

Every Newborn Action Plan Facility based testing of coverage metrics
FORM D1 : MATERNAL PRE DISCHARGE RECALL SURVEY

Link to maternal and newborn observation checklists
 This form is to be completed just prior to discharge from the health facility

SECTION I: COVER SHEET
(To be completed for all participants)
 Please complete all fields in section 1

SECTION I		COVER SHEET		Notes to interviewer
Data ID				
<p>Before beginning the survey please remind the mother that they previously gave informed consent to take part in this survey about her delivery experience before being discharged.</p> <p>Does she still consent to taking part in this survey? (Y/N)</p> <p>INTRODUCE ENAP FOLLOW UP STUDY INFORMATION SHEET AND CONSENT FORM: Does she consent to taking part in the follow up study? (Y/N)</p>				
Section I.1 Interviewer Details				
01	Interviewer name	_____		
02	Interviewer code	_____		
03	Facility Name	_____		
04	Facility Code	_____		
05	Participant ID	_____		
06	Date of Interview	DD/MM/YY		
07	Time of interview (24 hour clock)	HH:MM		
08	Language used	English	1	
		Local language (Bangla, Swahili, Nepali)	2	
		Others (Specify) _____	7	
08a	Was an interpreter available?	Yes	1	STOP INTERVIEW, Go to SECTION VI
		No	2	
08b	Interpreter's name	_____		
09	Current condition of baby IF MULTIPLE BIRTHS, ONLY RECORD INFORMATION ABOUT FIRST BIRTH	Baby alive	1	If baby is dead, use sympathetic introductory text as noted below.
		Baby dead: fresh stillbirth	2	
		Baby dead: macerated stillbirth	3	
		Baby dead: stillbirth: condition unknown	4	
		Baby dead: neonatal death	5	
Section I.2 Maternal Details				

SECTION I		COVER SHEET		
Data ID				Notes to interviewer
<p>GENERAL INTRODUCTORY TEXT: Thank you for agreeing to answer a few questions about your delivery experience. These questions should take no more than 45-50 minutes of your time.</p> <p>IF MULTIPLE BIRTHS: I will ask you questions about the birth of your first baby only.</p> <p>IF BABY IS DEAD, sympathetic introductory text: I am sorry about the loss of your baby and I understand that it is not easy to talk about this loss. Thank you for agreeing to take part in this survey. I will ask a few questions about your delivery experience. At any point if you need to take a break please let me know and you can also leave the interview at any time. These questions should take no more than 10 minutes of your time.</p>				
10	Informed and signed consent given?	Yes	1	STOP INTERVIEW, Go to SECTION VI
		No	2	
11	In what month and year were you born?	Month _____		
		Don't know/don't remember month	99	
		Year _____		
12	How old were you at your last birthday? IF Q 11 ISNT KNOWN, FORCE ESTIMATE FOR AGE. COMPARE AND CORRECT 11 AND/OR 12 IF INCONSISTENT.	Age completed in years _____		
		Don't know/don't remember	9	
12a	How many years of formal education have you had?	_____ years		
		Don't know/don't remember month	9	
13	What is your address?	a. Level 1 _____	1	
		b. Level 2 _____	2	
		c. Level 3 _____	3	
		d. Level 4 _____	4	
		Detailed address _____	5	
14	Do you have a mobile number?	Yes	1	IF YES go to Q 14a
		No	2	Skip to Q 15
14a	May I have your mobile number?	Yes, Mobile Number _____		
		Don't know/don't remember	9	
15	Does your husband or family member have a mobile number?	Yes	1	IF YES go to Q 15a
		No	2	Skip to Q 16
15a	Can I record that number?	Yes, Mobile Number _____		
		Don't know/don't remember	9	
16	If we are going to contact you in 1 year, what is the best way to contact you?	Specify: _____	1	
Section I.3 Current pregnancy history				
17	During your pregnancy, did you know when your baby was due to be born?	Yes	1	IF YES go to Q 17a
		No	2	If NO or DON'T

SECTION I		COVER SHEET		
Data ID				Notes to interviewer
		Don't know/don't remember	9	KNOW/DON'T REMEMBER, skip to Q 18
17a	What was the date? (dd/mm/yy) PROMPT: That is, during your pregnancy, what was the date that you were told your baby was due to be born?	____/____/____		
		Other, specify: _____	7	
		Don't know/don't remember	9	
18	Do you know if any of these methods were used to calculate when your baby was due? READ ANSWER CHOICES AND USE VISUAL PROMPTS MULTIPLE SELECTION POSSIBLE- SELECT ALL RELEVANT ANSWER OPTIONS	Last menstrual period	1	
		Fundal Height	2	
		Ultrasound	3	
		Combination of methods above	4	
		Other: _____	7	
		Don't know/don't remember	9	
19	How many weeks or months pregnant were you when you first received antenatal care for this pregnancy? DEPENDING ON MOTHER'S ANSWER, WRITE ANSWER IN EITHER WEEKS OR MONTHS	_____ weeks		
		_____ months		
		Don't know/don't remember	9	
20	How many antenatal check-ups did you have? How many times did you receive antenatal care during this pregnancy?	1 check-up	1	
		2-4 check-ups	2	
		More than 4	3	
		Don't know/don't remember	9	
21	How many weeks or months pregnant were you when you delivered your baby? DEPENDING ON MOTHER'S ANSWER, WRITE ANSWER IN EITHER WEEKS OR MONTHS	_____ weeks		
		_____ months		
		Don't know/don't remember	9	
Section I.4 Perinatal data				
22	Did a birth attendant listen for baby's heart sounds during labour with an electric device (Doppler) or cone-shaped stethoscope placed on the abdomen? USE VISUAL PROMPT AND DESCRIBE THE USE OF A CONE-LIKE INSTRUMENT	Yes, doppler or other machine to hear fetal heart rate	1	
		Yes, any device where midwife listens with device such as stethoscope, fetoscope or pinard	2	
		No	3	If NO or DON'T KNOW/DON'T REMEMBER, skip to Q 24
		Don't know/don't remember	9	
23	Were you told about the condition of your baby?	Yes	1	
		No	2	
		Don't know/don't remember	9	
24	Where did you deliver your baby?	Hospital - Admission room	1	
		Hospital - Labour room	2	
		Hospital - Operation theatre	3	
		MNSC	4	
		Out of hospital Specify: _____	5	

SECTION I		COVER SHEET		
Data ID				Notes to interviewer
25	What date was your baby born? (dd/mm/yy)	____/____/____		
		Don't know/don't remember	9	
26	What time was your baby born? (24 hrs clock)	HH:MM		
		Don't know/don't remember	9	
27	Was the baby born by vaginal delivery, forceps, vacuum, assisted breech or caesarean section? PROMPT FOR FORCEPS: that is, an instrument to help pull the baby out PROMPT FOR VACUUM: that is, a suction to help pull the baby out? PROMPT FOR C SECTION: that is, did they cut your belly open to take the baby out? USE VISUAL PROMPTS AS NEEDED FOR FORCEPS AND VACUUM EXTRACTION	Normal vaginal delivery	1	Skip to Q 30
		Vaginal breech	2	
		Vacuum Extraction	3	
		Forceps (any)	4	
		Caesarean section	5	
		Don't know/don't remember	9	Skip to Q 30
28	When was the decision made to have the caesarean section? PROBE IF NECESSARY: Was it before or after your labour pains started?	Before labour pains	1	
		After labour pains	2	
		Don't know/don't remember	9	
29	Did anyone tell you the reason for the caesarean section?	Yes	1	IF YES go to Q 29a
		No	2	Skip to Q 30
		Don't know/don't remember	9	
29a	What was the reason?	Baby too big	01	
		Malpresentation/breech	02	
		To save the baby, i.e. baby started to suffer	03	
		Prolonged labour	04	
		Obstetric haemorrhage	05	
		Previous c section	06	
		On request	07	
		Other, specify: _____	97	
		Don't know/don't remember	99	
30	Was your baby weighed at birth?	Yes	1	If YES go to 30a
		No	2	If NO or DON'T KNOW/DON'T REMEMBER, skip to Q 31
		Don't know/don't remember	9	
30a	How much did your baby weigh? (grams)	Baby weight: _____ grams		
		Not informed by the provider	1	
		Don't know/don't remember	9	
31	How was your baby weighed? READ ANSWER CHOICES AND VISUAL PROMPT WITH PICTURES AS NECESSARY	Analogue scale	1	
		Electronic digital	2	
		Don't know/don't remember	9	

SECTION I		COVER SHEET		
Data ID				Notes to interviewer
32	Is your baby a boy or a girl?	Boy	1	
		Girl	2	
		Ambiguous	3	
		Don't know/don't remember	9	
33	When your baby was born, was (he/she) very large, larger than average, average, smaller than average, or very small?	Very large	1	
		Larger than average	2	
		Average	3	
		Smaller than average	4	
		Very small	5	
		Don't know/don't remember	9	
34	Did you have any complications after birth and before you were discharged from the hospital?	Yes	1	IF YES go to Q 34a
		No	2	If NO or DON'T KNOW/DON'T REMEMBER, skip to Q 35
		Don't know/don't remember	9	
34a	What were the complications after birth? READ ANSWER CHOICES MULTIPLE SELECTION POSSIBLE- SELECT ALL RELEVANT ANSWER OPTIONS	Severe bleeding	01	
		Placenta retained	02	
		Convulsions for eclampsia	03	
		Bad-smelling Vaginal Discharge	04	
		Infection of Surgical Wound	05	
		Faint	06	
		High Fever (39-40c)	07	
		Breast Infection	08	
		Other: _____	97	
		Don't know/don't remember	99	
35	After your baby was born, how many nights did you stay in the hospital?	Specify: _____	1	
		Don't know/don't remember	9	
36	Did you receive a birth notification form or other relevant documentation to provide proof of the birth for your baby? SHOW FORM	Yes	1	Skip to SECTION II.1 if BABY OUTCOME is DEAD
		No	2	
		Not applicable baby died	3	
		Don't know/don't remember	9	
37	In addition to this notification, a baby should also receive birth certification. Did you receive this form?	Yes	1	IF YES go to Section II.1 Q 01
		No	2	

SECTION I		COVER SHEET		
Data ID				Notes to interviewer
	SHOW FORM	Don't know/don't remember	9	
38	Do you know how to obtain such a birth certificate for your baby?	Yes	1	NOTE: provide birth certificate information leaflet afterwards
		No	2	
		Don't know/don't remember	9	
39	When are you planning to get your birth certificate? DEPENDING ON MOTHER'S ANSWER, WRITE ANSWER IN EITHER WEEKS OR MONTHS	_____ weeks	1	
		_____ months	2	
		Don't know/don't remember	9	
40	Do you have any concerns about getting a birth certificate?	Yes	1	IF YES go to Q 40a
		No	2	If NO or DON'T KNOW/DON'T REMEMBER, skip to Section II.1 Q 01
		Don't know/don't remember	9	
40a	What are your concerns? MULTIPLE SELECTION POSSIBLE- SELECT ALL RELEVANT ANSWER OPTIONS	Distance/too far	1	
		Cost	2	
		Not sure what to do	3	
		Other, specify: _____	7	
		Don't know/don't remember	9	
	INTERVIEWER COMMENTS			

SECTION II: RECALL SURVEY MODULE

(To be completed for all participants)

Section II		MATERNAL RECALL SURVEY MODULE (ACS, uterotonics, newborn resuscitation, ENC practices)		
Data ID				
Section II.1 ACS				
Introductory text: Some babies are born before term and there are methods to help with their breathing.				
01	Do you know if your baby was born before the expected date, or too soon or too early?	Yes	1	If YES skip to Q 01b
		No	2	If NO, DON'T KNOW/DON'T REMEMBER go to Q 01a
		Don't know/don't remember	9	
01a	If no, were you in threatened preterm or premature labour or were you told at any point that you were at risk of your baby being born too early? INTERVIEWER TO USE LOCAL WORD FOR 'PREMATURE' IF APPROPRIATE	Yes	1	If YES skip to Q 02
		No	2	If NO or DON'T KNOW/DON'T REMEMBER, skip to Q 08
		Don't know/don't remember	9	
01b	If yes, how many days/weeks/months too early? Prompt: That is, before your expected due date? DEPENDING ON MOTHER'S ANSWER, WRITE ANSWER IN EITHER DAYS, WEEKS OR MONTHS	_____ days		
		_____ weeks		
		_____ months		
		Don't know/don't remember	9	
02	Were you given any medicine or injection before your baby was born because your baby was at risk of being born too soon?	Yes	1	If NO or DON'T KNOW/DON'T REMEMBER, skip to Q 08
		No	2	
		Don't know/don't remember	9	

Section II MATERNAL RECALL SURVEY MODULE (ACS, uterotonics, newborn resuscitation, ENC practices)				
Data ID				
03	Do you know what the medicine or injection was for?	Help your babies lungs mature/ get ripe	1	
		Not told	2	
		Other: _____	7	
		Don't know/don't remember	9	
04	What medicine were you given? PROMPT: SHOW SAMPLES OF THE DRUGS IF AVAILABLE	Dexamethasone	1	
		Betamethasone	2	
		A steroid	3	
		Other _____	7	
		Don't know/don't remember	9	
05	How was the medicine given?	Tablet	1	
		Injection	2	
		IV	3	
		Other _____	7	
		Don't know/don't remember	9	
06	How many times were you given the medicine?	1	1	
		2	2	
		3	3	
		4	4	
		Other _____	7	
		Don't know/don't remember	9	
07	How long before your baby was born did you receive the first dose?	Less than 12 hours	1	
		Between 12-24 hours	2	
		Between 24 hours – 1 week	3	
		More than 1 week	4	
		Don't know/don't remember	9	
Section II.2 Uterotonics				
Introductory text: I am now going to ask you some questions about what happened to you after the delivery of your baby.				
08	Were you given any medicine immediately after the delivery of your baby?	Yes	1	IF YES go to Q 08a
		No	2	If NO or DON'T KNOW/DON'T REMEMBER, skip to Q 12
		Don't know/don't remember	9	
08a	How was the medicine given? MULTIPLE SELECTION POSSIBLE- SELECT ALL RELEVANT ANSWER OPTIONS	Injection in your thigh or buttocks	1	
		IV drip or bolus	2	
		Tablets to swallow or hold in your mouth	3	
		Tablets in your rectum	4	
		Don't know/don't remember	9	
08b	When was the injection/tablets given? READ ANSWER CHOICES	Within 1 minute of delivery of the baby	1	
		Within 1-3 minutes of delivery of the baby	2	
		More than 3 minutes of delivery of the baby and BEFORE delivery of the placenta	3	

Section II MATERNAL RECALL SURVEY MODULE (ACS, uterotonics, newborn resuscitation, ENC practices)				
Data ID				
		More than 3 minutes of delivery of the baby and AFTER delivery of the placenta	4	
		Don't know/don't remember	9	
09	Did the health worker tell you that you were going to be given an injection/medication immediately after birth?	Yes	1	
		No	2	
		Don't know/don't remember	9	
10	Do you know what medication/drug you were given?	Yes	1	IF YES go to Q 10a
		No	2	IF NO or DON'T KNOW/DON'T REMEMBER, skip to Q 11
		Don't know/don't remember	9	
10a	What was the name of the medication/drug you were given? MULTIPLE SELECTION POSSIBLE- SELECT ALL RELEVANT ANSWER OPTIONS	Oxytocin	1	
		Ergometrine	2	
		Misoprostol	3	
		Other _____	7	
		Don't know/don't remember	9	
11	Were you told the reason for the injection?	Yes	1	IF YES go to Q 11a
		No	2	IF NO or DON'T KNOW/DON'T REMEMBER, skip to Q 12
		Don't know/don't remember	9	
11a	What was the reason?	To prevent heavy/severe bleeding after birth	1	MULTIPLE SELECTION POSSIBLE- SELECT ALL RELEVANT ANSWER OPTIONS
		Other, Specify: _____	7	END SURVEY if BABY OUTCOME is DEAD
		Don't know/don't remember	9	
Section II.3 Essential Newborn Care Practices				
12	Was your baby dried or wiped immediately after birth (within a few minutes)?	Yes	1	
		No	2	
		Don't know/don't remember	9	
13	Was your baby placed on your chest, naked against your skin? PROMPT WITH PICTURE IF NECESSARY	Yes	1	IF YES go to Q 13a
		No	2	IF NO or DON'T KNOW/DON'T REMEMBER, skip to Q 14
		Don't know/don't remember	9	
13a	What time was your baby placed against your chest? READ ANSWER CHOICES	Immediately after birth	1	skip to Q 15
		Minutes ___	2	
		Don't know/don't remember	9	
14	If not placed on your chest, where was your baby put immediately after birth?	Wrapped with mother	1	
		Wrapped and placed separate eg cot	2	
		Unwrapped eg on scales	3	
		Don't know/don't remember	9	
15	How long after the birth was your baby bathed for the first time? IF LESS THAN 1 HOUR,	Immediately	1	
		Hours ___	2	
		Days ___	3	

Section II MATERNAL RECALL SURVEY MODULE (ACS, uterotonics, newborn resuscitation, ENC practices)				
Data ID				
	RECORD '01' HOURS; IF LESS THAN 24 HOURS, RECORD HOURS; OTHERWISE, RECORD DAYS.	Don't know/don't remember	9	
16	Did you ever breastfeed your baby?	Yes	1	IF YES go to Q 16a
		No	2	If NO, skip to Q 18
		Don't know/don't remember	9	
16a	How long after birth did you first put your baby to your breast? IF LESS THAN 1 HOUR, RECORD '01' HOURS; IF LESS THAN 24 HOURS, RECORD HOURS; OTHERWISE, RECORD DAYS	Immediately	1	
		Hours ___ __	2	
		Days ___ __	3	
		Don't know/don't remember	9	
17	Were you given any help to breastfeed from health workers?	Yes	1	
		No	2	
		Don't know/don't remember	9	
18	In the time after delivery when you were still in hospital, was your baby given anything to drink other than breast milk? PROMPT: Such as water, formula, tea but not including tablets/medicines? MULTIPLE SELECTION POSSIBLE- SELECT ALL RELEVANT ANSWER OPTIONS	Water	1	
		Tea	2	
		Formula	3	
		Other, Specify _____	7	
		No	4	
		Don't know/don't remember	9	
Section II.4 Newborn Resuscitation				
19	Did you hear your baby cry immediately after birth?	Yes	1	
		No	2	
		Don't know/don't remember	9	
20	Did your baby have trouble breathing at birth?	Yes	1	IF YES go to Q 20a
		No	2	If NO or DON'T KNOW/DON'T REMEMBER, skip to Q 28
		Don't know/don't remember	9	
20a	Was anything done to help your baby breathe? PROBE IF NECESSARY: that is, did anyone try to help your baby to breathe? MULTIPLE SELECTION POSSIBLE- SELECT ALL RELEVANT ANSWER OPTIONS	Yes	1	
		No, because baby was taken into another room	2	
		No, don't know because mother was not well enough or e.g. having c section	3	
		No, don't know because nobody told the mother	4	
		Don't know/don't remember	9	
21	Was your baby vigorously rubbed with a cloth or towel or any other stimulation to help to get your baby to breathe?	Yes	1	
		No	2	
		Don't know/don't remember	9	
22	Did anyone use a plastic device to help your baby breathe? PROMPT: SHOW PICTURE OF BAG AND MASK	Yes	1	
		No	2	
		Don't know/don't remember	9	

Section II MATERNAL RECALL SURVEY MODULE (ACS, uterotonics, newborn resuscitation, ENC practices)				
Data ID				
23	If somebody used a plastic device to help your baby breathe, how long did they use it for?	Minutes ___ __	1	
		Don't know/don't remember	9	
24	Did anyone perform suction to your baby's mouth or nose after birth to clean the airways?	Yes	1	
		No	2	
		Don't know/don't remember	9	
25	Were any other actions taken by the health worker to help your baby to breathe?	Yes, Specify _____	1	
		No	2	
		Don't know/don't remember	9	
26	Was your baby admitted to a neonatal ward after needing help to breathe? PROMPT: I mean to a special ward for monitoring or treatment	Yes	1	
		No	2	
		Don't know/don't remember	9	
27	Did any health worker explain what happened to your baby?	Yes	1	If YES go to 27a
		No	2	If NO or DON'T KNOW/DON'T REMEMBER, skip to Q 28
		Don't know/don't remember	9	
27a	What were you told happened?	Specify _____	1	
		Don't know/don't remember	9	
Section II.5 Cord care and chlorhexidine cord cleansing				
28	After the cord was cut, was anything applied to the stump of the cord at any time?	Yes	1	If YES go to Q 28a
		No	2	If NO or DON'T KNOW/DON'T REMEMBER, skip to Section III
		Don't know/don't remember	9	
28a	What was applied to the cord? (Show tube)? PROBE: Anything else? INSTRUCTIONS: SHOW A TUBE OF CHLORHEXIDINE TO THE MOTHER	Chlorhexidine (tube)	1	
		Other, specify: _____		If NO or DON'T KNOW/DON'T REMEMBER, skip to Section III
		Don't know/don't remember	9	
29	How long after the cord was cut was chlorhexidine first applied? IF LESS THAN 1 HOUR, RECORD '00' HOURS; IF LESS THAN 24 HOURS, RECORD HOURS; OTHERWISE, RECORD DAYS.	Hours ___ __	1	
		Days ___ __	2	
		Don't know/don't remember	9	
30	If chlorhexidine was applied, who applied the treatment within the last 24hours?	Health worker	1	
		Myself	2	
		Mother, family member or friend	3	
		Other: _____	7	
		Don't know/don't remember	9	
31	Were you told the reason why the treatment was being applied to the stump?	Yes	1	If YES go to Q 31a
		No	2	If NO or DON'T KNOW/DON'T REMEMBER, skip to Q32
		Don't know/don't remember	9	
31a	What was the reason?	Specify _____	1	

Section II		MATERNAL RECALL SURVEY MODULE (ACS, uterotonics, newborn resuscitation, ENC practices)	
Data ID			
		Don't know	9
32	Were you given the medicine to take home?	Yes	1
		No	2
		Don't know/don't remember	9
	INTERVIEWER COMMENTS		

SECTION III: TREATMENT OF NEONATAL INFECTION
(To be completed for all participants)

Section III		TREATMENT OF NEONATAL INFECTION		
Data ID				
Introductory text: I am now going to ask you some questions about your baby's stay in the hospital.				
01	Was your baby admitted to neonatal care unit/paediatric ward for a problem?	Yes	1	If NO or DON'T KNOW/DON'T REMEMBER, skip to SECTION IV
		No	2	
		Don't know/don't remember	9	
02	Do you know your baby's problem?	Yes	1	If YES go to 02a
		No	2	If NO or DON'T KNOW/DON'T REMEMBER, skip to Q 03
		Don't know/don't remember	9	
02a	What is your baby's problem?	Infection	1	If YES go to Q 02b
		Other, specify _____	2	
		Don't know/don't remember	9	
02b	If you were you told your baby had an infection, what type of infection did they have?	Chest infection/pneumonia	1	
		Sepsis or infection of blood	2	
		Meningitis	3	
		Other, specify _____	7	
		Don't know/don't remember	9	
03	Do you know your baby's weight at time of admission to this unit?	Yes	1	
		No	2	
		Don't know/don't remember	9	
03a	How much did your baby weigh? (grams)	Baby weight: _____ grams		
04	Did your baby have any seizures during the hospital stay?	Yes	1	If YES go to Q 04a
		No	2	
		Don't know/don't remember	9	
04a	How many days did your baby have the seizure/s?	___ day/s	1	
		Don't know/don't remember	9	
05	Do you know if your baby received any injection/antibiotics?	Yes	1	If YES go to Q 05a
		No	2	If NO or DON'T KNOW/DON'T REMEMBER, skip to Q 06
		Don't know/don't remember	9	
05a	What are the antibiotics?	Specify 1 _____		
		Specify 2 _____		
		Specify 3 _____		
		Don't know/don't remember	9	
05b	How many days in total did your baby receive injection antibiotics?	___ day/s	1	
		No	2	
		Don't know/don't remember	9	
06	Do you have any antibiotics to give your baby when you go home?	Yes	1	
		No	2	
		Don't know/don't remember	9	
07	Did your baby receive oxygen during hospital stay?	Yes	1	
		No	2	

	PROMPT SHOW PICTURE IF NECESSARY	Don't know/don't remember	9	
08	Were diagnostic tests completed with your baby?	Yes	1	If YES go to Q 08a
		No	2	If NO or DON'T KNOW/DON'T REMEMBER, skip to Q 09
		Don't know/don't remember	9	
08a	What tests were completed? MULTIPLE SELECTION POSSIBLE- SELECT ALL RELEVANT ANSWER OPTIONS	Lumbar puncture	1	
		Blood tests	2	
		Blood sugar using a finger prick and strip of paper	3	
		Other Specify, _____	7	
		Don't know/don't remember	9	
09	Did your baby receive any feeding support, such as through a tube in his/her nose or injection line in his/her hand/arm/foot/scalp or a cup? PROMPT: USE VISUAL AIDES MULTIPLE SELECTION POSSIBLE- SELECT ALL RELEVANT ANSWER OPTIONS	Yes, NG feed	1	
		Yes, IV	2	
		Yes, cup feeding	3	
		No	4	
		Don't know/don't remember	9	
10	Did your baby receive any phototherapy during the hospital stay? For example, was your baby yellow and put underneath lights?	Yes	1	
		No	2	
		Don't know/don't remember	9	
11	How many nights has your baby been admitted in inpatient care?	____ nights	1	
		Don't know/don't remember	9	
12	Did the health worker refer your baby to another place or health facility?	Yes	1	
		No	2	
		Don't know/don't remember	9	
13	Do you know your baby's weight at time of discharge to this unit?	Yes	1	
		No	2	
		Don't know/don't remember	9	
13a	How much did your baby weigh? (grams)	Baby weight: _____		
INTERVIEWER COMMENTS				

SECTION IV: KMC
(To be completed for all participants)

Section IV	KMC			
Data ID				
INTRODUCTORY TEXT: I am now going to ask you some questions about if your baby was born too soon before the expected date of delivery or born too soon or too small and what care they were given.				
01	Was your baby born before the expected date of delivery or born too soon or too small and had extra care and help to stay warm and be able to feed?	Yes	1	If NO or DON'T KNOW/DON'T REMEMBER, skip to SECTION V
		No	2	
		Don't know/don't remember	9	

Section IV		KMC		
Data ID				
02	Do you know your baby's weight at time of admission to this unit?	Yes	1	IF YES go to Q 01a
		No	2	
		Don't know/don't remember	9	
02a	How much did your baby weigh? (grams)	Baby weight: _____ grams		
03	Were you told about any ways to help your baby because your baby was born too soon or too small?	Yes	1	
		No	2	
		Don't know/don't remember	9	
04	Do you remember a health worker talking to you about starting KMC? PROMPT: By KMC I mean that you tied the baby to your front for most of the day for lots of days AS APPROPRIATE, ADD CONTEXTUAL APPROPRIATE KMC NAME	Yes	1	
		No	2	
		Don't know/don't remember	9	
05	Did your baby receive KMC? PROMPT: By KMC I mean that you tied the baby to your front for most of the day for lots of days	Yes	1	If NO or DON'T KNOW/DON'T REMEMBER, skip to END
		No	2	
		Don't know/don't remember	9	
06	Who did KMC with your baby?	Herself	1	
		Other, specify: _____	7	
07	What did the health worker tell you was the reason for putting your baby in KMC? MULTIPLE SELECTION POSSIBLE- SELECT ALL RELEVANT ANSWER OPTIONS	Keeping your small baby warm	1	
		Helping you to bond with your baby	2	
		Protecting your baby from infection	3	
		Helping you and your baby with breastfeeding	4	
		Helping your baby to grow	5	
		Other: _____	7	
		Don't know/don't remember	9	
08	Can you describe to me what position your baby should be in for KMC? MULTIPLE SELECTION POSSIBLE- SELECT ALL RELEVANT ANSWER OPTIONS	The baby is vertical.	01	
		The baby is in direct skin to skin contact on the mother's chest	02	
		The legs are flexed in a frog position	03	
		The cheek of the baby is in contact with the mother's chest	04	
		The baby is wearing a hat	05	
		The baby is fixed firmly to the chest of the mother/care giver with a cloth shawl or (lycra) band, allowing the baby to move freely	06	
		The baby is wearing a nappy/diaper	07	
		The baby is wearing socks	08	
		Don't know/don't remember	99	
		09	What did the health worker talk to you about before you started KMC? MULTIPLE SELECTION POSSIBLE- SELECT ALL RELEVANT ANSWER OPTIONS	
How to feed your baby	2			

Section IV		KMC		
Data ID				
		The importance of hand hygiene	3	
		Arrangements for you to sleep, your meals and place to wash	4	
		How to look for any signs that your baby was seriously unwell	5	
		What to do if your baby showed signs that he was seriously unwell	6	
		Arrangements for other family members to help you and also provide kangaroo mother care	7	
		Don't know/don't remember	9	
10	In the last 24hrs caring for your baby, how long was your baby in KMC position?	Hours __ __	1	
		Don't know/don't remember	9	
11	If you were not able to keep your baby in the KMC position in the last 24 hours, what reasons prevented you from doing this?	Going to get washed	1	
		Going to get food	2	
		Needed a rest	3	
		Baby was sick	4	
		Baby needed to be changed/washed	5	
		Other: _____	7	
12	In the last 24hours, how many times did you feed your baby and what methods did you use? READ ANSWER CHOICES MULTIPLE SELECTION POSSIBLE- SELECT ALL RELEVANT ANSWER OPTIONS	Breastfeeding: _____ (feedings/day)	1	
		Cup feeding: _____ (feedings/day)	2	
		Naso/orogastric feeding: _____ (feedings/day)	3	
		Don't know/don't remember	9	
13	Did a health worker explain to you how to recognise that your baby is seriously unwell?	Yes	1	
		No	2	If NO or DON'T KNOW/DON'T REMEMBER, skip to Q14
		Don't know/don't remember	9	
14	Which signs of the baby being unwell did the health worker discuss? MULTIPLE SELECTION POSSIBLE- SELECT ALL RELEVANT ANSWER OPTIONS	Poor sucking or feeding	1	
		Temperature too low	2	
		Temperature too high	3	
		Baby floppy	4	
		Jaundice	5	
		Other, specify: _____	7	
		Don't know/don't remember	9	
15	Did you receive a pre-discharge counselling session on KMC?	Yes	1	
		No	2	If NO or DON'T KNOW/DON'T REMEMBER, skip to Q 15
		Don't know/don't remember	9	
15a	What was discussed in the counselling session? DO NOT PROMPT AT FIRST, ASK WHAT ELSE, PROBE LAST IF NOT MENTIONED UNPROMPTED			
	A. kangaroo mother care position	Mention unprompted	1	
		Mentioned when prompted	2	

Section IV		KMC		
Data ID				
	B. Feeding practices	Did not mention at all	3	
		Mention unprompted	1	
		Mentioned when prompted	2	
	C. Follow up visits at hospital or health centre	Did not mention at all	3	
		Mention unprompted	1	
		Mentioned when prompted	2	
16	How many days did you stay in the KMC section with your baby?	Number of Days ____	1	
		Don't know/don't remember	9	
17	Do you know your baby's weight at discharge from this unit?	Yes	1	IF YES go to 16a
		No	2	If NO or DON'T KNOW/DON'T REMEMBER, go to SECTION V
		Don't know/don't remember	9	
17a	How much does your baby weigh? (grams)	Baby weight: _____		
INTERVIEWER COMMENTS				

SECTION V: SOCIO-ECONOMIC STATUS
(To be completed for all participants)

Section V		Socio-economic status		
Data ID				
Introductory text: I will now ask you some questions about your household and items that you might own.				
01	Does your household have the following items? RELEVANT ANSWER CHOICES	YES	NO	If yes '1' go to 01a
	Electricity	1	2	
	Refrigerator	1	2	
	Radio	1	2	
	Television	1	2	
	Table	1	2	
	Chair	1	2	
	Bed	1	2	
	Computer	1	2	
	Mobile phone	1	2	
01a	How many televisions do you own?	Specify: _____	01	
02	What type of fuel does your household mainly use for cooking?	Electricity	01	
		Gas	02	
		Kerosene	03	
		Animal dung	04	
		Charcoal/coal	05	
		Wood	06	
		No food cooked in household	07	
		Other(Specify) _____	97	

Section V		Socio-economic status		
Data ID				
03	What is the main material of the floor in your home?	Natural floor, such as dirt, earth, sand, dung	1	
		Rudimentary floor, such as wood, palm/bamboo	2	
		Finished floor, such as cement, polished wood, vinyl strips, tiles,	3	
		Other, specify, such as carpet: _____ -	7	
04	What is the main material of the wall in your home?	Natural walls, such as no walls, dirt, cane/palm/trunks	1	
		Rudimentary walls, such as bamboo with mud, stone with mud, plywood, cardboard, reused wood	2	
		Finished walls, such as cement, cement blocks, bricks, wood planks/shingles, polished wood,	3	
		Other, specify: _____	7	
05	What is the main material of the roof in your home?	Natural roofing, such as no roof, thatch/palm leaf, sod	1	
		Rudimentary roofing, such as wood, rustic mat, cardboard, palm/bamboo	2	
		Finished roofing, such as metal, iron sheets, shingles, tiles, cement	3	
		Other, specify:	7	
06	How many rooms in this household are used for sleeping?	_____		
07	Does any member of this household own:	YES	NO	
	A bicycle/rickshaw?	1	2	
	A motorcycle or motor scooter?	1	2	
	An animal-drawn cart?	1	2	
	A car or truck?	1	2	
A boat with motor?	1	2		
08	Does any member of this household have a bank /cooperative/or other savings account?	Yes	1	
		No	2	
Thank you for taking time to answer these questions. IF CONSENTED TO FOLLOW UP STUDY: I now will take a measurement of your baby's head and we will contact you on your mobile for the follow up study.				
INTERVIEWER COMMENTS				

SECTION VI: FINAL STATUS
(To be completed for all participants)

Section VII		Follow up module		
Data ID				
01	What is the final status of the recall survey for this patient?	Complete	1	Skip to next section
		Partially incomplete	2	
		Totally incomplete/ Patient not found	3	
02	Why partially incomplete or totally incomplete?	Provider related	1	
		Patient related	2	
		Observer related	3	
		Tab or app related	4	
03	Please mention	_____		

SECTION VII: FOLLOW UP MODULE
(To be completed for all participants)

Section VII		Follow up module		
Data ID				
	INTRODUCE ENAP FOLLOWUP STUDY INFORMATION SHEET: Does she consent to taking part in the follow up study?	Yes	1	END SURVEY
		No	2	
		Not applicable: pending IRB approval	3	
01	Data ID	_____		
02	Woman's participant ID	_____		
03	Newborn's participant ID	_____		
04	Husband's or family member's mobile number	_____		
05	Woman's or family member's mobile number	_____		
06	Date of measurement	DD/MM/YYYY		
07	Time of measurement (24 hour clock)	HH:MM		
08	Head circumference measurement (in cm)	_____cm		