

ETHICAL REVIEW COMMITTEE, ICDDR,B.

Principal Investigator Lyn Singer
Title of Study 83-021P
Maternity Related
Stability in Mat Lab. Thana, 1982

Trainee Investigator (if any) _____
Supporting Agency (if Non-FEDOR) _____
Project status:
 New Study
 Continuation with change
 No change (do not fill out rest of form)

Circle the appropriate answer to each of the following (If Not Applicable write NA).

- Source of Population:
- (a) Ill subjects Yes No
 - (b) Non-ill subjects Yes No
 - (c) Minors or persons under guardianship Yes No
- Does the study involve:
- (a) Physical risks to the subjects Yes No
 - (b) Social Risks Yes No
 - (c) Psychological risks to subjects Yes No
 - (d) Discomfort to subjects Yes No
 - (e) Invasion of privacy Yes No
 - (f) Disclosure of information damaging to subject or others Yes No
- Does the study involve:
- (a) Use of records, (hospital, medical, death, birth or other) Yes No
 - (b) Use of fetal tissue or abortus Yes No
 - (c) Use of organs or body fluids Yes No
- Are subjects clearly informed about:
- (a) Nature and purposes of study Yes No
 - (b) Procedures to be followed including alternatives used Yes No
 - (c) Physical risks Yes No
 - (d) Sensitive questions Yes No
 - (e) Benefits to be derived Yes No
 - (f) Right to refuse to participate or to withdraw from study Yes No
 - (g) Confidential handling of data Yes No
 - (h) Compensation &/or treatment where there are risks or privacy is involved in any particular procedure Yes No

- 5. Will signed consent form be required:
 - (a) From subjects Yes No
 - (b) From parent or guardian (if subjects are minors) Yes No
- 6. Will precautions be taken to protect anonymity of subjects Yes No
- 7. Check documents being submitted herewith Committee:

- Umbrella proposal - Initially submit overview (all other requirements will be submitted with individual studies Protocol (Required)
 - Abstract Summary (Required)
 - Statement given or read to subjects nature of study, risks, types of questions to be asked, and right to refuse to participate or withdraw (Required)
 - Informed consent form for subjects
 - Informed consent form for parent or guardian
 - Procedure for maintaining confidentiality
 - Questionnaire or interview schedule
- * If the final instrument is not completed prior to review, the following information should be included in the abstract summary:
1. A description of the areas to be covered in the questionnaire or interview which could be considered either sensitive or which would constitute an invasion of privacy.
 2. Examples of the type of specific questions to be asked in the sensitive areas.
 3. An indication as to when the questionnaire will be presented to the Cttee for review.

I agree to obtain approval of the Ethical Review Committee for any changes involving the rights and welfare of subjects before making such change.

Lyn Singer
Principal Investigator

Trainee

REF
HB 1323.M6.B2
S617m
1983

83-021P
22/5/83

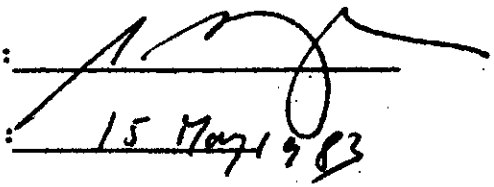
SECTION I: RESEARCH PROTOCOL

1. Title : Maternity-Related Mortality in Matlab Thana, 1982
2. Principal Investigator : Lyn Singer
3. Co-Investigator : Dr. Nasrin Jahan
4. Supervisor : Dr. A.P. Satterthwaite/Ms. Susan Zimicki
5. Starting Date : May 5, 1983
6. Completion Date : August 5, 1983
7. Total Direct Cost : US\$ 471.00
8. Scientific Program Head:

This protocol has been approved by the Community Services Research Working Group.

*Signature of Program Head: _____

Date: _____



15 May 1983

* This signature implies that the Scientific Program Head takes responsibility for the planning, execution and budget for this particular protocol.

9. Abstract Summary:

Maternity-related mortality rates in Matlab thana for 1982 will be determined using follow-up of all death reports of women of child bearing age, including matching birth records and family interviews. Rates obtained from these methods will be compared with rates obtained using cause of death data generated by the current data collection system. Modification of the current system which would minimize under-reporting will be suggested.

10. Reviews:

(a) Ethical Review Committee: _____

(b) Research Review Committee: _____

(c) Director: _____

ABSTRACT SUMMARY - PARTICULAR ITEMS

1. The study population is women aged 10-44 who died in 1982. Data concerning these women will be obtained from review of death reports, birth records, census books, and CHW books. For a sample of women, family interviews will be held.
2. Interviews which ask family members to remember a death may be distressing. However, each family member approached will be given the option to refuse the interview. In this way, families are protected from serious psychological distress. Sensitive topics, such as induced abortions or out of wedlock pregnancies will not be addressed directly. Rather this information will be assessed indirectly through menstrual history and CHW records. (See attached questionnaire.)
3. See above.
4. Interviews will be conducted by a skilled interviewer in as much privacy as possible at the families' home. Data will be reported without reference to name or identification number, if individual cases are described. Most data will be analyzed and reported in aggregate.
5. The family member will be read an informed consent statement to which they must agree the interview begins (see attached.)
6. Each interview will take approximately 20 minutes.
7. Potential benefit to the subjects might be satisfaction at being able to contribute useful information. Benefit to society comes from the increased understanding of the magnitude of maternity-related deaths in Bangladesh, as a first step in planning and evaluating programs to reduce this mortality. There are no serious risks.
8. Records, as outlined in #1, be used. No organs or body tissues or fluids will be used.

SECTION II: RESEARCH PLAN

A. INTRODUCTION

Maternal mortality rates are difficult to measure accurately, particularly in developing countries. Even in areas where vital events are systematically recorded, difficulty identifying early pregnancy (especially among breast-feeding, amenorrheic women), combined with reluctance to report out-of-wedlock pregnancies and deaths due to induced abortion, result in inaccurately low rates. Yet the usefulness of maternal mortality statistics as an indicator of the health status of women, and as one measure of the impact of Maternal Child Health and Family Planning programs justifies efforts to maximize accuracy.

Maternal mortality rates in Bangladesh have been estimated to be as low as 6.6 per thousand live births and as high as 40 (Report of the Directorate of East Pakistan, 1958, and Robinson, 1967.) Matlab thana is one of few areas in Bangladesh where maternal mortality has been studied from cause of death data, rather than being inferred from other demographic measures. The definition of maternity-related deaths used in these and other studies is the one recommended by the Committee on Maternal and Child Care of the Council on Medical Services (1964) of the AMA: any death occurring to a pregnant woman, or within 90 days of pregnancy termination, regardless of the stage of gestation or method of termination. Using this definition, the maternal mortality rate in Matlab thana for 1967-68 was found to be 7.7 per thousand live births. (Chen et al., 1974.) In-depth family interviews to determine cause of death revealed that 90% of deaths classified by this definition as maternity-related were indeed caused, directly or indirectly, by the woman's pregnancy, or by complications of abortion, labor, or delivery. (The other 10% were not causally related to the pregnancy). A second investigation by the same authors matching adult female death reports to birth and fetal death records and applying the same definition derived a maternal mortality rate of 5.7 per thousand live births for 1968-1970 in Matlab.

Abortion-related deaths have been less well studied. One survey of health workers throughout Bangladesh found that 22% of all maternity-related deaths were reported as due to induced abortion (Rochat, 1981). However, Comilla district health workers surveyed reported only 15.4% of maternal deaths as resulting from abortion. Higher abortion-related death rates were found in urban areas, but the reasons for this are unclear. It may reflect greater accessibility of induced abortion services in urban areas, or greater likelihood for women in urban areas who experience abortion-related complications to seek medical attention.

Current information on maternal mortality in Matlab is compiled from death registration forms. These records, filled out by male Health Assistants following family interviews, assign a single cause of death code to each report. Maternal mortality is coded as "11", denoted "Child birth" on the death report.

No tabulation is routinely made of abortion-related deaths. Using the coded causes of death for 1980, the Matlab maternal mortality rate is 1.9 per thousand live births (14 deaths divided by 7,391 live births; ICDDR,B Scientific Report No. 58.) This figure is too low to be credible, even allowing for some reduction in maternal mortality since institution of MCH-FP services in 1978. The conclusion that many maternal deaths are missed by the current system is supported by scanning a sample of death reports for 1982. One such sample of 43 reports contained 9 which were clearly maternity-related deaths according to the narrative description of cause of death. Only 4 of these were coded as child birth related. This suggests that confusion exists as to which single cause to assign to deaths for which both "Child birth" and some other code (eg. jaundice or tetanus) seem to apply.

This limited study proposes to examine maternal mortality in Matlab with the multiple aims of determining more accurate rates of maternal and abortion-related deaths, and suggesting modifications of current cause of death reporting which could add to the accuracy, usefulness, and comparability of these statistics. It will add to the knowledge gained from other studies of mortality in Matlab (summarized in D'Souza, 1982).

B. SPECIFIC AIMS

1. To determine the maternal mortality rates for the MCH-FP and comparison areas for 1982 using available vital events data and family interviews.
2. To compare maternal mortality rates obtained with those generated using only coded causes of death on death reports.
3. To suggest practical modifications in the current cause of death data collection and reporting system which would minimize under-reporting.
4. To supplement ongoing assessment of the reliability of family interviews as a source of cause-of-death information.

C. METHODS AND PROCEDURES

All death registration forms from January 1 to December 31, 1982 for women between the ages of 10-44 will be reviewed. (There should be fewer than 150, based on information from previous years.) Those with cause of death coded as "11" (child birth) will be noted. Forms which (using the above definition) describe the death as maternity-related in the narrative portion, but which are not coded as "11" will also be tallied.

The remaining deaths will be followed up by examining birth reports, census books, and village health worker's books in an attempt to match a pregnancy or pregnancy termination to the deceased woman within 90 days prior to her death. For a sample of women, interviews of family members of the deceased will be conducted after obtaining informed consent. This sample will be chosen to include a) women whose deaths were identified as maternity-related by record review, and occurred within one month of pregnancy outcome, but were attributed to another cause and b) women whose deaths do not seem to be maternity-related by record review. A questionnaire pertaining to

symptoms experienced by the deceased (Zimicki and D'Souza, Lay Reporting and DSS "Cause of Death" Forms) will be supplemented with questions related to menstrual history, pregnancy history, number of living children, time and outcome of last pregnancy, use of contraceptives, induced abortion, or menstrual regulation within 3 months of death.

The interview data will be used first to classify the death as maternity-related or not. Secondly, the number of symptoms reported by each interviewed family will be correlated with the length of time since the woman's death. Differences in number of symptoms reported with increasing time since the woman's death will be analyzed for significance, as a crude indicator of reliability of families' recall for intervals since death of up to 16 months. Information from the earlier cause of death study suggests that an interval of up to 10 months presents no problem.

Mortality data will be analyzed in the following way: The 1982 maternal mortality rate will be calculated 3 different ways, using numerators obtained at different stages of the data collection process. First, the "coded maternal mortality rate" will derive its numerator from coded causes of death found on death registration forms, and will thus be the rate generated by the current reporting system. Second, a "narrative maternal mortality rate" will be calculated, using a numerator derived from maternity-related deaths as described in the narrative portion of the death report. This will represent a rate based on data currently available to the Health Assistants who encode cause of death. Third, a "study maternal mortality rate" will be calculated, using as a numerator all maternity-related deaths identified through vital events records and interviews. All three rates will be calculated separately for the MCH-FP and Comparison areas. Differences between rates will be tested for significance using appropriate statistical procedures.

Suggestions for modification of current data collection and recording system will be based on these findings.

SIGNIFICANCE

Detailed follow-up of deaths to women of child-bearing age will yield a more accurate picture of maternal mortality than is currently available from Matlab. Comparison of maternal mortality rates generated by the current data collection system with those obtained by detailed follow-up will provide a measure of the need for change in the system. An understanding of rates at which women in Matlab thana die because of their pregnancies is an essential part of evaluating their health status in general, in understanding the causes of their deaths, and in planning and evaluating programs to help reduce these deaths.

E. FACILITIES REQUIRED

None

F. COLLABORATIVE ARRANGEMENT

None

REFERENCES

- Chen, Lincoln C, M.C. Gesche, S. Ahmed, A.I. Chowdhury and W.H. Mosley, 1974. "Maternal Mortality in Rural Bangladesh." Studies in Family Planning 5, No. 11, pp.334-340.
- Committee on Maternal and Child Care of the Council on Medical Services, 1964. "A Guide for Maternal Death Studies." Chicago: American Medical Association.
- D'Souza, S. Mortality Case Study, Matlab - Bangladesh. Prepared to the United Nations/World Health Organization Third Project Collaborators Meeting on Case Studies of Determinants of Mortality Change and Differentials. Geneva: December 1982.
- ICDDR,B Scientific Report No. 58. Chowdhury, M.K. et al. Demographic Surveillance System - Matlab, Volume 10. Vital Events and Migration Tables 1980.
- Report of the Directorate of Health Services in East Pakistan, 1958. Vital Statistics. Government of East Pakistan.
- Robinson, Warren C, ed. 1967. Studies in the Demography of Pakistan Karachi: Pakistan Institute of Development Economics.
- Rochat, RW, S. Jabeen, M.J. Rosenberg, A.R. Measham, A.R. Khan, M. Obaidullah, and P. Gould, 1981. "Maternal and Abortion-Related Deaths in Bangladesh, 1978 - 1979." International Journal of Gynaecology and Obstetrics 19, April 1981. pp.155 - 164.
- Zimicki, S. and S. D'Souza, 1982. "Lay Reporting and DSS Cause of Death Forms". ICDDR,B Protocol No. _____.

SECTION III: BUDGET

1.	<u>Personnel</u>			
	Dr. Nasrin Jahan	40%		Taka 3,000
	Coder	100%	1 month	" 1,500
2.	<u>Transport</u>			
	4 round-trips Dhaka-Matlab-Dhaka @ Tk.500/-			" 2,000
	10 speed-boat hours @ Tk.400/-			" 4,000
3.	<u>Other</u>			
	Stationery and misc. office supplies			" 300
	Xeroxing			" 500
				<hr/>
				Taka 11,300*
				<hr/>

* (US\$1 = Tk.24)

CAUSE OF DEATH QUESTIONNAIRE

Serial No. _____

Consent Statement (to be read to family member and agreed to before interview begins)

You know that the ICDDR,B has been giving treatment to you for various diseases for long time. We have heard that recently _____ from your family has died. For better treatment of diseases in the future, we wish to know the cause of death of this man/woman/child. I would like to ask some questions about his/her death. It will not take much time (about 20 minutes). Your answers will be kept confidential. You do not have to answer these questions. However, if you are willing to answer, we would appreciate your help. Do you have any questions?

Consent given Consent refused Reason: _____

GENERAL Village: _____ Bari: _____ Date of interview: _____

1. Current No. _____ 2. Registration No. _____ (calculated age _____ (If less than 28 days, use neonate form.)

3. Date of birth _____ or age/year recorded _____. 4. Date of death _____ 5. Sex _____

6. FOR WOMEN ONLY: When she died was she married or unmarried? (circle one). If married, was she living with her husband? yes no.
If no, mark whether she was widowed/divorced/separated.

7. What was the cause of death? (If due to suicide, ask the reasons for this).

8. Was death sudden No Yes

9. Was death due to an accident? No Yes. Describe _____

...did you a list of symptoms. Did the person who died have any of these symptoms before death?

	No	Yes	When did it start	How long did it last		Other information
				Until death	How long before death did it stop?	
a) fever						Was the fever <input type="checkbox"/> high or <input type="checkbox"/> low? Did it occur <input type="checkbox"/> all the time or <input type="checkbox"/> some of the time → When _____
b) pain anywhere in the body						Where was the pain? _____ Was the pain <input type="checkbox"/> severe or <input type="checkbox"/> not so severe?
c) rash (such as chicken pox or measles)						Where on the body was the rash _____ Was it <input type="checkbox"/> large, <input type="checkbox"/> small <input type="checkbox"/> both large and small Was there water inside <input type="checkbox"/> yes <input type="checkbox"/> no Was there itching? <input type="checkbox"/> yes <input type="checkbox"/> no
d) cough						Was this whooping cough? <input type="checkbox"/> no <input type="checkbox"/> yes After coughing was there vomiting? <input type="checkbox"/> no <input type="checkbox"/> yes Was there blood in what was coughed out? <input type="checkbox"/> no <input type="checkbox"/> yes
e) trouble breathing						Was there pain in the chest with breathing? <input type="checkbox"/> no <input type="checkbox"/> yes Did the person breathe more easily sitting up? <input type="checkbox"/> no <input type="checkbox"/> yes Was there a sound during breathing? <input type="checkbox"/> no <input type="checkbox"/> yes In times of troubled breathing was the skin pulled between the ribs? <input type="checkbox"/> no <input type="checkbox"/> yes

	No	Yes	Don't Know	Additional information
11.a) (FOR WOMEN 10-17 YEARS ONLY) Had she started having menstrual periods?				If no, <u>go on to 12.</u>
b) (FOR WOMEN OVER 40 ONLY) Had she reached menopause?				How long before death did her menstrual period stop? _____
c) Had she had excessive bleeding from her vagina either before her death, or at any time.				<input type="checkbox"/> If before her death, did this persist until she died? <input type="checkbox"/> If at another time, describe: _____
d) Did she have any other kind of bleeding (for example from her rectum or her nose?)				Describe: _____ _____
e. Did she have bruising of her skin (without trauma or with minor trauma)?				Describe _____ _____
f. (FOR ALL WOMEN NOT ALREADY IDENTIFIED AS PREGNANT) In the months before death, had she skipped any menstrual periods?				How many periods had she missed? _____
<u>IF WOMAN HAS NEVER BEEN MARRIED, GO ON TO 12.</u>				
g. (FOR EVER MARRIED WOMEN ONLY) Was she pregnant when she died?				How many months pregnant was she? _____ Did she die during childbirth? If yes, what problems did she have with child birth? Did she die with the child in her womb? <input type="checkbox"/> no <input type="checkbox"/> yes Describe reason: _____ _____

(Go on to i)

	No	Yes	Don't Know	Additional information
h) Was she using any method of birth control when she died?				What method? _____ Last pill or injection how long ago? _____
i) (IF SHE WAS NOT PREGNANT FOR THE FIRST TIME AT THE TIME OF DEATH, ASK THE QUESTIONS UNDER "ADDITIONAL INFORMATION".) Otherwise, go on to 12.				<p>How many times was she pregnant altogether? _____</p> <p>How many (total) live babies did she deliver? _____</p> <p>How many stillbirths? _____ How many miscarriages? _____</p> <p>How long before death did her last pregnancy end? _____ years _____ months _____ days <input type="checkbox"/> don't know</p> <p>In her last pregnancy, did she deliver a living baby? _____ a stillbirth _____? a miscarriage? _____</p> <p>Had she been ill in this same way with previous pregnancies? <input type="checkbox"/> no <input type="checkbox"/> yes</p> <p>(if yes) Describe: _____</p> <p>_____</p> <p>_____</p> <p>_____</p>
j) Did she have sutika?				Describe: _____

12. In the months before death, was there

	No	Yes	When did it start	How long did it last		Other information
				Until death	How long before death did it stop?	
a) edema						Where in the body? _____ Where did the edema come first? _____
b) swollen abdomen						Was the lower abdomen swollen? <input type="checkbox"/> no <input type="checkbox"/> yes
c) jaundice						What was the color of the urine? _____ Was there abdominal pain? <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> upper abdomen <input type="checkbox"/> lower abdomen Were the <input type="checkbox"/> palms of hands <input type="checkbox"/> eye- <input type="checkbox"/> skin yellow? Did anyone else in the bari have jaundice during that year? <input type="checkbox"/> no <input type="checkbox"/> yes
d) headache						
e) paralysis						What part of the body was paralyzed? Was there pain in that part? <input type="checkbox"/> no <input type="checkbox"/> yes
f) convulsion						
g) weight loss						Did the weight loss occur <input type="checkbox"/> during a short time or <input type="checkbox"/> slowly? Did the person eat sufficiently? <input type="checkbox"/> yes <input type="checkbox"/> no What was the reason? _____
h) Any other symptoms?						Describe: _____

13. (FOR CHILDREN LESS THAN THREE)

Before the sickness was the child breastfed?

yes took only breast milk breast milk + other food

14. In your opinion, before getting sick was the person

fat normal thin

15. Name of interviewee: _____

16. Relationship to dead person: _____

17. Interviewers name: _____

18. Time ended: _____

19. Comments: _____

20. Reliability of informant: _____

সম্মতি পত্র

(সাক্ষাৎ ঘেবার আগে পরিবারের সদস্যদের গড়ে বুনাতে হবে)

আপনারা তো জানেন আই, সি, ডি, ডি, আর, বি, (কমেরা হাসপাতাল) অনেক দিন থেকে আপনারদের বিভিন্ন রোগের চিকিৎসা করে আসছে। কিছু দিন আগে আপনারদের ঘরের বাস-----বাসে একজন মহিলা/বাচ্চা/সোক দারা গেছে/গেছে কমে আমরা জানতে পারলাম। উবিষ্যতে এ ধরনের অনুভবের বাতে ভাল চিকিৎসা করা বাতু সেরিয়া আমরা উনার/বাচ্চার দারা বাওড়ার কারণ জানতে চাই। এইজন্য এখন আমি আপনাকে উনার দারা বাওড়ার ব্যাপারে কিছু প্রশ্ন করতে চাই। প্রশ্ন সিজেকশ করতে সময় বেশী লাগবে না (২০ মিনিট-এর মত লাগবে) এবং আপনি যা উত্তর দিবেন তা কাউকে বলা হবে না। আপনি ইচ্ছা করলে উত্তর দিতে পারেন। এবং আপনি যদি আমাদের প্রশ্নের উত্তর দেন আমরা খুবই খুশী হবো।

এখন আপনি কি প্রশ্নের উত্তর দিতে রাজী আছেন? হ্যাঁ না, বা হলে কারণ-----

GENERAL

Vill _____ Bari _____ Date of interview _____

1. Current No. _____ 2. Registration No. _____ Age _____ (calculated age _____) বেবুস ২১ দিনের
) বীচে হলে Neonate
 3. Date of birth _____ or age/year recorded _____ 4. Date of death _____ form ব্যবহার করুন)
 5. Sex _____

৩। ক) ডিদি কি বিবাহিত সিজেক না, হ্যাঁ
 খ) হ্যাঁ হলে দারা বাবার সময় ডিদি স্থায়ী সংগে থাকতেন না, হ্যাঁ, বা হলে (টিক দিন) বিধবা
 ডানাক প্রাপ্ত স্থায়ী থেকে আলাদা হ।

৭। 'কি হয়ে দারা পেল' ? (যোদ্ধাত্যা হলে তার কারণ সিজেকশ করুন)-----

৮। ডিদি কি হঠাৎ দারা গেছে? হ্যাঁ হ্যাঁ

৯। ডিদি কি কোষ জাকশিকেরে দারা গেছে? হ্যাঁ হ্যাঁ, বিবরণ-----

১০। আমি এখন আমার কাগজ থেকে কিছু রোগের লক্ষণ গড়ে বুঝাচ্ছি। যারা ষাওয়ার সময় উনার/বাজার/মহিলার কি এই লক্ষণগুলি ছিল ?

১। যারা ষাওয়ার
কতদিন আগে
শুরু হয়েছিল

২। ইহা কতদিন
ছিল

৩। অন্যান্য তথ্যাবলী

	উপস্থিতি		কখন শুরু	কত দিন		অন্যান্য
	না	হ্যাঁ		মৃত্যু পর্যন্ত	কত দিন আগে ভাল হয়েছিল	
i) ছুর হয়েছিল						ছুর বেশী / / কম / / ছুর সব সময় ছিল / / কখনো কখনো / / কখন-
ii) শরীরের কোন জায়গায় ব্যাথা হয়েছিল						কোন জায়গায় ব্যাথা- বেশী ব্যাথা / / বেশী নয় / /
iii) গোটা (পানসা বা হাম ছাটী) কিছু হয়েছিল						কোন জায়গায়- গোটাগুলি চামড়ার সমান সমান ছিল / / বা চামড়া থেকে গোটাগুলি উঠে ছিল / / গোটা বড় / / ছোট / / বড় ছোট মিলে / /। গোটার গিঁটর পানি ছিল / /। ছিল না / /। গোটাগুলিতে চুলকানী হত / /। হত না / /

	না	হ্যাঁ	কখন পুরন	কত দিন		অন্যান্য
				মুঠ্য পর্বানু	কতদিন আগে তাল হয়েছিল	
iv) কানি হয়েছিল						ইহা কি কুই কান / / / / না / / / / হ্যাঁ কামতে কামতে বমি হত / / / / না / / / / হ্যাঁ কানির সাথে রক্ত যেত / / / / না / / / / হ্যাঁ
v) নিঃশ্বাস নিতে কষ্ট হত						নিঃশ্বাস নেওয়ার সময় বুকে ব্যথা হত / / / / না / / / / হ্যাঁ। বসে নিঃশ্বাস নিতে আরাম লাপত / / / / না / / / / হ্যাঁ। নিঃশ্বাস নেওয়ার সময় কোন শব্দ হত / / / / না / / / / হ্যাঁ নিঃশ্বাস নেওয়ার সময় বুকের চামড়া হাত্তির তিতর ঢুকিয়া যাইত / / / / না / / / / হ্যাঁ
vi) বমি						দিনে কতবার বমি হত----- বমির সাথে রক্ত যেত-----
vii) ডায়াব্রিটিয়া/পাতলা পায়খানা, আমাবা						আমাবস্তু / / / / পাতলা পায়খানা / / / / দুটোই / / / / পায়খানার সাথে রক্ত যেত / / / / না / / / / হ্যাঁ। পায়খানার সাথে আম যেত / / / / না / / / / হ্যাঁ। দিনে কতবার পায়খানা হত / / / / ১০ বার ও বেশী, / / / / কম। পায়- খানার সময় কোত দিত ? / / / / না / / / / হ্যাঁ অর্ধ রোগ ছিল / / / / না / / / / হ্যাঁ। চকু কসে গিয়েছিল ? / / / / না / / / / হ্যাঁ।

	নাম	শ্রী	কখন পুরস্কার	কত দিন		অন্যান্য
				মৃত্যু পর্যন্ত	কতদিন আগে তাল হয়েছিল	
viii) পায়ুখানার অন্য কোন অসুবিধা						কি ধরনের-----
ix) প্রত্যবে অসুবিধা অথবা প্রত্যবে রং কি ধারণ ছিল ?						ক) প্রত্যবে রং কেমন ছিল----- দিনে কতবার প্রত্যাব হত, আগের মত / / আগে থেকে বেশী / / কম / / হ খ) প্রতিবারে প্রত্যাবে পরিমাণ কি আগের ছিল হ্যাঁ / / না / / নাহলে বেশী গ) প্রত্যাবে সমস্যা কি বিচার পেতে ব্যাধা হত ? / / না / / হ্যাঁ ।
x) কেবল মাত্র পুষ্টিদের জন্য (১০ নং এর পরে ১২ তে চলে যান)						কি ধরনের -----

০৩ নম্বর স্তর	নাম	শ্রী	জানি না	বিবরণ
(১০-১৫ বছরের মহিলাদের জন্য)				(না হলে ১২ বছর প্রবে চলে যান)
i) তাহার কি মাসিক হওয়া শুরু হয়েছিল ?				
ii) কেবল মাত্র ৪০ বছরের বেশী বয়সের মহিলাদের জন্য) যারা বাওস্কার আগে তাহার কি মাসিক একেবারে বন্ধ হয়ে গিয়েছিল ?				হ্যাঁ হলে, কত মাস/বছর আগে তাহার মাসিক বন্ধ হয়েছিল-----

	হা	হ্যাঁ	জাবি বা	বিবরণ
iii) দ্বারা যাওয়ার আগে বা অন্য কোম সময় তাহার কি স্মরণ দিতে খুব বেশী রক্ত পড়ত ?				<p>✓✓✓ দ্বারা যাওয়ার পূর্বে, ইহা কি স্মৃত্যু পর্বাতু ছিল ?</p> <p>✓✓✓ বা ✓✓✓ হ্যাঁ</p> <p>✓✓✓ অন্যান্য সময়, বর্ণনা করুন -----</p>
iv) তাহার কি অন্য কোম ধরনের রক্ত বেত (যেমন পাশুখানার রাস্তা বা যাক দিতে)				বর্ণনা করুন
v) কল আঘাতে বা এঘটিতেই তাহার কি চামড়ার নীচে রক্ত খোক খোক মনে বেত ?				বর্ণনা করুন
vi) দ্বারা যাওয়ার সময় দ্বারা গর্ভবতী ছিলেব না সেসব মহিলায় জন্য দ্বারা যাওয়ার আগে তাহার কি মাসিক বন্ড ছিল ?				হ্যাঁ হলে, কতমান তাহার মাসিক বন্ড ছিল -----
vii) কেবল দ্বারা বিবাহিত মহিলাদের জন্য দ্বারা যাওয়ার সময় তিনি কি গর্ভবতী ছিলেব ?				<p>i) তিনি কত মাসের গর্ভবতী ছিলেব ? -----</p> <p>ii) তিনি কি সন্যাস হওয়ার সময় দ্বারা গেছেব ? ✓✓✓ বা ✓✓✓ হ্যাঁ, হ্যাঁ হলে কি ধরনের অসুবিধা হইতছিল ? -----</p> <p>iii) তিনি কি সন্যাস পেটে রেখেই দ্বারা গেছেব ? ✓✓✓ বা ✓✓✓ হ্যাঁ, হ্যাঁ হলে কিতাবে দ্বারা গেছেব ? -----</p> <p>(ভে চলে দ্বারা)</p>

	বা	স্বী	জানি না	বিবরণ
viii) যারা যাওয়ার আগে তিনি কি পরিবার পরিকল্পনার কিছু ব্যবহার করতেন ?				কি পদ্ধতি ব্যবহার করতেন ----- শেষ কবে ব্যবহার করতেন, তারিখ-----
ix) যারা যাওয়ার সময় ইয়াই যদি প্রথম গর্ভ বা হ্রু ডায়েন পানের প্রস্তুতি নিজেদের করত বা হলে ১২ মাসের প্রায় চলে যায়				i) যেটি করার তিনি গর্ভবতী হয়েছেন ?----- ii) উনার যেটি করতেন জীবিত মেয়ে মেয়ে হয়েছিল ?----- iii) উনার যেটি করতেন মরা মেয়ে মেয়ে হয়েছিল ?----- iv) উনার যেটি করত গর্ভ বকী হয়েছিল ?----- v) যারা যাওয়ার কয়েকদিন আগে উনার শেষ গর্ভ খামান হয়েছিল ?----- বছর মাস দিন জানিবা vi) শেষ গর্ভের সময় ডায়া কি ধরনের খামান হয়েছিল ? জীবিত হ্রু মারা গিয়ে

VII. এই প্রশ্নের উত্তর কি উনার অন্তর্গত গর্ভবতী হয়েছিল? না, হ্যাঁ
উত্তরে কি প্রশ্নের বস্তু

x) ডায়া কি সূচিকা ছিল ?

৩২। (মাত্র প্রায় এক মাস আগে থেকে)	বা	স্বী	কম্ব মূত্র	কত দিন		যেখানে উদ্ভাবনী
				হ্রু পর্বত	কত দিন আগে তার হয়েছে	
i) শরীরের গাণ্ডি বাবা						শরীরের লেখ জানুয়ারি গাণ্ডি কেবেছিল-----
ii) পেট ফুলা						ডায়া উন পেট ফুলা ছিল কি ? <input type="checkbox"/> বা <input type="checkbox"/> হ্যাঁ

	না	হ্যাঁ	কত দিন		অন্যান্য উদ্ভাবনী
			হুজুর পর্বাসু	কত দিন আগে জানো হয়েছে	
iii) হসনে নামক					<p>প্রত্যয়ের স্বং কেমন -----</p> <p>জাহান পেটে ব্যাধি ছিল ? <input type="checkbox"/> না <input type="checkbox"/> হ্যাঁ</p> <p>'হ্যাঁ' হলে উপরের পেটে <input type="checkbox"/> বীচের পেটে <input type="checkbox"/></p> <p>জাহান হাতের ডান <input type="checkbox"/> কোম <input type="checkbox"/> অথবা ডানড়া</p> <p><input type="checkbox"/> হনুদ ছিল কি ?</p> <p>এই বাড়িতে এবছর আর কারো কি হসনে নামক</p> <p>হয়েছিল ? <input type="checkbox"/> না <input type="checkbox"/> হ্যাঁ</p>
iv) মাথা ব্যথা					
v) জ্বর					<p>শরীরের কোম অংশে-----</p>
vi) বিছানা					
vii) স্নানস্থল মুক্তিলাভ					<p>কোন দিকের মুক্তিলাভ নিয়েছিল <input type="checkbox"/> বীরে বীরে মুক্তিলাভ</p> <p>নিয়েছিল <input type="checkbox"/> সে কি যথেষ্ট পরিমাণে বাইতে</p> <p>পারতো ? <input type="checkbox"/> না <input type="checkbox"/> হ্যাঁ, 'না' হলে - কেব</p> <p>যথেষ্ট পরিমাণে বাইতে পারতো না?-----</p>
viii) অন্যান্য					<p>কোনো কথা</p>

୧୩। ଅନୁସ ହଠାତ୍‌ର ଶ୍ରେଣୀ ବାଜା କି କୁକେର ମୁଖ ବାହିତ ?

[[[]]] କିମ୍ବା [[[]]] ମୁଖ କୁକେର ମୁଖ ବାହିତ [[[]]] କୁକେର ମୁଖ ଓ ଅନ୍ୟାନ୍ୟ ସାମ୍ୟ [[[]]] ବା, 'ନା' ଶ୍ରେଣୀ ଦ୍ଵାରା ବାଠାହାର କରାଯିବ ଶ୍ରେଣୀ ସେ/ବାକ୍ୟର ସାଧ ----- ମୁଖ ବାଠାହାର ବନ୍ଦ କରାଯିବ ?

୧୪। ସାଧନାର ସତ୍ତ୍ଵେ ଅନୁସ ହଠାତ୍‌ର ଶ୍ରେଣୀ ଉପର ମାନ୍ୟତା କେମିତି ହିତ ?

ଯୋଗ୍ୟ [[[]]] ମାନ୍ୟତା ମାନ୍ୟତା [[[]]] ମାନ୍ୟତା [[[]]]

୧୫। ମାନ୍ୟତା ମାନ୍ୟତା ସାଧ-----

୧୬। ସ୍ଵତନ୍ତ୍ର କାର୍ଯ୍ୟକ୍ରମ ସାଧେ ତାର ମାନ୍ୟତା-----

୧୭। ମାନ୍ୟତା ପ୍ରଦାନକାରୀ-----

୧୮। କର୍ତ୍ତବ୍ୟ ସେବ ହେଉଛି-----

୧୯। ମାନ୍ୟତା ପ୍ରଦାନକାରୀର ସମ୍ପର୍କ-----

୨୦। ଉପାଦାନୀ କରଣୀ ବିଷୟରେ-----
