson/Stepdaughter, 6 – Grandchild, 7 - Brother/Sister, 8 - Brother-in-law/Sister-in-law, 9 - Father/Mother, 10 - Father-in-law/Mother-in-law, 11 – Grandparent, 12 – Cousin, 13 - Great-grandchild, 14- Uncle/Aunt, 15 – Nephew/Niece, 16 - Other family member (Specify) \_\_\_\_\_, 17 - Household help, 18 – Lodger, 19– Friend, 998. Other (Specify) \_\_\_\_\_

Code 2: 1 - Not literate, 2 - Literate (Can read and write), 3 - Literate ( Can only read), 998 - Other (Specify) \_\_\_\_\_,999. Don't Know

Code 3: 1 –Class 1 , 2- Class 2, 3-Class 3, 4- Class 4, 5 – Class 5, 6 – Class 6, 7 – Class 7, 8 – Class 8 , 9-Class 9 , 10-Class 10, 11-Class 11, 12-Class 12, 13 – Graduate and above, 14 – Other Diploma , 15 – Never attended school/did not complete class 1, 16 –Nursery/Pre-school/anganwaadi/balwaadi, 998- Other (Specify \_\_\_\_\_) , 999 – Don't Know

Code 4: 1 –Single, 2 - Married, living with spouse, 3 - Married, not living with spouse, 4 Separated/Divorce,5 –Widow/Widower, 998 - Other (Specify) \_\_\_\_\_, 999.Don't know

**If HH ID ends with 1, table A.2 should be asked**  
**If HH ID ends with 2, and there is no child between 0 and 6 months of age (from A1.4), table A.2 should be SKIPPED**  
**If HH ID ends with 3, table A.2 should be asked**

A.2 Please provide information about the primary guardian of the following children										
A2.1	A2.2	A2.3	A2.4	A2.5	A2.6	A2.7	A2.8	A2.9	A2.10	A2.11
Name of child (Pulled from the roster – below 3	ID of child (Pre-filled)	Name of father (Drop down list of male household members	Father ID (Pre-filled)	Name of mother (Drop down list of female household members	Mother ID (Pre-filled)	Who is the primary caregiver of this child?  Surveyor: Primary caregiver defined	What is the name of the primary caregiver of this child?	Relationship of the primary caregiver to the child (Please use	ID of primary caregiver (Pre-filled)  If A2.7 is 1 or 2, this question will display	Surveyor: Is this the same name as is listed in the tracking sheet?

years old)		pulled from the roster including options of "Not in household" and "Deceased")		pulled from the roster including options of "Not in household" and "Deceased"		as someone who is knowledgeable about immunizations and overall responsible for the health of the child  If Mother/Father chosen – Skip to A2.10	(Drop down list of all household members pulled from the roster)	Code 5)	A2.6 or A2.4 respectively. If A2.7 is 3, the ID of the name chosen in A2.8 will be displayed	
						1. Mother 2. Father 3. Other HH Member				1. Yes 2. No

Code 5: 1-Grandfather, 2- Grandmother, 3 – Uncle, 4 – Aunt, 5- Elder Sister, 6-Elder brother, 7- Household help, 998 - Other family (Specify) \_\_\_\_\_

	<b>If household ID ends with 1, skip to Section B. If household ID ends with 2 or 3, move forward</b>		
A.3.1	Are there pregnant women in this household?	1. Yes 2. No	If No - Skip to Section B
A.3.2	How many pregnant women are there in this household?	<input type="text"/> <input type="text"/>	

<b>A.4</b>				
Please provide details on ALL pregnant women in the HH (The number of times this roster is repeated will depend on A3.2)				
A.4.1	A.4.2	A.4.3	A.4.4	A.4.5
Name of Woman (Drop down list of all female household members pulled from the HH roster), in which A1.4 is >13	ID of Woman (Pre-filled from HH roster)	Age (Prefilled from A1.4 for the HH member selected in A.4.1)	Number of months of pregnancy completed (Should range from 1-9)	Expected month of delivery (Should automatically calculate delivery month by using current month and adding the answer obtained by subtracting the number entered in A4.4 by 9)

Section B	<b>Household Characteristics</b>		
B.1	Which caste category does the respondent belong to?	1. Schedule Tribe 2. Scheduled Caste 3. Other Backward Class 4. Minority 5. General 6. Don't have a caste group 997. Refuse to answer 998. Other (Specify) _____ 999. Don't know	If Option 6/Don't Know/Refuse – Skip to B.3
B.2	Which caste does the respondent belong to?	_____ 997. Refuse to answer 999. Don't know	
B.3	What is the religion of the respondent?	1. Hinduism 2. Islam 3. Christianity 4. Buddhism 5. Sikhism 6. Jainism 7. Don't follow/believe any religion 997. Refuse to answer 998. Other (Specify) _____ 999. Don't know	
B.4	How many rooms does this house have? <b>An area will be considered a room if it is closed from all sides and has a ceiling. (Including kitchen if it is a separate room with a door)</b>	<input type="text"/> <input type="text"/>	

B.5	How many rooms are pucca? (Surveyor: A room should be considered “pucca” if it is made up of only cement, stones, bricks, tiles, metal or concrete)	<input type="text"/> <input type="text"/>	
B.6	How many rooms are kuccha-pucca? (Surveyor: A room should be considered “kuccha-pucca” if the one or more walls or roof are made of mud or straw.)	<input type="text"/> <input type="text"/>	
B.7	How many rooms are kuccha? (Surveyor: A room should be considered “kuccha” if all the walls and roof are made up of only mud or straw)	<input type="text"/> <input type="text"/>	
B.8	Which type of roofing material does your house have? (Surveyor: If at home, please make observations) (SELECT ALL THAT APPLY)	<ol style="list-style-type: none"> <li>1. Concrete</li> <li>2. Metal</li> <li>3. Straw/Thatch/Sod</li> <li>4. Tile</li> <li>998. Other (Specify) _____</li> <li>999. Don't know</li> </ol>	If Option 999 has been selected, no other option can be selected
B.9	From which type of water source do you usually get your drinking water?	<ol style="list-style-type: none"> <li>1. Source at home - Private tap/ well / hand-pump/ tank</li> <li>2. Public Tap</li> <li>3. Public Well</li> <li>4. Public Tubewell/Handpump</li> <li>5. Public Tank/Reservoir</li> <li>6. River/Canal/Lake/Pond</li> <li>997. Refuse to answer</li> <li>998. Other (Specify) _____</li> <li>999. Don't know</li> </ol>	If Option 1 or 997 or 999 – Skip to B.11
B.10	How far is this source from your dwelling?	<input type="text"/> <input type="text"/>  <ol style="list-style-type: none"> <li>1. Minutes</li> <li>2. Hours</li> <li>997. Refuse to answer</li> <li>999. Don't Know</li> </ol>	
B.11	Is water from this source sufficient for providing drinking water to all HH members?	<ol style="list-style-type: none"> <li>1. Yes</li> <li>2. No</li> <li>997. Refuse to answer</li> <li>999. Don't know</li> </ol>	
B.12	What type of latrines do HH members most frequently use?	<ol style="list-style-type: none"> <li>1. Jungle/Field</li> <li>2. Private Latrine within the house</li> <li>3. Private Latrine outside the house</li> <li>4. Public latrine</li> <li>5. Septic tank/Pit toilet</li> <li>997. Refuse to answer</li> <li>998. Other (Specify) _____</li> </ol>	

B.13	What are your main sources of energy for cooking?  (SELECT ALL THAT APPLY)	1. Coal 2. Firewood and chips 3. LPG 4. Gobar/Bio Gas 5. Dung cake 6. Charcoal 7. Kerosene 8. Electricity 9. No cooking arrangement 997. Refuse to answer 998. Other (Specify) _____	If Option 997 has been selected, no other option can be selected
B.14	Do you have an electric connection at home?	1. Yes 2. No 997. Refuse to answer	If Yes – Skip to B.16
B.15	What is your primary source of energy for lighting?	1. Kerosene 2. Other oil 3. Gas 4. Candle 5. Solar lanterns 6. No lighting arrangement 997. Refuse to answer 998. Other (Specify) _____ 999. Don't Know	
<b>B.16</b>	<b>Household Assets</b>		
	Please tell me whether the household has the following items:		How many?
B.16.1.	Fixed Telephone (Landline, Cordless)	1. Yes 2. No 997. Refuse to answer	<input type="checkbox"/> <input type="checkbox"/>
B.16.2.	Mobile phone	1. Yes 2. No 997. Refuse to answer	<input type="checkbox"/> <input type="checkbox"/>
B.16.3.	Watch/Clock	1. Yes 2. No 997. Refuse to answer	<input type="checkbox"/> <input type="checkbox"/>
B.16.4.	Pressure cooker	1. Yes 2. No 997. Refuse to answer	<input type="checkbox"/> <input type="checkbox"/>
B.16.5.	Electric fan	1. Yes 2. No 997. Refuse to answer	<input type="checkbox"/> <input type="checkbox"/>
B.16.6.	Cooler/AC/Heater	1. Yes 2. No 997. Refuse to answer	<input type="checkbox"/> <input type="checkbox"/>
B.16.7.	Color TV	1. Yes 2. No 997. Refuse to answer	<input type="checkbox"/> <input type="checkbox"/>
			B.16.5 to B.16.9 will not be asked if B.14 is No

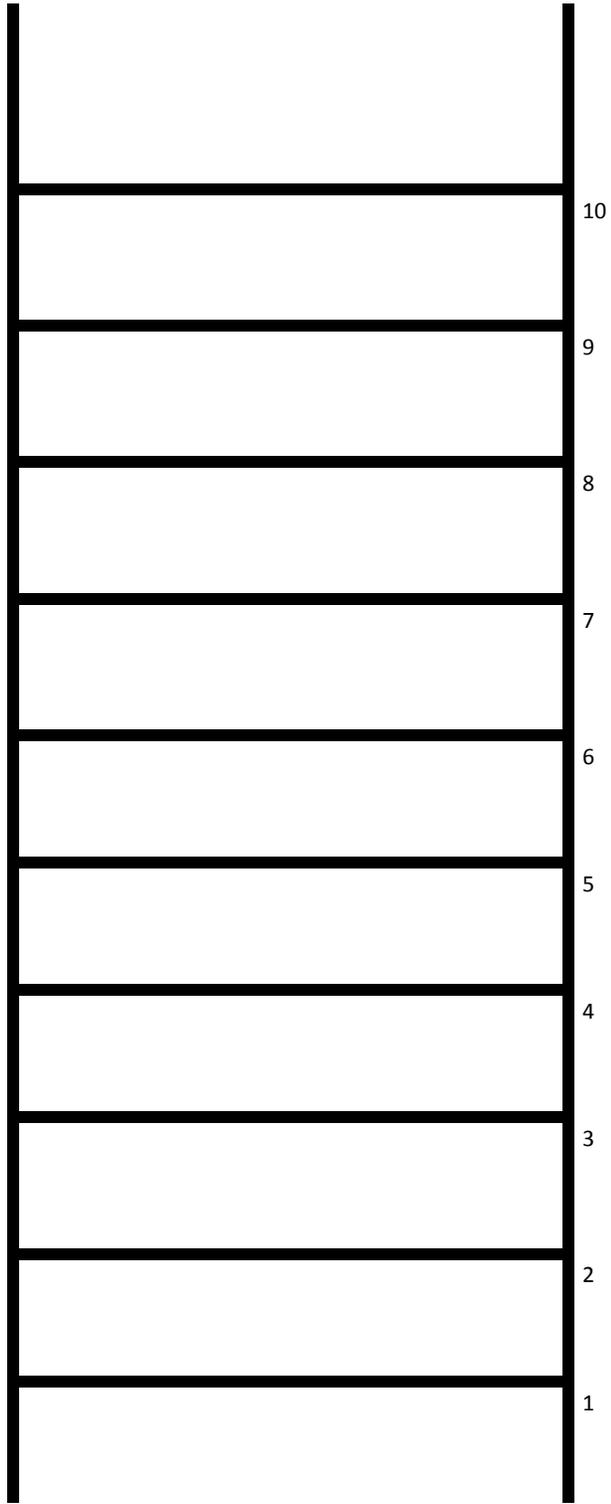
B.16.8.	Satellite TV dish/ Cable	1. Yes 2. No 997. Refuse to answer	<input type="checkbox"/> <input type="checkbox"/>	
B.16.9.	VCR/VCP/VCD/DVD Player	1. Yes 2. No 997. Refuse to answer	<input type="checkbox"/> <input type="checkbox"/>	
B.16.10.	Radio/Transistor/Stereo	1. Yes 2. No 997. Refuse to answer	<input type="checkbox"/> <input type="checkbox"/>	
B.16.11.	Sewing Machine	1. Yes 2. No 997. Refuse to answer	<input type="checkbox"/> <input type="checkbox"/>	
B.16.12.	3 wheeler vehicles (Auto/Temp)	1. Yes 2. No 997. Refuse to answer	<input type="checkbox"/> <input type="checkbox"/>	
B.16.13.	Car/ jeep	1. Yes 2. No 997. Refuse to answer	<input type="checkbox"/> <input type="checkbox"/>	
B.16.14.	Motorcycle, moped or scooter (2-wheeler)	1. Yes 2. No 997. Refuse to answer	<input type="checkbox"/> <input type="checkbox"/>	
B.16.15.	Bicycle	1. Yes 2. No 997. Refuse to answer	<input type="checkbox"/> <input type="checkbox"/>	
B.16.16.	Bullock cart	1. Yes 2. No 997. Refuse to answer	<input type="checkbox"/> <input type="checkbox"/>	
B.16.17.	Thresher	1. Yes 2. No 997. Refuse to answer	<input type="checkbox"/> <input type="checkbox"/>	
B.16.18.	Tractor	1. Yes 2. No 997. Refuse to answer	<input type="checkbox"/> <input type="checkbox"/>	
B.16.19.	Well/Tubewell	1. Yes 2. No 997. Refuse to answer	<input type="checkbox"/> <input type="checkbox"/>	
B.16.20.	Grain storage drum	1. Yes 2. No 997. Refuse to answer	<input type="checkbox"/> <input type="checkbox"/>	
B.16.21.	Chair/stool/sofa	1. Yes 2. No 997. Refuse to answer	<input type="checkbox"/> <input type="checkbox"/>	

B.16.22.	Cot/Bed	1. Yes 2. No 997. Refuse to answer	<input type="checkbox"/> <input type="checkbox"/>	
B.16.23.	Table	1. Yes 2. No 997. Refuse to answer	<input type="checkbox"/> <input type="checkbox"/>	
B.17	Does your household own any animals or cattle?	1. Yes 2. No 997. Refuse to answer		If No/ 997 - Skip to Section C
B.18	Do you have a separate stable for animals?	1. Yes 2. No 997. Refuse to answer		
B.19	<b>Cattle</b>			
	Please tell me whether the household has the following livestock or other animals:		How many?	
B19.1	Chicken, hen, rooster	1. Yes 2. No 997. Refuse to answer	<input type="checkbox"/> <input type="checkbox"/>	
B19.2	Duck	1. Yes 2. No 997. Refuse to answer	<input type="checkbox"/> <input type="checkbox"/>	
B19.3	Pig	1. Yes 2. No 997. Refuse to answer	<input type="checkbox"/> <input type="checkbox"/>	
B19.4	Horses	1. Yes 2. No 997. Refuse to answer	<input type="checkbox"/> <input type="checkbox"/>	
B19.5	Mules and donkeys	1. Yes 2. No 997. Refuse to answer	<input type="checkbox"/> <input type="checkbox"/>	
B19.6	Sheep	1. Yes 2. No 997. Refuse to answer	<input type="checkbox"/> <input type="checkbox"/>	
B19.7	Goat	1. Yes 2. No 997. Refuse to answer	<input type="checkbox"/> <input type="checkbox"/>	
B19.8	Cow	1. Yes 2. No 997. Refuse to answer	<input type="checkbox"/> <input type="checkbox"/>	
B19.9	Bullocks	1. Yes 2. No 997. Refuse to answer	<input type="checkbox"/> <input type="checkbox"/>	
B19.10	Buffalo	1. Yes 2. No 997. Refuse to	<input type="checkbox"/> <input type="checkbox"/>	

		answer		
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<b>Section C HOUSEHOLD INCOME</b>					
C.1	What are the sources of this household's income? (SELECT ALL THAT APPLY)	1. Self-employed (agriculture) 2. Self-employed (non-agriculture) 3. Agricultural labor 4. Other labor 5. Regular Wage/Salary earning 997. Refuse to answer 998. Other (Specify) _____ 999. Don't Know	If household has only one source of income, skip to C.3 If 997 or 999 – Skip to C.3 If 997 or 999 has been selected, no other option can be selected		
C.2	From which source did most of this household's income come from last year?	1. Self-employed (agriculture) 2. Self-employed (non-agriculture) 3. Agricultural labor 4. Other labor 5. Regular Wage/Salary earning 997. Refuse to answer 998. Other (Specify) _____ 999. Don't Know	Only display options chosen in C.1		
C.3	Does your family own the house you are currently living in?	1. Yes 2. No 997. Refuse to answer 999. Don't Know			
C.4	Do you own any land?	1. Yes, more than 1 plot 2. Yes, own 1 plot of land 3. No 997. Refuse to answer 999. Don't Know	If No/Don't Know/Refuse to answer – Skip to C.7		
C.5	How much land do you own? Surveyor: If household owns multiple plots of land, please note information about the largest plot	1. Acre 2. Kila 3. Bigha 4. Marla 5. Kanal 997. Refuse to answer 998. Other (Specify) 999. Don't Know  <div style="text-align: center;"> <table border="1" style="display: inline-table; width: 40px; height: 20px;"> <tr> <td style="width: 20px;"></td> <td style="width: 20px;"></td> </tr> </table> </div>			
C.6	Do you use this land for cultivation purposes?	1. Yes 2. No 997. Refuse to answer 999. Don't Know			
C.7	Did the household receive any assistance in the last 5 years from the Panchayat/Government?	1. Yes 2. No 997. Refuse to answer 999. Don't Know	If No or 997 or 999 – Skip to C.9		

C.8	What did the household receive from the Panchayat/Government?  (SELECT ALL THAT APPLY)	<ol style="list-style-type: none"> <li>1. Milk animal</li> <li>2. Draught animal</li> <li>3. Sheep/goat</li> <li>4. Pumpset</li> <li>5. For fish pond</li> <li>6. Sewing machine</li> <li>7. Other agricultural tools and equipment</li> <li>8. Cash (for building house or latrine)</li> <li>9. Land for cultivation</li> <li>10. Land for building a house</li> <li>11. Seeds</li> <li>12. Fertilizers</li> </ol> 997. Refuse to answer 998. Other (Specify) _____ 999. Don't Know	If Option 997 or 999 has been selected, no other option can be selected
C.9	Did any member of the household work on an employment generating scheme during the last 365 days (JRY, EGS, JRSY, NREGA)?	<ol style="list-style-type: none"> <li>1. Yes</li> <li>2. No</li> </ol> 997. Refuse to answer 999. Don't know	
C.10	Does your household have a BPL (Below Poverty Line) card?	<ol style="list-style-type: none"> <li>1. Yes</li> <li>2. No</li> </ol> 997. Refuse to answer 999. Don't know	
C.11	Has the household purchased anything from the PDS in the last 30 days?  (SELECT ALL THAT APPLY)	<ol style="list-style-type: none"> <li>1. Rice</li> <li>2. Wheat</li> <li>3. Maize</li> <li>4. Sugar</li> <li>5. Kerosene</li> <li>6. Pulses/lentils</li> <li>7. Not purchased anything</li> </ol> 997. Refuse to answer 998. Other (Specify) _____ 999. Don't Know	If Option 7, 997 or 999 has been selected, no other option can be selected
C.12	In the last 12 months, did you or any other adults in your household ever cut the size of your meals or skip meals because there were not enough resources for food?	<ol style="list-style-type: none"> <li>1. Yes</li> <li>2. No</li> </ol> 997. Refuse to answer 999. Don't Know	If No or 997 or 999 – Skip to C.15
C.13	How often did this happen?	<ol style="list-style-type: none"> <li>1. Almost every month</li> <li>2. Some months but not every month</li> <li>3. Only for 1 or 2 months a year</li> </ol> 997. Refuse to answer 999. Don't Know	
C.14	During which season did you/all members of the household not have enough food every day?	<ol style="list-style-type: none"> <li>1. Winter (November– February)</li> <li>2. Summer (March – June)</li> <li>3. Monsoon (July - October)</li> </ol> 997. Refuse to answer 999. Don't Know	
C.15	How would this household classify its financial situation these days? On this ladder, with the top of the ladder being very comfortable and the bottom being extremely poor, where would you place your household?	1...2...3...4...5...6...7...8...9...10  997. Refuse to answer 999. Don't know	



## IMMUNIZATION MODULE

**If HH ID ends with 1, note:**

**“THIS MODULE MUST BE FILLED FOR ALL CHILDREN BETWEEN 1 AND 3 YEARS. FILL SEPARATE QUESTIONNAIRE FOR EACH CHILD.**

**FOR CHILDREN, THE RESPONDENT SHOULD BE THE PRIMARY CAREGIVER WHO IS KNOWLEDGEABLE ABOUT THE VACCINATIONS OF THE CHILDREN)”**

**If HH ID ends with 2, note:**

**“THIS MODULE MUST BE FILLED FOR ALL CHILDREN BELOW 6 MONTHS OF AGE AND/OR PREGNANT WOMEN. FILL SEPARATE QUESTIONNAIRE FOR EACH CHILD AND EACH PREGNANT WOMAN.**

**FOR PREGNANT WOMEN, THE RESPONDENT SHOULD BE THE WOMAN HERSELF. FOR CHILDREN, THE RESPONDENT SHOULD BE THE PRIMARY CAREGIVER WHO IS KNOWLEDGEABLE ABOUT THE VACCINATIONS OF THE CHILDREN)”**

**If HH ID ends with 3, note:**

**THIS MODULE MUST BE FILLED FOR ALL CHILDREN BETWEEN 1 AND 3 YEARS AND BELOW 6 MONTHS OF AGE AND/OR PREGNANT WOMEN. FILL SEPARATE QUESTIONNAIRE FOR EACH CHILD AND EACH PREGNANT WOMAN.**

**FOR PREGNANT WOMEN, THE RESPONDENT SHOULD BE THE WOMAN HERSELF. FOR CHILDREN, THE RESPONDENT SHOULD BE THE PRIMARY CAREGIVER WHO IS KNOWLEDGEABLE ABOUT THE VACCINATIONS OF THE CHILDREN)”**

	<b><u>SECTION D.0: IDENTIFICATION OF RESPONDENT</u></b>		
D0.1	Start time Locked		

	<b>ONLY DISPLAYED IF HH ID ends with 1 or 3 and household has at least 1 child between 1 and 3 years of age (A1.4)</b>		
	<b>CHILDREN BETWEEN 1-3 YEARS OF AGE</b>		
D0A.2	NAME OF CHILD	<hr/>	<p>Would be a drop down list of all children between ages of 1 to 3 years (A1.4) drawn from the HH Roster. Once a child is selected, the name should not appear in the list again</p> <p><b>If No more children and HH ID ends with 1 - SKIP TO F.9</b></p> <p><b>If No more children and HH ID ends with 3 – Skip to D0B.2</b></p>
D0A.3	CHILD ID	<input type="text"/>	Will be pre-filled (from HH Roster) once Child has been chosen in D0A.2
D0A.4	ID of Primary caregiver of child		Pulled from A2.10

D0A.5	Name of Primary Caregiver of Child	_____	Would be pulled from A1.1 from HH roster based on ID displayed in D0A.4
D0A.6	Is the respondent available?	1. Yes, available now 2. No , but will be available later in the day 3. No, will not be available today	If Option 2 – “Return later to conduct interview” and go back to D0A.2 If Option 3 – “Mark household as revisit required” and go back to D0A.2  <b>If Yes - Skip to Consent</b>

<b>ONLY DISPLAYED IF HH ID ends with 2 or 3 and household has one or more children between 0 and 6 months of age as per any observation in A1.4 throughout the roster</b>  <b>CHILDREN BELOW 6 MONTHS</b>			
D0B.2	NAME OF CHILD	_____	Would be a drop down list of all children names and ages below 6 months of age (A1.4) drawn from the HH Roster Once a child is selected, the name should not appear in the list again  <b>If No more children then Skip to DOC.2</b>
D0B.3	CHILD ID	<input type="text"/>	Will be pre-filled (from HH Roster) once Child has been chosen in D0B.2
D0B.4	ID of primary caregiver	<input type="text"/>	Will be pre-filled (from A.2.10) based on ID in D0B.3
D0B.5	Name of Primary Caregiver of Child (Primary caregiver defined as someone who is knowledgeable about immunizations and overall responsible for the health of the child)	_____	Would be pulled from A1.1 based answer in D0B.4
D0B.6	Is the respondent available?	1. Yes, available now 2. No , but will be available later in the day 3. No, will not be available today	If Option 2 – “Return later to conduct interview” If Option 3 – “Mark household as revisit required”  If Option 2 or 3 - Go back to D0B.2

			<b>If Yes - Skip to Consent</b>
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<b>ONLY DISPLAYED IF HH ID ends with 2 or 3 and A.3.1 is Yes</b>			
<b>PREGNANT WOMEN</b>			
DOC.2	Name of Pregnant Woman	<hr/>	Would be a drop down list of all pregnant women in the HH – drawn from A.4.1 Once the name of pregnant woman is selected, the name should not appear in the list again  <b>If No more Pregnant Woman then SKIP TO F.9</b>
DOC.3	RESPONDENT ID	<input type="text"/>	Will be pre-filled (from HH Roster) based on name in DOC.2
DOC.4	Is the respondent available?	1. Yes, available now 2. No , but will be available later in the day 3. No, will not be available today	If Option 2 – “Return later to conduct interview”: If Option 3 – “Mark household as requires revisit”  If Option 2 or 3 - Go back to DOC.2  <b>If Yes - Skip to Consent</b>

## **INFORMED CONSENT:**

### **Consent**

Hello. My name is \_\_\_\_\_. I am a surveyor, working on behalf of the Poverty Action Lab South Asia (JPAL SA) at the Institute of Financial Management and Research in Chennai. We are conducting a study to understand the immunization pattern of children in the state of Haryana. We will ask questions about the all the injections received by you and your children.

We conducted a census in your village and selected your household at random to provide us with more detailed information.

I will read out the information below, and you should ask questions about anything you do not understand, before deciding whether or not to participate.

- This questionnaire is voluntary. You have the right not to answer any question, and to stop answering questions at any time. We expect that the questionnaire will take 30-60 minutes.
- The questionnaire contains multiple sections. We will start with a general background of your household and move on to questions pertaining to knowledge and rate of immunization
- The information you tell us will be confidential. We will not share it with your neighbors or with anyone else.
- You can choose to not answer any question or stop the survey at any point in time if you feel uncomfortable.

**Oral Consent Option**

If you agree to participate in the study, please let us know by saying YES

**SURVEYOR PLEASE SELECT:**

**YES**

**NO**

**Written Consent Option**

I understand the procedures described above. My questions have been answered to my satisfaction.

I agree to participate in this questionnaire

\_\_\_\_\_

Signature of Respondent

<p><b>IF HH ID IS 1 AND CONSENT IS</b></p> <p><b>1. YES: PROCEED TO D.1</b></p> <p><b>2. NO: GO BACK TO D0A.2</b></p> <p><b>IF HH ID IS 3 AND CONSENT IS</b></p> <p><b>1. YES:</b></p> <p>a. Previous question is D0A.6: PROCEED TO D.1</p> <p>b. Previous question is D0B.6: PROCEED TO D.1</p> <p>c. Previous question is D0C.4: PROCEED TO D.1C.1</p> <p><b>2. No:</b></p> <p>a. Previous question is D0A.6 : GO BACK TO DOA.2</p> <p>b. Previous question is D0B.6: GO BACK TO DOB.2</p> <p>c. Previous question is D0C.4 – GO BACK TO DOC.2</p>
<p><b>IF HH ID IS 2 AND CONSENT IS</b></p> <p><b>1. YES</b></p> <p>a. Previous question is D0B.6 – PROCEED TO D.1</p> <p>b. Previous question is D0C.4 – PROCEED TO D1C.1</p> <p><b>2. NO</b></p> <p>a. Previous question is D0B.6 – GO BACK TO D0B.2</p> <p>b. Previous question is D0C.4 – GO BACK TO D0C.2</p>

	<p><b><u>SECTION D.1: INJECTIONS DURING PREGNANCY</u></b></p> <p>SPECIFIC TO CHILDREN Based on name chosen either in D0A.2 or D0B.2</p>		
D.AB	<p>Are you the mother of [insert child name]?</p> <p>Surveyor: Please observe gender before asking this question</p>	<p>1. Yes</p> <p>2. No</p>	<p><b>If No – Skip to D.3</b></p>
	<p>Now I am going to ask you questions about injections you received during your pregnancy with [child name]</p> <p>Surveyor: Explain to the respondent what we mean by “injection”. i.e. an insertion of any kind of medicine into the body through a syringe</p>		

D1AB.1.	How many injections were administered to you, <b>in total</b> , when you were pregnant with [child name]?	 999. Don't know	If answer is 0, then skip to D1AB.4  If answer is 999, go to D1AB.1_1  If answer is NOT 0 or 999, skip to D1AB.2  Total of D1AB.2 and D1AB.3 should be equal to D1AB.1
D1AB.1_1	Approximately, how many injections were administered to you in total, when you were pregnant with [child name]?	<ol style="list-style-type: none"> <li>1. Less than 5</li> <li>2. Between 5 to 10</li> <li>3. Between 11 to 15</li> <li>4. Between 16 to 20</li> <li>5. More than 20</li> </ol>	
D1AB.2.	How many injections were administered to you because you had fallen sick when you were pregnant with [child name]?	 999. Don't know	If answer is 0 or a positive number, skip to D1AB.3 If answer is 999, go to D1AB.2_1
D1AB.2_1	Approximately, how many injections were administered to you because you had fallen sick when you were pregnant with [child name]?	<ol style="list-style-type: none"> <li>1. Less than 5</li> <li>2. Between 5 to 10</li> <li>3. Between 11 to 15</li> <li>4. Between 16 to 20</li> <li>5. More than 20</li> </ol>	If D1AB.1_1 is blank, this answer should be less than or equal to option selected in D1AB.1 If D1AB.1_1 is not blank, should be less than or equal to option in D1AB.1_1
D1AB.3.	How many vaccines were administered to you when you were pregnant with [child name]?	 999. Don't know	If Answer is NOT 0 and NOT 999 – Skip to D.2 If Answer is 0, skip to D1AB.4  If answer is 999, go to D1AB.3_1
D1AB.3_1	Approximately, how many vaccines were administered to you when you were pregnant with [child name]?	<ol style="list-style-type: none"> <li>1. Less than 5</li> <li>2. Between 5 to 10</li> <li>3. Between 11 to 15</li> <li>4. Between 16 to 20</li> <li>5. More than 20</li> </ol>	If D1AB.1_1 is blank, should be less than or equal to option selected in D1AB.1 If D1AB.1_1 is not blank, should be less than or equal to option selected in D1AB.1_1 Skip to D.2
D1AB.4.	Why did you not take any vaccine when you were pregnant with [child	<ol style="list-style-type: none"> <li>1. Unaware about vaccination/immunization</li> </ol>	Skip to D.3

	name]?	2. Did not know about free vaccinations at session camps 3. PHC/Session camp too far 4. Forgot 5. It does not work/Don't believe in vaccinations 997. Refuse to answer 998. Other (Specify) _____ 999. Don't Know	
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	<b>SPECIFIC TO PREGNANT WOMEN</b> Now I am going to ask you questions about injections you received during your current pregnancy Surveyor: Explain to the respondent what we mean by "injection". i.e. an insertion of any kind of medicine into the body through a syringe		
D1C.1.	How many months pregnant are you?	<input type="text"/> <input type="text"/> 1. Weeks 2. Months 999. Don't Know	
D1C.2.	How many injections were administered to you, <b>in total</b> , during your current pregnancy?	<input type="text"/> <input type="text"/> 999. Don't know	If answer is 0 then skip to D1C.5 If answer is 999, go to D1C.2_1 If answer is NOT 0 nor 999, skip to D1C.3
D1C.2_1	Approximately, how many injections were administered to you, <b>in total</b> , during your current pregnancy?	1. Less than 5 2. Between 5 to 10 3. Between 11 to 15 4. Between 16 to 20 5. More than 20	
D1C.3.	How many injections were administered to you, because you had fallen sick during your current pregnancy?	<input type="text"/> <input type="text"/> 999. Don't know	If answer is 999, go to D1C.3_1 If answer is 0 or anything other than 999, skip to D1C.4
D1C.3_1	Approximately, how many injections were administered to you, because you had fallen sick during your current pregnancy?	1. Less than 5 2. Between 5 to 10 3. Between 11 to 15 4. Between 16 to 20 5. More than 20	If D1C.2_1 is blank, should be less than or equal to option selected in D1C.2 If D1C.2_1 is not blank, should be less than or equal to option selected in D1C.2_1

D1C.4.	How many vaccines were administered to you during your current pregnancy?  Surveyor Explain Vaccines: Vaccine implies any injection that is not given only because of sickness, that is an injection that is administered to prevent illness	<input type="text"/> <input type="text"/>  999. Don't know	If answer is 0 then skip to D1C.5 If answer is 999, go to D1C.4_1 If answer is NOT 0 nor 999, skip to D2
D1C.4_1	Approximately, how many vaccines were administered to you during your current pregnancy?	1. Less than 5 2. Between 5 to 10 3. Between 11 to 15 4. Between 16 to 20 5. More than 20	If D1C.2_1 is blank, should be less than or equal to option selected in D1C.2 If D1C.2_1 is not blank, should be less than or equal to option selected in D1C.2_1  Skip to D.2
D1C.5.	Why have you not taken any vaccines during the current pregnancy?	1. Unaware about vaccination/immunization 2. Did not know about free vaccinations at session camps 3. PHC/Session camp too far 4. Forgot 5. It does not work/Don't believe in vaccinations  998. Other (Specify) _____ 999. Don't Know	Skip to Section D7C.1

D.2	<p><b><u>SECTION D.2: VACCINATIONS DURING PREGNANCY</u></b></p> <p>Now I would like to ask you about each of the vaccines that were administered to you during this pregnancy, <b>starting from the last vaccine to the first.</b></p> <p>Remind the mother that we are talking about vaccinations (again explaining vaccines) as answered in D1AB.3 OR D1C.4.</p> <p>If the preceding section is D1AB:</p> <ul style="list-style-type: none"> <li>- If D1AB.3_1 is blank, the loop of D.2.1 to D.2.13 should appear as many times as per the answer in D1AB.3</li> <li>- If D1AB.3_1 is not blank, this loop should appear for the range of times selected in D1AB.3_1</li> </ul> <p>If the preceding section is D1C:</p> <ul style="list-style-type: none"> <li>- If D1C.4_1 is blank, the loop of D.2.1 to D.2.13 should appear as many times as per the answer in D1C.4</li> <li>- If D1C.4_1 is not blank, this loop should appear for the range of times selected in D1C.4.1</li> </ul>
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	VACCINES		
D.2.1	Number of Weeks/Months Pregnant when you received this vaccine?	<input type="text"/> <input type="text"/>	

		1. Weeks 2. Months 997. Refuse to answer 999. Don't know	
D.2.2	Name the vaccine	1. Tetanus 997. Refuse to answer 998. Other (Specify) _____ 999. Don't Know	
D.2.3	Where was this vaccine administered?	1. Primary Health Centre 2. Sub Centre 3. Govt./Civil Hospital 4. Dispensary 5. Aganwadi centre in village 6. Session Camp held by the ANM 7. Private Hospital 8. Ayurvedic Hospital 9. TB Hospital 10. Medicine Shop 11. Aid Post 12. Special Camp 13. NGO Clinic 14. Govt. Mobile Clinic 15. Home (someone came home to administer injection) 16. Community Centre 997. Refuse to answer 998.. Other (Specify) _____ 999. Don't know	If Option 5 is chosen – skip to D2.5  If Option 3 or 4 is chosen – move to D2.4  If option 15 or 997 or 999 is selected, skip to D.2.9  If any other option is chosen (including Other) – Skip to D.2.6
D.2.4	By dispensary/hospital do you mean the local government run clinic that provides free services?	1. Yes 2. No 997. Refuse to answer 999. Don't know	Skip to D2.6
D.2.5	Was the vaccine at the aganwadi centre administered through a regular camp conducted by government officials/nurses?	1. Yes 2. No 999. Don't Know	
D.2.6	How long does it take to reach this place from your home?	1. < 10 minutes 2. 10 minutes to half an hour 3. Half an hour to 1 hour 4. 1 to 2 hours 5. Over 2 hours 998.Other (Specify) _____ 999.Don't know	
D.2.7	What was the mode of transport used?	1. Walking 2. Cycle 3. Private transport ( motorbike, car) 4. Public transport (auto, public bus, train) 997. Refuse to answer 998. Other (Specify) _____	If Option 1,2 or 3 chosen – skip to D.2.9  If 997, 998 or 999, skip to D.2.9

		999. Don't Know			
D.2.8	How much does it cost you to travel from home to this place and back?	<input type="text"/>	Should be numeric starting from 0 and cap at 9999		
D.2.9	Who administered the vaccine?	<ol style="list-style-type: none"> <li>1. Medical Officer/Govt. Doctor</li> <li>2. Govt. Male Nurse</li> <li>3. Govt. Female Nurse</li> <li>4. Govt. Compounder</li> <li>5. Govt. Pharmacist</li> <li>6. Private male nurse</li> <li>7. Private female nurse</li> <li>8. Private compounder</li> <li>9. Private pharmacist</li> <li>10. ANM</li> <li>11. ASHA Worker</li> <li>12. Private qualified doctor</li> <li>13. Bengali Doctor</li> <li>14. TBA/Daima</li> <li>15. Volunteer Health worker</li> <li>16. Bhopa/Bhagat/Baba</li> <li>17. School teacher</li> <li>18. Anganwaadi worker</li> <li>19. Other NGO worker</li> </ol> 997. Refuse to answer 998. Other (Specify) _____ 999. Don't Know			
D.2.10	On which part of the body was the vaccine administered? Respondent can just point to the body part	<ol style="list-style-type: none"> <li>1. Left shoulder/arm</li> <li>2. Right shoulder/arm</li> <li>3. Arm/Shoulder but don't know which side</li> <li>4. Thigh/Buttocks</li> <li>5. Foreleg</li> </ol> Waist 997. Refuse to answer 998. Other (Specify) _____ 999. Don't know			
D.2.11	Did you have to pay for any of the following when you got any one of the vaccines? Surveyor: Read options aloud  (Select many)	<ol style="list-style-type: none"> <li>1. Consultancy</li> <li>2. Medicine for the Vaccine</li> <li>3. Syringe</li> <li>4. Any tablet/syrup given after vaccine</li> <li>5. None of the above</li> </ol> 997. Refuse to answer 999. Don't Know	If Option 5 or "Don't know" or "refuse to answer" selected - Skip to D.2.13		
D.2.12	How much did you pay for each of the following?	<table border="1" style="width: 100%;"> <tr> <td style="width: 60%;">Options selected in D.2.11 would be displayed</td> <td style="width: 40%;"><input type="text"/></td> </tr> </table>	Options selected in D.2.11 would be displayed	<input type="text"/>	
Options selected in D.2.11 would be displayed	<input type="text"/>				
D.2.13	Did you receive any other vaccine before this one?	<ol style="list-style-type: none"> <li>1. Yes</li> <li>2. No</li> </ol>	The answer to this question has to be Yes until the number of		

	<p>(Programmer Note: Should show number of vaccines pending as per answer in D1AB.3 or D1C.8)</p>		<p>loops has reached the number in D1AB.3 or D1C.4 depending on the preceding section if D1AB.3 is a positive number (not 999) or D1C.4 is a positive number (not 999) respectively</p> <p>If answer in D1AB.3_1 (or D1C.4_1 depending on preceding section) is not blank, the number of times this answer is Yes should be in the range selected in D1AB.3_1 (or D1C.4_1)</p> <p>If Yes: Move to next Vaccine</p> <p>If No:</p> <ol style="list-style-type: none"> <li>1. If Respondent is Pregnant Woman (as chosen in D0C.2) - then skip to D.7C.1</li> <li>2. If Respondent is mother of child (as chosen in D0A.2 or D0B.2) – Skip to D.3</li> </ol>
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D.3	<p><b><u>SECTION D.3 : INJECTIONS GIVEN TO CHILD</u></b></p> <p>WOULD ONLY BE ASKED IF RESPONDENT HAS BEEN CHOSEN FROM D0A.2 OR D0B.2 Name of child would be programmed from all questions as chosen in D0A.2 or D0B.2</p> <p><b>Now I would like to ask you some questions about injections received by your child (get name from cover)</b></p>
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D3AB.1	How many injections has [child name] receive, <b>in total</b> , since birth?	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> 999. Don't know	If answer is 0 then skip to D3AB.4  If answer is 999, go to D3AB.1_1  If answer is NOT 0 nor or 999, skip to D3AB.2  Total of D3AB.2 and D3AB.3 should be equal to D3AB.1
D3AB.1_1	Approximately, how many injections has [child name] receive, <b>in total</b> , since birth?	1. Less than 5 2. Between 5 to 10 3. Between 11 to 15 4. Between 16 to 20 5. More than 20	
D3AB.2	How many injections has [child name] received, since birth, because of falling sick?	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> 999. Don't know	If answer is 999, go to D3AB.2_1  If answer is 0 or any positive number, skip to D3AB.3  Answer should be less than D3AB.1 and can be 0
D3AB.2_1	Approximately, how many injections has [child name] received, since birth, because of falling sick?	1. Less than 5 2. Between 5 to 10 3. Between 11 to 15 4. Between 16 to 20 5. More than 20	If D3AB.1_1 is blank, this answer should be less than or equal to option selected in D3AB.1 If D3AB.1_1 is not blank, this answer should be less than or equal to option selected in D3AB.1_1
D3AB.3	How many vaccines has [child name] received since birth?  Surveyor explain vaccines: Vaccine implies any injection that is not given only because of sickness, that is an	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> 999. Don't know	If answer is NOT 0 and NOT 999 – Skip to D.4  If answer is 999, go to D3AB.3_1

	injection that is administered to prevent illness)		If answer is 0, skip to D3AB.4
D3AB.3_1	Approximately how many vaccines has [child name] received since birth?	<ol style="list-style-type: none"> <li>1. Less than 5</li> <li>2. Between 5 to 10</li> <li>3. Between 11 to 15</li> <li>4. Between 16 to 20</li> <li>5. More than 20</li> </ol>	<p>If D3AB.1_1 is blank, this answer should be less than or equal to option selected in D3AB.1</p> <p>If D3AB.1_1 is not blank, this answer should be less than or equal to option selected in D3AB.1_1</p>
D3AB.4	Why has your child [child name] never been given any vaccinations till now?	<ol style="list-style-type: none"> <li>1. Unaware about vaccinations</li> <li>2. Did not know about free camps</li> <li>3. PHC/Session camp too far</li> <li>4. Forgot</li> <li>5. It does not work/Don't believe in vaccinations</li> </ol> <p>998. Other (Specify) _____</p> <p>999. Don't Know</p>	Skip to D.5

D.4	<p><b><u>SECTION D.4 : VACCINATION GIVEN TO CHILD</u></b></p> <p>Now I would like to ask some questions about every vaccine that was administered to your child till now, <b>starting with the first vaccine to the last vaccine.</b></p> <p>Surveyor: Remind the respondent that we are talking about vaccines (explaining vaccines again) as answered by them in the previous section</p> <p>PROG NOTE: The loop of D4AB.1 to D4AB.20 should appear as many times as per the answer in D3AB.3 if D3AB.3_1 is blank. If D3AB.3_1 is not blank, this loop should appear for the range of times selected in D3AB.3_1</p>
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	<p><b>VACCINE</b></p> <p>If the child was taken for this vaccine by someone other than the primary caregiver, please ask the respondent to take help from the person who took the child for this vaccine</p>		
D4AB.1	Did you accompany the child when he/she received this vaccine?	<ol style="list-style-type: none"> <li>1. Yes</li> <li>2. No</li> </ol>	If Yes, skip to D4AB.3
D4AB.2	Who took the child for this vaccine? (Choose relationship from the child's perspective)	<ol style="list-style-type: none"> <li>1. Father/Mother</li> <li>2. Brother/Sister</li> <li>3. Brother-in-law/Sister-in-law</li> <li>4. Grandparent</li> <li>5. Uncle/Aunt</li> <li>6. Nephew/Niece</li> <li>7. Other family (Specify) _____</li> </ol>	

		8. Household help 9. Friend 997. Refuse to answer 998. Other (Specify) _____ 999. Don't Know	
	Surveyor: While answering the following questions, please ask the respondent to take help from the person who took the child for this vaccine as answered above		
D4AB.3	Age of child when vaccine was administered?  <input type="text"/> <input type="text"/>	1. Years 2. Weeks 3. Months 4. Days 997. Refuse to answer 999. Don't know	<u>If Sample ID is 1 or 3:</u> - If Years is selected, cap the numeric value at 3 - If Weeks is selected, cap the numeric value at 156 - If Months is selected, cap the numeric value at 36 - If days is selected, cap the numeric value at 30  <u>If Sample ID is 2:</u> - Option for Years should not show - If Weeks is selected, cap the numeric value at 24 - If Months is selected, cap the numeric value at 6 - If days is selected, cap the numeric value at 30
D4AB.4	Where was this vaccine administered?	1. Primary Health Centre 2. Sub Centre 3. Govt./Civil Hospital 4. Dispensary 5. Anganwadi centre in village 6. Session Camp held by the ANM 7. Private Hospital 8. Ayurvedic Hospital 9. TB Hospital 10. Medicine Shop 11. Aid Post 12. Special Camp 13. NGO Clinic 14. Govt. Mobile Clinic 15. Home (someone came home to administer injection) 16. Community Centre 997. Refuse to answer 998. Other (Specify) _____ 999. Don't know	If Option 5 is chosen – skip to D4AB.6  If Option 3 or 4 is chosen – move to D4AB.5  If Option 15 is chosen, skip to D.4.AB.10  If 997 or 999, skip to D4AB.10  If any other option is chosen – Skip to D4AB.7
D4AB.5	By dispensary/hospital do you mean the local government run clinic that provides free services?	1. Yes 2. No 999. Don't know	Skip to D4AB.7
D4AB.6	Was the vaccine at the anganwadi centre administered through a regular camp conducted by government officials/nurses?	1. Yes 2.. No 999. Don't Know	

D4AB.7	How long does it take to reach this place?	<ol style="list-style-type: none"> <li>1. &lt; 10 minutes</li> <li>2. 10 minutes to half an hour</li> <li>3. Half an hour to 1 hour</li> <li>4. 1 to 2 hours</li> <li>5. Over 2 hours</li> </ol> 998. Other (Specify) _____ 999. Don't know					
D4AB.8	What was the mode of transport used?	<ol style="list-style-type: none"> <li>1. Walking</li> <li>2. Cycle</li> <li>3. Private transport (motorbike, car)</li> <li>4. Public transport (auto, public bus, train)</li> </ol> 997. Refuse to answer 998. Other (Specify) _____ 999. Don't Know	If Option 1,2, 3, 997 or 999 chosen – skip to D4AB.10  For all other options, go to next question				
D4AB.9	How much does it cost you to travel from home to this place and back?	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> </tr> </table>					Should be numeric starting from 0 and cap at 9999
D4AB.10	Who administered the vaccine? =	<ol style="list-style-type: none"> <li>1. Medical Officer/Govt. Doctor</li> <li>2. Govt. Male Nurse</li> <li>3. Govt. Female Nurse</li> <li>4. Govt. Compounder</li> <li>5. Govt. Pharmacist</li> <li>6. Private male nurse</li> <li>7. Private female nurse</li> <li>8. Private compounder</li> <li>9. Private pharmacist</li> <li>10. ANM</li> <li>11. ASHA Worker</li> <li>12. Private qualified doctor</li> <li>13. Bengali Doctor</li> <li>14. TBA/Daima</li> <li>15. Volunteer Health worker</li> <li>16. Bhopa/Bhagat/Baba</li> <li>17. School teacher</li> <li>18. Anganwaadi worker</li> <li>19. Other NGO worker</li> </ol> 997. Refuse to answer 998. Other (Specify) _____ 999. Don't Know					
D4AB.11	Can you name this vaccine?	<ol style="list-style-type: none"> <li>1. BCG</li> <li>2. DPT</li> <li>3. Pentavalent</li> <li>4. Measles</li> <li>5. HB-1, Hepatitis</li> </ol> 997. Refuse to answer 998. Others (Specify) 999. Don't know					
D4AB.12	Do you know which diseases, if any, this vaccine was given to	<ol style="list-style-type: none"> <li>1. T.B.</li> <li>2. Diptheria</li> <li>3. Whooping Cough</li> </ol>					

	prevent? Multiple select	4. Tetanus 5. Measles 997. Refuse to answer 998. Others (Specify) 999. Don't Know			
D4AB.13	On which part of the body was the vaccine administered? <b>Respondent can just point to the body part</b>	1. Left shoulder/arm 2. Right shoulder/arm 3. Arm/Shoulder but don't know which side 4. Thigh/Buttocks 5. Foreleg 6. Waist 997. Refuse to answer 998. Other (Specify) _____ 999. Don't know			
D4AB.14	Were any of the following given to [child name] at the time the vaccine was given?  Surveyor : read options aloud (Multiple options)	1. Oral drops 2. Tablets 3. Syrup 4. None of the above 997. Refuse to answer 999. Don't Know	If any option other than Option 1 is selected – Skip to D4AB.16		
D4AB.15	What kind of oral drops were given?	1. Polio Drops (OPV) 2. Vitamin A 997. Refuse to answer 998. Other (Specify) _____ 999. Don't know			
D4AB.16	What conditions/symptoms/illness, if any, did the child experience after the administration of the vaccine? (Read options aloud) Select Many	1. Fever 2. Excessive crying 3. Pain at the site of injection 4. Redness at the site of injection 5. Swelling at the site of injection 6. None of the above 997. Refuse to answer 998. Others, (Specify) 999. Don't Know	If Option 6 or 997 or 999 is selected, nothing else can be selected and skip to D4AB.18		
D4AB.17	For how long did each of the symptoms last?	<table border="1"> <tr> <td>Options selected in D.4.16 would be displayed</td> <td> 1. 0-2 hours  2. 2 - 24 hours  3. 24- 48 hours  4. For more than 2 days  5. For more than 5 days  999. Don't Know </td> </tr> </table>	Options selected in D.4.16 would be displayed	1. 0-2 hours 2. 2 - 24 hours 3. 24- 48 hours 4. For more than 2 days 5. For more than 5 days 999. Don't Know	
Options selected in D.4.16 would be displayed	1. 0-2 hours 2. 2 - 24 hours 3. 24- 48 hours 4. For more than 2 days 5. For more than 5 days 999. Don't Know				
D4AB.18	Did you have to pay for any of the following when you got any one of the vaccines? Surveyor: Read options aloud  Select Many	1. Consultancy 2. Medicine for the Vaccine 3. Syringe 4. Any tablet/syrup given after vaccine 5. None of the above 997. Refuse to answer 999. Don't Know	If Option 5 or 999 or 997 is selected, nothing else can be selected and skip to D4AB.20		

D4AB.19	How much did you pay for each of the following?	<div style="border: 1px solid black; padding: 5px; display: inline-block;"> Options selected in D.4.18 would be displayed <div style="display: inline-block; border: 1px solid black; width: 60px; height: 20px; margin-left: 10px;"></div> </div>	
D4AB.20	Was any other vaccine administered to the child after he/she was administered this vaccine?  (Prog Note: Should show number of vaccines pending as per answer in D.3.3)	1. Yes 2. No	The answer to this question has to be Yes until the number of loops has reached the number in D3AB.3 if D3AB.3 is a positive number and not 999  If answer in D3AB.3_1 is not blank, the number of times this answer is Yes should be in the range selected in D3AB.3_1  If Yes – move to next vaccine  If No – move to D4AB.21

D4AB.21	Surveyor ask to see the child being spoken about  Is the child there?	1. Yes 2. No, is in school 3. No, is sleeping 4. No, is gone out of town 997. Refuse to answer 998. Other, Specify: _____	If Option 2,3, 4, 997 or 998 selected – skip to D4AB.23
D4AB.22	Does the child have a BCG scar?	1. Yes, left shoulder 2. Yes, right shoulder 3. No	Skip to D.5
D4AB.23	Surveyor show the picture of the scar to parents  Does the child have a scar like this?	1. Yes, left shoulder 2. Yes, right shoulder 3. No 4. Not sure	Go to D.5

<p><b><u>SECTION D.5: POLIO VACCINES</u></b></p> <p>WOULD ONLY BE ASKED IF RESPONDENT HAS BEEN CHOSEN FROM Q D0A.2 or D0B.2 Name of child would be programmed from all questions as chosen in D0A.2 or D0B.2</p> <p><b>Now I would like to ask you some questions about drops received by [insert child name]</b></p>					
D5AB.1	Has [child name] ever received oral drops for polio?	<ol style="list-style-type: none"> <li>1. Yes</li> <li>2. No</li> <li>997. Refuse to answer</li> <li>999. Don't Know</li> </ol>	If No, 997 or 999– Skip to D.7AB.1		
D5AB.2	How many times has [child name] received drops for polio, to include drops given during pulse polio campaign and other campaigns)?	<table border="1" style="width: 100px; height: 20px; margin: 0 auto;"> <tr> <td style="width: 50px;"></td> <td style="width: 50px;"></td> </tr> </table> <p>999. Don't Know</p>			<p>The answer should NOT be 0</p> <p>Cap it at 30</p> <p>If answer is 999, go to D5AB.2_1</p>
D5AB.2_1	Approximately, how many times has [child name] received drops for polio, to include drops given during pulse polio campaign and other campaigns)?	<ol style="list-style-type: none"> <li>1. Less than 5 times</li> <li>2. 5 to 10 times</li> <li>3. More than 10 times</li> </ol>			

D.6	<p><b><u>SECTION D.6 : POLIO VACCINES FOR CHILD</u></b></p> <p><b>Now I would like to ask about the last 4 polio drops given to the child, starting from the last</b></p> <p>Surveyor: Remind the respondent that we are talking about each polio drop given to child, as answered by them in the previous section</p> <p>PROG NOTE: The loop of D.6AB.1 to D.6AB.13 should appear as many times as per the answer in D5AB.2. If D5AB.2_1 is blank and the answer in D5AB.2 is not 0 or 999, AND the value is greater than 4, D6AB.1-D6AB.13 will be asked 4 times.</p> <p>If D5AB.2_1 is not blank, this loop should appear 4 times</p>
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<b>POLIO DROP</b>			
D6AB.1	Did you accompany the child when he/she received this polio drop?	<ol style="list-style-type: none"> <li>1. Yes</li> <li>2. No</li> </ol>	If Yes, skip to D6AB.3
D6AB.2	Who took the child for this polio drop? (Choose relationship from the child's perspective)	<ol style="list-style-type: none"> <li>1. Father/Mother</li> <li>2. Brother/Sister</li> <li>3. Brother-in-law/Sister-in-law</li> <li>4. Grandparent</li> <li>5. Uncle/Aunt</li> <li>6. Nephew/Niece</li> <li>7. Other family (Specify) _____</li> <li>8. Household help</li> <li>9. Friend</li> <li>997. Refuse to answer</li> <li>998. Other (Specify) _____</li> <li>999. Don't know</li> </ol>	
Surveyor: While answering the following questions, please ask the respondent to take help from the person who			

	took the child for this drop as answered above		
D6AB.3	Age of child when polio drop was given?	<input type="text"/> <input type="text"/> 1. Years 2. Weeks 3. Months 4. Days 999. Don't know	If 999 is selected, the box should be blank  <u>If Sample ID is 1 or 3:</u> - If Years is selected, cap the numeric value at 3 - If Weeks is selected, cap the numeric value at 156 - If Months is selected, cap the numeric value at 36 - If days is selected, cap the numeric value at 30  <u>If Sample ID is 2:</u> - Option for Years should not show - If Weeks is selected, cap the numeric value at 24 - If Months is selected, cap the numeric value at 6 - If days is selected, cap the numeric value at 30
D6AB.4	Where was this drop administered?	1. Primary Health Centre 2. Sub Centre 3. Govt./Civil Hospital 4. Dispensary 5. Aganwadicentre in village 6. Session Camp held by the ANM 7. Private Hospital 8. Ayurvedic Hospital 9. TB Hospital 10. Medicine Shop 11. Aid Post 12. Special Camp 13. NGO Clinic 14. Govt. Mobile Clinic 15. Home (someone came home to administer injection) 16. Community Centre 997. Refuse to answer 998. Other (Specify) _____ 999. Don't know	If Option 5 is chosen – skip to D6AB.6  If Option 3 or 4 is chosen – move ahead  If Option 15, 997 or 999 is selected, skip to D6.AB.10  If any other option is chosen – Skip to D.6AB.7
D6AB.5	By dispensary/hospital do you mean the local government run clinic that provides free services?	1. Yes 2. No 997. Refuse to answer 999. Don't know	Skip to D6AB.7
D6AB.6	Was the polio drop at the	1. Yes	

	anganwadi centre administered through a regular camp conducted by government officials/nurses?	2. No 997. Refuse to answer 999. Don't Know	
D6AB.7	How long does it take to reach this place?	1. < 10 minutes 2. 10 minutes to half an hour 3. Half an hour to 1 hour 4. 1 to 2 hours 5. Over 2 hours 997. Refuse to answer 998. Other (Specify) _____ 999. Don't know	
D6AB.8	What was the mode of transport used?	1. Walking 2. Cycle 3. Private transport ( motorbike, car) 4. Public transport (auto, public bus, train) 997. Refuse to answer 998. Other (Specify) _____ 999. Don't Know	If Option 1,2 or 3 chosen – skip to D.6.AB.10  If 997 or 999 – skip to D6AB.10
D6AB.9	How much does it cost you to travel from home to this place and back?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Should be numeric starting from 0 and cap at 9999
D6AB.10	Who administered the polio drop?	1. Medical Officer/Govt. Doctor 2. Govt. Male Nurse 3. Govt. Female Nurse 4. Govt. Compounder 5. Govt. Pharmacist 6. Private male nurse 7. Private female nurse 8. Private compounder 9. Private pharmacist 10. ANM 11. ASHA Worker 12. Private qualified doctor 13. Bengali Doctor 14. TBA/Daima 15. Volunteer Health worker 16. Bhopa/Bhagat/Baba 17. School teacher 18. Anganwaadi worker 19. Other NGO worker 997. Refuse to answer 998. Other (Specify) _____ 999. Don't Know	
D6AB.11	Did you have to pay for any of the following when you got any one of the polio drops? Surveyor: Read options aloud  Select Many	1. Consultancy 2. Medicine for the Vaccine 3. Any tablet/syrup given after vaccine 4. None of the above 997. Refuse to answer 999. Don't Know	If option 4, 997 or 999 selected, nothing else can be selected and skip to D6AB.13

D6AB.12	How much did you pay for each of the following?	Options selected in D.6AB.11 would be displayed	<input type="text"/> <input type="text"/> <input type="text"/>	
D6AB.13	Were there any other polio drops given to the child before this?	1. Yes 2. No		The answer to this question has to be Yes until the number of loops has reached the number in D5AB.2 if D5AB.2 is a positive number (not 999)  If answer in D5AB.2_1 is not blank, the number of times this answer is Yes should be in the range selected in D5AB.2_1  If Yes – move to next polio drops  If No – Skip to D.7AB.1

<b><u>D.7 : DETAILS ON IMMUNIZATION CARD</u></b>					
D7C.1 – D7C.5: Asked only to pregnant women , i.e., for names selected in D0C.2 and Sample ID is 2 or 3					
<b>D7C.1</b>	Did you receive an immunization card for yourself?	1. Yes 2. No 999. Don't know	If No or 999– Skip to Section E		
<b>D7C.2</b>	Surveyor: Please ask to see the immunization card  Did the respondent present the card to you?	1. Yes 2. No	If Yes, skip to D7C.4		
<b>D7C.3</b>	What happened to the card?	1. Lost 2. Left it at my mother's house 3. Was taken back by the ANM/govt. nurse/govt. clinic 4. Was taken back by the pvt. Nurse/hospital/clinic 998. Other Specify: _____ 999. Don't Know	Skip to Section E		
<b>D7C.4</b>	Surveyor please take a picture of the main page of the IMN Card listing all the records				
<b>D7C.5</b>	Please copy dates from immunization card	Received	Date when vaccine was GIVEN		
	1	Tetanus 1	Day	Month	Year
		1. Yes 2. Yes, date not mentioned 3. No	<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 option 2 selected, move to next vaccine) (If No – move to next vaccine)				
	2	Tetanus 2	1. Yes 2. Yes, date not mentioned 3. No (If option 2 selected, move to next vaccine) (If No – move to next vaccine)	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	3	Tetanus (Booster)	1. Yes 2. Yes, date not mentioned 3. No (If option 2 selected, move to Section E) (If No – move to next vaccine)	<input type="text"/>	<input type="text"/>	<input type="text"/>	
<b>Move to Section E</b>							

	<b>WOULD ONLY BE ASKED IF RESPONDENT HAS BEEN CHOSEN FROM D0A.2 OR D0B.2</b>						
D7AB.1	Did you receive an immunization card for [child name]?		1. Yes 2. No 999. Don't know			If No or 999 – Skip to D.8.1	
D7AB.2	Surveyor: Please ask to see the immunization card  Did the respondent present the card to you?		1. Yes 2. No			If Yes skip to D7AB.5	
D7AB.3	What happened to the card?		1. Lost 2. Left it at my mother's house 3. Was taken back by the ANM/govt. nurse/govt. clinic 4. Was taken back by the pvt. Nurse/hospital/clinic 998. Other Specify: _____ 999. Don't Know			Skip to Section D.8.1	
D7AB.4	Surveyor please take a picture of the main page of the IMN Card listing all the records						
D7AB.5	Please copy dates from immunization card		Received	Date when vaccine is GIVEN			
				Day	Month	Year	
	1	Tetanus 1 (for	1. Yes	<input type="text"/>	<input type="text"/>	<input type="text"/>	

		mother)	2. Yes, date not mentioned 3. No 4. Don't have card for pregnancy (If answer is 2/3/4, skip to next vaccine)				
	2	Tetanus 2 (for mother)	1. Yes 2. Yes, date not mentioned 3. No 4. Don't have card for pregnancy (If answer is 2/3/4, skip to next vaccine)	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	3	Tetanus Booster (for mother)	1. Yes 2. Yes, date not mentioned 3. No 4. Don't have card for pregnancy (If answer is 2/3/4, skip to next vaccine)	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	4	BCG	1. Yes 2. Yes, date not mentioned 3. No (If answer is 2/3, skip to next vaccine)	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	5	Polio 0	1. Yes 2. Yes, date not mentioned 3. No (If answer is 2/3, skip to next vaccine)	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	6	DPT/Penta 1	1. Yes 2. Yes, date not mentioned 3. No (If answer is 2/3, skip to next vaccine)	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	7	Polio 1	1. Yes 2. Yes, date not mentioned 3. No (If answer is 2/3, skip to next vaccine)	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	8	DPT/Pent 2	1. Yes 2. Yes, date not mentioned	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

			3. No (If answer is 2/3, skip to next vaccine)				
9	Polio 2		1.Yes 2. Yes, date not mentioned 3. No (If answer is 2/3, skip to next vaccine)	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
10	DPT/Penta 3		1.Yes 2. Yes, date not mentioned 3. No (If answer is 2/3, skip to next vaccine)	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
11	Polio 3		1.Yes 2. Yes, date not mentioned 3. No (If answer is 2/3, skip to next vaccine)	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
12	Measles 1		1.Yes 2. Yes, date not mentioned 3. No (If answer is 2/3, skip to next vaccine)	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
13	Measles 2		1.Yes 2. Yes, date not mentioned 3. No (If answer is 2/3, skip to next vaccine)	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
14	DPT/Penta (Booster)		1.Yes 2. Yes, date not mentioned 3. No (If answer is 2/3, skip to next vaccine)	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
15	Polio (Booster)		1.Yes 2. Yes, date not mentioned 3. No (If answer is 2/3, skip to D8.1)	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

D.8.1	Are you also the primary guardian for any of the following children?	(Display name of all children between ages 1 to 3 in drop down list)	ONLY ASKED IF SPEAKING TO CHILD BETWEEN AGE 1 to 3 i.e if HH ID ends with 1 or 3 and child
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		1. Yes 2. No 3. No more children in list	was selected in D0A.2  If Yes – Go back to D0A.2 If 2/3 – Skip to Section E
D.8.2	Are you also the primary guardian for any of the following children?	(Display name of all children below 6 months in drop down list)  1. Yes 2. No 3. No more children in list	ONLY ASKED IF SPEAKING TO CHILD BELOW 6 MONTHS i.e. if HH id ends with 2 or 3 and child was selected in D0B.2  If Yes – Go back to D0B.2 If 2/3– Skip to Section E

<b><u>SECTION E: KNOWLEDGE OF AND ATTITUDES TOWARDS IMMUNIZATION</u></b>			
<b>Now I will ask you a few questions about your knowledge of and attitude towards immunization</b>			
Surveyor: Explain Session Camps: A session camp is a camp organized by the PHC where vaccines for immunization are given to children and pregnant woman. Surveyor: Please make sure that the respondent knows that the questions that will be asked now are based on immunization session camps which are different from the polio camps. THIS IS NOT THE SAME AS POLIO CAMPS			
E1.	Are you aware of session/immunization camps being held?	1. Yes 2. No 997. Refuse to answer	If No/ refuse to answer – Skip to Section F
E2.	In your experience, how regularly do session/immunization camps happen in your village?	1. More than once a month 2. Once a month 3. Once in 2 months 4. Once in 6 months 5. Never 997. Refuse to answer 998. Other, Specify : _____ 999. Don't Know	If option 5 or 999 selected, skip to E8  For all other options, move to next question
E3.	When was the last time that you are aware of a session/immunization camp happening in your village?	1. Within past week 2. Within last month 3. Within last 2 months 4. More than 2 months ago 997. Refuse to answer 999. Don't Know	
E4.	Does anyone usually inform you that session/immunization camps are happening on a particular day?	1. Yes 2. No 997. Refuse to answer 999. Don't Know	If No/997/999 – Skip to E.8
E5.	Who is the one that informs you about these session/immunization camp?  Multiple Choice	1. ANMs (female) 2. ASHAs (female) 3. Aganwadi Worker 4. Male health worker 5. AVD personnel 6. Friends 7. Neighbors 8. Family 997. Refuse to answer	If 997 or 999, no other option can be selected  If 997, skip to E.8

			998. Other, Specify: _____ 999. Don't Know	
		E.6	E.7	
		When was the last time this person/these people informed you about the session/immunization camp?	How did they inform you? (Skip to E9)	
	For all options selected in E.5	1. Within past week 2. Within last month 3. Within last 2 months 4. More than 2 months ago 997. Refuse to answer 998. Other, specify _____ 999. Don't Know	1. Door to door visits 2. Phone/text message 3. Casually mentioned it 997. Refuse to answer 998. Other, Specify: _____ 999. Don't Know	
E8.	How did you find out about session/immunization camps?  Multiple choice		1. Pamphlets 2. Miking 3. Text message/SMS 4. There is a published schedule 5. Checking at usual site 6. Checking with other children/mothers 7. By calling ASHA workers/ANMs, others 997. Refuse to answer 998. Other, Specify: _____ 999. Don't Know	If 997 or 999 is selected, nothing else can be selected
E9.	Do you know when the next session/immunization camp is happening in the village?		1. Next week 2. Next month 3. Within next 2 months 4. After 2 months 997. Refuse to answer 998. Other, Specify _____ 999. Don't Know	
E10.	Have you ever informed other people about session/immunization camps?		1. Yes 2. No 997. Refuse to answer	If No or 997 or 999 – Skip to Section F
E11.	Who have you informed about session/immunization camps, outside of your family? Multiple Choice		1. Neighbors 2. Friends 3. Villagers with children or who are pregnant 998. Other, Specify: _____ 999. Don't Know	If 999 is selected, nothing else can be selected and skip to Section F
		E.12	E.13	
		When was the last time you informed this person/these people about the session/immunization camp?	How did you inform them? (Go to Section F)	
	For all options selected in E.11	1. Within past week 2. Within last month 3. Within last 2 months 4. More than 2 months ago 997. Refuse to answer	1. Casually inform them 2. SMS/text message them 3. Make a visit to their house 4. Inform someone else to inform them	

	998. Other, specify _____ 999. Don't Know	997. Refuse to answer 998. Other, Specify: _____ 999. Don't Know	
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<b><u>SECTION F: INFORMATION ON MCTS SMS PROGRAMME</u></b>			
Now we will ask questions on receiving any text messages			
IF speaking to Child (D0A.2/D0B.2) – Start from F.1 IF speaking to Pregnant Woman (D0C.2) – Start form F.3			
<b>F1.</b>	Have you received any SMS (text message) regarding Session Camps for immunization of your child?	1. Yes 2. No 3. Don't have a phone 997. Refuse to answer 999. Don't Know	If 2/3/997/999 – Skip to F.8
<b>F2.</b>	Who received this message?  Answer from child's perspective	1. Mother of child 2. Father of child 3. Grandmother/father of child 4. Uncle/Aunt of Child 5. Elder brother/sister of child 997. Refuse to answer 998. Other specify: _____ 999. Don't Know	Skip to F.5
<b>F3.</b>	Have you received any SMS regarding Session Camps for immunization of yourself	1. Yes 2. No 3. Don't have a phone 997. Refuse to answer 999. Don't Know	If 2/3/997/999 – Go back to F.8
<b>F4.</b>	Who received this message?  (from pregnant women's perspective)	1. Myself 2. Spouse 3. Mother/Father 4. Mother/Father in-law 5. Brother/Sister 6. Brother/Sister-in law 997. Refuse to answer 998. Other Specify: 999. Don't Know	
<b>F5.</b>	Can you tell me what the message on immunization that you received said?	1. Please get your child immunized (general message) 2. Please get your child immunized for a particular vaccine on a particular day (specific message for the child) 3. Please get yourself immunized during pregnancy (general message) 4. Please get yourself immunized for a particular vaccine on a particular day (specific message for the pregnant woman)	

		5. Generic message on health 6. Was not specific to Immunization but on other health services 997. Refuse to answer 998. Other (Specify) _____ 999. Don't know	
<b>F6.</b>	Can you show me a sample message?	1. Yes 2. No	If No – Skip to F.8
<b>F7.</b>	Surveyor please take a photo of the sample message, ensuring the entire message is visible		

F.8	IF HH ID ENDS WITH 1: GO BACK TO D0A.2
	IF HH ID ENDS WITH 2: 1. if talking to primary guardian of Child below 6 months (D0B.2) – GO BACK TO D0B.2 2. If talking to Pregnant Women (D0C.2) – GO BACK TO D0C.2
	If HH end with 03 :- 1. if talking to primary guardian of child between 1 to 3 years (D0A.2) – Go back to D0A.2 2. If talking to primary guardian of child below 6 months (D0B.2) – GO BACK TO D0B.2 3. If talking to Pregnant Women (D0C.2) – GO BACK TO D0C.2

F.9	END TIME Locked	<input type="text"/>	<input type="text"/>
F.10	END SURVEY : SAVE FORM		

Date:

Surveyor ID:

**CENSUS QUESTIONNAIRE**

**INTERVIEWER: COMPLETE BEFORE BEGINNING THE SURVEY**

District: \_\_\_\_\_ [PREFILLED] \_\_\_\_\_

Block: \_\_\_\_\_ [PREFILLED] \_\_\_\_\_

Zone: \_\_\_\_\_

PHC: \_\_\_\_\_

Village: \_\_\_\_\_   \_\_\_\_\_   \_\_\_\_\_

Date of visit: Day Month Year

Interviewer codes:

AA.	Household number <i>(From the numbers written with chalk outside each household or from the range of households listed in the map)</i>	_____	
AB.	Household status	1. House is open, adult is available 2. House is open but no adult is available 3. House is closed	➔ Skip to AE
<b>Surveyor: If AB is 2 or 3, ask an adult neighbor or any adult around</b>			
AC.	Name of the household head	_____	
AD.	Phone number of the household head or anyone who owns a phone in the household <i>Surveyor: This number can also be of a common phone that is used by every member in the household</i>	_____	
AE.	Surveyor: Please mark E on the household to indicate Entry into the house		

Hello. My name is \_\_\_\_\_. I am a surveyor working with the Poverty Action Lab South Asia (J-PAL SA), a research institute at the Institute of Financial Management and Research, in Chennai. We are conducting a census in your village to identify households for a study that will be conducted in the future on health and immunization.

Date:

Surveyor ID:

	<b>INTERVIEWER: Please ask the following questions to an adult in the household (An adult is anyone above 18 years of age)</b>		
	INSTRUCTION: Please ask the following questions regarding every member of the household, including children. Members will be considered a permanent member of a household if they <ul style="list-style-type: none"> <li>live under this “roof” or within the same house at least 30 days in the past year, and</li> <li>when they are together, they share food from a common source, and</li> <li>contribute to and/or share in a common resource pool.</li> </ul>		
A.5.	Are there any children under 6 months of age in this household? <b>Surveyor: Please make sure that you ask only for children who are permanent household members. Also include children who are household members but are currently not present in the household. Please refer to definition of household member above</b>	1. Yes 2. No 999. Don't know	→ Skip to A9 → Skip to A9
A.6.	How many children are in the household below 6 months age?	_____	
A.7.	How many of these children are permanent members of the household?	_____	
A.8.	How many of these children are visiting this household temporarily?	_____	<i>The sum of A7 and A8 should be A6</i>
	<b>Interviewer: If A7 is not 0, please mark the household in the map</b>		
A.9.	Are there any pregnant women in this household? <b>Surveyor: Please make sure that you ask only for women who are permanent household members and not visiting. Also include women who are household members but are currently not present in the household. Please refer to definition of household member above</b>	1. Yes 2. No 999. Don't know	→ Skip to Note1 → Skip to Note1
A.10.	How many pregnant women are in this household?	_____	
A.11.	How many of these women are a permanent member of the household?	_____	
A.12.	How many of these women are visiting this household temporarily?	_____	<i>The sum of A11 and A12 should be A10</i>
	<b>Interviewer: If A11 is not 0, please mark the household in the map</b>		

**Programming Note1:**

- If AB is 1 “house is open” and the household is ELIGIBLE i.e. the answer to A.7 and/or A.11 is not 0 OR blank the following message should be displayed:

**“Mark “E” on the wall outside the house and your tracking sheet to indicate Entry”** → Skip to Module 1

- If AB is 1 “house is open” and the household is NOT eligible, i.e. the answer to A.5 and A.9 is “No” OR A.7 and/or A.11. is 0 , the following message should be displayed:

**“Mark “E/D” on the wall outside the house and your tracking sheet to indicate Entered/Done”** → END SURVEY.

Date:

Surveyor ID:

- **If AB is 2 or 3 “house is closed/ empty”** and the household is ELIGIBLE, i.e. the answer A.7 and/or A.11. is not 0 OR blank display the following message:

**“Mark an “E” on the wall outside the house and your tracking sheet to indicate Entry, but the survey has not been done since no one was available. This indicates the requirement for a revisit.”** → END SURVEY

- **If AB is 2 or 3 “house is closed/empty”** and the household is NOT eligible, i.e. A.5 and A.9 is “No” OR A.7 and/or A.11. is 0 the following message should be displayed:

**“Mark “E/D” on the wall outside the house and your tracking sheet to indicate completion”** → END SURVEY.

- **If AB is 2 or 3 “house is closed/ empty”** and A.5.and/or A.9. is 999 (Don’t know), the following message should be displayed:

**“Mark “N/E” on the wall outside the house and your tracking sheet to indicate requirement for follow-up due to unsure information”** → END SURVEY

## **MODULE 1: RESPONDENT INFORMATION**

Date:

Surveyor ID:

A.13.	GPS Coordinates	_____	
A.14.	Name of the oldest male person in the household	_____	
A.15.	Name of the head of the household <i>(Household head makes all major decisions in the household)</i>	_____	
A.16.	Is the head of the household present? <i>(Ask questions to the householdhead, if present)</i>	1. Yes 2. No	➔ Skip to A.19
A.17.	Name of respondent	Name: _____	
A.18.	What is the relationship of the respondent to the head of the household?	1. Spouse/Partner 2. Mother/Father 3. Mother-in-law/Father-in-law 4. Son/Daughter 5. Son-in-law/Daughter-in-law 6. Brother/Sister 7. Step-son/Step-daughter 8. Grandchild 9. Brother-in-law/Sister-in-law 10. Grandparent 11. Uncle/Aunt 996. Other (Specify) _____	
A.19.	Gender of respondent/HH Head:	1. Male 2. Female	

Date:

Surveyor ID:

**CONSENT**

I would like to ask you some basic questions about your household and information on mobile numbers. This survey will take about 5 minutes.

I will read out the information below, and you should ask questions about anything you do not understand before deciding whether or not to participate.

- Participating in the survey is voluntary. You have the right not to answer any question, and to stop answering questions at any time.
- The questionnaire covers questions on your household and cell phone usage.
- The information you tell us will be confidential. We will not share it with your neighbors or with anyone else.

This study will be completed by January,2016. If your answers are recorded on a paper survey, please note that all questionnaires will be stored in a secure work space until January,2019. The hard copies of the questionnaires will then be destroyed.

**Oral Consent**

If you agree to be a part of this study, please let us know by saying YES

[ACTION: FO] PLEASE CIRCLE: YES or NO

You can ask any questions that you have about the study now. Please contact NikiShrestha or DikshaRadhakrishnan, Research Associates, at +91126515573 with any questions or concerns that you may have after today. If you feel you have been treated unfairly, or you have questions regarding your rights as a research subject, you may contact HariniKannan, Principal Investigator at Abdul LatifJameel Poverty Action Lab South Asia (JPAL SA) at +91126515573. You may contact the Massachusetts Institute of Technology (MIT), Committee on the use and Human experimental subjects (COUHES) at 77 Massachusetts Avenue Room E25-143 B, Cambridge MA 02139 617/253-6787, [jadams@mit.edu](mailto:jadams@mit.edu).

Additional information is available at <http://www.http://couhes.mit.edu/>

Surveyor: Was the consent given?

Yes – Start Survey

No – End Survey

Date:

Surveyor ID:

**MODULE 2: HOUSHEOLD INFORMATION**

<b>Instructions: Please list the names and information of all children below 6 months of age in the household and fill in the following table for each of them – Will only be asked if A7 is greater than 0</b>														
C	C1.	C2.	C3	C4	C5	C6	C7	C8	C9	C10	C12	C13	C14	C15
S.No	Name of the child	What is the age of the child? _____ 999. Don't know	Gender 1. Male 2. Female	Name of mother _____ <i>(Please enter 222 for deceased)</i>	Name of father _____ <i>(Please enter 222 for deceased)</i>	Is the mother the primary guardian of the child? <i>(Do not ask if C4 is 222) (If Yes, skip to C9) (Primary guardian is someone who is primarily in charge of taking care of of the child)</i>	Name of the primary guardian of the child? _____	Relation of the guardian to the child (Use Code 1)	Does s/he own a mobile phone? <i>(If No and if C8 is NOT 1 – skip to C13) If No and C8 is 1 then skip to C17</i>	Phone number	Can s/he read SMSs in Hindi? <i>(Skip to C17)</i>	Does the father own a mobile phone? <i>(Ask C13-C15 only if C5 is not 222 and C8 is not 1)</i> 1. Yes 2. No – Skip to C17	Phone number	Can he read SMSs in Hindi?

Code 1: 1 Father, 2 – Paternal Grandmother, 3 – Paternal Grandfather, 4 – Nanny/Helper, 5 – Brother, 6 - Sister, 7 – Aunt, 8 – Uncle, 9- Maternal Grandmother, 10- Maternal Grandfather, 998 – Other (Specify) \_\_\_\_\_, 999 – Don't know

Date:

Surveyor ID:

<b>D</b>											
<b>Instruction: Please list all mothers who are pregnant. For each of them, fill out the following table – Will only be asked if A11 is greater than 0</b>											
	D1.	D2.	D3.	D4.	D5.	D6.	D7.	D8.	D9	D10.	D11.
S. No.	Name of pregnant woman	Expected date (month) of delivery	Name of Husband _____ <i>(222 for deceased) (If 888, do not ask D8-D11)</i>	Does she have a cellphone? <i>(If No, skip to D8)</i>	Please list the cellphone number	Can she read SMSs in English?	Can she read SMSs in Hindi?	Does her husband have a cellphone? <i>(Asked only if D3 is NOT 222) If No – Skip to D12</i>	Please list the cellphone number	Can he read SMSs in English?	Can he read SMSs in Hindi?

<b>E</b>		
<b>Section E would only be asked if primary guardian/father have not provided cellphone info in table C or D.</b>		
E1	Are there <b>any other</b> cellphones in the household that is regularly used by other household members? <b><i>(Ask only if no cellphone information has been collected in table C or D)</i></b>	1. Yes 2. No  ➔ <b>END SURVEY</b>
E2	How many such mobile phones are in the household?	_____

<b>Instruction: Please list all household members who have a cellphone that is regularly used. For each of them, fill out the following table</b>					
	E3.	E4.	E5.	E6.	E7.
S. No.	Name of owner <i>(Surveyor: Please write 888 in cases where the cellphone listed does not belong to any particular household member)</i>	Please list the phone number <i>(If answer in E3 is 888 skip to E8)</i>	Gender 1. Male 2. Female	Can s/he read text messages in English?	Can s/he read text messages in Hindi?
E8	<b>Surveyor: Is there anyone else in the household who has a cellphone that is regularly used by other members?</b>			1. Yes 2. No	➔ <b>Go back to E3</b>

Date:

Surveyor ID:

<b>E9</b>	<b>Instruction: Please list the relationship of the mobile owner to the women listed from Code 2</b> <i>This table is added for cases in which the owner of the cellphone has different relationships to the mothers/pregnant women in the household. Digitally, the primary guardians' names will be pulled from B1, C1 and D1. For each of the names, the relationship to the owner of the cellphone will be recorded.</i>				
	<b>E9.1</b>	<b>E9.2</b>	<b>E9.3</b>	<b>E9.4</b>	<b>E9.5</b>
S. No.	Name of mobile owner	Relationship with _____	Relationship with _____	Relationship with _____	Relationship with _____

Code 2: 1 - Spouse/Partner, 2 - Mother/Father, 3 - Mother-in-law/Father-in-law, 4 - Son/Daughter, 5 - Son-in-law/Daughter-in-law, 6 - Brother/Sister, 7 - Step-son/Step-daughter, 8 – Grandchild, 9 - Brother-in-law/Sister-in-law, 10 – Grandparent, 11 - Uncle/Aunt, 996 - Other (Specify) \_\_\_\_\_

F	Do you think it would be acceptable if members in this household received text messages regarding the immunization of mothers and children?	1. Yes 2. No	
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F.1	<b>END: Surveyor: Mark "D" to indicate that the census survey has been done.</b>
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Thank you for your time and cooperation!